From the Chief Medical Officer
Dr Michael McBride

HSS(MD) 16/2016

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Castle Buildings
Stormont
BELFAST
BT4 3SQ

Tel: 028 9052 0563
Fax: 028 9052 0573
Email: michael.mcbride@dhsspsni.gov.uk

FOR ACTION

Chief Executives, Public Health Agency/Health and Social Care Board/HSC Trusts/NIAS

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Your Ref:
Our Ref: HSS(MD) 16/2016
Date: 5 September 2016

Dear Colleague

MANAGEMENT OF SEASONAL FLU 2016/17

Action Required

Chief Executives must ensure that all those who are involved in the response to seasonal flu in Northern Ireland make themselves familiar with the contents of this paper and ensure that they are prepared to respond accordingly.

1. Seasonal Influenza is an annual occurrence, although the exact timing, severity and extent of spread vary from year to year. For this reason, plans to manage seasonal flu should form part of wider planning for the winter months, rather than being regarded as a crisis each year.

2. The attached paper sets out the arrangements for management of seasonal flu in 2016/17 and builds on previous experience and lessons learnt during past influenza seasons.

3. It is important to note that the paper refers to the broad policy issues and has been agreed with the Public Health Agency (PHA) and Health and Social Care Board (HSCB).

4. The PHA and HSCB will work with Trusts, Primary Care and other providers on more detailed operational aspects of the response to flu.

Conclusion

5. The 2009 H1N1 (swine flu) pandemic changed public, media and political awareness and perception of flu. The winter of 2015/16 saw lower levels of circulating flu than 2014/15 however, ICU admissions were higher

compared to the previous year. The experience of previous flu seasons illustrates the unpredictable nature of influenza viruses and the need to have plans in place for the coming season. While it is impossible to predict what might happen over the winter of 2016/17, the aim of this paper is to ensure that we are as well prepared as possible and to avoid increasing pressure on health and social care services through public alarm.

Yours sincerely



Dr Michael McBride
Chief Medical Officer

Professor C McArdle
Chief Nursing Officer

Dr Mark Timoney
Chief Pharmaceutical Officer

Enc

This letter is available on the DoH website at
www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications

Circulation List

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Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

MANAGEMENT OF SEASONAL FLU IN NORTHERN IRELAND 2016/17

HE1/16/29206

MANAGEMENT OF SEASONAL FLU

Winter 2016

Introduction

1. Seasonal Influenza is an annual occurrence, although the exact timing, severity and extent of spread vary from year to year. For this reason, plans to manage seasonal flu should form part of wider planning for the winter months, rather than being regarded as a crisis each year.

2. This paper sets out the arrangements for management of seasonal flu in 2016/17. It builds on the experience of recent years. It is important to note that this paper refers to the broad policy issues. The Public Health Agency (PHA) and Health and Social Care Board (HSCB) will work with Trusts, Primary Care and other providers on more detailed operational aspects of the response to flu.

Background

3. The 2009 H1N1 (swine flu) pandemic changed public, media and political awareness and perception of flu. The winter of 2015/16 saw lower levels of circulating flu than 2014/15 however, ICU admissions were higher compared to the previous year. The experience of previous flu seasons illustrates the unpredictable nature of influenza viruses and the need to have plans in place for the coming season.

4. While it is impossible to predict what might happen over the winter of 2016/17, the aim of this paper is to ensure that we are as well prepared as possible and to avoid increasing pressure on health and social care services through public alarm.

5. The remainder of the paper considers different aspects of the response in turn.

Media and Communications

6. Good, consistent and open communication with the public, media, politicians and professionals is a key element of managing the response to seasonal flu as a whole society. By providing accurate, timely and balanced information, the public will be well informed and enabled to respond to help themselves and use health services appropriately.

Proactive engagement with the media

7. The Department, HSCB and PHA will be pro-active in engaging with the local media in advance of the flu season to:

    - outline the preparations and expectations for the forthcoming flu season;
    - clarify arrangements for how the Department and HSC organisations will be responding at each stage of the flu season;
    - explain what data will be released by the Department/PHA and the limitations around comparison with other UK countries.

Engagement with politicians

8. Departmental officials will work, as determined by the Minister, to ensure that the Health Committee and other MLAs are fully briefed in advance of the flu season and that this information is updated as required.

Media briefings and press conferences

9. Seasonal flu is an annual event, in contrast to a pandemic which occurs infrequently. For this reason, it is necessary to manage seasonal flu as part of the overall work of the HSC.

10. The PHA has responsibility for monitoring infectious disease and protecting the health of the public. It also takes the lead in organising the flu vaccination programme and undertaking surveillance of flu. The HSCB takes the lead on coordinating the preparation and response of the HSC and related services to increased service pressures, including those due to flu. The PHA will lead on coordinating flu-related

communications with the media and to the public, working very closely with the HSCB to ensure a single coherent approach.

11. In the event of a particularly widespread or severe flu causing pressure on other health services, regular press briefings may be held. The benefits of this approach include consistency of message and 'batching' of media bids, leading to a reduction in the demands on senior staff from all organisations at a time of intense activity and pressure. This format has worked well in previous years and has consisted of a panel of experts from the PHA, HSC Board, General Practice etc chaired by CMO to provide the latest update on flu activity and any service pressures; explain the flu policy; and respond to queries.

12. The decision to move to regular press briefing will be taken by the Chief Executive of the Public Health Agency in discussion with the HSCB and DoH and following assessment of the public health and service pressures situation in Northern Ireland and across the UK.

Online information

13. Information from all Government Departments in Northern Ireland is channelled through the nidirect website (www.nidirect.gov.uk). This website will provide high level information about seasonal flu, the vaccination programme, hygiene messages, and what to do if you are ill. It will signpost users to the Public Health Agency's dedicated flu website at www.fluawareni.info .This website will provide more detailed information and will be updated regularly as the flu season progresses. Communications staff from the DoH and PHA will work together to ensure that any information which is contained on both websites uses the same wording to ensure consistency of message.

Seasonal flu vaccination programme

14. Vaccination policy in Northern Ireland and the rest of the UK is guided by the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI), an independent expert advisory committee that

advises the four UK Health Ministers on matters relating to the provision of vaccination and immunisation services. JCVI consider all the available medical and scientific evidence before recommending which groups should be offered vaccination.

15. In 2012 JCVI recommended that the annual flu vaccination programme be extended to all children aged 2 to 16 years (inclusive). The JCVI recommendation is being implemented in a phased approach over a number of years. The children's programme is expected to appreciably lower the public health impact of flu by directly averting a large number of cases of disease in children, and, through lowering flu transmission in the community, indirectly preventing flu in unvaccinated younger children, people in clinical risk groups, and older adults. This is expected to substantially reduce flu-related illness, GP consultations, hospital admissions and deaths. JCVI found that extending the flu vaccination programme in this way is likely to be highly cost effective.

16. The CMO letter announcing details of the vaccination programme was issued on 5 August and is available at: https://www.health-ni.gov.uk/sites/default/files/publications/health/hss-md-14-2016.pdf

17. In 2016/17 in Northern Ireland the flu vaccine will be offered to all pre-school (aged 2-4 years of age) and all primary school children.

    Due to the logistical challenge of vaccinating all primary school children within an eight week period it is not possible for school health teams to provide a mop-up service for any children who miss the vaccination for whatever reason in primary school.. Therefore if a child is absent from school OR if they require a second dose of the flu vaccine, the parent/guardian will be advised by the school health team to contact their GP. More details are contained in the latest CMO letter (HSS (MD) 14/2016 Annex 1 paragraph 5?).

18. As in previous years, the seasonal flu vaccination programme will officially begin at the start of October. Sufficient doses of seasonal flu vaccine have been procured to vaccinate all eligible patients and staff, based on previous uptake rates.

19. Occupational health staff in Trusts worked hard to achieve an overall uptake rate for seasonal flu vaccine of just below 25% in frontline health and social care workers in 2015/16. Despite their efforts, this is still disappointingly low. In 2016/17, Trusts should strive to encourage and facilitate health and social care workers to take up the offer of vaccination to protect themselves and their vulnerable patients and clients. A target rate of 40% has been set for 2016/17.

People with complex medical healthcare needs

20. Children with complex medical healthcare needs are particularly vulnerable to influenza viruses, particularly the H1N1 2009 strain. These children **will not** be vaccinated in school **unless they are in primary school.** It is therefore important that GPs identify such children and ensure they are offered vaccination. It is also important that they are treated promptly if they develop symptoms of flu infection, including consideration of the use of oseltamivir.

Pregnant women

21. Pregnant women are at increased risk of complications from influenza infection, particularly with H1N1 2009 virus. All pregnant women should be strongly encouraged to accept the offer of vaccination. As with last year all pregnant women will be vaccinated by their own GP. A target rate of 60% has been set for 2016/17.

Severe egg allergy

22. Seasonal flu vaccines available in the UK have historically been egg based and this remains the case. In recent years, inactivated flu vaccines that have a very low ovalbumin content have become available and studies show they may be used safely in individuals with egg

allergy. This now includes Fluenz Tetra®. Guidance issued in the 'Green Book' sets out the advice on vaccination of people of all ages with varying degrees of egg allergy. For anyone who has either **confirmed anaphylaxis to egg (requiring intensive care)** or egg allergy with uncontrolled asthma in children (BTS SIGN step 5 or above), **there is no licensed egg-free vaccine available in the UK.** These individuals should be discussed with a relevant specialist to consider what is most appropriate for the individual patient given their history, for example vaccination in hospital using vaccine with an ovalbumin content less than 0.12 micrograms/ml. More details are contained in HSS (MD) 14/2016 (see Annex 1 paragraphs 42 to 47).

Live attenuated influenza vaccine

23. A live attenuated influenza vaccine (Fluenz Tetra®) has again been secured for children. The vaccine is licensed for those aged two years to less than 18 years of age. GPs and School Health staff should administer Fluenz Tetra® vaccine to children in this age group except those with contraindications such as immunodeficiency or severe asthma, active wheezing or severe egg allergy. More details are contained in HSS (MD) 14/2016 (see Annex 1 paragraphs 31 to 41).

Vaccination records

24. On occasions the PHA may need to contact GPs to get vaccination details of particular patients to better understand vaccine efficacy. Section 23(E) of the GMC Good Medical Practice 2013 guidance states that doctors must respond to requests from organisations monitoring public health, therefore GPs should facilitate all such requests from the PHA.

Infection control issues

25. As happens every autumn and winter, increased levels of respiratory viruses are likely to circulate in the community, resulting in large numbers of people presenting with respiratory symptoms. Therefore any infection control guidance should minimise the risk of influenza infection,

particularly to vulnerable patients. Respiratory infection control guidance i.e. standard infection control and droplet precautions are recommended when caring for people with respiratory infections such as influenza.

26. FFP3 masks and associated precautions will still be required when performing aerosol generating procedures on patients with confirmed or suspected influenza or other severe respiratory illness of unknown type.

Laboratory Testing

27. Testing for influenza will depend on the location and clinical status of the patient. The preferred specimen is a combined nose and throat swab with both swabs in the same container. Do not send gel tubes. Swabs should be dry (cut off tips into universal container) or in the collection kits supplied by the Regional Virus Laboratory (RVL). Sputum is an acceptable specimen and is the preferred specimen in seriously ill patients including patients in or likely to be admitted to ICU. During the 2 most recent winters respiratory viral testing has increased greatly and has exceeded capacity leading to a significant deterioration in turnaround time compared to previous years. Reducing unnecessary and duplicate testing will help limit further deterioration in turnaround time.

- **In the community:** routine swab testing of patients with flu or flu-like illness (FLI) should only be undertaken if it is considered to be clinically indicated or as part of existing surveillance schemes. An exception would be investigation of outbreaks of FLI in care homes and other settings in order to establish the causative organisms. GP spotter practices will continue to test as usual for surveillance purposes.

- **Hospitals:** patients presenting to hospital with flu or FLI will be tested to determine their subsequent management in hospital including infection control measures. This is of particular relevance for critical care patients and those who are immunosuppressed.

28. Laboratory capacity is limited and it may not be possible to sustain 7 day routine testing for more than a short period of time, so arrangements for the same day results, 7 days per week, will be put in place only when flu is circulating and there is demand for the service. In past years the laboratory aimed to get results for same day if received by 11am however over the past two winters this was not achieved due to the high volumes of tests. In line with this, next day results should be the expectation. It is possible to fast track small numbers of samples for same day result on discussion but only if these numbers are kept to a minimum. If demand is very high it may be necessary to review arrangements and prioritise testing. It may be necessary to cease extended respiratory testing during the time of peak activity in an attempt to maintain turnaround time. There will be the facility to have Bordetella pertussis and Pneumocystis testing done on samples by specific request. Outside of the period of routine 7 day testing it will be possible to have individual samples tested at weekends after discussion with virology on call via RVH switchboard.

29. As with any test or investigation being undertaken as part of diagnosis or treatment, the person who ordered the test is responsible for following up the result of that test. Recording of patient information on the laboratory request form is an essential part of the process, in particular when circumstances are unusual or cross the primary care/secondary care interface. Consultant/ward/hospital should be clearly noted on the test request form. If there appears to be an unusual delay in receiving the result (eg > 48 hours), then responsibility for active follow-up rests with the person with clinical responsibility for the patient who has requested the test in the first place. The responsibility for informing the patient/carers and any other relevant health care professionals of the result of the test lies with the healthcare professional who is managing the patient and requested the test. Web Browser look-up for laboratory results is readily available for staff in trusts. Alternatively results can be accessed via NIECR. All staff should be appropriately trained in using

Web Browser. Please contact nominated persons/resources for staff that do not know how to access results:

Belfast Trust: Staff should be able to access Web Browser through the Belfast Trust Intranet (The Hub) – All I.T Systems - Clinical Systems - Labcentre Live. Please note staff should be allocated a User ID before they can access results- this is authorised by your line manager.
Northern Trust: Louise.Hindman@northerntrust.hscni.net
South Eastern Trust: Lesley.Weir@setrust.hscni.net
Southern Trust: Brian.Magee@southerntrust.hscni.net

Western Trust: graham.moore@westerntrust.hscni.net
Once trained, the line manager should contact Tessa Hughes, Information Manager, Belfast Trust Labs - tessa.hughes@belfasttrust.hscni.net with a spreadsheet of the relevant staff containing surname, forename, staff number and hospital site advising that staff require access to 'virology results'. User ID will be issued to the manager along with the protocol on how to choose a password.

Antiviral prescribing for treating patients with flu-like illness and as prophylaxis

30. As in previous years, based on surveillance advice from the PHA that flu has begun to circulate in Northern Ireland, the Department will issue a letter advising when antivirals can be prescribed under the Health Service. A further letter will be issued when flu has ceased circulating.

Preparation of HSC Trusts, General Practitioners and Related Services

31. HSCB, supported by PHA, will oversee provider preparation for flu, other peaks in service demand, or interruptions to service continuity. The HSCB should identify a lead Director to oversee the preparation phase and response.

32. Trusts and primary care in-hours and out-of-hours providers should have detailed escalation plans which enable them to respond to increased service demands, including from flu-related activity.

Response and Escalation

33. Trusts and primary care providers should activate their escalation plans as necessary. The HSCB, supported by the PHA should have arrangements in place to coordinate the response of the HSC and related services, and should activate those as required, including arrangements to collect and report data as described later.

34. The HSCB will keep DoH informed of significant service pressures, as appropriate.

Critical Care

35. As a result of the pandemic, plans were put in place to increase capacity in critical care. Although these escalation plans were not fully tested during the pandemic, they proved invaluable in the 2010/11 season and ensured that the HSC responded promptly to a rapid increase in the number of critical care patients.

36. The Critical Care Network of Northern Ireland (CCaNNI) has since updated these plans. These plans should be held in readiness for the 2016/17 season if required. CCaNNI will also assist with data collection relating to critical care.

National arrangements for surveillance and reporting

37. A UK working group was established in 2011 by the 4 Chief Medical Officers to agree unified surveillance and reporting arrangements for the four UK countries. Arrangements for surveillance of influenza have been agreed and are well developed in each of the UK countries. Information is now collected using agreed case definitions and this worked well in 2015/16.

38. Arrangements for surveillance and reporting are unchanged from last year. In 2016/17, all four countries will collect and report:

- Laboratory confirmed cases of all flu types (H1N1, other Flu A, Flu B etc). This will be reported weekly and cumulative totals from the start of October disaggregated by age band and sentinel/non sentinel sources.

- Information on patients and deaths in intensive care units (adult and paediatric) of patients with laboratory confirmed influenza infection.

Additional Reporting of Flu and its Impact in Northern Ireland

39. The PHA and HSCB should work together to ensure that arrangements are in place to enable collection and collation of the information outlined below. The organisational responsibilities for communication of this information to the media and public have been described earlier (para 9).

Flu bulletin

40. The Public Health Agency's regular flu bulletin is the definitive source of public health surveillance information on flu activity for Northern Ireland throughout the season. Data in the bulletin is collected and reported using definitions agreed by health protection services across the UK. It therefore enables comparison between UK countries and it will include the nationally agreed data items outlined in paras 37 and 38. Publication starts fortnightly around the beginning of October, moving to weekly once flu begins to circulate more widely. The flu bulletins will be accessible online on the dedicated flu website at www.fluawareni.info.

41. Weekly mortality data is provided from Northern Ireland Statistics and Research Agency. The data relates to the number of deaths from selected respiratory infections (some of which may be attributable to influenza, and other respiratory infections or complications thereof)

registered each week in Northern Ireland. This is not necessarily the same as the number of deaths occurring in that period. Searches of the medical certificates of the cause of death are performed using a number of keywords that could be associated with influenza (bronchiolitis, bronchitis, influenza and pneumonia). Death registrations containing these keywords are presented as a proportion of all registered deaths. In addition during 2016/17 the PHA will be reporting excess all cause mortality on a weekly basis based on a model used elsewhere in Europe thereby permitting a comparison with other European countries

Other information on flu and its impact

42. In addition to the flu bulletin, and to further inform the public in Northern Ireland of the impact of flu, the following information will be collected and updated weekly by the Health and Social Care Board;

A. Information on deaths, in hospital but outside ICU (adult and paediatric), of patients with laboratory confirmed influenza infection (of all types). This will be reported as cumulative totals from the start of October.

B. Point prevalence at a set time each day once a week, of

i. The number and percentage of patients in adult critical care and separately, paediatric critical care with laboratory confirmed influenza infection (of all types);

ii. The number of adults and the number of children in hospital but not in critical care, with laboratory confirmed influenza infection (of all types).

C. Cumulative total from the start of Oct, of the total number of elective inpatient admissions deferred as a result of flu-related increased demand.

D. Other information as appropriate to the circumstances at the time.

Reporting of small numbers

43. In Northern Ireland, the annual number of laboratory confirmed deaths with or from flu is small. If additional information about age or comorbidity (underlying medical conditions) is included, this may lead to deductive disclosure whereby individuals may be identified. This can cause great distress to families of the deceased. For this reason, information on the numbers of patients with deaths from influenza will only be reported on a weekly basis.

44. To prevent deductive disclosure and in accordance with normal practice, PHA/HSCB will only share information such as age and presence of underlying conditions each time there is an accumulated total of 5 patients in the category (i.e. until a total of five is reached, the information will be reported as 'less than 5' or '<5'). Information on age of those who died will be categorised by age-band (0-14, 15-44, 45-64, and 65+).

Access to specialist public health advice and guidance

45. Clinicians who require detailed public health advice, especially about outbreak situations, should contact Public Health Agency health protection staff; in office hours through the duty room on 0300 555 0119, or out-of-hours ask ambulance control (Tel: 028 9040 0999) to bleep the on-call public health doctor.

Outbreaks

46. Given the close social contact in care homes or between school-age children, local outbreaks in care homes or schools may occur as was noted during previous flu seasons. Anyone with flu or flu-like symptoms should not attend work or school until their symptoms have cleared. For expert public health advice about outbreaks please contact PHA health protection staff as above. The PHA when investigating such outbreaks will require some symptomatic individuals to be swabbed to confirm the diagnosis, which will be done by nursing staff depending on the setting. Antivirals are recommended, to be started as soon as possible, as

treatment for individuals in clinical risk groups with flu-like symptoms and as prophylaxis for those in clinical risk groups that have been exposed to a case with flu-like illness. The PHA will liaise with general practitioners to discuss the benefits of this in the context of the individual's overall medical conditions. The PHA will issue further guidance on antiviral prescribing in due course.

Conclusion

47. Information about a wide range of topics has been included in this paper, however it should be noted that this will be kept under review up to and during the flu season as circumstances dictate. Every effort will be made to ensure that all stakeholders are kept fully informed of any changes or updates, so that messages can be kept consistent.