

**Localised community outbreaks of influenza in the out of season period**

**Template Procedure**

1. Report of acute respiratory illness from a localised community setting (e.g. care home, residential schools for disabled children and young people, etc.) received by Public Health England Centre Health Protection Team (PHE Centre HPT).
2. PHE Centre HPT investigates this report to verify if this meets the criteria of an outbreak of influenza-like illness (ILI), as per national guidance. Duty Consultant in PHE Centre HPT considers the risk assessment for the verified ILI outbreak and makes recommendation as to whether antivirals are required for the outbreak response. If this is recommended, the PHE Centre HPT will determine if this needs to be considered for either the whole institution or only part of the institution, in addition to any staff in influenza at-risk groups. Note that the PHE Centre HPT does not provide the list of exposed persons itself.
3. PHE Centre HPT uses its routine mechanisms to provide infection control advice. In addition, existing local arrangements for swabbing of symptomatic persons (if not already addressed) remain unchanged.
4. PHE Centre HPT contacts the CCG/CCG-nominated provider, to 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 for the relevant contact person within the affected institution. The contact details for activating this response are **[CCG to enter here]**.
5. *Either* PHE Centre HPT duty consultant will authorise use of PHE antivirals for emergency use, if the hospital pharmacy holding this stock has prospectively agreed to participate in this response.  
   *Or* The CCG will make use of locally commissioned arrangements for holding a sufficient stock of antiviral medicines to respond to out-of-season outbreaks (for example, at a community pharmacy).
6. CCG-commissioned service will provide a clinician to assess exposed persons for antiviral treatment or prophylaxis. The clinician will complete a patient specific direction (PSD) for those individuals who require antivirals, and the PSD will be sent to the relevant pharmacy (a copy should be retained by the care home). The CCG-commissioned clinician provides contact information to the institution if there 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.
7. The pharmacy dispenses the antivirals for named patients and transports these medicines to the affected institution. Costs for all these activities are funded by the local CCG as agreed in advance with the individual pharmacy. 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).
8. 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 or pharmacy (as appropriate) to the PHE Centre HPT.
9. If any exposed person develops ILI symptoms while on antiviral prophylaxis, this should be reported to the CCG-commissioned clinician by the contact person at the affected institution (via the contact details provided in point F). If this clinician suspects ILI, 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 PSD. This should also be reported by the clinician to the PHE Centre HPT, so that swabbing can be arranged as per existing local mechanisms.
10. The PHE Centre HPT follows its existing procedures for reporting, follow-up and closure of the localised outbreak.