From the Chief Medical Officer
Dr Michael McBride

HSS(MD) 66/2020

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FOR ACTION

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

PLEASE SEE ATTACHED FULL CIRCULATION LIST

Our Ref: HSS(MD) 66/2020
Date: 17 September 2020

Dear Colleague

MANAGEMENT OF SEASONAL FLU 2020/21

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.

The HSCB must ensure that this information is cascaded to all General Practitioners, Practice Managers and community pharmacies for onward distribution to all primary care staff involved in the seasonal flu vaccination programme.

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 2020/21 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. It is important that we take all necessary measures to help reduce the risk of concomitant circulation of Influenza and Covid-19 during the forthcoming winter. Early evidence suggests that co-infection is associated with increased mortality of over two fold compared to those with Covid-19 alone.

6. This risk can be reduced by maximising the flu uptake rates in all eligible groups. The flu vaccination programme this year will therefore be more important than ever in ensuring the most vulnerable members of society and our health and social care workers, including the workforce in the independent sector, are given the best protection against Influenza. This will also help to protect the health service and enable it to respond to further waves of the pandemic should these occur over the winter months.

7. We do not under estimate the challenges involved in delivering the flu programme to tens of thousands of people over a short period, while ensuing social distancing advice is adhered to, but it is essential that we achieve as high an uptake rate as possible.

Yours sincerely

Dr Michael McBride **Chief Medical Officer**	**Prof Charlotte McArdle** **Chief Nursing Officer**	**Mrs Cathy Harrison** **Chief Pharmaceutical Officer**

Enc

Circulation List

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)
Assistant Director Public Health (Health Protection), Public Health Agency
Director of Nursing, Public Health Agency
Assistant Director of Pharmacy and Medicines Management, Health and Social Care Board (for onward distribution to Community Pharmacies)
Directors of Pharmacy HSC Trusts
Director of Social Care and Children, HSCB
Family Practitioner Service Leads, Health and Social Care Board *(for cascade to GP Out of Hours services)*

Medical Directors, HSC Trusts *(for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads)*
Nursing Directors, HSC Trusts *(for onward distribution to all Community Nurses, and Midwives)*
Directors of Children's Services, HSC Trusts
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Regional Medicines Information Service, Belfast HSC Trust
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Professor Paul McCarron, Head of School of Pharmacy and Pharmaceutical Sciences, UU
Professor Colin McCoy, Head of School, School of Pharmacy, QUB
Professor Colin Adair, Director of the NI Centre for Pharmacy Learning and Development, QUB

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

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MANAGEMENT OF SEASONAL FLU IN NORTHERN IRELAND 2020/21

MANAGEMENT OF SEASONAL FLU

Winter 2020

Introduction

1. This paper sets out the arrangements for management of seasonal flu in 2020/21. 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.

2. The annual flu immunisation programme is a critical element of the system-wide approach for delivering robust and resilient health and care services during the winter. The flu vaccination programme is aimed at protecting the most vulnerable individuals in our society. It will also help protect HSC and Independent sector staff from the effects of flu. It will help to reduce GP consultations, unplanned hospital admissions, pressure on Emergency Departments and staff sickness levels. In light of the ongoing pandemic this will be more important than ever. Additional flu vaccine has been purchased this year and there will be a real drive to maximise uptake rates across all the eligible groups.

3. The aim of this paper is to ensure that we are as well prepared as possible for this winter and to reduce avoidable pressure on health and social care services. The remainder of the paper considers different aspects of the response in turn.

Background

4. The flu season of 2019/20 was a relatively mild season but as events have shown with the arrival of the Covid-19 pandemic it is vital that we do all we can to ensure the HSC is prepared for normal winter pressures and unexpected events. Due to issues beyond the control of the Department, the school vaccination programme was further complicated during the 2019/20 season by

the staggered delivery of some batches of the Fluenz Tetra vaccine and the Department recognises the considerable effort required to rearrange school visits and maintain an extremely impressive uptake rate.

Media and Communications

5. 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

6. The Department, HSCB and PHA will be proactive 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.

Media briefings and press conferences

7. 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 across the HSC system and related services to increased service pressures, including those due to flu.

8. 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 DoH, the PHA, HSC Board, and

HSC Trusts . chaired by CMO to provide the latest update on flu activity and any service pressures; explain the flu policy; and respond to queries.

9. The decision to move to regular press briefings 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

10. 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. 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

11. 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 Departments 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.

12. While the 2020/21 seasonal flu vaccination programme will officially begin at the start of October, GPs will be encouraged to begin vaccination from mid-September as soon as they have received their first delivery of vaccine.

13. The CMO letter announcing details of the flu programme was issued on 18th August and is available at https://www.health-ni.gov.uk/sites/default/files/publications/health/hss-md-59-2020.pdf

14. The following are the main points to note regarding the 2020/21 vaccination programme:

- There are different vaccines recommended for those aged 65+ compared to those aged under 65 and for children
- An adjuvanted trivalent vaccine (aTIV) is available this year to be offered to all those aged 65 years and over. This reflects current JCVI advice and Green Book guidance. aTIV vaccine is only licensed for those aged 65 years and over. The aTIV is NOT suitable for egg or latex allergic people. In these instances the cell-based (QIVc) Quadrivalent Inactivated Vaccine can be given. However, frontline Health and social care workers aged 65 years or over should receive QIVc and not aTIV, as outlined in the CMO letter.
- A live attenuated influenza vaccine - LAIV (Fluenz Tetra®) will be available for eligible children aged two years up to less than 18 years (except those with contraindications such as immunodeficiency or with severe asthma, active wheezing)
- A Quadrivalent Inactivated Vaccine (egg grown) (QIVe). QIVe is recommended for eligible children aged between 6 months to under 2 years, who are too young to receive LAIV. QIVe should also be offered to children aged between 2 years to under 9 years where LAIV is contraindicated. It can be used in those with egg allergies if there is no history of severe anaphylaxis which previously required intensive care.
- This year a cell-based Quadrivalent Inactivated Vaccine (QIVc) (Flucelvax®) will be available for the first time for all individuals aged 18 to 64 years of age in a 'clinical at risk' group. QIVc should also be offered to all HSCWs (this includes HSCWs that are over 65 years). QIVc is licensed for children aged from 9 years of age and so can be offered to 9 to under 18 year olds who cannot receive LAIV.

15. Additional vaccines, which were centrally procured by the Department of Health in England, will become available as the season progresses. Further details relating to these vaccines will be released in due course.

16. Certain specialist services have arrangements in place to offer the flu vaccine to particular patients in secondary care, these may include some patients attending HIV, oncology, rheumatology, neurology and homelessness services. All relevant services should note the changes to the flu vaccination programme, and update their protocols accordingly.

17. It is **essential** that all frontline Health and Social Care workers get vaccinated to protect themselves, their families and vulnerable patients in their care. The seasonal flu uptake rate amongst frontline HCWs, across all Trusts, in 2019/20 was 41.2%, although there was substantial variation between Trusts (ranging from 29.1% to 62.4%). The uptake rate in SCWs was 22.8%.The uptake rate in Independent Care homes was estimated at 22% based on a PHA pilot that looked at 10% of care homes. The number of vaccines administered across Trusts slightly increased to 18,317 compared to 18,085 in the previous season. While we fully appreciate the efforts made to achieve this improvement, the uptake of the seasonal flu vaccine by HCWs is still much too low.

18. Trusts have a responsibility to ensure that their flu teams fully engage with the regional HSCW campaign to ensure sharing of good practice. Additional vaccine has been procured to maximise uptake rates and the uptake target for 2020/21 has been set at 75%. Arrangements are also being put in place to ensure Independent Care Home staff have access to flu vaccines and significantly increase the uptake rate. A number of community pharmacies will also offer flu vaccinations for health and social care workers and details of participating pharmacies with be shared with provider organisations in the near future.

19. This year, the PHA will work with Trust flu leads to develop regional communication material to ensure all staff are aware of how they can receive the vaccine, including the development of a regional video which will be available on the PHA website (flu page) before the season starts.

Vaccination records

20. 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. It should be noted that the Royal College of General Practitioners Research and Surveillance Centre network is now active in Northern Ireland. This has been taken forward in collaboration with the Public Health Agency. RCGP RSC is a sentinel network, formerly of over 230 practices in England that have consented to share anonymised (strictly pseudonymised) data for research and surveillance. Data is used for the surveillance of a range of common infections and diseases which doctors regularly diagnose during consultations with their patients. Northern Ireland is now being incorporated into the network and practices in Northern Ireland are being invited to allow data to be uploaded in parallel to the PHA data.

Infection control issues

21. 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.

22. FFP3 respirator masks and associated droplet 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

23. Testing for influenza will depend on the location and clinical status of the patient. It should be noted that some local arrangements are in place for rapid flu testing to facilitate patient flow and reduce infection risk. For those cases Trust staff should follow the local arrangements. The usual 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 or those with pneumonia. Sputum is also the preferred sample in cases where onset of symptoms is more than 5 days previously. During recent winters respiratory viral testing has increased greatly and has exceeded capacity at times 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 agents. GP sentinel surveillance samples from 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.

24. 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 recent winters this was not consistently achieved due to the high volumes of tests. In line with this, next day results should be the standard expectation. Depending on demand, it may be necessary to review arrangements and prioritise testing. It may be necessary to cease extended respiratory testing (parainfluenza,

rhinovirus, meta pneumovirus, adenovirus etc.) during the time of peak activity in an attempt to maintain turnaround time. There will always be the facility to have Bordetella pertussis and Pneumocystis testing done on samples by specific request.

25. 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. Neither positive nor negative respiratory results will be routinely phoned through to wards. 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 (e.g. > 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. Web Browser look-up is preferable to NIECR as users can see details of samples with pending test results. Alternatively results can be accessed via NIECR but details of samples can only be seen after the results are reported. 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 their line manager.

    For Trusts other than Belfast Trust, the line manager for individuals requiring Web Browser look-up for lab centre 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 Lab access to virology results in the subject heading. User ID will be issued to the staff member along with the protocol on how to choose a password.

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

26. 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 to stop prescribing .

Preparation of HSC Trusts, General Practitioners, Community Pharmacies and other Services

27. 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.

28. 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

29. 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.

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

Critical Care

31. As a result of the pandemic in 2009, plans were put in place to increase capacity in critical care. The Critical Care Network of Northern Ireland (CCaNNI) has since updated these plans. These plans should be held in readiness for the 2020/21 season if required. CCaNNI will also assist with data collection relating to critical care.

National arrangements for surveillance and reporting

32. Arrangements for surveillance and reporting are unchanged from last year. In 2020/21, all four UK countries will collect and report:

- Laboratory confirmed cases of all flu types. 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

33. 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.

Flu bulletin

34. 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. 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 at www.publichealth.hscni.net/directorate-public-health/health-protection/seasonal-influenza

35. 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 2020/21 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

36. 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

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

37. 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.

38. 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

39. 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 4045)) to bleep the on-call public health doctor.

Outbreaks

40. 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.

41. 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.

42. 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. Since 2017/18 a LES has been put in place to facilitate GPs providing prophylaxis antiviral treatment to individuals in a care home setting.

Conclusion

43. 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.