Upper Respiratory/Influenza Like Illness (ILI) Outbreak – Inpatient flowchart

Suspected outbreak of Influenza like illness (ILI)
(2 cases or more of ILI [staff or patients] within the same ward/unit within 5 days)
Commence outbreak management checklist and record of infectious disease outbreak forms (ICPG1section 4 - Appendix 4 & 5)

In working hours: contact Infection Prevention & Control Nurse (IPCN) – discuss patient information – symptoms and other factors i.e. staff/visitor/relative with similar symptoms

Out of hours: Notify on call Manager
Duty Doctor/GP to make clinical decision as to whether patients are to be swabbed and treated/prophylaxed with Oseltamivir
Arrange for Antiviral prophylaxis and treatment as per Appendix 14

Based on clinical indications (see right)
If requested by IPC team, take viral swabs from up to the 5 most recently symptomatic patients (see guidance in Appendix 8).
Swabs to be sent to the local acute hospital by taxi for transportation to Addenbrookes virology lab – inform lab prior to sending.
Antiviral use - arrange for prophylaxis and treatment as per Appendix 14

Ward/unit closure to admissions
(Decision to be made by members of the Infection Prevention and Control Team/DIPC or Out of Hours On-Call Manager)
IPCN to liaise with ward/unit for daily updates

Closure will be extended for 5 days for every new active case

No new cases for 5 days
Outbreak resolved
Commence terminal clean
Ward/unit to be re-opened once deep clean has been confirmed as completed to IPCN

Affected patients to be isolated/cohort nursed where practicable.
Ensure strict IPC standard precautions are maintained by ward/unit staff. Inform facilities to commence enhanced cleaning

IPCN to inform DIPC, IPCT, PHE, facilities and management teams of ILI

Definition of influenza - Case with suspected influenza - fever (≥38°C orally). Prostration, (including malaise, cough, sore throat, nasal congestion, headache, aching muscles and joint pains). However elderly patients may not manifest fever and may exhibit atypical signs and symptoms such as lack of appetite or mental status changes.

Obtaining Oseltamivir stock
In working hours: IPCT to liaise with Meds Management Team (community pharmacist)
Out of Hours: Access supply on ward / emergency cupboard OR if not available, Duty Doctor/GP to liaise with appropriate Trust on call pharmacist.

IPCN to inform DIPC, IPCT, PHE, facilities and management teams of outbreak resolution