**DRAFT**

**Management of Localised Community Outbreaks of Influenza**

***1st October 2017 – 30th September 2018***

1. **Background**

Older people, pregnant women and those with underlying diseases are at particular risk of severe illness if they catch influenza. NICE TAG on the use of neuraminidase inhibitors such as oseltamivir and zanamivir (“antivirals”) recommends that these medicines are used in such situations. XXXXXXXXXXXX CCG has therefore commissioned this service to meet the need to respond to localised outbreaks

**2. Aims and intended service outcomes**

Local Public Health England Centre Health Protection Teams (PHE Centre HPTs) routinely receive reports of such outbreaks, assess these and, if indicated, recommend the use of antivirals for exposed persons in at-risk groups. This service ensures that appropriate primary care clinicians will respond to such outbreaks in community settings (e.g. care homes, residential schools for disabled children/young people etc.) by assessing exposed persons for the antiviral treatment or prophylaxis.

**3. Service specification**

**3.1** XXXXXX CCG will be notified by PHE Centre HPT of an outbreak.

**3.2** XXXXXX CCG will contact the Provider advising them of the location of the outbreak, a named contact within the affected institution and the approximate number of individuals that may need to be assessed for antivirals.

**3.3** An appropriately-qualified clinician (GP or Advanced Nurse Practitioner) (“the Clinician”) will contact the named contact at the affected institution and request details of the individuals requiring assessment.

**3.4** The clinician will review the medical health records of all affected individuals to ensure that they are suitable for receiving the antiviral*.* Guidance on prescribing of antivirals for flu, including dosing for both treatment and post-exposure prophylaxis and dosing in renal impairment  can be found at:

<https://www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents> *(last updated Sept 2017)*

**3.5** Unused

**3.6** Unused

**3.7** The clinician will administer the antiviral to all appropriate individuals at the location of the outbreak, ensuring that patient consent is confirmed where possible.

**3.8** The clinician will provide contact information to the institution in case there any queries to be addressed regarding the clinical assessments they have made or any adverse reactions.

**3.9** PHE guidance states that the process for clinical assessment and dispensing of antivirals needs to be completed within 48 hours of onset of symptoms in the last case (36 hours if zanamivir is used). The Provider will endeavour to meet this timescale but it is understood that delays in initial notification of the outbreak may make this more difficult to achieve.

**3.10** The Provider will ensure that a notification of administration of the antiviral is sent to the patient’s registered GP practice on the same day the antiviral is administered or on the following working day. This can be undertaken via post, hand delivery, fax, secure email or secure electronic data interchange. The information sent to the GP practice should include the following details as a minimum:

**a.** the patient’s name, address, date of birth and NHS number (where known);

**b.** the date of the administration of the antiviral;

**c.** the antiviral used;

**d.** any adverse reaction to the antiviral and action taken/recommended to manage the adverse reaction.

**3.12** If any exposed person develops ILI symptoms while on antiviral prophylaxis, the contact person at the affected institution will report this to the Clinician. If the Clinician suspects ILI, they should recommend the exposed person is switched to a course of treatment-dose antivirals.

**3.13** The Provider is required to make arrangements for the removal and safe disposal of any clinical waste related to the provision of this service.

**4. Training**

**4.1** The Provider must ensure that clinical staff providing the service are competent to do so. Clinical staff should demonstrate to the Provider that they have the necessary knowledge and skills to provide the service.

**4.2** The Provider must ensure that staff are appropriately trained and made aware of the risks associated with the handling and disposal of clinical waste and that correct procedures are used to minimise those risks. A needle stick injury procedure must be in place.

**4.3** The Provider must ensure that staff involved in the provision of this service are advised that they should consider being vaccinated against Hepatitis B and be advised of the risks should they decide not to be vaccinated.

**5. Service availability**

**5.1** The Provider must to ensure that the service is available 5 days a week, in order to facilitate compliance with the 48-hour timescale referred to in clause 3.9 above,

**5.2** The Provider must ensure the service is accessible, appropriate and sensitive to the needs of all service users. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.

**6. Data collection and reporting requirements**

**6.1** For governance purposes, a summary (by risk group and patient/carer status) of the number of individuals who have been assessed and the number supplied with antiviral treatment or prophylaxis should be provided by the clinician to the PHE Centre HPT.

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**6.2** If an exposed person with suspected ILI is switched to a course of treatment-dose antivirals, this should also be reported by the clinician to the PHE Centre HPT, so that swabbing can be arranged as per existing local mechanisms.

**6.3** Annex A should be completed for each patient receiving anti-viral treatment under this specification

**7. Payment arrangements**

**7.3** The Provider must complete the service claim form (to be agreed by XXXXXXXX CCG) at and submit this to the Commissioner within 10 working days following the end of each month to claim payment for this service.

**7.5** Payment will be

£30 per administered dose of antiviral.

**8. Termination**

**8.1** The service will commence on *[TBC]* and will terminate on *[TBC]*

**8.2** The service many be terminated by the Provider subject to 3 months’ notice having been given to the Commissioner that it no longer intends to provide the service.

**8.3** The service may be terminated by the Commissioner subject to 3 months’ notice having been given that it no longer intends to commission the service.

**Annex A: Influenza Antiviral Advanced Service - Record & Consent Form**

\* indicates sections that must be completed

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient’s details** | | | | | | | |
| First name\* | | | | | | | |
| Surname\* | | | | | | | |
| Address | | | | | | | |
| Postcode | | | | | | | |
| Telephone | | | | | | | |
| Date of birth\* | | | | NHS Number | | | |
| GP practice\* | | | | | | | |
| **Patient’s emergency contact** | | | | | | | |
| Name | | | | | | | |
| Telephone | | | | | | | |
| Relationship to patient | | | | | | | |
| **Patient consent** | | | | | | | |
| 1. I agree to be given an influenza antiviral.  2. I declare that the information I have given on this form is correct and complete. | | | | | | | |
| Signature | | | | Date | | | |
| **To be completed by Provider staff** *[To be edited]* | | | | | | |
| Any allergies | | | | | | |
| Eligible patient group\* | | Aged over 65 | | | Chronic respiratory disease | |
| Chronic heart disease | | | Chronic kidney disease | | | |
| Chronic liver disease | | | Chronic neurological disease | | | |
| Diabetes | | | Immunosuppression | | | |
| Splenic dysfunction | | | Pregnant woman | | | |
| Person in long-stay residential or home | | | Carer | | | |
| Household contact of immunocompromised individual | | | | | | |
| **Antiviral details** | | | | | | |
| Name of antiviral/ manufacturer\* | Apply sticker if available | | Date of administration\* | | | Pharmacy stamp |
| Batch  Number\* | | Injection site\* | | | Left upper arm  Right upper arm | |
| Expiry  Date\* | | Route of administration\* | | | Intramuscular  Subcutaneous | |
| Any adverse effects\* | | | | | | |
| Advice given and any other notes | | | | | | |
| Administered by\*  (clinician name) | | Signature\* | | | GMC/RCNnumber\* | |