



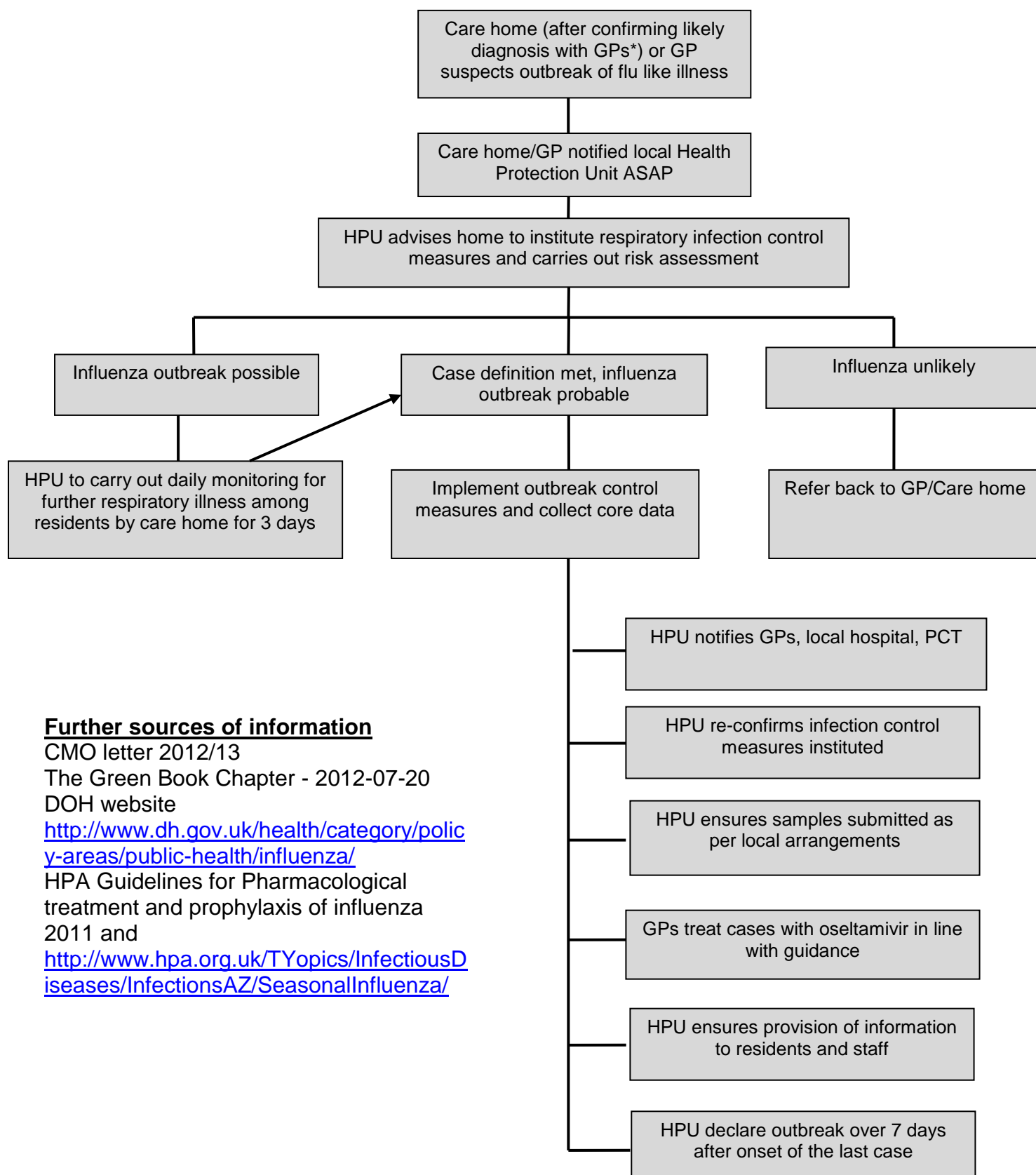
**Guidance for the  
Identification,  
Investigation and  
Management of Seasonal  
Influenza in  
Care Homes across  
West Yorkshire**

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## Guidance for GP's

### Summary of key actions to identify, investigate and manage outbreaks of influenza in Care Homes



#### Further sources of information

CMO letter 2012/13

The Green Book Chapter - 2012-07-20

DOH website

<http://www.dh.gov.uk/health/category/policy-areas/public-health/influenza/>

HPA Guidelines for Pharmacological treatment and prophylaxis of influenza 2011 and

<http://www.hpa.org.uk/TYopics/InfectiousDiseases/InfectionsAZ/SeasonalInfluenza/>

## 1. NOTIFICATION

Early notification is vital if a timely intervention is to be possible. However this needs to be balanced against frequent notifications of incidents which are unlikely to be due to influenza outbreaks.

**Therefore notification should not be made to HPUs unless the home manager or deputy has confirmed with the residents GP(s) that influenza is a likely diagnosis. If a call is received from a home before verification by GP, HPU staff to contact relevant GP(s) and discuss diagnosis.**

## 2. RISK ASSESSMENT:

On being notified of a potential outbreak in a care home the HPU will carry out an assessment based on the symptoms, timing and numbers of cases, as summarised in the risk assessment below:

Scenario	Action
One or more residents or staff members with <b>virologically confirmed</b> influenza	<b>Influenza outbreak</b> <ul style="list-style-type: none"><li>Implement outbreak control measures detailed below</li></ul>
<b>Three or more</b> cases of influenza- like illness occurring <b>within 72 hours</b> in residents or staff who are in close proximity to each other (e.g., in the same area of the facility). <b>OR</b> <b>2 or more cases</b> of influenza-like illness as defined above, <b>occurring within 72 hours</b> , in staff and / or residents who are in close proximity to each other (e.g., in the same area of the care home), <b>if influenza is known to be circulating</b>  Note: it is not necessary for influenza virus to be circulating in the local population	<b>Probable outbreak</b> <ul style="list-style-type: none"><li>Implement outbreak control measures detailed below</li><li>Seek confirmatory virological diagnosis concurrently</li></ul>
<b>Two</b> cases of influenza- like illness occurring <b>within 72 hours</b> , in residents or staff who are in close proximity to each other (e.g., in the same area of the care home).	<b>Possible outbreak</b> <ul style="list-style-type: none"><li>Ensure standard Infection Control precautions continue</li><li>Institute droplet precautions for affected residents</li><li>Daily monitoring and vigilance for further cases of Influenza-like illness in residents or staff</li><li>Strongly consider rapid virological testing</li><li>If influenza is known to be circulating consider upgrading risk assessment to "probable outbreak"</li></ul>
<ul style="list-style-type: none"><li><b>One</b> resident or staff member with influenza-like illness</li><li>More than one case but ILI case definition not clearly met</li></ul>	<b>Influenza outbreak unlikely, but not ruled out</b> <ul style="list-style-type: none"><li>Advise home to be vigilant for further cases</li><li>Consider virological testing, especially if influenza virus known to be circulating</li></ul>

### 3. CASE DEFINITION FOR AN OUTBREAK OF INFLUENZA-LIKE-ILLNESS:

#### Definition of a case of influenza-like illness:

Fever of 37.8 C or above

**OR**

acute deterioration in physical or mental ability

**PLUS**

**New onset or acute worsening** of one or more respiratory symptoms:

- cough (with or without sputum),
- nasal discharge or congestion,
- sore throat,
- sneezing,
- hoarseness,
- shortness of breath,
- wheezing,
- chest pain.

### 4. INFECTION CONTROL MEASURES:

In the event of an outbreak, the standard infection control principles that should be in place in all health and care settings should be maintained.

#### Standard infection control precautions:

- Staff should wash their hands thoroughly using soap and water<sup>1</sup>, or use a 70% alcohol hand rub **before and after any contact with residents**. Placing hand rub dispensers at the residents' bedsides for use by visitors and staff should be considered. It is advisable to recommend carrying out a risk assessment before introducing alcohol gels into the workplace.

#### Respiratory Hygiene/Cough Etiquette

Where possible, respiratory hygiene/cough etiquette should be implemented whenever residents or visitors have symptoms of respiratory infection to prevent the transmission of all respiratory tract infections in long-term care facilities. **When an outbreak of influenza is being considered, respiratory hygiene/cough etiquette is essential and must be implemented.**

Respiratory hygiene and cough etiquette include the following:

- Posting visual alerts at the entrance to the home instructing residents and visitors to inform staff if they have symptoms of respiratory infection and discouraging those who are ill from visiting the home, encouraging them to practice respiratory hygiene/cough etiquette.
- Providing tissues to residents and visitors who are coughing or sneezing so that they can cover their mouth and nose.
- Providing tissues and alcohol-based hand rubs in common areas and waiting rooms.
- Ensuring that supplies for hand washing are available where sinks are located and providing dispensers of alcohol-based hand rubs in other locations.
- Encouraging coughing persons to sit at least 3 feet away from others, if possible.

- Residents with symptoms of respiratory infection should be discouraged from using common areas where feasible. Residents should have an adequate supply of tissues and covered sputum pots, as well as convenient and hygienic methods of disposing of these.

Care homes should ensure the availability of materials for adhering to respiratory hygiene etiquette in waiting areas for residents and visitors.

- Provide tissues and no-touch receptacles for used tissue disposal.
- Provide conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.

#### **Droplet precautions:**

- **If possible symptomatic residents should be cared for in single rooms until fully recovered and at least five days after the onset of symptoms.** If this is not possible then cohort suspected influenza residents with other residents suspected of having influenza; cohort confirmed influenza residents with other residents confirmed to have influenza. At the very least, symptomatic residents should be cared for in areas well away from asymptomatic residents. If the design of the care home and the numbers of symptomatic residents allows, the separation of symptomatic and asymptomatic residents in separate floors or wings of the home is preferable.
- If possible, staff should work with either symptomatic or asymptomatic residents (but not both), and this arrangement should be continued for the duration of the outbreak.
- Staff should use single-use plastic aprons when dealing with patients, and gloves as appropriate. Glove wearing does not obviate the need for hand hygiene.
- Surgical masks should be worn by care staff attending to personal care needs of affected residents or working within three feet of an affected person. This is particularly important during cough-inducing procedures, including nebuliser administration. Masks should be removed on leaving the resident's room and disposed of as clinical waste. Homes should obtain masks from their usual PPE suppliers.
- If resident movement or transport is necessary, the affected resident should wear a surgical mask, if possible.
- All staff should perform hand hygiene immediately after de-masking, as per standard infection control precautions.

#### **Restrictions to residents, visitors and healthcare staff:**

- The home (and any associated day care facility) must be closed to admissions until the outbreak is declared over.
- Residents should not be transferred to other homes or attend external day centres, social events or similar activities until the outbreak is declared over.
- Residents should avoid non-urgent outpatient clinic visits. More urgent out-patient or similar visits (eg for investigations) should be subject to a risk assessment by the clinicians involved in collaboration with infection control staff in the concerned hospital.
- Agency and temporary staff who are exposed during the outbreak should be advised not to work elsewhere (e.g. in a local acute care hospital) until the outbreak is over.
- Symptomatic staff and visitors should be excluded from the home until fully recovered and at least five days after the onset of symptoms.
- Children and adults vulnerable to infection should be discouraged from visiting during an outbreak.
- Visitor access to symptomatic residents should also be kept to a minimum, consistent with patient welfare.

### Other measures:

- Surgical masks, gloves and aprons, and contaminated tissues should be disposed of as clinical waste
- Resident's clothes, linen and soft furnishings should be thoroughly washed on a regular basis, and all rooms kept clean, including TV remote controls, handles and light switches. More frequent cleaning of surfaces such as lockers, tables & chairs, televisions and floors is required, especially those located within 3 feet of a symptomatic patients. Hoists, lifting aids, baths and showers should also be thoroughly cleaned between patients.
- Uniforms and other work clothing should be laundered at work if there are facilities for this. If laundered at home the general advice on washing work clothes separately would apply. Uniforms should not be worn between home and the place of work.

## 5. TESTING PROTOCOL

- **Advice on testing should be sought from the West Yorkshire Health Protection Unit on 0113 3860300**

## 6. OSELTAMIVIR TREATMENT GUIDELINES

See attached "Algorithm for prescribing Oseltamivir or Zanamivir for treatment of influenza like illness" and "Algorithm for prescribing Oseltamivir for prophylaxis of influenza like illness".

Outbreaks of influenza can occur outside the usual winter influenza season and there may be no evidence of influenza circulating in the wider community. **HPA advice is that where an influenza outbreak is confirmed or probable, Oseltamivir should be used for treatment and prophylaxis even if there is no evidence of circulating influenza in the community.**

In addition, the HPA recommends that **in the event of a probable or confirmed outbreak of influenza in a care home, consideration is given to offering prophylaxis to all care staff as well as other residents**

Arrangements for obtaining supplies, prescribing and dispensing of Oseltamivir will vary across PCTs.

# Influenza Outbreaks Factsheet

## Information for Care Homes

### *What is an outbreak of influenza?*

Two or more cases of influenza-like-illness occurring within 72 hours in residents or staff who are in close proximity to each other in the care home indicates that an outbreak of influenza is possible. Your local Health Protection Unit will confirm whether or not there is an outbreak.

### *How can you reduce the risk of influenza transmission in care homes?*

- Wash hands frequently with soap and water and dry thoroughly.
- Ensure frequent cleaning of surfaces.
- Cover your mouth and nose with a tissue when coughing or sneezing.
- Dispose of used/dirty tissues as clinical waste.

### *What precautions should you take if you suspect a possible outbreak of influenza in the care home?*

#### **Care of patients**

1. This is the first priority. If possible, affected patients should be cared for in single rooms, or in the same area of the care home, to reduce the risk to other residents who are not affected.
2. Ensure that standard infection control precautions are in place.
3. Inform the West Yorkshire Health Protection Unit as soon as possible.

#### **Informing the Health Protection Unit**

Staff at the West Yorkshire Health Protection Unit (consultant and specialist nurses) will:

- verify whether there is an outbreak and collect further information
- offer advice on whether further tests or treatment is required
- liaise with other health care professionals who may be involved with the care of residents
- ensure that detailed information on infection control precautions is made available, and
- monitor the progress of the outbreak, and offer support for any other control measures that may be required.

#### **Reinforce infection control measures**

In the event of an outbreak, the standard infection control measures that should be in place in all health and care settings should be maintained, and environmental cleaning measures should be enhanced.

(Continued overleaf)



What precautions should you take if you suspect a possible outbreak of influenza in the care home? (continued)

**Additional key measures** recommended during outbreaks are outlined below. These cover three main areas:

- restrictions to visitors and staff
- respiratory hygiene, and
- droplet precautions.

**Further advice on these matters can be obtained from your Infection Prevention and Control Nurses or the West Yorkshire Health Protection Unit.**

#### ➤ Restrictions to residents, visitors and staff

- Restrict **visitor** access to symptomatic patients to the minimum that is required for patient welfare. Children and vulnerable adults should be discouraged from visiting during an outbreak.
- Exclude **symptomatic staff and visitors** until fully recovered and at least five days after the onset of symptoms.
- **Agency and temporary staff who are exposed during the outbreak should be advised not to work in other health or care settings until the outbreak is over.**

#### 1. Respiratory hygiene

Respiratory hygiene/cough etiquette is essential when an outbreak of flu is being considered. Recommended measures include:

- putting up signs at entrance or common areas instructing residents and visitors to inform staff if they have respiratory symptoms, and discouraging visitors with symptoms
- providing tissues to residents and visitors who are coughing or sneezing so that they can cover their mouth and nose
- residents with symptoms of respiratory infection should be discouraged from using common areas where feasible. Residents should have an adequate supply of tissues and covered sputum pots, as well as convenient and hygienic methods of disposing of these
- ensuring that supplies for hand washing are available where sinks are located and providing dispensers of alcohol-based hand rubs in other locations
- **encourage coughing persons to sit at least 3 feet away from others, if possible**

#### ➤ Droplet precautions

- If possible symptomatic residents should be cared for in **single rooms** until fully recovered and at least five days after the onset of symptoms. If this is not possible, then **group together** suspected flu residents with other residents suspected of having flu.
- If possible, staff should work with either symptomatic or asymptomatic residents, but not both, and this arrangement should be continued for the duration of the outbreak.
- Staff should use appropriate infection control precautions while dealing with affected patients, e.g. gloves, single use apron, etc.
- **The Health Protection Unit will advise on the appropriate use of surgical masks.**

# Influenza Outbreaks Factsheet

## Information for Residents and Carers

### ***What is an influenza (flu) outbreak?***

Influenza affects many people during the winter months. Two or more cases of influenza-like-illness occurring within 72 hours in residents or staff from the same care home indicates that an outbreak of influenza is possible.

### ***Recommended precautionary measures for homes with a possible influenza outbreak:***

If staff in the care home suspect an outbreak, they will ensure that measures are in place to reduce the risk of spread to other residents. They may also advise restrictions on resident and staff movements.

The local Health Protection Unit and Primary Care Trust will work with the staff to ensure that :

- adequate control measures are taken to prevent the spread of infection
- affected residents or staff receive appropriate treatment, and
- residents, staff and carers receive appropriate and timely information on the measures being taken.

### ***What are the specific measures that staff can take:***

- Wash hands frequently with soap and water and dry thoroughly.
- Dispose of used/dirty tissues as clinical waste.
- Ensure frequent cleaning of surfaces.
- Ensure that supplies for hand washing are available where sinks are located.
- Provide tissues to residents and visitors who are coughing or sneezing so that they can cover their mouth and nose.
- Staff should use appropriate infection control precautions while dealing with affected patients, e.g. gloves, single use apron, etc.

(Continued overleaf)

## How can residents and carers help?

Residents with flu symptoms should:

- avoid using common areas
- cover their mouth and nose with a tissue when coughing or sneezing
- sit at least 3 feet away from others, if possible.

All residents should:

- discourage visits, especially from children and vulnerable adults
- support the home by adhering to other restrictions being placed.

***Carers, family and friends should not visit the home if they have flu symptoms.***

## Further information

Further information can be obtained from:

West Yorkshire Health Protection Unit, Telephone:

**0113 3860300**

# ALGORITHM FOR PRESCRIBING OSELTAMIVIR OR ZANAMIVIR FOR TREATMENT OF INFLUENZA-LIKE ILLNESS – (updated: Feb 2005)

Has it been formally announced that either **influenza A or influenza B is circulating in the community?**  
(In England, the formal announcement is made by the Dept. of Health; information is available from <http://www.dh.gov.uk> and [www.hpa.org.uk](http://www.hpa.org.uk))

Oseltamivir and Zanamivir are **not licensed for use unless influenza is circulating in the community**

Schedule 2 of the National Health Service (General Medical Services Contracts) (Prescriptions of Drugs etc) (Amendment) Regulations 2004, pertaining to Oseltamivir and Zanamivir came into force on 3<sup>rd</sup> January 2005<sup>1</sup>

**In England prescribing of these drugs in primary care is now formally restricted to those circumstances and those at-risk patient groups specified by NICE<sup>1, 2</sup>**

Schedule 2 also enables GPs in England to write private prescriptions for Oseltamivir and Zanamivir for their patients diagnosed as suffering from Influenza (treatment dosage) when Influenza is circulating, even though they are not in the 'at risk' groups specified by NICE, in accordance with the relevant product licence<sup>3</sup>

Amantadine is not recommended<sup>2</sup>

Is the patient in an '**at risk**' group?

- Chronic respiratory disease (including asthma and COPD)
- Significant cardiovascular disease (excluding people with hypertension only)
- Chronic renal disease
- Immunocompromised
- Diabetes mellitus
- Aged 65 years and over

**YES**

Can treatment be started **within 48 hours** of the onset of symptoms of influenza-like illness?

**NO**

**YES**

Is the patient **aged 13 years or older?**

**YES**

**NO**

**YES**

**Prescribe oseltamivir (Tamiflu® ▼): for treatment**

≤ 15kg: 30mg twice daily for 5 days  
16-23kg: 45 mg twice daily for 5 days  
24-40kg: 60mg twice daily for 5 days  
≥40kg: adult dose (see opposite box)

Suspension (60mg/5ml) is available

**Oseltamivir is not licensed for use in children ≤ 1 year of age**

**(zanamivir not licensed for use in children ≤ 12 years but may be used (10mg b.d.) in a child aged 12 years)**

Refer to individual SPCs before prescribing (available at: [www.medicines.org.uk](http://www.medicines.org.uk))

**Prescribe for treatment:**

- Oseltamivir (**Tamiflu® ▼**): 75mg (1 oral capsule) twice daily for 5 days. (NHS price £16.36)

**OR**

- Zanamivir (Relenza®): 10mg (2 inhalations by Diskhaler®) twice daily for 5 days. (NHS price £24.55)

Refer to individual SPDs before prescribing (available at: [www.medicines.org.uk](http://www.medicines.org.uk))

*Tamiflu® is a registered trademark of ROCHE products Ltd; Relenza® is a registered trade mark of GlaxoSmithKline plc.*

1. <http://www.hmso.gov.uk/si2004/20043215.htm>

2. [http://www.nice.org.uk/pdf/58\\_Flu\\_fullguidance.pdf](http://www.nice.org.uk/pdf/58_Flu_fullguidance.pdf)

3. [http://www.dh.gov.uk/Consultations/ClosedConsultations/ClosedConsultationsArticle/fs/en?CONTENT\\_ID=4067774&chk=3ncShz](http://www.dh.gov.uk/Consultations/ClosedConsultations/ClosedConsultationsArticle/fs/en?CONTENT_ID=4067774&chk=3ncShz)

Acknowledgement: adapted from an original produced by Emma Richardson at RT PCT.

# ALGORITHM FOR PRESCRIBING OSELTAMIVIR FOR PROPHYLAXIS AGAINST INFLUENZA (updated: Feb 2006)

Has it been formally announced that either **influenza A** or **influenza B** is circulating in the community?  
(In England, the formal announcement is made by the Dept. of Health; information is available from <http://www.dh.gov.uk> and [www.hpa.org.uk](http://www.hpa.org.uk))

**Oseltamivir and zanamivir are not licensed for use unless influenza is circulating in the community**

*Schedule 2 of The National Health Service (General Medical Services Contracts) (Prescription of Drugs etc.) (Amendment) Regulations 2004, pertaining to oseltamivir and zanamivir came into force on 3<sup>rd</sup> January 2005.<sup>1</sup>*

**In England, prescribing of these drugs in primary care is now formally restricted to those circumstances and those at-risk patient groups specified by NICE<sup>1,2</sup>**

*Schedule 2 also enables GPs in England to write private prescriptions for oseltamivir for their patients who have been in close contact with an influenza sufferer (prophylactic dosage) when influenza is circulating, even though that are not in the 'at-risk' groups specified by NICE, in accordance with the product licence<sup>3</sup>*  
*Amantadine is not recommended<sup>2</sup>*

NO

YES

## DO NOT USE:

Oseltamivir unlicensed for prophylaxis in persons <12 months; (zanamivir unlicensed for prophylaxis)

NO

Is the person **aged 1 year or older**?

YES

Can prophylaxis be started **within 48 hours** of exposure<sup>4</sup> to a case of influenza-like illness?\*

\*(in an institutional outbreak this means the last probable exposure to any case of ILI as opposed to the index case; i.e. prophylaxis may commence >48 hours after the onset of the outbreak)

NO

## DO NOT USE:

Oseltamivir licensed for prophylaxis in persons 1 year of older **providing therapy can commence within 48 hrs. of exposure**

YES

Is the person also in an **'at risk' group**?

- Chronic respiratory disease (including asthma and COPD)
- Significant cardiovascular disease (excluding people with hypertension only)
- Chronic renal disease
- Immunocompromised
- Diabetes mellitus
- Aged 65 years or older

NO

NO

YES

NO

Are one or more of the following statements **true**?

- Not vaccinated since previous influenza season
- Vaccine contraindicated so not given
- Vaccine given, but not well matched to the strain of influenza virus circulating (based on advice from Health Protection Agency)
- Vaccinated less than 2 weeks previously

YES

Does the person being consider for prophylaxis live in a **residential care establishment**\* where a resident or staff member has influenza-like illness?  
\*(a place where the at-risk person resides in the long term in order to be provided with continuing care alongside a number of other individuals)

YES

*Tamiflu® is a registered trademark of Roche Products Ltd.*

Prescribed oseltamivir (Tamiflu® ▼): in prophylactic dosage:  
Adults: 75 mg (1 oral capsule) once daily for 10 days  
Children: ≤ 15 kg: 30 mg once daily for 10 days  
16-23 kg: 45 mg once daily for 10 days  
24-40 kg: 60 mg once daily for 10 days  
≥40 kg: adult prophylactic dose for 10 days

**Oseltamivir is not licensed for use in children <1 year of age**

1. <http://www.hms.gov.uk/si2004/20043215.htm>

2. [http://www.nice.org.uk/pdf/58Flu\\_fullguidance.pdf](http://www.nice.org.uk/pdf/58Flu_fullguidance.pdf)

3. <http://www.dh.gov.uk/Consultations/ClosedConsultationsArticles/fs/en?CONTENTID=4067774&chk=3ncShz>

4. 'Exposure' means being in close contact with someone who lives in the same household environment who had been suffering from symptoms of influenza-like illness

Acknowledgement; adapted from an original produced by Emma Richards at RT PCT