

Sheffield In-Season Influenza Outbreak Protocol for Care Homes

December 2021

Start here

Care Home identifies 2 or more residents showing influenza-like symptoms*. Pending diagnosis Care Home should

- Support patient,
- Contact GP/clinician and
- Inform UKHSA
- Manage it as a COVID-19 outbreak until indicated otherwise by laboratory testing/COVID ruled out

Patient support pending GP/clinician assessment

Rest, keep warm, fluids (water) & paracetamol (dose adjustment in <50kg – see link)

Isolate residents and implement infection control measures as per PHE Poster 'Guidance on outbreaks of influenza (flu) in care homes'

Continue to wear PPE as per national Covid Guidance

* The PHE **influenza-like illness (ILI) case definition** for use in care homes is as follows:

(i) Oral or tympanic temperature $\geq 37.8C$
AND one of the following:
acute onset of at least one of the following acute respiratory (AR) symptoms: cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing

OR

(ii) an acute deterioration in physical or mental ability without other known cause.

See [PHE guidelines on the management of outbreaks of influenza-like illness \(ILI\) in care homes](#) for more information

Influenza confirmed or suspected

Care home and attending clinician to prepare a resident list for either treatment or prophylactic antivirals**

During Core Hours
Resident's GP (or LCS GP) assesses and signs FP10(s) for treatment or prophylaxis as required

Usual or local pharmacy will dispense and supply – contact in advance to ensure supplies can be obtained within the required 48/36 hour time period.
If the usual/local pharmacy are unable to supply within the required timeframe, contact Wicker Pharmacy

UKHSA issues a 'Flu Letter' and supports care home as required

Outside Core Hours
OOH GP service to visit Care Home, undertake all residents' assessments and sign FP10(s)

The clinician will contact local pharmacies to confirm they are able to supply the appropriate anti-viral medication in a timely manner to meet clinical needs of the residents. In those cases where supplies cannot be obtained **within 48/36 hours** the on-call pharmacist at Rotherham NHS FT should be contacted via switchboard (Tel: 01709 820000)
Delivery will be direct to the Care Home by Taxi

UKHSA declares that a locally contained outbreak has occurred

UKHSA work with GPs to advise on treatment and prophylaxis**

****Antiviral prescribing guidance**
First line treatment is oseltamivir in most cases, but individual patient factors and/or the likelihood of oseltamivir resistance determine treatment choices – see the following page for more information

Treatment and prophylaxis must be initiated as soon as possible, ideally within 48 hours for oseltamivir – see following page for more information.

Prescribing Guidelines for Attending Clinician

Choice of antiviral

Some influenza subtypes are associated with a greater risk of developing oseltamivir resistance. See [UKHSA Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza](#) for more detailed information.

The risk of resistance is greatest in people who are severely immunosuppressed.

- First line treatment in patients not severely immunocompromised is normally oseltamivir.
- First line antivirals in severely immunosuppressed individuals should take account of the subtype of influenza causing infection, or if not yet known, the dominant strain of influenza that is circulating during the current influenza season.

Antiviral medication

Standard doses*

Oseltamivir (Tamiflu®) capsules

Treatment – 75mg TWICE DAILY for 5 days

Treatment should be started as soon as possible, ideally within 48 hours of onset. After this time (up to 5 days), use is off-label and clinical judgement should be exercised.

Prophylaxis – 75mg DAILY for 10 days

Therapy should be started as soon as possible and within 48 hours of last exposure.

Zanamivir (Relenza®) inhalation powder

Treatment – 10mg inhaled TWICE DAILY for 5 days

Treatment should be started as soon as possible, within 48 hours after onset of symptoms for adults (36 hours after onset of symptoms for children)

Prophylaxis – 10mg inhaled DAILY for 10 days

Therapy should be started as soon as possible and within 36 hours of last exposure

*Important factors to consider when determining the dose:

- Age
 - oseltamivir: in children under 13 years, dose is determined by patient weight
 - zanamivir: not licensed in children under 5 years
- Weight (adult patients)
 - oseltamivir: if less than 40kg a dose reduction will be required
 - zanamivir (inh): unaffected
- Renal function
 - oseltamivir: if CrCl is less than 60ml/min a dose reduction will be required
 - zanamivir (inh): unaffected

See [UKHSA Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza](#) and individual medicine [summary of product characteristics \(SPC\)](#) for more detailed information.