FRAMEWORK FOR THE CONTROL OF AN OUTBREAK OR INCIDENT OF INFECTION IN ACUTE HEALTHCARE PREMISES IN WALES V2

1 Introduction

Outbreaks and incidents of infection have serious consequences for service users and NHS organisations including mortality, morbidity, distress, delays in treatment and impacts on service provision. Each Health Board (HB) and Trust in Wales will have local policies for the arrangements for control of outbreaks or incidents of infection in their healthcare settings. The HB outbreak policy must reflect the principles and guidance contained in this framework document. In addition, some organisations will have separate operational policies and protocols for managing outbreaks of specific organisms e.g., presumed or confirmed viral gastroenteritis, acute respiratory infection e.g., flu or COVID-19, Carbapenemase-Producing Enterobacterales (CPE) and Clinically Significant Anti-Microbial Resistant Organisms (CSARO).

2 Scope

This guidance applies to outbreaks or incidents of infection occurring in:

- All HB and NHS Trust premises where NHS services are provided.
- All premises where NHS services are provided through contractual arrangements with NHS HBs and Trusts in Wales.
- Other premises, in situations where incidents or outbreaks of infection arise directly from HB or Trust staff providing healthcare services in pre and out of hospital settings, such as private dwellings, care homes and in public venues.

If an infectious disease outbreak within the above settings has implications for wider community, or if it is identified as being food or water borne, it will be managed using "The Communicable Disease Outbreak Plan for Wales ('The Wales Outbreak Plan')."

3 Routine communication between the Infection Prevention and Control Team (IPCT) and Health Protection Team (HPT) / Consultant in Communicable Disease Control / Consultant in Health Protection (CCDC/CHP)

There is an expectation that the HB / Trust IPCT will have established robust relationships with their local HPT/CCDC/CHP. Such relationships will include regular liaison and two-way sharing of information regarding cases, clusters and potential outbreaks or incidents of infection. A member of the HPT will be a member of the HB or Trust Infection Prevention and Control 'Strategic' Group or committee.

4 Definition of an Outbreak or Incident within a healthcare setting

An outbreak of infection can be defined as:

1. an increase in cases against the normal background levels of an organism/disease **or**
2. an organism/disease is deemed to have been acquired in the healthcare setting.
   or
3. two or more cases are linked in time, place, and person within the healthcare setting.

One or more of the above may apply.

When the background level of an organism/disease for the facility or organisation is normally zero, or a single case has serious potential consequences for public health or local services, e.g. a CSARO organism such as a CPE, or a multi-drug resistant (MDR) TB, C*andida auris* one case may constitute an outbreak and an Outbreak Control Team (OCT) formed (this may be termed an incident under these circumstances). HB/Trusts may additionally have local organism/disease-dependent definitions for periods of increased incidence (PII) that will trigger an investigation.

5 Recognition of an Outbreak or incident

An outbreak or incident may be identified by a number of routes depending on its nature and presentation e.g.

- Ward staff may alert the IPCT to an outbreak of presumptive viral gastroenteritis or other specific symptoms in patients or staff related to specific infection e.g., *C. difficile*, COVID-19, influenza or other respiratory viral infections, central line associated blood stream infection (CLABSI), sepsis, scabies.
- Laboratory staff may highlight an outbreak of an organism that exhibits a specific antimicrobial resistance or whole genome sequence,
- IPCT may notice links between patients with 'alert' organisms or healthcare epidemiologists may identify increases in cases from routine surveillance within the HB/Trust or through CDSC at PHW.
- A national alert about a product or medical device may lead to case finding as occurred e.g., with cardiac heater cooler devices and ultrasound gel.
- A national alert about a significant infection may trigger case finding or cases linked to an outbreak outside of the HB/Trust e.g., measles, monkeypox.

An outbreak may present as either related to a single 'point source' e.g., a contaminated piece of equipment or food or exposure to an infected case or as a pattern of ongoing transmission. If the outbreak or incident involves a suspected or confirmed notifiable disease (The Health Protection (Notification) (Wales) Regulations 2010 (legislation.gov.uk) or organism the treating physician or laboratory must notify the CCDC/CHP as 'Proper Officer' of the Local Authority (Tel: 0300 00 300 32 and/or email aware@wales.nhs.uk).

During a period of increased incidence of disease locally or nationally e.g., Influenza, measles or norovirus, all clinical staff should be alerted to the need to have increased awareness and suspicion of symptoms of the infection and act promptly to report their concerns to minimise onward transmission. Staff vaccination status for vaccine preventable disease may should be first line of protection.

6 Declaration of an Outbreak or Incident

Once alerted to an apparent increase in cases or other markers of a possible outbreak or incident, the IPCT will assess the situation and reach one of these conclusions (appendix 2):

- No outbreak or incident.
- Outbreak or incident that can be managed by the IPCT and other colleagues within the organisation without the need for a formal OCT (this may include a PII according to local definitions).
- Outbreak or incident requiring a formal OCT or Incident Management Team (IMT).
- Actual or potential major outbreak or incident with significant implications for public health, local or national services, requiring a formal major OCT AND immediate discussion with HPT/CCDC/CHP (Tel: 0300 00 300 32; and/or email aware@wales.nhs.uk) to consider invoking 'The Wales Outbreak Plan'.

Key to outbreak management at a clinical level to prevent further transmissions will be prompt triage or assessment of cases/suspected cases, sampling, isolation with IPC controls in accordance with SICP/TBP's NIPCM - Public Health Wales (nhs.wales). If the source of the outbreak/incident is known or suspected to be a product or medical device, then key to further transmissions will be quarantine of product and/or removal of the device.

It is not possible to be prescriptive about what constitutes the need for a formal OCT / IMT as the variety of potential scenarios is extremely diverse and will be affected by local factors including the physical environment and resources of the organisation/IPCT, the likely transmission route, the pathogenicity and virulence of spread and the likely impact on patients related to mortality, morbidity, and provision of care (appendix 2)

If after initial investigation the decision is reached that

- there is 'no' outbreak/incident/PII, **OR**
- it is an outbreak/incident/PII that can be managed without a formal OCT.

This decision should be reported to the Executive Lead (IPC) for the organisation and local management, the ICD/Consultant Microbiologist and CCDC/CHP. Following this the IPCT shall ensure the decision is subject to

Daily surveillance/review of new or emerging information (appendix 6) accurate records should be kept of any decisions made and who made them, actions and interventions taken. The IPCT should maintain a low threshold for declaring a formal OCT / IMT especially during a pandemic or a national/local increase in disease.

7 Outbreak Control Team (OCT) / Incident Management Team (IMT)

The lead role in managing an outbreak will normally be taken by the HB/Trust IPCT. This arrangement and any changes to this will be agreed and documented in OCT / IMT meetings (appendix 3)

8 Core Membership

The Chair may be taken by any senior member of the OCT and will ensure that all necessary members are invited, that the meetings are held as required and venue arranged, that the meetings are conducted in accordance with the agenda (appendix 1), that minutes are recorded, actions are logged with agreed timescales and are reviewed, and that all proceedings are recorded and communicated to the membership. Membership should include:

- IPCT (including ICD and IPCNs)
- Consultant microbiologist (if not ICD) – (PHW or HB employed)
- CCDC/CHP (to assess wider public health risks and, if required, institute The Communicable Disease Plan for Wales; to facilitate cooperation between agencies; to provide expert epidemiological input to the investigation and management of an outbreak; provide and independent 'external' perspective to the OCT and in certain circumstances use their statutory powers).

- Senior professional (medical, nursing, and departmental) representatives from the area(s) affected. It important that the clinical lead for the patient is represented.
- Healthcare epidemiologist (joint HB and PHW posts)
- Administrative support
- Communications representative
- Occupational health when staff are affected.
- Management representative with the seniority/authority to restrict services and authorise the release/reassignment of resources as required.

Representatives from the other departments/professional groups may be co-opted depending on the nature of the outbreak/incident e.g., cleaning/housekeeping, engineering/estates, sterile services, occupational health, allied health professionals, epidemiologists, biomedical scientists, Quality and Safety, Health & Safety (this list is not exhaustive).

Representatives from external agencies may be invited depending on the nature of the outbreak/incident e.g., Public Health Wales HARP team, commissioner stakeholders, Llais, local authority, staff side.

A major OCT/IMT should additionally include:

- The HB / Trust CEO or nominated deputy.
- The HB/ Trust Director of Public Health, who has specific responsibilities outlined in Communicable Disease Plan for Wales.
- Additional PHW input – specialist IPC lead (Consultant Nurse/Head of Nursing or HARP programme Microbiologist / ICD and HARP programme Antimicrobial Lead (if appropriate); CDSC – epidemiological support.
- Representatives from other agencies as required including local authority NHS Shared Services Wales Partnership (NWSSP) (this list is not exhaustive)

9 Core functions (core terms of reference)

- To investigate the source and cause of the outbreak/incident.
- To assess all the possible transmission route(s)
- To develop, review and update the case definition for the outbreak/incident at each meeting in accordance with new information and evidence.
- To maintain an accurate record of cases, control measures, actions, and interventions.
- To monitor the effectiveness of infection prevention & control measures and other interventions required against a hierarchy of controls (appendix 5).
- To review and monitor the effectiveness of antimicrobial stewardship control measures.
- To monitor provision of required IPC training required to care for patients safely.
- To facilitate the optimal clinical care or pathway of patients.
- To monitor the safety and health impact on the patient and staff including morbidity and mortality.
- To review evidence of the outbreak / incident and the results of epidemiological and microbiological investigations including whole genome sequencing (WGS) or typing, data collection and analysis on patients and associated staff within the affected area.
- To decide on the need for external help and expertise.
- To facilitate the external communication between relevant agencies and those with a legitimate interest in the outbreak, including patients and their families, WAST, primary care, Welsh Government, PHW, other HBs, NHS organisation in another UK nation and the general public if required.
- To ensure that national reporting to the NHS Executive, in line with the National Incident Reporting policy has been carried out. This may require liaison with Quality and Safety colleagues.
- To facilitate the internal communication within the HB/Trust between relevant teams/depts. with a legitimate interest in the outbreak
- To provide up to date clear guidelines for patients, relatives, staff, and the general public.
- To facilitate the safe visiting of family/relatives visiting affected patients

- To review and update communications at each meeting as required for internal and external use.
- To ensure that those individuals with assigned responsibilities within the outbreak policy execute their roles.
- To identify and support any additional resources required and their potential costs.
- To define the end of the outbreak.
- Develop a legacy list of actions (if any) with stated timescales for achievements with ongoing monitoring in place.
- To evaluate the lessons learned and any root causes.
- To prepare a timely final outbreak report with recommendations for the HB/Trust and Welsh Government which can also be used as part of further external or legal review (appendix 4)

10 Outbreak Surveillance

HBs / Trusts should monitor the numbers and types of outbreaks by location over time. There is an expectation that all HBs/ Trusts will participate in the PHW outbreak surveillance system, by recording each outbreak or incident within ICNet. There may be a requirement to contribute to enhanced UK surveillance if the outbreak is linked to a national/international event.

11 Standards for Outbreak Investigation and Management/Control

Outbreak Recognition	Complete within 24 hours of recognition or identification of potential outbreak or PII clarify the nature of the outbreak, when it commenced, who it is affecting and any operational impact.
	following receipt of initial information undertake and record Immediate risk assessment, to include decisions and immediate actions
Outbreak Declaration	Record the decision and declaration of the initial investigation of outbreak/incident following an initial investigation. Convene outbreak control

	team communicating situation with key personnel (appendix 2)
	Report incident on datix at the earliest opportunity.
Outbreak Control Team	OCT held within 48 hours of decision to convene
	OCT to include representation from all departments/disciplines involved in the initial investigation and responsible for the patient/individual's care (appendix 1 and appendix 3)
	Chair and or deputy agreed and recorded
	Roles and responsibilities of OCT members agreed and recorded

Outbreak Investigation	Case definition agreed, recorded, and reviewed at each meeting and as more information becomes available.
	Maintain a timeline to record possible, probable, and confirmed (as required) cases and associated microbiology (including WGS/typing)
	Describe the cases (patients/staff/visitors)– time, place, person (from notes, charts, admission history) including new cases, recovered, discharged.
	Each patient to receive a proportionate investigation in line with Putting Things Right guidance. To include associated morbidity and mortality of cases, severity and any escalation in harm or quality of care which may trigger the Duty of Candour or the requirement to report as a Nationally Reportable Incident. The Duty of Quality in healthcare | GOV.WALES The NHS Duty of Candour | GOV.WALES

	Presentation and timeliness of the data must be maintained, for each meeting e.g., epidemic curve, timeline, transmission plot, ward map, TICL charts. Annotate charts with key information so there is no ambiguity on time, place, person. (appendix 6)
	The IPC team to utilise ICNet for case management alongside outbreak control module
	Identify if there has been any change in the system that could have resulted in the outbreak (changes in people, equipment, procedures, the environment/climate, national alert)
	Analytical study considered and rationale for decision recorded
	Investigation protocol prepared if an analytical study is undertaken
	Involve professional experts in the investigation of the failure of medical devices or clinical equipment e.g., SMTL, MHRA, manufacture
	Develop with clear process of monitoring outputs a legacy list of actions or change requirements for resources, training, estates, equipment etc
Outbreak Control Measures	Document all control measures that include clear timescales for implementation and responsibility; to be monitored and reviewed at each meeting
	Review Audits/thematic analysis and their results appropriate to the outbreak/incident) undertaken at each meeting
	Requirement for timely patient and staff screening and sampling reviewed, documented, and implemented, if applicable.
	Requirement to risk assess extremely vulnerable or at-risk staff.

	Review and document (where applicable) decision for requirement of patient/ staff prophylaxis or immunisation to include implementation and delivery plan.
	Requirement to cohort patients and staff.
	Requirement for additional environmental management and involvement of estates team e.g., ventilation, water, isolation, repairs/decoration.
Service Impact (Reputational Risk)	Monitor the impact of the outbreak on HB / Trust services Media involvement and reputational risk.
	Monitor the impact of the outbreak on NHS partners e.g., WAST, independent sector, primary care, social care including care homes
	Accurately record decisions/rationale to open/close affected areas or part of them during the outbreak or movement of staff between affected and unaffected areas. Record who has authority to make those decisions outside of outbreak meetings during and outside working hours.
Communications	Agree Communications strategy at first OCT meeting, including to patients and relatives (in line with the Putting Things Right Agenda and the Duty of Candour), staff of relevant departments and other HB / Trust or services and stakeholders affected, media.
External Reporting	At point of outbreak recognition, the IPCT should contact their local HPT/CCDC/CHP to inform them so that appropriate support and advice can be put in place if needed.
	If the outbreak or incident involves a suspected or confirmed notifiable disease or organism (see Part 6.11) the treating physician or laboratory must notify the CCDC/CHP as 'Proper Officer' of

	the Local Authority (Tel: 0300 00 300 32 and/or email aware@wales.nhs.uk).
	Ensure the outbreak is reported on Datix Cymru as soon as possible and that an NRI notification form is sent within 7 days to the NHS Wales Executive. Once the investigation process has been completed, an NRI Outcomes form including learning and future preventative actions will also need to be sent to the NHS Wales Executive. Organisational Quality and Safety teams will be able to provide advice and support on this where needed.
	If the outbreak is likely to result in media coverage, significant service disruption or business continuity incidents, an Early Warning Notification to Welsh Government may also be required. The EWN process is independent of the NRI process and where an EWN is also required then both processes must be followed. Organisational Quality and Safety and Communications teams will be able to provide advice and support on this where needed.
End of Outbreak	Final outbreak report (appendix 4) completed within 4 weeks of the formal closure of the outbreak, unless delayed or dictated by legal proceedings (e.g., Coroner)
	HB/ Trust multidisciplinary review of root causes, lessons learnt and report on recommendations to prevent repeat and further actions (including legacy list) and estimated costs are required within 3 months of formal closure of the outbreak.
	The OCT will audit their response to the outbreak/incidence against this guidance

	Submit investigation report including shared outcomes and learning on the investigation outcome form within NHS Executive. NationalSIreports@wales.nhs.uk

6.9 References/Bibliography

- Commitment to Purpose: Eliminating preventable healthcare associated infections (HCAIs); A framework for actions for healthcare organisations in Wales (2011) Welsh Government. (available at http://wales.gov.uk/docs/dhss/publications/111216commithcaien.pdf)

- Code of practice for the prevention and control of healthcare associated infections. Published May 2014. (Available at: https://gweddill.gov.wales/docs/phhs/publications/140618appendixen.pdf

- DCMO letter 8th December 2014. Requirements for: national surveillance on winter vomiting disease (norovirus) and No Surprises and Serious Incidents reporting of norovirus and other healthcare associated infections (HCAIs).

- NMC duty of candour (Available at: https://www.nmc.org.uk/standards/guidance/the-professional-duty-ofcandour/read-the-professional-duty-of-candour/)

- National Infection Prevention and Control Manual (NICPM) (Available at: NIPCM - Public Health Wales (nhs.wales)

- The Communicable Disease Outbreak Plan for Wales ('The Wales Outbreak Plan') (2023) Public Health Wales/Welsh Government. (Available at: phw.nhs.wales/topics/the-communicable-disease-outbreak-plan-for-wales1/)

- Health and Social Care (Quality and Engagement) (Wales) Act (2019) https://gov.wales/health-and-social-care-quality-and-engagement-wales-act-summary

- Putting Things Right Guidance 2023 Putting Things Right Leaflet (gov.wales)

- The duty of Quality statutory Guidance [The Duty of Quality in healthcare | GOV.WALES]
- National reporting of patients safety incidents: [Patient Safety Incidents - Delivery Unit (nhs.wales)]

Appendices

Appendix 1 Model Agenda for OCT Meeting

The initial agenda for the first outbreak meeting will include:

a) Agree membership and chairperson/deputy chairperson.
b) The outbreak policy and individual actions / responsibilities.
c) Initial assessment of the outbreak.
d) Case definition(s).
e) Reporting mechanisms.
f) Investigation of outbreak.
g) Management/control measures.
h) Communication channels.
i) Frequency of Outbreak Meetings.
j) Date and time of next meeting

6.11.2 Subsequent agendas will include:

a) Minutes of previous meeting
b) Update on actions completed and to be achieved.
c) Matters arising.
d) Situation report
e) Investigation progress reports
f) Review of control measures and effectiveness
g) Review of case definition(s)
h) Review of membership/extend if required.
i) Agreement of actions and responsible person(s) with timescale
j) Communications
k) Date and time of next meeting

Appendix 2 - Example – Escalation/Risk Assessment Criteria (adapted from Health Protection Scotland Watt Risk Matrix)

	Impact on:			
Impact level:	**Patients**	**Services**	**Public Health**	**Public Anxiety**
Minor	Only minor interventional support needed as consequence of the incident No mortality	No, or only very short-term closure of clinical areas(s) with minor impact on any other service	No, or only minor implications for public health	No significant increased anxiety or concern anticipated
Moderate	Patients require moderate interventional support no mortality as a consequence of the incident	Short term closure(s) having moderate impact on some services, e.g., multiple wards closed or ITU closed	Moderate implications, i.e., there is a moderate risk of only moderate impact infections to other persons	Increased concern and or anxiety anticipated
Major	**Life threatening illness or**	**Significant disruption and impact**	**Significant implications for public**	**Alarm within at least some**

	death as a consequence of the incident in one or more patient	**on services e.g. hospital closures for any period of time**	**health, i.e., there is a moderate risk or major risk of major infection to someone else**	**areas of the community anticipated**

Assessment:

All minor = manage as internal incident/outbreak, consider formal OCT

3 minor and 1 moderate = manage as internal incident/outbreak – declare formal OCT

No major and 2-4 moderate – declare formal OCT, consider declaring Major OCT

Any major***** – declare Major OCT and discuss with CCDC/CHP/DPH whether to invoke The Wales Outbreak Plan

***note** this includes one or more deaths as a result of an outbreak or incident as defined NOT necessarily as a result of a single case of an 'alert organism' or HCAI

Appendix 3 MODEL OUTBREAK CHECKLIST

INITIAL ASSESSMENT	Yes Date and Initial	No (or mark N/A)
1. Is an Outbreak Control Team necessary to manage the incident?		
2. Has an outbreak been declared?		
3. Is there community involvement with the incident?		
4. Does the incident involve a notifiable disease/organism?		
5.Does the incident involve a product or medical device		
6. If notifiable, has the CCDC/HPT been notified?		
7. Have the results of the initial assessment been recorded?		
COMMUNICATION		
1. Senior management of Trust/Health Board informed		
2. Chief Executive or designate informed		
3. IPC lead informed		
4. CCDC/CHP/HPT consulted		
5. Departmental manager informed		
6. Operational services manager involved (catering, cleaning, portering, waste, laundry)		
7. Incident entered onto Datix		
8. NRI completed and submitted to NHS executive. Consider EWN to WG.		

9. Appropriate senior estates manager informed		
10. Comms officer identified		

11. Proactive/reactive press statement prepared		
12. Communication with relevant personnel and departments considered		
13. Appropriate information provided to staff		
14. Appropriate information provided to patients		
15. Appropriate information provided to relatives and visitors		
16. Microbiology department informed and outbreak number assigned		
17.. PHW HARP team contacted (as appropriate and directed by HPT or ICD or Infection Prevention Lead)		
18. Other Healthcare facilities or services informed as appropriate e.g., WAST, social care		
19. Other relevant bodies e.g., commissioning groups contacted, NHS organisations outside Wales. If so, which?		
MANAGEMENT/ORGANISATIONAL ASPECTS		
1. Need for increased clinical care considered e.g. extra staff		
2. Need for additional IPC training and the use PPE		
2. Need for extra cleaning resources considered		
3. Need for increased laundry, sterile supplies considered		
4. Need for increased clerical staff considered		
5. Need for increased bed capacity		
6. Isolation facilities defined		
7. Cohort ward considered, and use defined		
8. Isolation and nursing procedures defined		
9.Nursing, medical, and other staff informed of these procedures		

10. Domestic/housekeeping procedures defined		
11. Availability of supplies assessed		
INVESTIGATION		
1. Case definition established		
2. Line list of cases created		
3. Epidemiological investigation started (appendix 6)		
4. Morbidity and mortality associated with outbreak reviewed		
5. Need for microbiological screening and sampling of staff and patients considered		
6. Occupational Health involved		
7. Need for serological screening of staff and patients considered		
8.Engineers involved (if appropriate)		
9.Need for environmental samples considered		
10.Need for food samples considered		
CONTROL		
1. Control measures agreed and documented		
2. Need for active or passive immunisation considered		
3. Need for antibiotic prophylaxis considered		
4. Isolation policies implemented		
5. Policy on patient transfer, discharge and admissions defined		
6. Policy on the movement of patient and staff within the hospital defined		
7. Visiting arrangements defined		
8. Audit requirements reviewed and assessed each meeting e.g., Hand Hygiene, environmental		
IMPACT		
1. Impact of outbreak on services reviewed		
2. Bed days lost calculated		
3. Staff days lost calculated		
4. Procedures delayed calculated		

5. Associated costs		
END OF OUTBREAK		
1. End of outbreak formally declared		
2. Preliminary report compiled		
3. Meeting of OCT held to consider lessons learned		
4. Outbreak response audited against guidelines		
5. Final report including lessons learned and recommendations compiled circulated within Health Board/Trust		
6. Final report and audit submitted to NHS Executive		

Appendix 4 Template Outbreak Report

1. Executive Summary

2. Introduction/Background: Brief narrative of circumstances of outbreak

3.Investigation:

- Case Definition
- Epidemiological
- Microbiological
- Environmental

4. Results:

- Epidemiological
- Microbiological
- Environmental

5. Control Measures

6. Outcome of Root Cause Analysis/Post infection review (where undertaken)

7. Conclusions/Recommendations:

a) a statement on the causes of the outbreak, including any failures of procedures or breaches of legislation
b) comments on the conduct of the investigation and lessons learnt.
c) comments on any training needs identified by the investigation and
d) performance against agreed standards

8. Appendices:

- Minutes of OCT meetings
- Results of statistical analyses
- Epidemiological Report
- Media statements

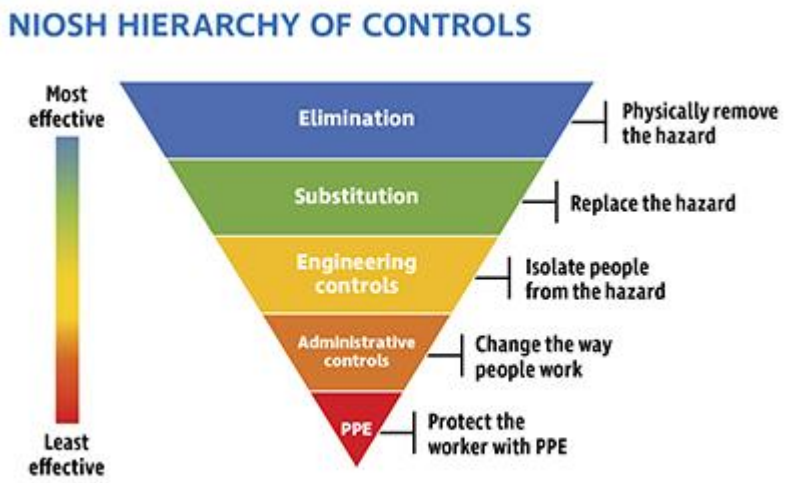
- Information provided to patients/visitors etc.
- Estimated costs and impact (*optional*):
  Staffing
  Medical/surgical equipment
  Additional cleaning resources
  Bed days lost.
  Pharmaceuticals
  Service delays

Additional e.g., decontamination, sample testing, patient information, time

Associated mortality/morbidity or impact on staff wellbeing, reputational impact, estimated costs.

Appendix 5 – Hierarchy of Controls

(taken from Hierarchy of Controls | NIOSH | CDC)



Appendix 6 – Outbreak Reporting Tool

2023 - Outbreak Reporting Tool - Scope for Cross-Cover within the Healthcare Epidemiology Network

Author: Hannah Jones	
Date: 19/02/2024	**Version:** v1
Status: Final	
Intended Audience: Public Health Wales Healthcare Epidemiologists, Public Health Wales Field Epidemiologists, Consultant Epidemiologists, Public Health Wales Senior Scientist, Public Health Wales Leads for Infection Prevention and Control, Health board Leads for Infection Prevention and Control, Health board Infection Prevention and Control Teams, Consultants in Communicable Disease Control / Consultants in Health Protection	
Purpose and Summary of Document: To outline the purpose and scope of the outbreak reporting tool for cross-cover to support outbreak investigations for local health board within the Healthcare Epidemiology Network.	

Updates: **HJ: 02/08/2023** – Draft created. **HJ: 19/02/2024** – Network team members updated to reflect changes within network.

Background

The Healthcare Epidemiology Network (HCEN), as part of the Healthcare Associated Infection & Antimicrobial Resistance Programme (HARP) at Public Health Wales (PHW), provides epidemiological support to local health boards in Wales, to reduce the burden of healthcare associated infections and antibiotic resistance. The role of the Healthcare Epidemiology Network also includes epidemiological support during healthcare associated outbreaks of infectious diseases. Each local health board has a Healthcare Epidemiologist responsible for that locality (apart from Powys THB). The network compromises the following team members, led by Mari Morgan, Senior Scientist and Lead for Healthcare Epidemiology Network:

Local Health Board	Contact(s)	Email
Aneurin Bevan UHB	Ember Hilvers	ember.hilvers@wales.nhs.uk
Betsi Cadwaladr UHB	Craig Hogg	craig.hogg@wales.nhs.uk
Cardiff and Vale UHB	Phillip Butterick	phillip.butterick@wales.nhs.uk
Cwm Taf Morgannwg UHB	Israa Mohammed	israa.mohammed@wales.nhs.uk
Hywel Dda UHB	Hannah Jones	hannah.jones42@wales.nhs.uk
Powys THB		phwhcepidemiology@wales.nhs.uk

Swansea Bay UHB	Matthew Rumble	matthew.rumble2@wales.nhs.uk

It was identified by the Healthcare Epidemiology Network, that cross-cover of responsibilities for outbreak support during periods of leave or sickness was difficult, due to capacity issues and varying ways of producing epidemiological support for outbreaks. Therefore, as a network, an Outbreak Reporting Tool has been developed to allow for ease of reporting to support capacity issues during cross-cover, and to standardise outputs produced for outbreak control team (OCT) meetings. This document defines the outputs health boards can except from the network when another member of the team is providing cover to support outbreak investigations.

Scope

The report produced by the Outbreak Reporting Tool will provide epidemiological information to OCT meetings to support outbreak investigation. The local health board receiving cover by another Healthcare Epidemiologist can expect to receive a report containing a summary table (total cases by male/female, age, healthcare acquisition status and number deceased), an epi curve of cases based on ward, an epi curve of cases based on healthcare acquisition status, a timeline of infection clusters (TICL) chart, and an appendix (including an anonymised line list of cases and case definitions). This report will be presented at OCT meetings by the covering Healthcare Epidemiologist.