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

Suspected outbreak of Influenza like illness (ILI) Affected patients to be (2 cases or more of ILI (staff or patients) within the same ward/unit isolated/cohort nursed within 5 days where practicable. Commence outbreak management checklist and record of infectious Ensure strict IPC disease outbreak forms (ICPG1section 4 - Appendix 4 & 5) standard precautions are maintained by ward/unit staff. Inform facilities to commence In working hours: contact Infection Prevention & Control Nurse enhanced cleaning (IPCN) – discuss patient information – symptoms and other factors i.e. staff/visitor/relative with similar symptoms IPCN to inform DIPC, IPCT, PHE, facilities and Out of hours: Notify on call Manager management Duty Doctor/GP to make clinical decision as to whether patients are to teams of ILI be swabbed and treated/prophylaxed with Oseltamivir Arrange for Antiviral prophylaxis and treatment as per Appendix 14 Definition of influenza - Case with suspected influenza - fever (≥38°C orally). Prostration, (including Based on clinical indications (see right) malaise, cough, sore throat, nasal If requested by IPC team, take viral swabs from up to the 5 most congestion, headache, aching recently symptomatic patients (see guidance in Appendix 8). muscles and joint pains). However Swabs to be sent to the local acute hospital by taxifor transportation elderly patients may not manifest fever and may exhibit atypical signs to Addenbrooks virology lab – inform lab prior to sending. and symptoms such as lack of Antiviral use - arrange for prophylaxis and treatment as per appetite or mental status changes. Appendix 14 Ward/unit closure to admissions **Obtaining Oseltamivir stock** (Decision to be made by members of the Infection Prevention **In working hours: IPCT** to liaise with Meds and Control Team/DIPC or Out of Hours On-Call Manager) Management Team (community pharmacist) Out of Hours: Access supply on ward/ IPCN to liaise with ward/unit for daily updates emergency cupboard OR if not available, Duty Doctor/GP to liaise with appropriate Trust on call pharmacist. Closure will be extended for 5 days for every new active case No new cases for 5 days Outbreak resolved IPCN to inform DIPC, IPCT, Commence terminal clean PHE, facilities and Ward/unit to be re-opened once deep clean has management teams of been confirmed as completed to IPCN outbreak resolution