

*From the Chief Medical Officer*  
Dr Michael McBride



Department of  
**Health, Social Services  
and Public Safety**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

AN ROINN

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agus Sábháilteachta Poiblí**

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HSS(MD)49/2009

Chief Executives, Public Health Agency/Health & Social  
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Director of Public Health, Public Health Agency  
Assistant Director Health Protection, Public Health Agency (*for  
onward distribution to all health protection staff*)  
Director of Nursing, Public Health Agency  
Director of Pharmaceutical Services, Health & Social Care  
Board/Trusts  
Director of Social Care and Children, HSCB  
Family Practitioner Service Leads, Health & Social Care  
Board (*for cascade to GP Out of Hours services*)  
GP Medical Advisers, Health & Social Care Board  
All General Practitioners and GP Locums (*for onward distribution  
to practice staff*)  
All Community Pharmacists  
Medical Directors, HSC Trusts (*for onward distribution to all  
Consultants, Occupational Health Physicians &  
School Medical Leads*)  
Nursing Directors, HSC Trusts (*for onward distribution to all  
Community Nurses, and midwives*)  
Directors of Children's Services, HSC Trusts  
RQIA (*for onward transmission to all independent providers  
including independent hospitals*)  
Prof P Johnston, Dean of Medical School at QUB  
Heads of Occupational Health at QUB and UU  
Prof L Johnston, Head of Nursing & Midwifery, QUB  
Prof H McKenna, Head of Life and Health Sciences UU  
Dr O Barr, Head of School of Nursing, UU  
Department of Education (*for onward transmission to Principals of  
Special Schools for severe learning disability*)

Your Ref:

Our Ref: HSS(MD)49/2009

Date: 21 October 2009

Dear Colleague

## **ASSESSMENT, FOLLOW UP AND VACCINATION OF PATIENTS WHO ARE PARTICULARLY VULNERABLE TO THE COMPLICATIONS OF SWINE FLU**

### **Introduction**

The purpose of this letter is to draw your attention to a number of issues relating to the assessment and follow up of patients who are particularly vulnerable to swine flu. In particular, the letter refers to children and young people who attend special schools, many of whom have complex neurodevelopmental conditions such as cerebral palsy or chronic lung disease of prematurity. Pregnant women are also particularly vulnerable to complications of swine flu.

## Context

As more becomes known about the epidemiology of the Influenza A/H1N1 virus which causes swine flu, certain groups of patients appear to be particularly vulnerable to infection and to complications of that infection. At the same time, numbers of people presenting with swine flu are increasing and ongoing management of these patients is highlighting the importance of coordination. This letter considers many of these issues.

### 1. Differential diagnosis of swine flu

While swine flu is generally a mild condition in otherwise healthy people, it can be severe for a small number of people. Based on our experience in Northern Ireland to date, and supported by evidence from the rest of the UK and beyond, children with complex neurodevelopmental conditions, e.g. cerebral palsy, and those with chronic lung disease, are at particular risk from infection. In addition, pregnant women are also at greater risk of infection and complications.

People with underlying medical conditions (see Annex A), parents of children with complex needs and pregnant women should therefore be aware that they should seek medical advice **immediately** upon becoming symptomatic. For these groups at higher risk, healthcare professionals should pay close attention to any history of contact with people with suspected swine flu and maintain a high index of suspicion of swine flu as a possible diagnosis including as per previous advice in people who present with community acquired pneumonia - HSS(MD)30/2009 - [www.dhsspsni.gov.uk/hss-md-30-2009.pdf](http://www.dhsspsni.gov.uk/hss-md-30-2009.pdf) It is important not to overlook the possibility of meningitis and other serious conditions as well.

### 2. Treatment with antivirals

Patients with underlying medical conditions (see Annex A) who present with flu-like symptoms consistent with swine flu should be considered for **early** treatment with antivirals.

### 3. Prophylaxis with antivirals

Patients in these vulnerable groups who have been in contact with a suspected case of swine flu should be considered for prophylactic antivirals in line with the published guidance available at [www.dhsspsni.gov.uk/swine\\_flu\\_-\\_antiviral\\_prophylaxis\\_-\\_guidance\\_on\\_the\\_use\\_of\\_prophylaxis\\_with\\_antiviral\\_medicines\\_during\\_the\\_h1n1\\_swine\\_flu\\_pandemic.pdf](http://www.dhsspsni.gov.uk/swine_flu_-_antiviral_prophylaxis_-_guidance_on_the_use_of_prophylaxis_with_antiviral_medicines_during_the_h1n1_swine_flu_pandemic.pdf) . In addition they should be advised if they develop symptoms, they should stay at home and contact their GP or out of hours for advice.

Prophylaxis in a household setting is the responsibility of the primary care physician for those patients. Trusts should promptly inform the GP or out-of-hours service of hospitalised patients with swine flu so that household contacts **who fall into the at-risk groups** (Annex A) can be identified and considered for prophylaxis.

Prophylaxis in institutional settings – contact should be made with the Public Health Agency who will carry out a risk assessment and provide advice. GPs and Trusts should inform the Public Health Agency **immediately** of all confirmed cases of swine flu who attend a special school or live in a residential facility or nursing home.

If prophylaxis is required this will be prescribed by the GP and the medicines will be supplied from Community Pharmacies.

#### 4. Swabbing of suspected cases

Whilst the majority of swabs will be taken for clinical reasons at the discretion of the GP or Trust, there will be a small number of occasions when Public Health Agency staff advise that swabs are required. The continued support of Trusts and GPs in these instances is essential. Trusts and GPs put swabbing arrangements in place during the containment phase. In all instances where a swab is required we would ask that Trusts and GPs have a system in place which ensures that swabs are taken promptly, transported quickly to the Regional Virology Laboratory and that the results are communicated quickly to patients/carers and relevant staff.

#### 5. Ordering tests for swine flu

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. The person who needs to be informed of the result should be clearly noted on the test request form. If there appears to be an unusual delay in receiving the result (eg within 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.

#### 6. Vaccination in special schools

You will be aware of the ongoing outbreaks of swine flu in a number of our special schools. Some of these children with complex needs are currently seriously ill in hospital and sadly there have been a number of deaths. In light of these events the Minister has asked the Public Health Agency to look urgently at how quickly children in special schools could receive the swine flu vaccine to offer the best long-term protection.

The most efficient way of undertaking a vaccination programme in these pupils is through the school health team on school premises. The school nurses and doctors are familiar with the pupils in their area. In addition, as some of these pupils have mobility difficulties, vaccinating them in schools makes it more convenient for parents.

I would therefore ask the PHA to finalise the necessary arrangements for vaccinating **all pupils in special schools for severe learning disabilities** as soon as possible. In addition, arrangements should be finalised to identify and offer vaccine to those vulnerable children and young people with complex needs who are not attending special schools for severe learning disability.

#### 7. Advice to special schools

Teachers, therapists and other care staff in special schools are asked to pay particular attention to the pupils when at school. Any concerns that a child is unwell should be relayed rapidly to the parents and the child sent home or if very ill managed in discussion with the parent. Until vaccination has been completed and where cases have occurred in

a school, it may be necessary to provide prophylaxis for particularly vulnerable children and young people. This should be undertaken following risk assessment and advice from the PHA.

## **8. Primary care/secondary care interface**

On occasions patients may present to A&E in a seriously ill or moribund state and death may occur before formal admission to hospital. In these situations, responsibility for ordering tests and following through to completion lies with the A&E service.

## **9. Involvement of the Coroner**

Swine flu (A/H1N1) is NOT a notifiable disease. As such, notification to the coroner is not required, although given the current high profile of swine flu, such deaths may be drawn to the attention of the coroner.

## **10. Funeral arrangements and infection control issues**

There is no particular risk from viewing or touching the remains at a funeral or wake. Swine flu is caused by the H1N1 virus and is transmitted through coughing and sneezing. It is currently circulating widely in the community and people can catch the disease from a symptomatic person in any setting. Advice for funeral directors is available at [www.nidirect.gov.uk/how\\_to\\_prepare\\_your\\_business.htm](http://www.nidirect.gov.uk/how_to_prepare_your_business.htm)

## **11. Importance of communication between organisations**

All health and social care organisations have an important part to play in the ongoing management of the swine flu pandemic and in caring for affected patients. As pressures on staff increase, the need for clear, timely and appropriate communication between Primary Care, Trusts, Public Health Agency, the education sector and the DHSSPS is paramount. In general, provision of expert public health advice to the health service and settings such as the special schools is the remit of the Public Health Agency. Treatment and management of ill patients and prophylaxis is the responsibility of Trusts and primary care, often in response to advice provided by the PHA. Follow up of test results and onward communication to patients, families and other health professionals is the responsibility of the person or team ordering the test in the first place. In situations where responsibility is unclear or when a number of organisations are involved, it is important to clarify which person or organisation is taking the lead. All information shared between organisations should be shared on a need to know basis and treated as confidential by the recipient.

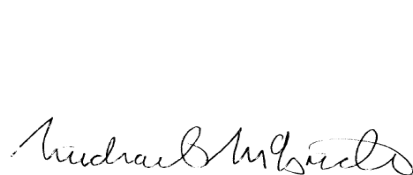
## **Summary**

In conclusion:

- Clinicians should be aware of the disproportionate impact of swine flu on vulnerable patients and pregnant women and maintain a high index of suspicion of swine flu as a potential diagnosis.
- Antiviral treatment should be considered as soon as possible in symptomatic patients and prophylaxis considered in vulnerable contacts.

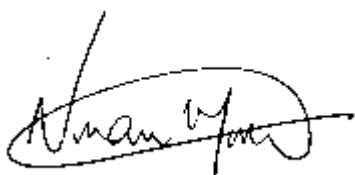
- Vaccination should be strongly encouraged in vulnerable patients and pregnant women in order to provide long term protection.
- Responsibility for following up the results of tests lies with the person or team who ordered these. Particular care must be taken with patients presenting at the interface between primary and secondary care.
- Finally, clear, timely and relevant communication between professionals and with patients is essential to avoid delays and misinformation.

Yours sincerely



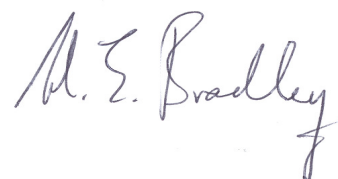

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This letter is available at [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk) and also on the DHSSPS Extranet which can be accessed directly at <http://extranet.dhsspsni.gov.uk> or by going through the HPSS Web at <http://www.n-i.nhs.uk> and clicking on DHSSPS.

**Definition of an at risk group, as agreed by the  
Scientific Advisory Group on Emergencies (SAGE)**

***“Members of an at risk group are defined as those who are at higher risk of serious illness or death should they develop influenza.”***

**List of at risk groups who should receive antiviral treatment  
for clinically diagnosed swine flu**

**1. People aged 6 months or over with:**

- **chronic respiratory disease (including asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospitalisation)**
- **chronic heart disease**
- **chronic renal disease**
- **chronic liver disease**
- **chronic neurological disease**
- **immunosuppression**
- **diabetes mellitus.**

**2. People who have received any medical treatment for asthma in the last three years (in addition to those included above)**

**3. Pregnant women**

**4. Children under the age of 5 years**

**5. People over the age of 65 years**