

Local Resource No 1 - Influenza

What is influenza?

Influenza is a viral respiratory infection that tends to occur during the winter months. The two main types of influenza causing disease in the UK are influenza type A and B, but new strains and variants of the virus emerge each year. The incubation period is 2-3 days and cases are infectious from 1 day before the onset of symptoms and for up to 5 days after the onset. Outbreaks may occur in communities and communal settings such as schools and care homes.

When the number of cases exceeds that normally expected, this is defined as an epidemic. If a completely new strain of influenza virus emerges, to which the population has no previous immunity, it may result in a global outbreak, known as a pandemic, which can affect large numbers and have a high death rate.

Pandemic Flu guidance is published nationally and regionally and is updated regularly. This is available at <https://www.gov.uk/guidance/pandemic-flu>

The onset of influenza is sudden with a high fever ($> 38.9^{\circ}\text{C}$), dry cough, headache, aches and pains in the joints and muscles, chills and a general feeling of tiredness. Fever usually reduces after the second day and the nose may become stuffy and a sore throat may develop. People with influenza should stay at home and rest, drink plenty of fluids and may find symptom relief with painkillers, cough mixture etc.

Antibiotics are not required unless there is also a bacterial infection.

Who is at risk?

Most people recover from influenza within a few days. However, influenza may be serious in new-born babies, people aged over 65 years and people of any age with existing chronic diseases. High-risk conditions include people with cardiac, respiratory, renal and liver disease and those with impaired immune systems. Bronchitis and secondary bacterial infections such as pneumonia can result in hospital admission and can be life-threatening.

How is influenza spread?

Influenza is highly infectious and is one of the most difficult infectious diseases to control because the virus spreads rapidly and easily from person to person. This is through two routes:

- Direct via droplets expelled from infected people (coughing, sneezing and talking) which land on the mucous membranes of other people and enter the body.
- Indirect via hands touching contaminated surfaces, and then touching the nose, mouth or eyes.

The infection spreads easily within households and settings such as care homes and other institutions where individuals live or work in a shared environment.

The good news is that careful hand hygiene and environmental cleaning can easily deactivate the virus.

How can influenza be prevented?

Each year a new influenza vaccine is developed which provides immunity against the strains of influenza circulating that year. Every autumn the most appropriate vaccine is offered to anyone in an at risk group e.g. aged over 65 years, people with a high-risk condition and their carers, school children, people residing in care homes and front-line health and social care staff. Antiviral drugs can be offered to at-risk groups when influenza is circulating in the community. Health and social care teams should report any suspected cases in their care to the GP and any clusters to the Health Protection Team.

How can the spread of influenza be avoided?

People with influenza should:-

- Try to stay away from contact with others during the infectious period
- Stay in their own room, if living in a care home
- Use disposable tissues and wash hands after coughing and sneezing.

Carers should:

Wash their hands after giving care, handling used tissues or items contaminated with respiratory secretions;

Keep the environment clean.

Pandemic Flu - What can be done to prepare?

As a provider of community care, it is important that you have a plan prepared in the event of an outbreak of pandemic influenza.

If a vaccine is available for the strain of flu causing the pandemic both service users who are perceived to be at a greater risk and care workers will be offered vaccine. All care workers who have direct contact with service users should be encouraged to have the vaccine. This should minimise the impact of the pandemic on the service provided by the practice.

The service will have to be managed with fewer care workers, as it is expected that in a pandemic, healthy younger people will also be infected. Over the course of the pandemic up to 50% of the population may become ill, and care workers will be off work, either because they are ill themselves, or because they are caring for relatives. The plan should include how to cope with this situation. Identify which aspects of the service are essential and must carry on, and which might be stopped if necessary.

Consider:

How many care workers do you need to do the basics?

Other very practical issues are:

- Health and Safety - you still have a duty to protect your employees;
- Training and education - for care workers who may be asked to take on alternative roles;
- Staff welfare - e.g. sick leave policy, protecting those most at risk such

- as pregnant women;
- Parents - what to do if schools close.

Identify a person within the practice that can start writing your plan.
Guidance is published nationally and regionally and is updated regularly. This is available at <https://www.gov.uk/guidance/pandemic-flu>

In the event of future pandemics guidance will be issued at global, national and local levels for all health care providers including those in general practice.

Preparation for seasonal influenza

See Appendix A for check list throughout the season.

OCCG shall communicate via GP Bulletin and Flu Lead distribution email lists, any topical issues during influenza season.

Further support available from:

Infection Prevention & Control Lead
Oxfordshire Clinical Commissioning Group
First Floor, Jubilee House
5510 John Smith Drive Oxford Business Park South
Cowley, Oxford
OX2 4LH
Tel: 01865 336856
h.munube@nhs.net

Screening & Immunisation Co-ordinator (Thames Valley)
NHS England South (South East)
Second Floor, Jubilee House
5510 John Smith Drive, Oxford Business Park South
Cowley, Oxford
OX4 2LH
Mobile: 079 1836 8594
Email: oasis.azeez-harris@nhs.net

Public Health England - Thames Valley PHEC
Chilton
Oxfordshire
OX11 0RQ
Tel including Out of hours advice:
0344 225 3861 Ex 4 Ex 1



Please note that the internet version of this resource is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

This guidance document has been adopted as a policy document by:

Organisation:

Signed:

Job Title:

Date Adopted:

Review Date:

GP Practice Checklist for Influenza season management

Time	Action	Details	Completed
Pre Season	Named lead	Identify a named lead individual within the practice who is responsible for the flu vaccination programme and liaises regularly with all staff involved in the programme.	
	Review National guidance	Review NHS England and PHE guidance including Patient Group Directions (PGDs) & Cold Chain guidance.	
	Registers and information	<ul style="list-style-type: none"> ➤ Hold a register that can identify all pregnant women and patients in the under 65 years at risk groups, those aged 65 years and over, and those aged two to three years. ➤ Update the patient register throughout the flu season paying particular attention to the inclusion of women who become pregnant and patients who enter at risk groups during the flu season. ➤ Submit accurate data on the number of its patients eligible to receive flu vaccine and the flu vaccinations given to its patients on ImmForm (www.immform.dh.gov.uk), ideally using the automated functions, and submit data on uptake amongst healthcare workers in primary care using the ImmForm data collection tool. 	
	Order sufficient flu vaccine	Order sufficient flu vaccine taking into account past and planned improved performance, expected demographic increase, and to ensure that everyone at risk is offered the flu vaccine. For children, guidance to be followed on ordering the vaccine from PHE central supplies through the ImmForm website.	
	Clinics and appointments	<ul style="list-style-type: none"> ➤ Plan to have completed all routine immunisation activity by November. ➤ Use time after November to mop-up unimmunised children, particularly children in at risk groups. If clinically indicated, vaccination can be given up to the end of March. 	
	Arrange to support campaign with approved promotional items	Download Nationally provided promotional posters and patient invitation letter templates to use during the campaign within the GP Practice. Download Myth busting /FAQ to be available for staff and patients	

GP Practice Checklist for Influenza season management

In Season	Increasing uptake	<p>Increasing resources in-season is difficult so comprehensive preparation and planning is critical. There are things you can do to help sustain efforts and uptake:</p> <ul style="list-style-type: none"> ➤ Review your uptake against your goals and financial plan; celebrate/promote success as the programme progresses. ➤ Remain tenacious – re-run searches for eligible children. ➤ Continue to offer vaccination, even once you have achieved your and campaign goals.practice ➤ Keep staff engaged and enthused – consider incentives, promoting staff competition. ➤ Ensure all practice staff have their flu jab – it is powerful to be able to say to patients “I’ve had mine”. 	
	Robust call and recall arrangements	<ul style="list-style-type: none"> ➤ It is a requirement of the enhanced service specification that all patients recommended to receive the flu vaccine are invited to a flu vaccination clinic or to make an appointment (e.g. by letter, email, phone call, text). ➤ Follow-up patients, especially those in at risk groups, who do not respond or fail to attend scheduled clinics or appointments. ➤ With all parts of the flu programme there should be a 100% active invitation for immunisation (e.g. by letter, email, phone call, text) and providers and commissioners will be required, if asked, to demonstrate such an offer has been made. 	
	Administration	<ul style="list-style-type: none"> ➤ Start flu vaccination as soon as practicable after receipt of the vaccine with initial priority for aTIV being for those aged 75 years and over. Aim to complete immunisation of all eligible patients before flu starts to circulate and ideally by end of November. ➤ Collaborate with maternity services to offer and provide flu vaccination to pregnant women and to identify, offer and provide to newly pregnant women as the flu season progresses. ➤ Offer flu vaccination in bespoke clinics and opportunistically during routine primary care encounters 	

GP Practice Checklist for Influenza season management



**Oxfordshire
Clinical Commissioning Group**

		<ul style="list-style-type: none"> ➤ Where the patient has indicated they wish to receive the vaccination but is physically unable to attend the practice (for example housebound patients) the practice must make reasonable effort to ensure the patient is vaccinated. ➤ The GP practice and/or CCG will collaborate with other providers such as community pharmacies and community or health and social care trusts to identify and offer flu vaccination to residents in care homes, nursing homes and house-bound patients, and to ensure that mechanisms are in place to update the patient record when flu vaccinations are given by other providers. ➤ https://www.nice.org.uk/guidance/ng103/chapter/Recommendations 	
	Data Entry	Set up an accurate and timely data entry system. The clinical codes used for the calculation of payments will be available to download from the NHS Employers website	
Post Season	Reflection	<ul style="list-style-type: none"> ➤ Share the review of your campaign with your stakeholders, patient focus group and partners who helped you achieve your goals. ➤ Capture lesson learnt and adapt next year's plan – aim for higher uptake next year. 	

Staff responsibilities

- Every practice should have a lead member of staff with responsibility for running the flu immunisation campaign.
- All staff should know who the lead person is.
- All staff should understand the reason for the programme and have access to PHE resources.
- Every member of the practice should know their role and responsibilities.
- Get all staff involved in promoting the vaccine message to parents.
- Hold regular meetings so that all staff knows the practice plan and progress.
- Include health visitors, midwives, pharmacists and other healthcare professionals linked to your practice in your planning.
- Use NHS Employers website free resources to put your pictures on a poster (so all staff and parents know who can provide immunisation).