

Public Health Link

From the Chief Medical Officer for Wales

Distribution:	As Appendix 1
From:	Frank Atherton, Chief Medical Officer
Date:	12 January 2018
Reference:	CEM/CMO/2018/1
Category:	Immediate – Cascade within 6 hours
Title:	Managing influenza-like-illness during this period of increased incidence
What is this about:	Increasing rates of influenza and advice on management in both the community and hospital settings
Why has it been sent:	For action

Dear Colleagues,

Further to my update on the influenza season provided in late December, I am writing again because the consultation rate for influenza-like-illness (ILI) increased significantly in the 1st week of 2018. Over this week and next week there is a high probability that influenza burden will further increase and services should plan in anticipation of that.

Unlike in recent influenza seasons, influenza B is predominant early on, with other strains also co-circulating. However, this may change in the coming weeks, with increasing influenza A.

ILI cases began to increase in mid December and the first week of 2018 was the third week of the influenza season. An average season lasts around 3 months before new cases return to baseline levels (based on GP consultation rates between 2010 and 2017). Typically influenza activity peaks at around 4-6 weeks in the community and a week or two later in hospital settings.

My advice to you during this period of increased incidence is:

VACCINATION

- Vaccination for the population most at risk and for frontline health and social care workers should continue to be promoted at every opportunity.

PRIMARY CARE AND OUT OF HOURS SERVICES

- Where possible offer telephone triage to all who seek appointments with ILI symptoms.
- Advise those who are normally fit and well and are not at risk of serious complications on appropriate self care - drinking plenty of fluids, taking ibuprofen or paracetamol and avoiding contact with vulnerable individuals while they have symptoms, which usually resolve in about a week.

- Those at risk of complications due to influenza, including those over the age of 65 or with underlying chronic diseases, presenting with ILI should be offered Oseltamivir ideally within 48 hours of onset of symptoms (after 48 hours is off label use). Treat these patients with antivirals irrespective of their vaccination status. If possible arrangements should be agreed for friends or relatives to pick up prescriptions. Details of dosing and duration can be found in the Public Health England (PHE) guidance (linked below).
- Ensure prescriptions for Oseltamivir include the reference 'SLS' (Selected List Scheme as community pharmacies are only able to dispense prescriptions for these antivirals if the Selected List Scheme is indicated on the prescription.
- Residents in nursing care homes/residential homes showing ILI symptoms should be managed in accordance with PHE guidelines (link below). Early initiation of treatment for symptomatic residents should be commenced and anti-viral prophylaxis for contacts should be used.

Data from the last influenza season show low levels of antiviral prescribing in the community – for example in January 2017 community pharmacies across Wales only received 233 prescriptions for antivirals.

COMMUNITY PHARMACIES

- Community pharmacies need to ensure they have supplies of Oseltamivir or arrangements to obtain them as soon as practicable on receiving a prescription.

MANAGEMENT OF INFLUENZA IN HOSPITALS

Visitors:

- Health Boards should prepare messaging for the public during periods of increased seasonal influenza activity. As a matter of routine, symptomatic visitors should be discouraged from visiting family and friends in hospital. Where hospital outbreaks are occurring only essential visitors should be allowed access to these outbreak areas.

Patients presenting with ILI:

- Treat patients who present with ILI (ie upper or lower respiratory tract infections) with Oseltamavir (PHE guidance linked below should be consulted for further guidance if patient is immunocompromised).
- Test the patient for influenza but do not wait for the results before starting antiviral treatment.
- Treatment with Oseltamavir can be stopped (or reduced to prophylactic dose – see below) if influenza tests are negative.

Contacts of patients with confirmed influenza:

- All asymptomatic in-patients in contact with influenza should be offered prophylaxis.

- Symptomatic in-patient contacts who have started a treatment course of antivirals but then have a negative result, should be reduced to the prophylactic dose. Details of dosing and duration can be found in the PHE guidance (linked below).
- Appropriate placement of symptomatic in-patients and compliance with infection control guidance is important to prevent further spread in the hospital setting.

TESTING

Test within 48 hours of onset of symptoms and if admission to hospital is indicated. Provide details to support triaging of samples.

Test sensibly to ensure that tests can be completed in a timely manner. Do not test asymptomatic contacts of influenza, asymptomatic patients or undertake repeat tests within 7 days of a positive result without consultation with the clinical service.

References

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/648758/PHE_guidance_antivirals_influenza_201718_FINAL.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/664972/Influenza-like_illness_in_care_homes.pdf

Yours sincerely,



Dr Frank Atherton
Chief Medical Officer / Medical Director NHS Wales

To: NHS Wales Shared Services Partnership to forward to:

All General Practitioners - please ensure this message is seen by all practice nurses and non-principals working in your practice and retain a copy in your 'locum information pack'.

All Community Pharmacists

Deputising services

HB Chief Pharmacists

HB Prescribing Advisers

Independent/Private clinics and Hospitals and Hospices throughout Wales

To: Local Health Boards and NHS Trusts:

Chief Executives

Medical Directors

Nurse Directors

Directors of Public Health

Hospital Principals and Chief Pharmacists

Onward distribution to:

Occupational Health Leads

Immunisation Leads,

Infectious Disease Departments

Acute medical units

A & E Departments

Neonatologists

Head of Midwifery Services

Prison Healthcare Services

Substance Misuse Services

Sexual Health Services

To: Public Health Wales:

Chief Executive

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Consultants in Communicable Disease Control

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