

Influenza - summary of current situation

Influenza activity is increasing across the UK. Although GP consultation rates have only just exceeded baseline levels, several outbreaks and a number of severe hospitalised cases have been reported and early warning markers based on NHS Direct consultations have reached 'trigger' levels, suggesting that influenza virus transmission is occurring and will increase. At the moment, although Influenza A/H1N1 is the predominant strain, influenza B has also caused school outbreaks and RSV (which also causes acute respiratory infection) is also circulating. This has a number of public health implications for the NHS.

Treatment of possible cases

Because there is now a substantial likelihood that people presenting with an influenza-like illness are infected with influenza virus and the identification of cases with severe illness, DH circulated advice on 10 December 2010 that antivirals should be used when *a person with a flu-like illness is in an 'at-risk' group and they can start treatment within 48 hours (or within 36 hours for zanamivir treatment in children) of the onset of symptoms as per licensed indications*. At risk groups include those with chronic respiratory/heart/renal/liver/neurological disease, immunosuppression, diabetes, the elderly and pregnant women. As such, this policy is the same as that adopted for seasonal flu (with the inclusion of pregnant women) and is not as extensive as that used during the swine flu pandemic. Further information on appropriate use of antivirals for treatment can be found at:

<http://guidance.nice.org.uk/TA168>

Prophylaxis of contacts of cases

Oseltamivir and zanamivir are recommended for the post-exposure prophylaxis of influenza if **all** of the following circumstances apply:

- National surveillance schemes have indicated that influenza virus is circulating.
- The person is in an at-risk group (see above).
- The person has been exposed to an influenza-like illness and is able to begin prophylaxis within 48 hours of contact with an index case (36 hours for zanamivir)..
- The person has not been effectively protected by vaccination.

Again, this policy is the same as that adopted for seasonal flu (with the addition of pregnant women) and is not as extensive as that used during the swine flu pandemic.

Further information on appropriate use of antivirals for prophylaxis can be found at:

<http://guidance.nice.org.uk/TA158>

Infection control

Transmission is by droplets, direct contact with respiratory secretions of someone with the infection or, in some instances, aerosols. Influenza spreads rapidly, especially in closed communities. Healthcare premises are advised to adopt 'droplet precautions' in addition to standard universal precautions, for infection control for cases of influenza or flu-like illness. Details of appropriate infection control measures and droplet precautions for influenza can be found at: <http://www.hps.scot.nhs.uk/haic/ic/dropletprecautions.aspx>

For the general public, simple steps to take to reduce transmission of respiratory viruses include:

- Keep children and staff away from school while ill.
- Cover your mouth and nose with a tissue when coughing or sneezing.
- Dispose of used or dirty tissues in a bin.
- Wash hands frequently with soap and water and dry thoroughly.
- Avoid touching surfaces such as door handles and then the face.
- Reduce contact with people with obvious symptoms of flu.

Vaccine

Vaccine uptake is lower than that achieved at the same stage last year. However, it is not too late to give vaccine (protection occurs by 10-14 days after vaccination) and all influenza virus isolates received so far match strains in the current vaccine. Therefore, the seasonal vaccine should be offered to the following groups:

- Pregnant women.
- People aged 65 or over.
- People with chronic illnesses such as heart disease, kidney disease, chronic asthma and diabetes that requires medication.
- People with lowered immunity to infection as a result of illness or treatment.
- People who live in residential care homes.
- Carers of people who are elderly or infirm.
- Healthcare and social care workers.

Further information on vaccine policy and risk groups available at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_116943.pdf

Outbreaks

Outbreaks of acute respiratory infection or flu-like illness in settings such as health care premises, care homes and educational establishments should be reported to the HPA local Health Protection Unit (HPU). The relevant HPU in the Kent can be contacted on 01622 713059 or 01622 713152.

In order to help manage outbreaks appropriately and to help identify circulating viruses, nose and throat swabs from up to five recent cases are requested for laboratory investigation from each institutional outbreak until the picture on circulating viruses and activity is clearer. Such testing should be discussed with the local HPU, who will also liaise with the appropriate laboratories (usually requires co-ordination of local laboratory and HPA laboratory).

Surveillance

- Individual cases of laboratory confirmed influenza should be reported by laboratories via CoSurv. At this stage of the season, all flu positive samples should be submitted to the HPA for further characterisation.
- Cases linked to institutions should also be reported to the local HPU (see above).
- Trusts are requested to inform the SHA of cases requiring ventilation and of any fatal cases.

The latest national surveillance data can be found at:

http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1284475022603

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