

- Influenza with evidence of pneumonia, or
- Presumed bacterial community-acquired pneumonia (CAP)

Are you looking after a patient
with influenza or (CAP)?

Might they be eligible for
RECOVERY?

If so, please contact the trial team and help us
improve the treatment of these conditions!

ELIGIBILITY

1. Hospitalised (planned overnight stay) with a pneumonia syndrome, defined as
 - a) typical symptoms of new respiratory infection, and
 - b) objective evidence of acute lung disease (e.g. compatible CXR, CT or US, clinical exam, or new hypoxia), and
 - c) alternative causes considered unlikely
2. Trial treatment is not considered definitely indicated or contraindicated by the responsible clinician
3. One of the following diagnoses:

Confirmed influenza A or B

Three treatment comparisons are open. Patients may enter one, two, or all three, depending on eligibility (each is an independent 1:1 randomisation)

Oseltamivir (antiviral) OR
usual care *without*
oseltamivir*

Baloxavir (antiviral) OR
usual care *without*
baloxavir

Dexamethasone (6 mg od) OR
usual care *without* systemic corticosteroids
[to be eligible, patients must be hypoxic
without suspected SARS-COV-2 coinfection]

Diagnosis of CAP with planned antibiotic treatment

(**without** suspected SARS-CoV-2, influenza,
active pulmonary tuberculosis or PCP)

One treatment comparison is open (1:1 randomisation)

Dexamethasone (6 mg od) OR
usual care *without* systemic corticosteroids

POTENTIAL PATIENTS/QUESTIONS contact the trial team:

emergency.research@oxnet.nhs.uk
If urgent call ext 22003

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For more information about
each treatment comparison

see Intervention Sheets [here](#) ->



For protocol, training materials,
and DHSC letters supporting
influenza trials see [here](#) ->



Trial website: www.recoverytrial.net

**Oseltamivir is recommended for many hospitalised patients in UKHSA guidelines, but the Department of Health encourages inclusion of patients into trials of oseltamivir. Patients are only eligible for this comparison if their responsible clinician would be happy to follow either possible allocation.*

"[...] there remains both clinical and collective uncertainty (equipoise) about the role of antiviral and steroid treatments for most patients hospitalised with influenza. [...] Whilst it is appropriate for those not taking part in national trials to continue to follow existing national guidance, the trials will strengthen the evidence base that underpins that guidance." Letter supporting influenza trials from Chris Whitty, CMO for England (full letter via QR code on the left)