

Management of FLI in care homes

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Aims and Objectives

- Overview of role of Public Health
- Completion of risk assessment
- Review IPC advice
- Consider use of Antiviral Medication

Public Health Objectives

- Early recognition of FLI / Outbreak
- Early recognition of influenza through timely investigations
- Initiation of Prompt outbreak control measures to prevent further spread
- Early treatment / prophylaxis with antiviral medication if appropriate

Information Gathering

- Demographic information
- Information about type of setting (units , floors, single rooms, shared room etc
- Number of residents/number of symptomatic residents and staff
- Symptom onset, number symptomatic at notification, number that meet case definition

Risk assessment

Risk assessment at time of notification of flu like illness

Resident information

Name	H&C	DOB	C	ND	S	ST	H	SOB	W	CP	D	Date of onset	Location within home

1.3 Definitions

FLI outbreak definition
Two or more cases within the same 48 hour period **OR** three or more cases arising within the same 72 hour period, which meet the same clinical case definition and where an epidemiological link can be established.

FLI case definition
Oral temperature of 37.8** or more **PLUS** new onset or acute worsening of **one or more** respiratory symptoms:

- Cough (with or without sputum)
- Nasal discharge or congestion (nasal)
- Sneezing
- Sore throat
- Hoarseness
- Shortness of breath (SOB)
- Wheezing
- Chest pain (CP)

OR

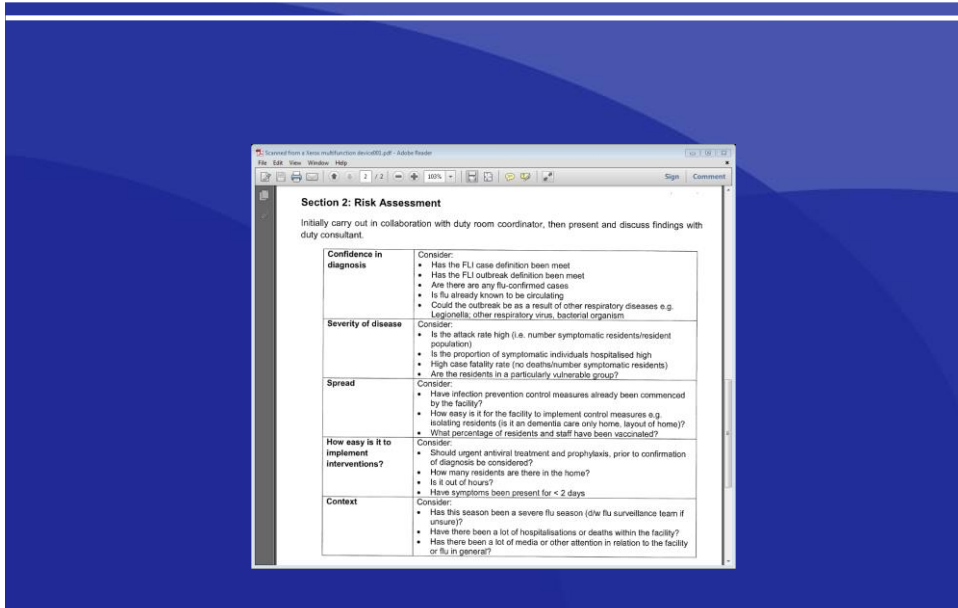
In older people an acute deterioration in physical or mental ability without other known cause

*Fever is not always present in the elderly or immunosuppressed. In those cases, even if no temperature, consider FLI if the other symptoms are present

Hospitalised case with respiratory symptoms
Hospitalised as a result of confirmed influenza **OR** respiratory symptoms that a clinician (e.g. GP, hospital doctor, hospital infection control team) feels could be attributed to influenza

Death
As a result of confirmed influenza **OR** respiratory symptoms that a clinician (e.g. GP, hospital doctor, hospital infection control team) feels could be attributed to influenza **OR** influenza recorded on death certificate

1.4 Care Home Vaccination Policy



Specimen collection

- Nose/throat swab (maximum of 5)
- Collection kit/Dry swab in universal container
- Contact duty virologist
- Consider urgency of sampling
- Complete documentation – label outbreak
- Transportation of specimens to lab

Vaccination

- Consider vaccination policy
- Number of residents vaccinated
- Number of staff vaccinated

IPC Advice

Isolation

Hand hygiene

PPE

Environmental/equipment decontamination

Waste management

Laundry management

Isolation/containment

- Isolate affected resident(s) in single room
- Risk assess transfer to facility
- Cohort staff to symptomatic/asymptomatic residents
- Advise re agency/bank staff
- Restrict visiting – facilitate hand hygiene points
- Alert Signage

IPC continued

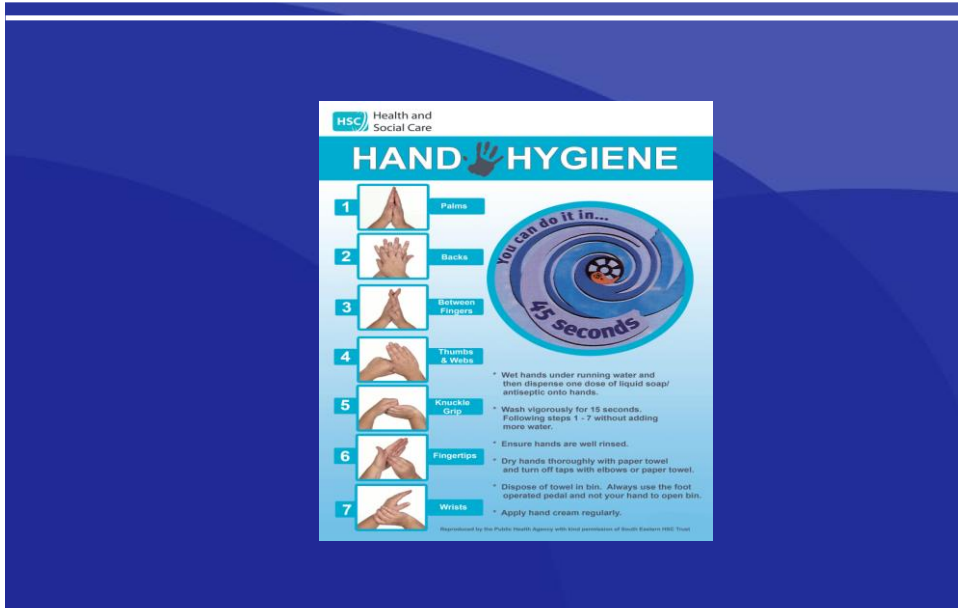
- Environmental decontamination (twice daily)
- Equipment decontamination – (single use equipment, nebuliser mask etc)
- Use of chlorine releasing product
- Waste Management
- Laundry Management

PPE



Personal Protective Equipment

- Gloves
- Aprons
- Appropriate use and removal
- Encourage residents to use disposable tissue (catch it, bin it, kill it)



Communication

- Provide Duty room with daily update by 12 noon
- Consult with Virology lab re specimen delivery
- Alert Trust IPC team if appropriate
- Email guidance - available on share point
- Nurse/carer in charge liaise with GP

Terminal cleaning

- A terminal clean should be commenced when last symptomatic resident is 5 days from onset
- Advice re process of terminal cleaning is available in the outbreak pack
- Outbreak declared over – Summary report should be completed

Antiviral medication- Care Home Outbreak

The objective for using antivirals in the care home outbreak situation is to minimise the impact of seasonal influenza on hospitalization, patient morbidity & mortality, and also to prevent influenza infection of others; this use of antivirals in this setting has been recommended by NICE.

Antiviral medication

There is some evidence to inform recommendations for use of antivirals for treatment and prophylaxis of in care home setting, although it is acknowledged that clinicians will consider these in relation to each individual situation using their own clinical judgement.

Antiviral medication

DutyRoom will request the relevant GP practices to consider prescribing antiviral medication.

During out-of-hours periods, these requests for antivirals are made through the local out of hours primary care providers.

Moving Forward

- PHA acknowledge the increased workload implications for GPs, and recognise that the final decision about whether or not to prescribe antivirals is a clinical decision for the GP.
- Use of LES

