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## **Healthcare Associated Infection & Antimicrobial resistance & Prescribing Programme (HARP)**

# **Managing Seasonal Influenza: Infection Prevention and Control Guidance in Healthcare Settings**

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Guidance on the infection prevention and control management of seasonal influenza in healthcare settings – updated \*\*\* 2019

## Contents

Healthcare Associated Infection & Antimicrobial resistance & Prescribing Programme (HARP) .....	
Managing Seasonal Influenza: Infection Prevention and Control Guidance in Healthcare Settings .....	
Healthcare Associated Infection & Antimicrobial resistance & Prescribing Programme (HARP) .....	
Managing Seasonal Influenza: Infection Prevention and Control Guidance in Healthcare Settings .....	
Healthcare Associated Infection & Antimicrobial resistance & Prescribing Programme (HARP) .....	
Managing Seasonal Influenza: Infection Prevention and Control Guidance in Healthcare Settings .....	
Healthcare Associated Infection & Antimicrobial resistance & Prescribing Programme (HARP) .....	
Managing Seasonal Influenza: Infection Prevention and Control Guidance in Healthcare Settings .....	
1. Introduction: .....	4
1b. Key changes for 2019/20 flu Season within Wales .....	6
1e. Eligible groups for vaccination (see Appendix J): .....	7
2. Recognising Influenza in Healthcare Settings Promptly .....	7
2a. Symptoms of Influenza .....	8
3. Precautions in Specific Healthcare Settings: .....	8
3a. General Practice (GP) surgeries, other ambulatory, domiciliary and outpatient settings: .....	8
3d. Accident and Emergency (A&E) / Admissions Units .....	9
Patient Placement and Management .....	9
4. Inpatients Settings .....	10
4a. Protecting Existing in-patients: .....	10
4b. Patient Testing and antiviral management .....	11
4c. Patient placement .....	11
4d. Transmission Based Precautions <sup>18</sup> - Droplet precautions .....	12
5. Critical Care Settings (level 2 and 3 care) .....	12
5b. Transmission Based Precautions <sup>18</sup> - Droplet Precautions .....	13
6. Visitors to Patients with Suspected or Confirmed Influenza .....	13
7. Cleaning and Decontamination of the Environment .....	14
8. Patient Care Equipment .....	14

9. Discontinuing Precautions.....	15
10. Pregnant and Other Staff at Increased Risk .....	15
Appendices .....	18
Appendix A - glossary/definitions of terms .....	18
Appendix B: Definition of severe immunosuppression .....	22
Appendix E – patient placement and prioritisation in in-patient settings: .....	27
Appendix F – quick guide to managing seasonal influenza .....	29
Appendix G: Bilingual examples of PHW ‘Beat flu’ Infographics. ....	30
Appendix H: Key Messages for Visitors.....	33
Appendix I: Influenza Season in Wales 2018/19 report: summary infographics....	37

# 1. Introduction:

This guidance is for managing seasonal influenza or 'flu' within a healthcare setting for 2019-20 season and supersedes previous guidance including guidance provided for the 2009/10 H1N1 influenza pandemic and 2010/11 H1N1 'second wave'.

Seasonal influenza is a viral respiratory illness present in the respiratory secretions of infected persons, caused by established, circulating influenza viruses. Transmission is therefore mainly via the droplet route. Influenza viruses will vary each season, hence the need to re-vaccinate annually. However, different and multiple strains can circulate in the same season.

Influenza can vary in timing, severity, and duration from one season to another but an average season lasts 14 weeks. The United Kingdom's (UK) annual influenza season generally runs between mid-autumn through to late spring, with the highest activity expected during the winter months, however, sporadic cases might be seen throughout the year.

The 2018/19 influenza season in Wales was less severe than 2017/18 season, however, the season still presented a significant burden of disease. During 2018/19 there was a shorter duration of influenza activity compared to any of the five previous flu seasons, with similar levels of activity.

For further information access PHW full report: [Seasonal Influenza in Wales – 2018/19 annual report](#)<sup>7</sup>.

See infographic summary for 2018/19 flu season in appendix I.

The burden of influenza and other winter respiratory viruses e.g. parainfluenza, rhinovirus, respiratory syncytial virus (RSV), along with other circulating gastrointestinal viruses such as norovirus and rotavirus, puts additional pressure on NHS services over the winter season. Vaccination against influenza, both in at risk members of the public and in health and social care staff remains a priority in prevention of influenza and reducing winter pressures across the NHS. Prompt identification and subsequent management of patients presenting with influenza-like illness (ILI) and potential contacts is also key in preventing transmission of influenza in healthcare settings.

Cases of seasonal influenza will arise and need routine management every year, whereas pandemic strains are rare, and require additional extra-cautious precautions. In the unlikely event we enter a pre-pandemic or pandemic phase, this guidance itself may be superseded. This guidance represents the best currently available evidence and expert opinion available at time of review<sup>2,6,7,8,9,10,11</sup>.

Throughout the year, Public Health Wales (PHW) publishes a [weekly influenza surveillance report for Wales](#), the UK and worldwide, which is available from PHW Health Protection division website<sup>1</sup>. PHW will notify healthcare organisations once seasonal flu is circulating in Wales. Welsh Government and PHW will update guidance for Wales on vaccination, prophylaxis and treatment with antiviral drugs as required<sup>2,3,4,5,6</sup>.

**1a. Key Messages from Public Health Wales' Seasonal Influenza in Wales 2018/19 annual report (June 2019)<sup>7</sup> and Welsh Governments' WHC (2019) 015<sup>2</sup>:**

- Fewer flu cases were diagnosed in general practice, confirmed in hospitals or confirmed in intensive care units.
- Fewer flu outbreaks were reported to PHW.
- Overall, influenza A(H1N1)pdm09 was the dominant influenza type.
- During February 2019 A(H3N2) was the dominant strain, continuing for the last few weeks of the 2018/19 season.
- There was a change in testing patterns in hospitals last season, with the rollout of rapid testing services for influenza. For the first time in 2018/19 the flu vaccine was available to all staff working in adult care homes in Wales.
- It is estimated that the flu vaccine effectiveness for children aged 2-3 years during 2018/19 season was 89%<sup>2</sup>
- Uptake of influenza immunisation in Health Board and NHS staff, reported by Health Board Occupational Health Departments, was 53.4% during 2018/19. Uptake in staff with direct patient contact was 55.5%, exceeding 60% in three Health Boards and two NHS Trusts.
- Influenza vaccination was received by more individuals in at-risk and recommended groups last season than ever before
- An estimated 868,688 people were vaccinated (around 28% of the population in Wales), compared to 820,183 last season.
- In those aged 65 years and older 68.3% were vaccinated, which is a small decrease compared to the previous influenza season.
- The childhood influenza vaccination programme 2018/19 was fully extended to all children aged two to 10 years
- Uptake in two and three year olds was 49% and in four to 10 year olds increased to 70%.
- Coverage of influenza vaccination in pregnant women was stable at 74%, estimated in an annual point of delivery (post-natal) survey.
- In front-line NHS staff uptake decreased to 56%, after a long-term positive trend up to 2017/18.
- The provisional end of season estimate for effectiveness of 2018/19 seasonal influenza vaccine in the UK was 44.3% (95% CI 26.8% to 57.7%) against all laboratory-confirmed influenza
- The provisional end of season estimate for effectiveness of 2018/19 seasonal influenza vaccine in the UK was 44.3% (95% CI 26.8% to 57.7%) against all laboratory-confirmed influenza.
- Staff working in adult residential care homes, nursing care homes and children's hospices will continue to be eligible for free flu vaccination through their community pharmacies. It is not planned to extend this programme during 2019-20.

Further detail on the existing programme is provided in WHC(2018)036<sup>15</sup>. See: <https://gov.wales/docs/dhss/publications/whc2018-036en.pdf>

## **1b. Key changes for 2019/20 flu Season within Wales**

Welsh Government have issued a number of Welsh Health Circulars in relation to 2019-2020 season to support healthcare staff with their flu immunisation programme<sup>2,3,4,5,6</sup>. A wider range of different flu vaccines are licensed and continue to be recommended according to an individuals' age<sup>6</sup>.

For 2019/20 season an egg free inactivated vaccine will be available.

Children with asthma on inhaled corticosteroids may safely be given Live attenuated influenza vaccine (LAIV), irrespective of the dose. Follow this link for further information and detail on 2019/20 key changes to the flu immunisation programme in Wales: <http://nww.immunisation.wales.nhs.uk/influenza-2019-20-season#changes><sup>38</sup>.

## **1c. Influenza e learning - FluOne and FluTwo**

PHW's Immunisation and Vaccine Preventable Disease Programme (VPDP) in partnership with the Workforce Information System (WfIS) have developed flu e learning programmes, which have been updated for 2019/20 season<sup>19</sup>.

All staff within the NHS in Wales can access FluOne and FluTwo through the Electronic Staff Record (ESR).

FluOne is for all staff in health and social care settings.

FluTwo is for immunisers.

FluOne should be completed by all staff annually.

Staff working outside of the NHS or who do not have access to ESR can access these programmes at Learning@Wales.

## **1d. Flu Prevention Planning**

HARP team at Public Health Wales review and update this policy annually to ensure it is in line with current Welsh, UK and European guidance and recommendations, to support healthcare staff with local preparation and management of influenza.

- Annual service planning for the flu season is needed, as one season ends planning for the next season should commence
- Vaccination of frontline healthcare workers and people in high risk groups is an important measure in preventing seasonal influenza
- Where there are shortages or delays in vaccine supply, organisations need to risk assess and plan to vaccinate staff in order of priority according to patient or service risk.
- Standard Infection Prevention and Control Precautions (SIPCP)<sup>17</sup> must be maintained at all times for all patients in all healthcare settings, including when managing known or suspected cases of influenza
- Hand hygiene is a key defence against acquisition of influenza and as a minimum, hand hygiene must be performed according to the WHO Five Moments<sup>34</sup>:
  - before touching a patient
  - before a clean/aseptic procedure
  - after exposure to body fluids
  - after touching a patient
  - after touching the patient's surroundings
- High standards of environmental cleanliness must be maintained to prevent transmission of infection in clinical areas

- Reinforce respiratory hygiene/cough etiquette with all patients, visitors and staff (Catch it, Bin it, Kill it)<sup>33</sup>
- Transmission based precautions<sup>18</sup> in addition to SIPCs<sup>17</sup> i.e. Droplet Precautions, are required for all cases of influenza-like illness (ILI) known or suspected to be flu, until flu has been excluded or no longer deemed infectious. The infectious period for influenza is thought to be from about one day before the onset of symptoms until 3–5 days later
- Children, immunocompromised and seriously ill people, including patients within a critical care unit, may remain infectious for a longer period, and action should be considered to minimise prolonged shedding of influenza virus by patients with risk factors

### 1e. Eligible groups for vaccination (see Appendix J):

- <http://nww.immunisation.wales.nhs.uk/influenza-2018-19-season> Those aged 65 years and over
- Those aged 6 months to 64 years in clinical risk groups
- Pregnant women
- People living in care homes or other long-stay facilities
- Carers of elderly or disabled individuals
- Frontline health and social care workers
- Morbidly obese adults
- Children aged two and three years on 31 August 2019
- Children in primary school from reception class to year 6 (inclusive)
- Staff working in an adult care home or children's hospice, with regular client contact

Young children are known to be super spreaders of influenza and therefore nasal vaccine will be offered to all primary school aged children from reception class to year 6<sup>2</sup>.

See *Childhood Influenza Vaccination Programme* embedded within WHC (2019) 015<sup>2</sup> This list is not exhaustive, for full details please refer to Annex A within [WHC\(2019\)015](#)<sup>2</sup> and in [Influenza: the green book, chapter 19](#)<sup>9</sup>

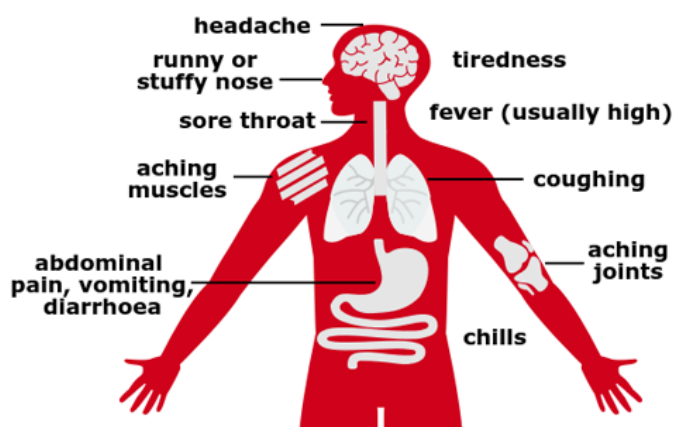
## 2. Recognising Influenza in Healthcare Settings Promptly

It is important to consider influenza in the differential diagnosis of any patient presenting in a healthcare facility with symptoms compatible with influenza virus (Appendix F). Rapid risk assessment and subsequent treatment and management are essential in the prevention and control of influenza. Flu can be serious. Symptoms vary and range from having no symptoms at all to serious illness, which needs hospital treatment (Appendix G). In healthy people, flu is unpleasant but usually self-limiting with recovery in 5-7 days. Some people however will develop complications and every year people die as a result.

The most serious illness is seen in very young babies, pregnant women, older people and those with long-term health conditions.



## 2a. Symptoms of Influenza



Influenza A viruses causes outbreaks most years and it is these viruses that are the usual cause of epidemics with large epidemics occur intermittently. Influenza B tends to cause less severe disease and smaller outbreaks overall. The burden of influenza B disease is mostly in children when the severity of illness can be similar to that associated with influenza A<sup>9</sup> and is often seen later in the season.

## 3. Precautions in Specific Healthcare Settings:

### 3a. General Practice (GP) surgeries, other ambulatory, domiciliary and outpatient settings:

*(These precautions are also appropriate in long-term care facility settings)*

Staff in a healthcare setting with direct patient contact should be vaccinated in accordance with Welsh Government directive (April 2019)<sup>2</sup>. At-risk patients and staff groups should be vaccinated or encouraged to be vaccinated via their General Practice or Community Pharmacy. The ideal recommended time to receive a vaccine is between September and early November<sup>9</sup>. Clear messages about influenza<sup>20,21,33</sup> should be displayed in key areas

**Transmission Based<sup>18</sup> - Droplet Precaution** are recommended for all staff in these care settings:

- Emphasise importance of effective hand hygiene and respiratory hygiene/cough etiquette to staff, patients and visitors (Catch it, Bin it, Kill it)
- Alcohol hand rub to be available to staff, patients and visitors
- Provide patients with information about influenza, vaccination and respiratory hygiene/cough etiquette (Catch it, Bin it, Kill it) (Appendix G)
- Provide preventative information for visitors to any care facility where influenza is suspected or confirmed (Appendix H)

### 3b. Outpatient settings:

Clear messages about influenza<sup>20,21,33</sup> should be displayed in key areas of the setting when flu is circulating and cases are known to be increasing within the local area. This should include:



- promoting good hand hygiene practice for all (during periods of increased community incidence)
- highlighting respiratory hygiene/cough etiquette of patients and visitors (Catch it, Bin it, Kill it)
- providing single use tissues that can be disposed of safely in strategically placed foot operated waste bins
- Advice on attending with symptoms

For patients who develop an ILI and have chronic conditions that require attendance at an outpatient setting or day care area consider:

- whether non-urgent appointments can be deferred or patient can be seen in their own home.
- transferring the patient to a designated hospital with an area they can be isolated
- introducing physical barriers such as screens to separate symptomatic patients from non-symptomatic
- providing fluid resistant surgical mask (FRSM) for patient use (if symptomatic)

### **3c. Dental Practice**

Members of the dental team providing direct patient care will be exposed to respiratory and oral secretions and should receive annual flu vaccination and sensible precautions should be promoted in the surgery during flu season<sup>35</sup>. (Appendix)

### **3d. Accident and Emergency (A&E) / Admissions Units**

Clear messages about influenza<sup>20,21,33</sup> should be displayed in key areas of the setting when flu is circulating within the local area.

Rapid screening of those who have ILI during flu season is key to reducing transmission in this setting. The triage practitioner should defer patients who do not require emergency care.

### **Patient Placement and Management**

If a patient with ILI, (influenza-like illness), is admitted from the community:

- make every effort to promptly isolate the patient in a single room (Appendix E)
- cohorting of respiratory cases may be appropriate if several ILI cases are identified only following risk assessment and after discussion with Infection Prevention and Control Team (IPCT) and/or Consultant Microbiologist, but ensure patients are at least one metre apart from each other and draw privacy curtains or place screens between beds to minimise opportunities for close contact
- display appropriate isolation signage, as per your local policy, to control entry into isolation/cohort areas
- a record of all patient contacts of the case to be recorded and attempt to isolate or cohort contacts, if these are admitted

- all contacts to be risk-assessed for administration of anti-viral prophylaxis, this will depend on individual patient health and vaccination history and current circulating influenza and strains (if known) within that area/hospital
- all staff should wear Fluid Resistant Surgical Mask (FRSM), gloves and aprons when within 1 metre of a patient with ILI or suspected flu case(s)
- if uncomplicated mild disease, consider prescribing antiviral treatment, as per current WG/PHW directive<sup>2,6,9</sup>, for those in NICE defined at-risk groups for self-isolation, discharge to normal residence
- try to allocate vaccinated staff to care for suspected/presumed cases
- eye protection to be worn if risk of 'splash' to the face/eyes (e.g. from coughing/sneezing)
- SIPCPs<sup>17</sup> and transmission-based precautions<sup>18</sup> apply and follow procedure for removal of personal protective equipment (PPE) (Appendix D)
- for Aerosol Generating Procedures (AGPs) (Appendix A) – FFP3 masks (fit test required), gowns, gloves and eye protection (if risk of splash for all staff present) is required
- minimise staff present to essential only during AGPs
- patient to be asked to wear FRSM in communal areas, waiting rooms, and during transfer to other areas within the hospital
- Emphasise importance of effective hand hygiene and respiratory hygiene/cough etiquette to staff, patients and visitors (Catch it, Bin it, Kill it)
- Alcohol hand rub to be available for all staff, patients and visitors
- Follow local policy for sampling and rapid flu testing

## 4. Inpatients Settings

### 4a. Protecting Existing in-patients:

Nosocomial transmission of influenza is known to occur, sometimes leading to outbreaks and periods of increased incidence (PII) that can have serious consequences. The aim of IPC measures is to prevent transmission of influenza from an infected individual to other patients and members of staff. Clear messages about influenza<sup>20,21,33</sup> should be displayed in key areas e.g. at hospital and ward entrances.

Long stay patients in risk groups, who are unlikely to be able to access GP service because of their extended admission during influenza season, should be offered appropriate flu vaccination whilst in hospital.

Patients at risk of severe disease and potential complications of influenza are people who are aged 65 years or older, pregnant women and women up to two weeks postpartum, or people from 6 months of age with any of the following conditions:

- chronic respiratory disease (including asthma and chronic obstructive pulmonary disease)
- chronic heart disease
- chronic renal disease
- chronic liver disease
- chronic neurological disease
- diabetes, including type 1 diabetes and type 2 diabetes
- immunosuppression due to disease or treatment e.g. chemotherapy, haematological malignancy (Appendix B)

- children who have previously been admitted to hospital for lower respiratory tract disease
- HIV infection (all stages)
- Long term treatment with systemic steroids (more than 1 month)
- Morbid obesity (BMI >40) (Adults only)

#### **4b. Patient Testing and antiviral management**

If a patient requires admission due to severity of illness, test for influenza and commence anti-viral treatment according to Welsh Government/PHW protocols<sup>2</sup>. Testing should commence in A&E if deemed appropriate. As antiviral treatment is most effective when used within 48 hours of onset, **treatment should start immediately based on clinical assessment and without waiting for the result of the throat swab.**

- Send throat swab (dry or flocked swab) to microbiology laboratory clearly indicating clinical history and onset date of influenza like symptoms
- Priority will be given to testing specimens taken within 5 days of onset of symptoms and where clinical details are provided
- At the peak of the flu season further prioritisation may be necessary due to workload pressures
- To avoid any un-necessary delay in results ensure that a local protocol for specimen collection is followed and that necessary clinical details are provided
- Repeat specimens will not be tested without discussion
- All patient contacts to be risk-assessed for administration of anti-viral prophylaxis
- Commence anti- viral treatment in contacts of confirmed flu cases, treatment should commence within 48 hours of onset of symptoms in adults or within 36 hours for in children, for maximum effect<sup>2</sup>
- Some units may consider rapid point of care (POC) testing, if so this must be managed according to POC testing guidelines. Follow local policy for sampling and rapid flu testing
- 

#### **4c. Patient placement**

If an existing patient or any patient is admitted with ILI, suspected of flu:

- make every effort to promptly isolate the patient in a single room, preferably en-suite (Appendix E)
- Contact trace and record those exposed to the index case
- Cohorting of respiratory cases may be appropriate after risk assessment and discussion with the IPCT and/or Consultant Microbiologist
- reduce transmission risk between patients with different influenza strains . Ideally cohorting, should only be considered when all other options have been investigated, as test results may not be available at the time of identification of ILI cases.
- display signage to control entry into isolation/cohort areas
- provide advice on flu for the patient and visitors (Appendix)
- limit the movement of patients outside their room to those necessary for patient management

- minimise the dispersal of respiratory secretions and reduce environmental contamination by limiting the movement of affected patients outside their room to those necessary for patient treatment/management
- Staff involved in the transfer of patients between wards/departments must be informed of the precautions required.
- Try to allocate vaccinated staff to care for cases

See Appendix E for further advice regarding patient placement and prioritisation decisions.

#### **4d. Transmission Based Precautions<sup>18</sup>- Droplet precautions**

To reduce the transmission risk of flu:

- Patient should be requested to wear a Fluid Resistant Surgical Mask (FRSM)(if tolerated) rather than the Healthcare Worker (HCW) during transfer to receiving ward/unit or while in communal areas, waiting rooms.
- If the patient is unable to wear a mask for any reason, then HCWs transporting or accompanying the patient who will be required to come within one metre of the patient should wear FRSM masks.
- Eye protection to be worn if risk of 'splash' to the face/eyes (e.g. from coughing/sneezing)
- SIPCPs and transmission based precautions apply in patient room for staff including FRSM, gloves and aprons (eye protection if risk of 'splash')
- All staff should wear a FRSM, gloves and aprons when within 1 metre of a patient with ILI or confirmed flu.
- For Aerosol Generating Procedures (AGPs) – FFP3 mask (fit test required), gowns, gloves and eye protection (for all staff present if risk of splash) is required
- Minimise those in attendance for AGPs to essential staff only.
- Follow procedure for removal of PPE (Appendix D)
- Emphasise importance of effective hand hygiene and respiratory hygiene/cough etiquette to staff, patients and visitors (Catch it, Bin it, Kill it)
- Alcohol hand rub to be available to staff, patients and visitors
- Safe disposal of respiratory secretions into clinical waste is required e.g. tissues, respiratory secretions, sputum

#### **4e. Local and National Influenza Surveillance**

It is important to ensure that all periods of increased incidence (PII) and/or outbreaks associated with influenza within your healthcare setting are reported appropriately via Welsh Governments' 'putting things right' – dealing with concerns, including submission of a no surprises or serious incident report<sup>\*\*</sup>. **From September 2019 Data for health boards should be captured using the ICNet outbreak/incident management tool.**

## **5. Critical Care Settings (level 2 and 3 care)**

The majority of influenza infections result in a self-limiting acute illness without complications. However, all influenza virus strains can potentially cause complications and even deaths in any age group, including patients with no underlying risk factors for

severe illness. Admissions to critical care units are to be expected, particularly in winter months, and critical care teams should be prepared to care for patients with complicated influenza.

Critical care units should have in place local infection prevention and control (IPC) policies relevant to influenza. Public Health England (PHE) has published IPC guidance for respiratory tract infections that is applicable to managing influenza in critical care settings, including advice on personal protective equipment (PPE). Please refer to full guidance found in the Public Health England '**Seasonal influenza: guidance for adult critical care units**'<sup>23</sup>

#### **5a. Patient placement**

- Single rooms appropriate for respiratory isolation are recommended because of potential airborne transmission of influenza virus

#### **5b. Transmission Based Precautions<sup>18</sup> - Droplet Precautions**

As described above for admitted patients (in-patients) and additionally:

- Use of closed suction systems for mechanically ventilated patients to minimise the dispersal of respiratory secretions and reduce environmental contamination
- Safe handling and disposal of ventilator and respiratory equipment is required
- Robust decontamination of reusable respiratory equipment and machinery is required
- Response to treatment and resolution of symptoms may be less clear in critical care settings, therefore decisions to discontinue precautions should be the subject of a multidisciplinary agreement including the responsible clinician(s) and microbiologist or virologist. Decisions must be clearly documented and communicated
- If a patient's condition deteriorates, after initial clinical improvement, requiring re-admission to level 2/3 care, this is most likely to be due to secondary complications of influenza. In this case, assuming the conditions for discontinuing additional precautions have been met, SIPCPs<sup>17</sup> only are required. Discussion with local IPCT and Consultant Microbiologist is recommended
- AGPs within a shared occupancy bay within critical care should be avoided to reduce exposure of the influenza virus to other patients and staff and visitors in close proximity

## **6. Visitors to Patients with Suspected or Confirmed Influenza**

Visitors may pose a risk of cross transmission if they are not informed of the precautions they need to take whilst visiting a patient with suspected or confirmed influenza.

If there is increased ILI or influenza activity in a ward/unit or if a PII or influenza outbreak is declared, restriction to 'essential only' visitors should be enforced (Appendix H). Precautions for 'essential only' visitors include:

- Visitors should be reminded of the need for effective hand hygiene and use of alcohol hand rub
- Visitors with ILI should be asked to refrain from visiting until asymptomatic

- Those visitors 'at risk' due to their own disease/treatments should be advised not to visit
- Children should not be visiting wards/units where there is increased ILI or confirmed influenza activity
- Visitors involved in care should wear PPE as would staff, including FRSM
- Visitors not giving care but having social contact (e.g. hand holding) should be informed that PPE is available to them and of the risk of transmission, but wearing PPE should not be enforced
- Visitors who are a contact of a confirmed influenza case should be advised to seek prophylaxis from their GP within 48 hours of exposure
- Visitors should be made aware of respiratory hygiene and cough etiquette (Catch it, Bin it, Kill it)
- Visitors should not be present during AGPs (in circumstances where visitors are unwilling to leave, e.g. parent of child, they must be fully informed of the risk to them if they remain and offered a FRSM but not an FFP3 mask).
- Information leaflet and advice regarding influenza should be available to visitors<sup>20,21,33</sup>
- Visitors should be encouraged to have influenza vaccination and information leaflet regarding vaccination should be available within the ward (Appendix H)

## **7. Cleaning and Decontamination of the Environment**

The environment, room and equipment of patients with suspected or confirmed influenza are considered to be contaminated with influenza virus:

- Appropriate hand hygiene, use of PPE and SIPCPS<sup>17</sup> will reduce environmental contamination with influenza virus
- Frequently touched surfaces require daily enhanced cleaning and this should be incorporated into local cleaning policy
- Daily enhanced cleaning of frequently touched surfaces following aerosol-generating procedures (AGPs) is recommended to reduce viral contamination
- Terminal clean and decontamination of a single room or cohort bay area on patient discharge should be undertaken promptly as per locally agreed policy
- Safe disposal of clinical waste and laundry/linen should be in accordance with National Infection Prevention and Control Manual (NIPCM)<sup>31</sup> and your local policy for managing infected cases

## **8. Patient Care Equipment**

- Equipment should as far as possible be allocated to each individual patient or cohort of patients.
- Where reusable equipment and medical devices cannot be dedicated to individual patients (e.g. spirometry equipment, BP machines, commodes), these must be cleaned immediately after and between each patient use.
- Use Single use items where possible.

Follow local decontamination policy and manufacturers' instructions for cleaning and decontamination.

## 9. Discontinuing Precautions

The majority of patients with influenza will no longer be infectious beyond 5 days. Clinical response/improving condition is associated with the loss of virus and decreased infectiousness. Infection prevention and control precautions may be discontinued at day 5 of admission/after onset of symptoms/treatment with antiviral medication. This will require further risk assessment if there is a failure to respond to treatment and/or there are underlying conditions that may prolong the shedding of virus e.g. severe immunosuppression (see Appendix B for definition). Such cases will be considered on a case-by-case basis and should be discussed with microbiology/virology/IPCT. Repeat testing is not generally required and will NOT be undertaken unless discussed with a Consultant Microbiologist / Virology Consultant or where agreed protocols are in place in specific specialties.

## 10. Pregnant and Other Staff at Increased Risk

- Vaccination is the first and most important measure in preventing seasonal influenza in individuals in risk groups (see those eligible for free flu vaccine and section risk groups 4a)
- During a time of increased seasonal influenza activity, staff are at least equally as likely to be exposed to influenza outside of work as they are in the work setting
- All staff, including those in risk groups, must adhere to the required SIPCPs<sup>17</sup> and Transmission Based Precautions<sup>18</sup>/Droplet Precautions when in contact with known or suspected influenza cases to minimise their risk of acquisition
- Organisations may decide, despite vaccination and appropriate PPE, for pragmatic reasons, to restrict those in at risk groups from direct care for known or suspected influenza cases.
- All pregnant women are recommended to receive a flu vaccine irrespective of their stage of pregnancy<sup>2</sup>
- There is good evidence that pregnant women are at increased risk from complications if they contract flu, and may be associated with premature birth, smaller birth size and weight
- Flu vaccination during pregnancy provides passive immunity against flu infection to infants in the first few months of life<sup>2</sup>
- Improving vaccine uptake in children is important for individual protection, as well as indirect protection this offers to the rest of the population<sup>2</sup>

## • References, useful links and further reading

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## Appendices

### Appendix A - glossary/definitions of terms

<p>Aerosol Generating Procedures (AGPs)</p>	<p>Procedures that may produce higher concentrations of infectious respiratory particles than coughing, sneezing or talking. On the best currently available evidence, examples include:</p> <ul style="list-style-type: none"> <li>Bronchoscopy</li> <li>Sputum induction</li> <li>Tracheal intubation</li> <li>Post mortem procedures involving high speed devices</li> <li>Cardio-pulmonary resuscitation</li> <li>High frequency oscillating ventilation</li> <li>Non-invasive ventilation</li> </ul> <p>Nebulisation is not normally considered to be a AGP</p> <p>Note this list is not exhaustive, local risk assessment may identify additional procedures for which AGP precautions are indicated.</p> <p>Consideration should be given to the potential for aerosol generation when procedures are taking place such as routine tracheostomy care, including dressing change, cleaning around the stoma site and replacement of ties/tapes/inner tubes.</p> <p>The same consideration should be given to devices that are in use such as invasive ventilators, high flow humidified oxygen systems and high frequency oscillating ventilators. Individual patient risk assessment should be undertaken to assess the potential of prolonged or vigorous coughing/sneezing whilst the procedure or devices are in use.</p> <p>Enhanced PPE should be considered, such as use of FFP3 masks, to mitigate risk. It is also recommended to access manufacturers' guidance for devices used that may potentially induce aerosol generation</p>
<p>Antivirals – recommended use for influenza</p>	<p>Welsh Government/NICE guidance recommends oseltamivir and zanamivir may be used for treatment or prophylaxis of influenza-like illness in exposed, unprotected individuals at risk of complications from influenza when influenza virus is circulating<sup>26</sup></p> <p>The full NICE guidance on the use of antiviral medicines for prophylaxis and treatment can be accessed at:</p> <p><a href="http://www.nice.org.uk/guidance/TA168">http://www.nice.org.uk/guidance/TA168</a> (treatment)</p> <p><a href="http://guidance.nice.org.uk/TA158">http://guidance.nice.org.uk/TA158</a> (prophylaxis)</p>

Antiviral prophylaxis	Antiviral prophylaxis should be considered for identified contacts of a patient suspected or confirmed to have influenza, particularly from high-risk groups and/or during localised outbreaks of influenza-like illness in a care facility. The recommended antiviral for prophylaxis of high risk groups is oseltamivir (Tamiflu) <sup>2</sup>
Antiviral treatment	The recommended antiviral treatment for people who are over one year of age is oseltamivir (Tamiflu) <sup>2</sup> . Treatment should commence within 48 hours of onset of symptoms or within 36 hours for zanamivir in children
Antiviral treatment for children under one year of age	Oseltamivir (Tamiflu) is not licensed for children less than one year of age. Antiviral prescribing for this age group for influenza should be based on the judgement of the clinician, after the risks and benefits have been considered <sup>2</sup>
Contact Precautions	Contact precautions are infection control measures (to be used in addition to SIPCPS) which are designed specifically to prevent and control the transmission of infectious agents spread by direct and indirect contact. They include isolation, hand hygiene, use of personal protective PPE, care of equipment and environment including decontamination, safe handling of linen and waste
Cohort/Cohorting	Placing patients with the same known or sometimes suspected condition together in an area separate from other patients not known or suspected of having the condition.
Droplet Precautions	Transmission based precautions <sup>8</sup> for organisms transmitted via large particle droplets. These include, in addition to SIPCPS <sup>7</sup> , for all patients at all times: <ul style="list-style-type: none"> <li>• Wearing a fluid repellent surgical mask (FRSM) when within 1 metre of the patient (it may be more practical to don the mask on entering the patient room)</li> <li>• Wearing an FFP3 mask when performing or present during aerosol generating procedures or during a procedure with the potential for aerosol generation following patient risk assessment</li> </ul>
FFP3 mask	Particulate filtering mask to EN 149:2001 standard and CE marked
Fluid Resistant Surgical Mask (FRSM)	Type <b>IIR</b> Surgical mask with fluid repellent properties (EN 14683)
H1N1	Influenza A strain responsible for 2009/10 and 2010/11 pandemic influenza
Influenza A(H3)	Associated with cases in older people and outbreaks in care homes in previous seasons
Mask (for use on patients)	Any standard 'surgical' type mask (FFP3 is <u>not</u> appropriate)
Personal Protective Equipment (PPE)	Gloves, aprons, gowns, facial protection, masks or respirators (filtering masks e.g. FFP3) used for standard or transmission based precautions

Respiratory Hygiene/Cough Etiquette	<p>Cover nose and mouth with disposable single-use tissues when sneezing, coughing, wiping and blowing nose</p> <p>Dispose of used tissues into the nearest waste bin</p> <p>Wash hands after coughing, sneezing, using tissues, or after any contact with respiratory secretions and contaminated objects</p> <p>Keep hands away from the mucous membranes of the eyes and nose.</p> <p>Certain patients/clients (e.g. the elderly, children) may need assistance with containment of respiratory secretions; those who are immobile will need a receptacle (e.g. a plastic bag) readily at hand for the immediate disposal of used tissues and offered hand hygiene facilities</p>
Severe immunosuppression	<p>See Appendix B: (adapted from CDC 'Yellow Book' – Immunocompromised travellers,, Chapter 5, last review and update 19 July 2019):</p> <p><a href="https://wwwnc.cdc.gov/travel/yellowbook/2020/travelers-with-additional-considerations/immunocompromised-travelers">https://wwwnc.cdc.gov/travel/yellowbook/2020/travelers-with-additional-considerations/immunocompromised-travelers</a></p>
Standard Infection Prevention and Control Precautions (SIPCP) <sup>7</sup>	<p>Standard Precautions are infection prevention and control precautions to be used at all times, in all settings to reduce the risk of transmission of microorganisms from both recognised, and unrecognised sources of infection. Examples include hand hygiene and the use of PPE* to prevent contact with body fluids. Link to NIPCM SIPCPs policy:</p> <p><a href="http://www.wales.nhs.uk/sitesplus/888/page/95007">http://www.wales.nhs.uk/sitesplus/888/page/95007</a></p>
Transmission Based Precautions <sup>8</sup>	<p>Transmission Based Precautions are a set of measures that should be implemented when patients/clients are either suspected or known to be infected with a specific infectious agent. Transmission Based Precautions are categorised according to the route of transmission of the infectious agent such as droplet, contact and/or airborne. Link to NIPCM transmission based precautions:</p> <p><a href="http://www.wales.nhs.uk/sitesplus/888/page/95007">http://www.wales.nhs.uk/sitesplus/888/page/95007</a></p>
Vaccination	<p>Vaccination of frontline healthcare workers and people in high risk groups is the most important measure in preventing seasonal influenza</p> <p>Frontline health and social care workers should be vaccinated to protect themselves and vulnerable patients/clients</p> <p>All children aged 2 to 6 years are recommended to be vaccinated</p> <p>Children in reception class up to school year 6 will be offered the vaccination in school</p> <p>Increase in influenza activity highlights the need to further promote maximum uptake of influenza vaccination for high risk individuals</p>

	For detailed information regarding The Children's Flu Immunisation Programme see Annex B within <a href="#">WHC(2019)015</a> :
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Final CJ/GL/ED 27th Aug19

## Appendix B: Definition of severe immunosuppression

(Adapted from CDC 'Yellow Book' – health advice for international travel, Chapter 8, last updated June 13 2017), available at:

<https://wwwnc.cdc.gov/travel/yellowbook/2018/advising-travelers-with-specific-needs/immunocompromised-travelers>

### Severe Immune Compromise (Non-HIV)

Severely immunocompromised people include those who have active leukaemia or lymphoma, generalized malignancy, aplastic anaemia, graft-versus-host disease, or congenital immunodeficiency; others in this category include people who have received recent radiation therapy, those who have had solid-organ transplants and who are on active immunosuppression, and hematopoietic stem cell transplant recipients (within 2 years of transplantation, or still taking immunosuppressive drugs). For solid-organ transplants, the risk of infection is highest in the first year after transplant.

**People taking any of the following categories of medications are considered severely immunocompromised:**

**High-dose corticosteroids**—Most clinicians consider a dose of either >2 mg/kg of body weight or ≥20 mg per day of prednisone or equivalent in people who weigh >10 kg, when administered for ≥2 weeks, as immunosuppressive.

**Alkylating agents** (such as cyclophosphamide)

**Antimetabolites** (such as azathioprine, 6-mercaptopurine, methotrexate)

**Transplant-related immunosuppressive drugs** (such as cyclosporine, tacrolimus, sirolimus, everolimus, azathioprine, and mycophenolate mofetil)

**Cancer chemotherapeutic agents**, excluding tamoxifen but including low-dose methotrexate weekly regimens, are classified as severely immunosuppressive, as evidenced by increased rates of opportunistic infections and blunting of responses to certain vaccines among patient groups.

**Tumour necrosis factor (TNF) blockers** such as etanercept, adalimumab, certolizumab pegol, golimumab, and infliximab blunt the immune response to certain vaccines and certain chronic infections. When used alone or in combination regimens with methotrexate to treat rheumatoid disease, TNF blockers were associated with an impaired response to hepatitis A, influenza, and to pneumococcal vaccines.

Despite measurable impairment of the immune response, post vaccination antibody titers were often sufficient to provide protection for most people; therefore, treatment with TNF blockers does not preclude immunization against influenza.

Other biological agents that are immunosuppressive or immunomodulatory may result in significant immunocompromise, in particular, lymphocyte-depleting agents (thymoglobulin or alemtuzumab) and B cell-depleting agents (rituximab) are more significantly immunosuppressive. Consideration of the clinical context in which these were given is important, especially in haematologic malignancies.



### **Severe Immune Compromise Due to Symptomatic HIV/AIDS**

Knowledge of the HIV-infected individual's current CD4 T-lymphocyte count is necessary. HIV-infected people with CD4 cell counts <200/mm, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV are considered to have severe immunosuppression.

[Influenza: the green book, chapter 19](#)

<https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

Immunosuppression (see contraindications and precautions section on live attenuated influenza vaccine)

- Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant,
- HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement disorder).
- Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age), or for children under 20kg, a dose of 1mg or more per kg per day.
- It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of influenza and should be offered influenza vaccination. This decision is best made on an individual basis and left to the patient's clinician.
- Some immunocompromised patients may have a suboptimal immunological response to the vaccine.

## Appendix C:

Extract from Health Protection Scotland's National Infection Prevention & Control Manual on-line (Version 1.0, February 2019)

### Use of Personal Protective Equipment



#### Appendix 16 – Best Practice - Aide memoire for Levels of Personal Protective Equipment (PPE) for Healthcare Workers when providing patient care

This table outlines the recommended Personal Protective Equipment (PPE) to minimise risk of cross-transmission of infection to self and others when providing patient care. Clinical judgement and decisions should be based on the suspected/known infectious agent, severity of the illness caused, transmission route of the infectious agent, and the care setting and procedures undertaken.

Level	Recommended PPE	Example infectious agent/clinical scenario
<b>Level 1</b> <a href="#">SICPs</a>	<b>Standard Infection Control Precautions (SICPs)</b> <ul style="list-style-type: none"> <li>Disposable apron</li> <li>Disposable gloves</li> </ul> <b>Consider (if risk of spraying or splashing):</b> <ul style="list-style-type: none"> <li>Eye &amp; face protection (fluid-resistant Type IIR surgical face mask &amp; full face visor or goggles)</li> </ul>	No suspected or known infectious agent  Anticipated exposure to blood and/or other body fluids
<b>Level 2</b> <a href="#">CONTACT</a>	<b>DIRECT/INDIRECT CONTACT PRECAUTIONS</b> <ul style="list-style-type: none"> <li>Disposable apron; consider fluid-resistant disposable gown if apron provides inadequate cover for the procedure/task being performed</li> <li>Disposable gloves</li> </ul> <b>Consider (if risk of spraying or splashing):</b> <ul style="list-style-type: none"> <li>Eye &amp; face protection (fluid-resistant Type IIR surgical face mask and goggles or fluid-resistant Type IIR surgical face mask and full face visor)</li> </ul>	Suspected or confirmed infectious agent spread by <b>DIRECT/INDIRECT CONTACT</b>  Examples: <i>C. difficile</i> , Hepatitis C, MRSA, Norovirus, <i>Salmonella</i>  Anticipated exposure to blood and/or other body fluids
<b>Level 2</b> <a href="#">DROPLET</a>	<b>DROPLET (RESPIRATORY) PRECAUTIONS</b> <ul style="list-style-type: none"> <li>Disposable apron; consider fluid-resistant disposable gown if apron provides inadequate cover for the procedure/task being performed</li> <li>Disposable gloves</li> <li>Fluid-resistant Type IIR surgical face mask and goggles or fluid-resistant Type IIR surgical face mask and full face visor</li> </ul>	Suspected or confirmed infectious agent spread by the <b>DROPLET</b> route  Examples: Whooping cough, Influenza
<b>Level 2</b> <a href="#">AIRBORNE</a>	<b>AIRBORNE (RESPIRATORY) PRECAUTIONS</b> <ul style="list-style-type: none"> <li>Disposable apron; consider fluid-resistant disposable gown if apron provides inadequate cover for the procedure/task being performed</li> <li>Disposable gloves</li> <li>Filtering face piece 3 (FFP3) respirator and eye protection or a powered hood respirator</li> </ul>	Suspected or confirmed infectious agent spread by the <b>AIRBORNE</b> route  Examples: Chickenpox, Pulmonary TB, Measles
<b>FOR ALL <a href="#">AEROSOL-GENERATING PROCEDURES</a>: FFP3 respirator (and eye protection) or a powered hood respirator</b>		
<b>Level 3</b> <a href="#">ENHANCED</a>	<b>ENHANCED PRECAUTIONS</b> <ul style="list-style-type: none"> <li>Reinforced fluid-resistant long-sleeved surgical gown</li> <li>Disposable fluid-resistant hood (if wearing a gown without an attached hood)</li> <li>Full length disposable plastic apron</li> <li>FFP3 respirator or powered hood respirator</li> <li>Disposable full face visor</li> <li>2 sets of long or extended cuff non-sterile, non-latex disposable gloves</li> <li>Surgical wellington boots or closed shoes</li> <li>Disposable boot covers</li> </ul>	<b>For suspected or confirmed Infectious Diseases of High Consequence (IDHC)</b>  <b>Spread by DIRECT/INDIRECT CONTACT</b> Examples: Ebola virus, Lassa virus  <b>Spread by the AIRBORNE route</b> Examples: SARS, MERS-CoV, Avian Influenza  See the HPS PPE for Infectious Diseases of High Consequence <a href="#">literature review</a> for further details including donning and doffing instructions

Note: HPS are aware of the [High Consequence Infectious Diseases \(HCID\) consensus PPE model](#) drafted by Public Health England's HCID Programme (article in press) and will review this aide memoire following an evidence appraisal.

Adapted from original work produced by Public Health England and NHS Sheffield.

V.1.0: February 2019

## Appendix D:

### 1. Putting on Personal Protective Equipment (PPE).

- Perform hand hygiene before putting on PPE

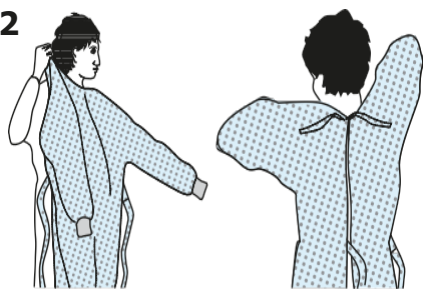
1



#### Apron

Pull overhead and fasten at back of waist.

2



#### Gown/Fluid repellent coverall

Fully cover torso neck to knees, arms to end wrist and wrap around the back. Fasten at the back.

3



#### Surgical mask (or respirator)

Secure ties or elastic bands at middle of head and neck. Fit flexible band to nose bridge. Fit snug to face and below chin. Fit/check respirator if being worn.

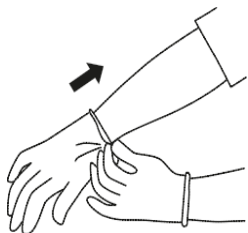
4



#### Eye Protection (Goggles / Face Shield)

Place over face and eyes and adjust to fit.

5

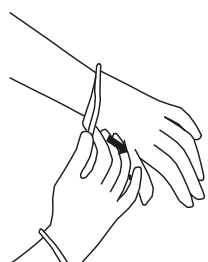


#### Gloves

Select according to hand size. Extend to cover wrist.

## 2. Removing Personal Protective Equipment (PPE)

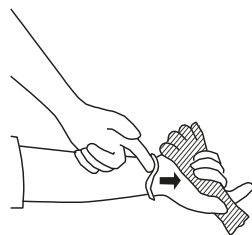
6



### Gloves

Outside of gloves are contaminated. Grasp the outside of the glove with the opposite gloved hand, peel off.

7



Hold the removed glove in the gloved hand. Slide the fingers of the ungloved hand under the remained glove at the wrist. Peel the second glove off over the first glove. Discard into an appropriate lined waste bin.

8



### Apron

Apron front is contaminated. Unfasten or break ties. Pull apron away from neck and shoulders touching inside only. Fold and roll into a bundle. Discard into an appropriate lined waste bin.

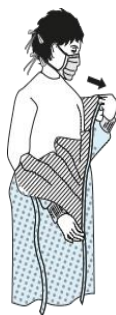
9



### Gown/ Fluid repellent coverall

Gown/Fluid repellent coverall front and sleeves are contaminated. Unfasten neck, then waist ties.

10



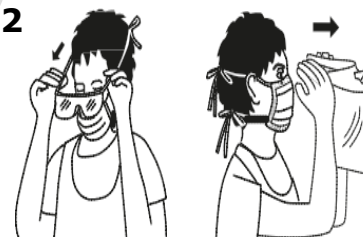
Remove using a peeling motion; pull gown/fluid repellent coverall from each shoulder towards the same hand.

11



Gown/fluid repellent coverall will turn inside out. Hold removed gown/fluid repellent coverall away from body, roll into a bundle and discard into an appropriate lined waste bin or linen receptacle.

12



### Eye Protection (Goggles /face shield)

Outside of goggles or face shield are contaminated. Handle only by the headband or the sides. Discard into a lined waste bin or place into a receptacle for reprocessing/decontamination.

13



### Surgical Mask (or respiratory)

Front of mask/respirator is contaminated - do not touch. Unfasten the ties - first the bottom, then the top. Pull away from the face without touching front of mask/respirator. Discard disposable items into an appropriate lined waste bin. For reusable respirator place in designated receptacle for processing

- All PPE should be removed before leaving the area and disposed of as healthcare waste
- Perform hand hygiene immediately after removal of PPE

## **Appendix E – patient placement and prioritisation in in-patient settings:**

This guidance should complement local policies and procedures for prioritisation of isolation facilities and escalation of unresolved isolation requirements.

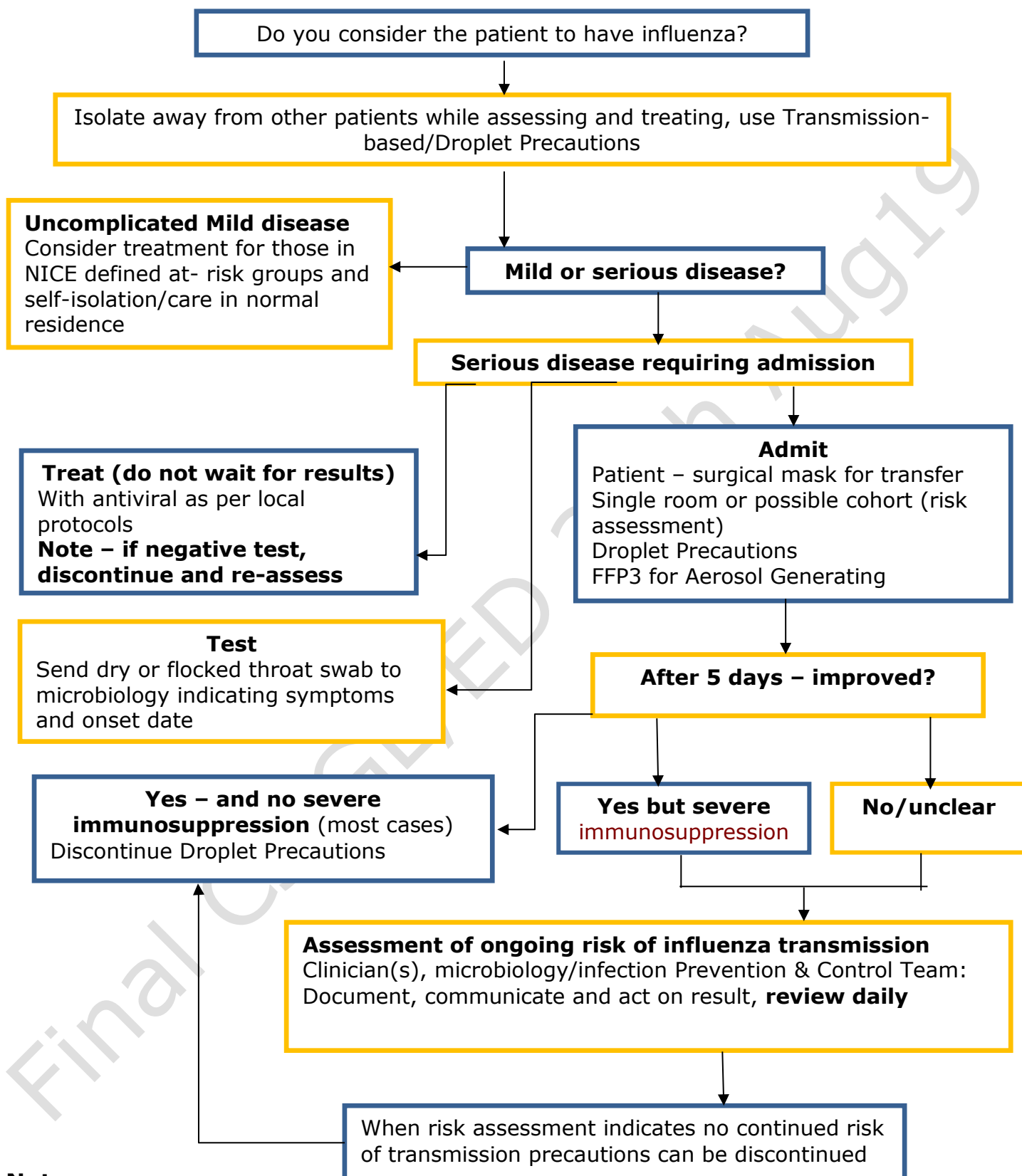
On patient admission, the admitting team doctors need to develop a working diagnosis and determine whether a patient has a possible infectious disease. Such a diagnosis may include, for example, infectious respiratory influenza like illness (ILI) or infectious diarrhoea. If an infectious disease is thought to be a possible diagnosis, then this must be clearly communicated to nursing and other staff and then onwards to those staff responsible for effective patient placement.

- Your Medical Microbiology and/or Infection Prevention and Control Team (IPCT) can provide advice and support regarding patient management, infection prevention and control (IP&C) measures required, patient placement and outbreak identification and management, but will not be in a position to assess each individual patient for diagnostic purposes.
- Whilst bearing in mind any existing local priorities, patients admitted with possible infectious respiratory influenza like illness and those with infectious diarrhoea should be priorities for isolation during this winter season.
- If cohorting of patients is necessary due to admission pressures and lack of isolation facilities, consideration may be given to patients with suspected influenza-like illness being cohorted together; likewise patients with possible infectious diarrhoea in another cohort. The risk of cross infection due to different causative agents within the same cohort must however be considered and local risk assessment undertaken.
- Once a definitive diagnosis has been achieved, attempts should be made to isolate appropriately. Cohorting of patients with the same confirmed diagnosis of infectious disease may be considered under similar circumstances to those described above.
- Every effort must be made to isolate infectious patients, suspected or confirmed with a transmissible infection, as the cost of spreading these infections to other patients in the hospital potentially puts other patients at risk and can lead to severe compromise of services when wards have to be partially or fully closed to contain spread. However, if bed pressures are such that a patient cannot be isolated, and where not admitting, or continuing to manage them in an admission area / trolley bay would compromise their care, patients may have to be admitted to a non-cohort area. Under such circumstances patients must be nursed with strict infection prevention and control precautions as far as can be achieved in the bed space: Patient must be limited as far as possible to the bed space and frequently reviewed for priority isolation should a room become available. Advice should be sought from your local IPCT.

- The appropriate precautions (SICPs/transmission-based precautions) should be maintained. NHS Scotland's' National Infection Prevention & Control Manual (NIPCM) can be accessed following this link:  
<http://www.wales.nhs.uk/sitesplus/888/page/95007>

Final CJ/GL/ED 27th Aug19

## Appendix F – quick guide to managing seasonal influenza



### Notes

1. *Standard Infection Prevention and Control Precautions<sup>7</sup> must be maintained at all times*
2. *Document and communicate decisions of risk assessment and necessary precautions to all appropriate staff*



## Appendix G: Bilingual examples of PHW 'Beat flu' Infographics.

More available at: [www.beatflu.org](http://www.beatflu.org)

### Is it flu?

High temperature (fever) of 38C or above

Tiredness and weakness

Headache

General aches and pains

Dry, chesty cough

Check out the NHS Direct Wales website symptom checker at [www.nhsdirect.wales.nhs.uk](http://www.nhsdirect.wales.nhs.uk) or call NHS Direct Wales on 0845 46 47.

Iechyd Cyhoeddus Cymru  
Public Health Wales  
[www.beatflu.org](http://www.beatflu.org)

CURWCH FFLIW  
BEAT FLU

### Ai ffliw yw e?

Tymheredd uchel (twymyn) o 38C neu'n uwch

Blinder a gwendid

Pen tost

Poenau cyffredinol

Peswch sych, myglyd

Gwiriwch wefan hunan asesiadau Galw Iechyd Cymru ar [www.galwiechycymru.wales.nhs.uk](http://www.galwiechycymru.wales.nhs.uk) neu ffoniwch Galw Iechyd Cymru ar 0845 46 47.

Iechyd Cyhoeddus Cymru  
Public Health Wales  
[www.curwchffliw.org](http://www.curwchffliw.org)

CURWCH FFLIW  
BEAT FLU

## What to do if you think you have flu



Drink plenty of fluids

Take paracetamol or ibuprofen

Rest at home

Stay off work or school until you're feeling better

Keep warm

Contact NHS Direct Wales if you need advice [www.nhsdirect.wales.nhs.uk](http://www.nhsdirect.wales.nhs.uk) or 0845 46 47

Speak to your GP surgery if:

- you are pregnant, or have a long term health condition, or are aged 65 years or over, or your child is unwell, or
- after a week your symptoms are getting worse or haven't improved.

Only use emergency services if you develop chest pain, or shortness of breath, or difficulty breathing, or start coughing up blood, or have other serious symptoms, or deteriorate quickly.



## Beth i'w wneud os ydych chi'n meddwl bod gennych chi fflw



Yfwrch ddigon o hylif

Cymerwch baracetamol neu ibuprofen

Gorffwyswch adref

Arhoswch o'r gwaith neu'r ysgol nes eich bod yn teimlo'n well

Cadwch yn gynnes

Cysylltwch â Galw Iechyd Cymru os ydych yn bryderus [www.galwiechycymru.wales.nhs.uk](http://www.galwiechycymru.wales.nhs.uk) neu 0845 46 47

Siaradwch â'ch meddygfa:

- os ydych yn feichiog, neu â chyflwr iechyd tymor hir, neu yn 65 oed a throsodd, neu os yw'ch plentyn yn sâl, neu
- os yw'ch symptomau yn gwaethgu neu heb wella ar ôl wythnos.

Ewch i'r adran frys, dim ond os ydych yn datblygu poen yn y frest, yn fyr o anadl neu'n cael anhawster anadlu, neu'n cychwyn pesychu gwaed neu os oes gennych symptomau difrifol eraill, neu'n dirwyio'n gyflym.



## Stop flu spreading...

 <p><b>CATCH IT</b> Always cough or sneeze into a tissue</p>	 <p><b>BIN IT</b> Dispose of the tissue as soon as possible</p>	 <p><b>KILL IT</b> Clean your hands as soon as you can</p>	 <p><b>AVOID</b> contact with others until you feel better</p>	 <p><b>CLEAN</b> hard surfaces</p>
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The best way to stop flu spreading is to get vaccinated. If you haven't been vaccinated this winter, ask your GP surgery or local pharmacy for advice.


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 Public Health Wales  
[www.beatflu.org](http://www.beatflu.org)





## Gallwch atal fflw rhag lledu drwy...

 <p><b>EI DDAL</b> Cofiwch besychu neu disian i hances bapur bob tro</p>	 <p><b>EI DAFLU</b> Taflwch yr hances bapur cyn gynted a phosib</p>	 <p><b>EI DDIFA</b> Golchwch eich dwylo cyn gynted ag y gallwch</p>	 <p><b>OSGOI</b> cyswllt gydag eraill nes eich bod yn teimlo'n well</p>	 <p><b>LANHAU</b> arwynebau caled</p>
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Y ffordd orau i atal fflw rhag lledu yw drwy gael y brechiad. Os nad ydych wedi cael eich brechu y gaeaf hwn, gofynnwch i'ch meddygfa neu fferyllfa leol am gyngor.


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 Public Health Wales  
[www.curwchffliw.org](http://www.curwchffliw.org)







## Appendix H: Key Messages for Visitors

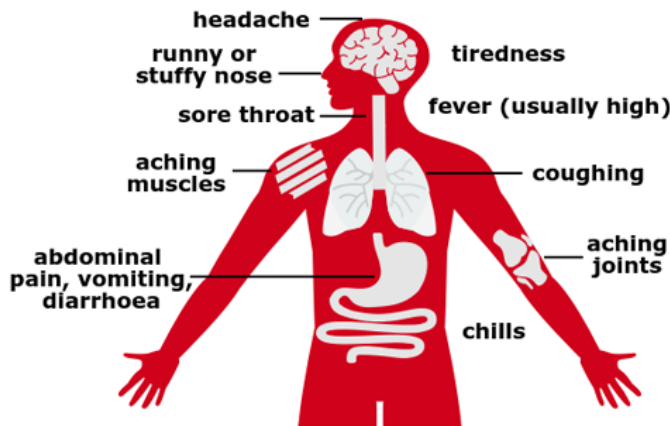


### Key messages - for visitors to healthcare facilities during influenza season

- **Influenza can be serious.** Influenza is now circulating in the community, and it can be serious for some people, especially for pregnant women, those aged 65 and over, children, and people with long-term health conditions.
- **Avoid visiting individuals** who may be more vulnerable to complications if they catch influenza
- **Please do not visit** a hospital or a care home if you have influenza-like symptoms
- **Please refrain from visiting** a hospital or a care home with suspected or confirmed with influenza unless it is **essential**
- **If you are at risk** because you are pregnant, aged 65 or over, a child or a person with a long-term health condition we advise you refrain from visiting.
- **Please remember to clean your hands** on entering the ward or care home and again when leaving if you must visit a person, ward or home where influenza is suspected or confirmed
- **You may be asked** to wear an apron, gloves and a surgical mask while you are visiting, this will be discussed with you before you visit and will be provided for you
- **When you are ready to leave** you must remove any protective equipment you are wearing and dispose of it in the waste bag provided in that area, then clean your hands
- **Don't spread flu around.** If you think you might have flu you can help reduce the chances of spreading it to others by catching your sneezes in a tissue, putting that tissue straight in the bin and then washing your hands.  
*Catch it Bin it Kill it.*
- **Don't miss out, get vaccinated.** The single best way to protect against catching or spreading flu is with annual flu vaccination. It helps protect against the flu strain currently circulating in Wales. Vaccine remains available and still offers some protection, so individuals in eligible groups who have not had a flu vaccine yet this winter should speak to their GP surgery or community pharmacy about getting their flu vaccine soon.
- **Do the right thing.** Flu vaccine remains the single best way to protect against catching and spreading flu so if you are a carer, in a risk group, or a frontline health or social care worker find out about getting your flu vaccine as soon as possible to protect yourself and those you care for.

## Please REMEMBER!!

**Flu symptoms** tend to come on quickly and can include:



Most healthy people with flu can care for themselves at home and should drink plenty of fluids, take paracetamol or ibuprofen, keep warm, rest and stay away from others as much as possible - especially people who are at increased risk of complications. Symptoms usually resolve in about a week. Whilst you are unwell, avoid visiting hospitals or care homes to help reduce the chances of spreading flu in these settings. Most people do not need to visit their GP surgery if they think they might have flu. However, those who are aged 65 or over, have a long-term health condition, are pregnant or are worried about a young child should seek advice from their GP surgery, as should those whose symptoms are deteriorating or are not improving after a week. People should only attend A&E or call an ambulance if they need urgent care, for example feeling short of breath, chest pain or coughing up blood or have other serious symptoms or deteriorate quickly.

Advice on self-care and assessing your symptoms is available at NHS direct on the links below and NHS Direct Wales on 0845 46 47 (or 111 in areas where the 111 Wales service is available) OR you can speak to your community pharmacist

[www.nhsdirect.wales.nhs.uk](http://www.nhsdirect.wales.nhs.uk)

<https://www.nhsdirect.wales.nhs.uk/SelfAssessments/symptomchecker/coldflu/>

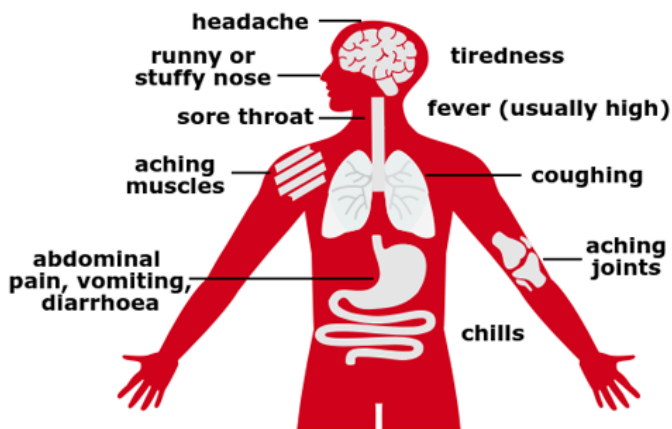


## Negeseuon allweddol – i ymwelwyr â chyfleusterau gofal iechyd yn ystod tymor y fflw

- **Gall fflw fod yn ddifrifol.** Mae fflw yn y gymuned yn awr ac mae'n gallu bod yn ddifrifol i rai pobl, yn enwedig merched beichiog, pobl 65 oed a hŷn, plant a phobl â chyflyrau iechyd tymor hir.
- **Osgoi unigolion yn ymweld** sy'n fwy agored i gymhlethdodau o ddal y fflw.
- **Peidiwch â mynd i** ysbyty na chartref gofal os oes gennych chi symptomau tebyg i'r fflw.
- **Peidiwch â mynd i** ysbyty na chartref gofal gyda fflw wedi'i gadarnhau, neu amheuaeth o fflw, os nad yw hynny'n **hanfodol**.
- **Os ydych chi mewn perygl** oherwydd eich bod yn feichiog, yn 65 oed neu'n hŷn, yn blentyn neu'n berson â chyflwr iechyd tymor hir rydyn ni'n eich cynghori i ymatal rhag ymweld.
- **Cofiwch lanhau eich dwylo** wrth ddod i mewn i'r ward neu'r cartref gofal ac eto wrth adael os oes rhaid i chi ymweld â pherson, ward neu gartref lle mae amheuaeth o fflw neu fflw wedi'i gadarnhau.
- **Efallai y gofynnir i chi** wisgo ffedog, menig a masg llawfeddygol wrth ymweld. Bydd hyn yn cael ei drafod gyda chi cyn i chi ymweld a byddant yn cael eu darparu i chi.
- **Pan rydych chi'n barod i adael** rhaid i chi dynnu unrhyw offer gwarchodol rydych chi'n ei wisgo a chael gwared arno yn y bag gwastraff yn yr ardal honno, ac wedyn glanhau eich dwylo.
- **Peidiwch â lledaenu'r fflw.** Os ydych chi'n meddwl bod gennych chi fflw, gallwch helpu i leihau'r siawns o'i ledaenu i eraill drwy ddal eich tisian mewn hances bapur, rhoi'r hances honno yn syth yn y bin ac wedyn golchi eich dwylo. *Ei ddal, Ei daflu, Ei ddifa.*
- **Peidiwch â cholli'r cyfle, ewch i gael brechiad.** Y ffordd unigol orau o warchod rhag dal neu ledaenu'r fflw yw gyda brechiad blynyddol y fflw. Mae'n helpu i warchod rhag y straen o fflw sydd o gwmpas Cymru ar hyn o bryd. Mae'r brechiad ar gael o hyd ac mae'n cynnig rhywfaint o warchodaeth, felly dylai unigolion mewn grwpiau cymwys nad ydynt wedi cael brechiad y fflw eto y gaeaf yma siarad â'u meddygfa neu eu fferyllfa gymunedol am gael brechiad y fflw yn fuan.
- **Gwnewch y peth iawn.** Brechiad y fflw yw'r ffordd unigol orau o warchod rhag dal a lledaenu'r fflw felly os ydych chi'n ofalwr, mewn grŵp risg, neu'n weithiwr iechyd neu ofal cymdeithasol rheng flaen, holwch am gael brechiad y fflw cyn gynted â phosib i'ch gwarchod eich hun a'r rhai yn eich gofal.

## COFIWCH!!

Mae **symptomau'r fflw** yn tueddu i ddod yn gyflym a gallant gynnwys y canlynol:



Mae'r rhan fwyaf o bobl iach gyda fflw yn gallu gofalu amdany'n nhw'u hunain gartref ond dylent yfed digon o hylifau, cymryd paracetamol neu ibuprofen, cadw'n gynnes, gorffwysu a chadw oddi wrth eraill gymaint â phosib – yn enwedig pobl sy'n wynebu risg gynyddol o gymhlethdodau. Fel rheol mae'r symptomau'n mynd mewn rhyw wythnos. Tra rydych chi'n sâl, peidiwch â mynd i ysbytai na chartrefi gofal, i helpu i leihau'r siawns o ledaenu'r fflw yn y lleoliadau yma.

Nid yw'r rhan fwyaf o bobl angen ymweld â'u meddygfa os ydynt yn meddwl bod ganddynt fflw. Fodd bynnag, dylai pobl 65 oed neu hŷn, pobl sydd â chyflwr iechyd tymor hir, merched beichiog neu bobl sy'n bryderus am blentyn ifanc ofyn am gyngor yn eu meddygfa, a hefyd y rhai y mae eu symptomau'n dirywio neu ddim yn gwella ar ôl wythnos.

Dim ond os oes arnynt angen gofal brys ddylai pobl fynd i'r adran damweiniau ac argyfwng, er enghraifft, teimlo'n fyr eu hanadl, poen yn y frest neu besychu gwaed, neu os oes ganddynt symptomau difrifol eraill neu'n dirywio'n gyflym.

Mae cyngor ar hunan-ofal ac asesu eich symptomau ar gael gan Galw Iechyd drwy ddilyn y dolenni isod a Galw Iechyd Cymru ar 0845 46 47 (neu 111 mewn ardaloedd lle mae gwasanaeth 111 Cymru ar gael) NEU gallwch siarad â'ch fferylllydd cymunedol.

[www.nhsdirect.wales.nhs.uk](http://www.nhsdirect.wales.nhs.uk)

<https://www.nhsdirect.wales.nhs.uk/SelfAssessments/symptomchecker/coldflu/>

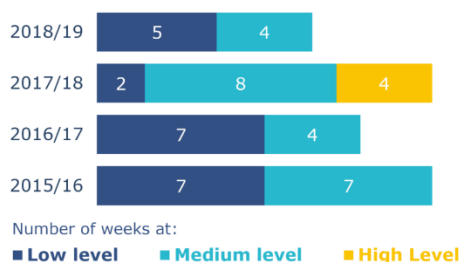


## Appendix I: Influenza Season in Wales 2018/19 report: summary infographics

(Public Health Wales, June 2019)

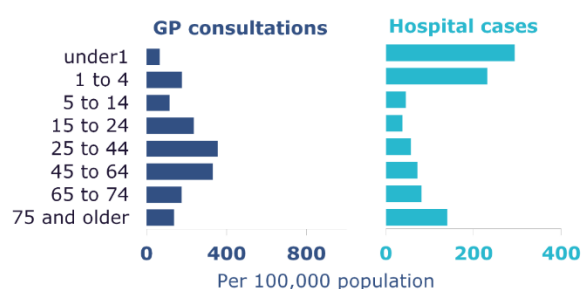
# INFLUENZA SEASON IN WALES 2018/19

## Dominant types of influenza A(H1N1) & A(H3N2)



2018/19 season was less intense than previous seasons

## Age of those affected by influenza



## 62 Outbreaks

69% in hospital wards 16% in care homes



**9,256**  
patients diagnosed with influenza-like illness by GPs

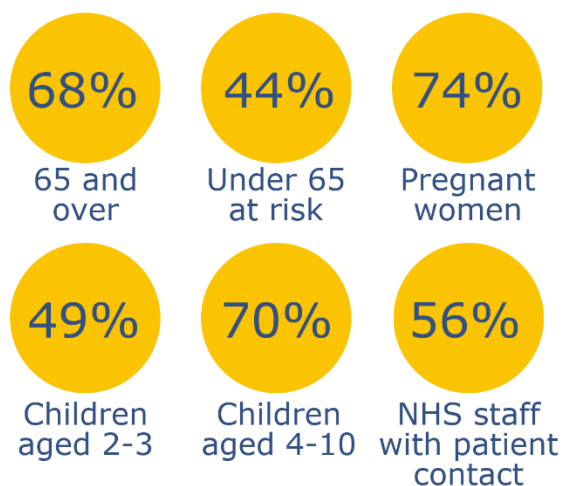


**2,419**  
patients confirmed with influenza in hospitals



**120**  
patients confirmed with influenza in intensive care units

## Influenza vaccine uptake



The total number of people immunised against influenza is increasing each year



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Iechyd Cyhoeddus Cymru  
Public Health Wales

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## Appendix J:

## Clinical risk groups who should receive influenza immunisation April 2019

Extract from: [Influenza: the green book, chapter 19](#)

### Chapter 19: Influenza

April 2019

**Table 19.4 Clinical risk groups who should receive the influenza immunisation. Influenza vaccine should be offered to people in the clinical risk categories set out below.**

Clinical risk category	Examples (this list is not exhaustive and decisions should be based on clinical judgement)
Chronic respiratory disease	Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children who have previously been admitted to hospital for lower respiratory tract disease. see precautions section on live attenuated influenza vaccine
Chronic heart disease	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.
Chronic kidney disease	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease	Cirrhosis, biliary atresia, chronic hepatitis
Chronic neurological disease (included in the DES directions for Wales)	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning disabilities, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.
Diabetes	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
Immunosuppression (see contraindications and precautions section on live attenuated influenza vaccine)	Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement disorder) Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age), or for children under 20kg, a dose of 1mg or more per kg per day. It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of influenza and should be offered influenza vaccination. This decision is best made on an individual basis and left to the patient's clinician. Some immunocompromised patients may have a suboptimal immunological response to the vaccine.
Asplenia or dysfunction of the spleen	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Pregnant women	Pregnant women at any stage of pregnancy (first, second or third trimesters). see precautions section on live attenuated influenza vaccine
Morbid obesity (class III obesity)*	Adults with a Body Mass Index $\geq 40$ kg/m <sup>2</sup>

\* Many of this patient group will already be eligible due to complications of obesity that place them in another risk category

### Chapter 19 - 14