**Localised community outbreaks of influenza in season period (as directed by Department of Health) Standard Operating Procedure.**

Following a report of acute respiratory illness from a localised community setting (e.g. care home, residential schools for disabled children and young people) PHE Centre HPT will confirm outbreak and firstly attempt in-hours to contact the GP practice that may have closest association to home or Out of Hours Cornwall 111.

**Out of hours/out of season**

**In hours**

PHE will contact a GP able to provide treatment and prophylaxis to all patients and staff. **(PHE contact number 0300 303 8162 option1 then option 1))**

1. Best case scenario:

PHE will give care home details and contact, number of residents, number of confirmed/suspected cases and any additional information necessary. GP practice confirm GP is able to visit home, assess every patient, treatment or prophylaxis antivirals on FP10 to local pharmacy (or nearest specialist medicines pharmacy (see list). Pharmacy orders, dispenses and delivers antivirals.



2. Alternative scenario:

Confirming outbreak PHE contact nearest GP practice. GP practice unable to contact/mobilise a GP. PHE contact next nearest GP practice.

PHE contact NHS KERNOW CLINICAL COMMISSIONING GROUP medicines optimisation 01726 627953. KNHS KERNOW CLINICAL COMMISSIONING GROUP MO contact practices to confirm if a GP will be available and if not contact prescribing and locality leads in the area to find a GP able to assess the patients. GP found then as above.

NHS Kernow NHS KERNOW CLINICAL COMMISSIONING GROUP Medicines Optimisation Sedgemoor Centre **01726627953 or email** [**kccg.prescribing@nhs.net**](mailto:kccg.prescribing@nhs.net)

1. Worst case scenario:

PHE contact practices then NHS KERNOW CLINICAL COMMISSIONING GROUP. No GP available in locality. As still in hours extend communication for a GP. Friday afternoon issue with spilling into out of hours but every effort should be made to get a GP to visit evening or next day (payment available for this)

PHE will contact the **Medicines Optimisation Teams** and provide information on the location of the outbreak, the approximate number of individuals that need to be assessed for antivirals within the outbreak, and the details of the relevant contact person within the affected institution.

Confirming outbreak PHE will contact Cornwall 111 Out of Hours. PHE will provide care home details and contact, number of residents, number of confirmed outbreaks and any additional information necessary.

Cornwall 111 Out of Hours (Shift manager on 01872 224042) will either send a GP if available or find a GP able to visit and assess patients (payment available NHS Kernow Clinical Commissioning Group). Either FP10 to specialist medicines pharmacy (see list) or Patient Specific Direction to hospital pharmacy. Courier/taxi and any other out of pocket expenses (wholesaler emergency ordering) agreed by NHS Kernow Clinical Commissioning Group.

PHE out of hours contact number – 0344 2578195



If PSD issued

* RCHT Hospital telephone contact should be made with on call pharmacist on 01872 250000 and provide a PSD email [pharmdispatchoffice@nhs.net](mailto:pharmdispatchoffice@nhs.net)
* University Hospital Plymouth (Derriford) telephone contact 01752 202082 for the East locality (on call pharmacist) and provide PSD to [plh-tr.PharmDispatchOffice@nhs.net](mailto:plh-tr.PharmDispatchOffice@nhs.net)

PSD will be sent (initially by e-mail to ensure prompt supply followed by original in post), to the Hospital Pharmacy. A copy of the PSD should be retained in the care home.

The clinician will provide contact information to the institution should there be any queries to be addressed regarding the clinical assessments they have made. This clinician should also have a process for ensuring that patients’ GPs are aware of any antivirals which have been authorised in this way. PSD will be sent (initially by e-mail to ensure prompt supply followed by original in post), to the Hospital Pharmacy. A copy of the PSD should be retained in the care home. The clinician will provide contact information to the institution should there be any queries to be addressed regarding the clinical assessments they have made. This clinician should also have a process for ensuring that patients’ GPs are aware of any antivirals which have been authorised in this way.



The majority of outbreaks will not require swabbing, however if PHE requests swabbing please refer to guidance below:



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PHE guidance on use of anti-viral guidance on use of anti-viral sourced from PHE **guidance on use of antiviral**



GP must ensure patients registered practices are informed of action taken including treatment or prophylaxis details.

If any exposed person develops symptoms while on antiviral prophylaxis, this should be reported to the same or out of hours clinician or the patient’s GP by the contact person at the affected institution. If clinician suspects influenza, they should recommend the exposed person is switched to a course of treatment-dose antivirals. If further antivirals are needed for this purpose for the exposed person, then this will require a further FP10 (in-hours) or PSD (out of hours). This should also be reported by the clinician to the PHE Centre HPT.

Specialist medicines enhanced service contacted and transportation of anti-virals in place.

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 RCHT pharmacy to the PHE Centre HPT.

The PHE Centre HPT follows its existing procedures for reporting, follow-up and closure of the localised outbreak.