



Department of  
**Health**

An Roinn Sláinte

Männystrie O Poustie

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# **MANAGEMENT OF SEASONAL FLU IN NORTHERN IRELAND 2019/20**

# MANAGEMENT OF SEASONAL FLU

## Winter 2019

### Introduction

1. This paper sets out the arrangements for management of seasonal flu in 2019/20. 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

2. The 2018/19 flu season was a relatively mild season and once again Northern Ireland delivered a very successful seasonal flu vaccination programme despite the additional work caused by the staggered delivery of the adjuvanted vaccine aimed at those aged 65 years and over
3. While it is impossible to predict what might happen over the winter of 2019/20, the aim of this paper is to ensure that we are as well prepared as possible and to reduce avoidable pressure on health and social care services. The remainder of the paper considers different aspects of the response in turn.

### Media and Communications

4. 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

5. 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

6. 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.
7. 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.
8. 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

9. Information from all Government Departments in Northern Ireland is channelled through the nidirect website ([www.nidirect.gov.uk](http://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**

10. 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.
11. The 2019/20 seasonal flu vaccination programme will officially begin at the start of October and the CMO letter announcing details of the programme was issued on 20<sup>th</sup> August and is available at <https://www.health-ni.gov.uk/sites/default/files/publications/health/hss-md-20-2019.pdf>
12. The following are the main points to note regarding the 2019/20 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) called Fluad®, will be available this year to be offered to all those aged 65 years and over. This reflects current JCVI advice and Green Book guidance.
  - A Quadrivalent Inactivated Vaccine (egg grown) (QIVe) will be available for those aged 6 months to under two years of age and those aged 18 to 64 years of age in an at risk group. The quadrivalent influenza vaccine (QIV) will protect against four strains of flu.
  - A Quadrivalent Inactivated Vaccine (cell-grown) (QIVc) will now be available for those with severe egg allergy i.e. anaphylaxis requiring intensive care admission.
  - A live attenuated influenza vaccine (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). For children with contraindications to Fluenz Tetra, a suitable inactivated flu vaccine should be offered.

13. 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.
14. 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 HSCWs, across all Trusts, in 2018/19 was 35.4%, although there was substantial variation between Trusts (ranging from 29.4% to 50.8%). The number of vaccines administered across Trusts significantly improved to 18,085 compared to 16,535 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.
15. For the previous two years, the PHA commissioned NHS Employers to deliver the Flu-fighter campaign to HSC Trusts. This year, PHA will be offering elements of this campaign themselves and Trusts have a responsibility to ensure that their flu teams fully engage with the regional campaign to ensure sharing of good practice.
16. 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

17. 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**

18. 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.
  
19. 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**

20. 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.

21. 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. It is possible to fast track some samples for same day result using a rapid test (Cepheid Xpert) from EDs, admission wards and critical care units. 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.

22. 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](mailto: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**

23. 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**

24. 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.
25. 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**

26. 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.
27. The HSCB will keep DoH informed of significant service pressures, as appropriate.

### **Critical Care**

28. 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 2019/20 season if required. CCaNNI will also assist with data collection relating to critical care.

### **National arrangements for surveillance and reporting**

29. Arrangements for surveillance and reporting are unchanged from last year. In 2019/20, 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**

30. 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***

31. 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](http://www.publichealth.hscni.net/directorate-public-health/health-protection/seasonal-influenza)

32. 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 2019/20 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

33. 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

34. 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.
  
35. 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**

36. 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**

37. 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.

38. 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**

39. 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.