Seasonal Flu guidance for 2017/18 for healthcare staff and residential staff in the Children and Young People’s Secure Estate

- preventing and responding to seasonal flu cases or outbreaks
Seasonal Flu guidance for 2017/18 for healthcare and custodial staff in prisons and other prescribed places of detention for adults in England.

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## Glossary

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<tr>
<td>COPD</td>
<td>Chronic Obstructive Pulmonary Disease</td>
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<td>CYPSE</td>
<td>Children and Young People’s Secure Estate (CYPSE)</td>
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<td>DfE</td>
<td>Department for Education</td>
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<td>FES</td>
<td>Field Epidemiology Service</td>
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<tr>
<td>HAART</td>
<td>Highly Active Antiretroviral Therapy</td>
</tr>
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<td>HMPPS</td>
<td>HM Prisons and Probation Service</td>
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<td>HPT</td>
<td>Health Protection Team</td>
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<td>ILI</td>
<td>Influenza-like Illness</td>
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<td>IRC</td>
<td>Immigration Removal Centre</td>
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<tr>
<td>JCVI</td>
<td>Joint Committee on Vaccination and Immunisation</td>
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<tr>
<td>MoJ</td>
<td>Ministry of Justice</td>
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<td>NICE</td>
<td>National Institute for Health and Care Excellence</td>
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<td>NIS</td>
<td>National Infection Service</td>
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<td>OCT</td>
<td>Outbreak Control Team</td>
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<td>PGD</td>
<td>Patient Group Direction</td>
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<td>PHE</td>
<td>Public Health England</td>
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<td>PPD</td>
<td>Place of Prescribed Detention</td>
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<td>PPE</td>
<td>Personal Protective Equipment</td>
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<td>PPO</td>
<td>Prison and Probation Ombudsman</td>
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<td>PSD</td>
<td>Patient Specific Direction</td>
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<td>SCH</td>
<td>Secure Childrens Home</td>
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<td>SCT</td>
<td>Secure Training Centre</td>
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<td>SOP</td>
<td>Standard Operating Procedure</td>
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<td>YCS</td>
<td>Youth Custody Service</td>
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<td>YOI</td>
<td>Young Offenders Institution</td>
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1 Introduction

This guidance is for healthcare and residential/care staff in the Children and Young People Secure Estate (CYPSE) in England. It has been developed by Public Health England’s (PHE) National Health & Justice Team in collaboration with the Respiratory Diseases Department, National Infections Service Centre for Disease Surveillance and Control. PHE would like to thank colleagues from NHS England, and Her Majesty’s Prisons and Probation Service’s (HMPPS) Youth Custody Service (YCS) for their expertise and support in developing the guidance. This guidance considers Children and Young People in the Secure Estate. Specific guidance for the adult detained and secure estate has been previously published at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/648192/Preventing_and_responding_to_seasonal_flu_cases_or_outbreaks_in_prisons_2017_to_2018.pdf

The Children and Young People’s Secure Estate

The Secure Estate for Children and Young People (under 18s) currently includes:

- 4 Young Offender Institutions (YOIs),
- 3 Secure Training Centres (STCs) (one of which, Oakhill, is not currently within NHS England regulations)
- 14 Secure Children’s Homes (7 SCHs are welfare only).

Commissioning of health services in the CYPSE

Responsibility for commissioning health services in secure settings transferred to NHS England in April 2013. This included responsibility for commissioning of health services in Young Offender Institutions (under 18s) and Secure Children’s Homes. Responsibility for commissioning health services within the Secure Training Centres that fell within NHS regulations, was transferred in 2015.

Commissioning of health services is carried out by local Health and Justice commissioning teams, of which there are ten across England. All NHS England Health and Justice commissioners work closely with individual establishments within the CYPSE, to commission and procure health care providers to provide a range of high quality services which fully meet the needs of the cohort of children and young...
people identified. Commissioning is done on the basis of Health and Wellbeing Needs Assessments which are completed on a regular basis.

NHS England Health and Justice teams commission to the ‘principle of equivalence’ which means that the health needs of a population constrained by their circumstances are not compromised and that they receive an equal level of service as that offered to the rest of the population.

Influenza
Influenza (often referred to as flu), is an acute viral infection of the respiratory tract (nose, mouth, throat, bronchial tubes and lungs) characterised by a fever, chills, headache, muscle and joint pain, and fatigue. For otherwise healthy individuals, flu is an unpleasant but usually self-limiting disease with recovery within two to seven days. Flu is easily transmitted and even people with mild or no symptoms can still infect others. The risk of serious illness from influenza is higher among children under six months of age, older people and those with underlying health conditions such as respiratory disease, diabetes, cardiac disease or immunosuppression, as well as pregnant women.

Prescribed Places of Detention (PPDs) are at risk of outbreaks of seasonal flu due to large numbers of vulnerable individuals gathered together in an enclosed setting, some of whom will be in clinical risk groups, living in close quarters. Previous experience has demonstrated the importance of high vaccine coverage among vulnerable people and staff in the CYPSE in preventing and/or controlling such outbreaks. Further, early recognition and management of outbreaks can minimise both clinical and operational impacts.

Maintaining the operational effectiveness of the CYPSE is essential to preserving a fully functional youth justice and welfare estate and this makes it desirable to minimise the impact of seasonal flu within these settings.

1.1 Background

The CYPSE run the risk of significant and potentially more serious outbreaks, with large numbers of cases and potentially a higher rate of complications including mortality because:

1 PHE, Annual flu programme webpage (updated September 2017)
https://www.gov.uk/government/collections/annual-flu-programme
• children live in close proximity in relatively crowded conditions, often with high degrees of social mixing during activities.
• there is considerable movement of children within the estate, with a high churn rate within some establishments
• access to and capacity to healthcare could be limited if demand is high and transfer out to hospitals for assessment or care is complicated with demands on residential/care staff for bedwatch/escort services;
• children in the secure estate may have a higher prevalence of respiratory illness (including asthma) immunosuppression and other chronic illnesses such as diabetes, than their peers in the community.

A key principle in managing cases or outbreaks of seasonal flu is that children in the CYPSE should receive healthcare equivalent to people in the wider community including access to antiviral treatment, although the means of delivering such healthcare may differ from community models.

An essential element of reducing the impact of influenza in the CYPSE is a whole setting approach to the prevention, early identification and notification of illness, and prompt access to treatment including anti-virals.

Vaccination of those in high risk groups is an essential component of preparation for seasonal flu prevention. Therefore, high flu vaccine up-take among individuals for whom vaccination is recommended2, (see Appendix 1).

All staff, (including residential/care staff), should play a key role in the early recognition of potential cases3 and report the information quickly to healthcare who must then ensure they report this to their local PHE Health Protection Team (HPT)4 promptly.

Another key element of reducing the impact of influenza in CYPSE is by social distancing measures – reducing the contact between exposed and non-exposed people. This will require isolation of those with

4 Contact details of local health protection teams can be found at https://www.gov.uk/guidance/contacts-phe-regions-and-local-centres#region
Symptoms where possible, or cohorting groups of people with symptoms if cases exceed isolation capacity.

Flu is an unpredictable disease and the impact on the CYPSE is hard to predict. Surveillance data on the number of outbreaks and their impact is collected centrally by the National Health & Justice Team and this helps to inform realtime operational response as well as support planning and preparation.

The enclosed nature of the CYPSE and the fact that children are living in close proximity to each other means that flu can spread quickly.

Data from 2016/17 flu season in other places of detention showed a lower number of reported flu outbreaks from the previous year with six outbreaks of influenza being notified to the PHE National Health and Justice Team5 (five in prisons and one in an IRC: see Figure 1).

**Figure 1:** Notified influenza outbreaks in the secure and detained estate (England; 2016/17 flu season) by facility type, region and notification date. *IRC = immigration removal centre.*
Source: National Health and Justice Team, PHE.

Influenza A was confirmed in samples taken from cases in five of the notified outbreaks. In total, seven detainees from three discrete prisons were hospitalised subsequent to their infection with one prisoner later dying in hospital (Figure 1). We continue to see ‘late’ seasonal flu outbreaks: influenza outbreaks were reported into early April of the

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5 PHE Health and Justice Annual Review 2016/17
preceding, 2015/16, flu season\textsuperscript{6}), and in 2016/17 nearly all outbreaks were notified in the one month period from early February to March 2017. Uncharacteristically for any setting in England, community or otherwise, one large outbreak affecting detainees and staff in an IRC was reported at the height of summer (early August 2017: see Figure 1). Influenza outbreak data is not currently available from the CYPSE.

2 Recommendations for action

2.1 Preparation

The public health principles guiding action within the CYPSE are the same as those in the wider community i.e.:

- vaccination of risk groups (children in the CYPSE and staff – operational as well as healthcare staff) (see Appendix 1)
- vaccination of healthcare staff working in the CYPSE according to national guidance\textsuperscript{7}
- vaccination of residential and care staff who provide equivalent of a social care function to children with ill with flu in their rooms\textsuperscript{7}
- prompt diagnosis (either clinical or laboratory depending on circumstances including whether an outbreak situation)
- ensuring effective and appropriate care and access to antivirals for individuals who are ill
- preventing transmission where possible

PHE recommend that healthcare teams appoint a Flu Lead to oversee implementation of the preparations including the seasonal flu vaccine campaign. It is strongly advised that this includes holding a register of people in the defined risk groups, (see Appendix 1), those offered vaccine, and those vaccinated, allowing an estimate of vaccine coverage to be calculated for the whole season or for points in time when there is an active outbreak. These data need to be regularly updated throughout the flu season.

\textsuperscript{6} PHE Health and Justice Annual Review 2015/16

\textsuperscript{7} PHE, Influenza: the green book, chapter 19 (updated 28 August 2015)
The CYPSE should agree clear arrangements with their PHE HPT and NHS England Health & Justice Commissioners to ensure the secure settings know how to:

- order vaccine supplies in good time prior to the annual vaccination period plan and co-ordinate vaccination of eligible individuals
- recognise possible outbreaks and report them quickly, (see Multi-agency contingency plan for disease outbreaks in prisons)\(^8\)
- access public health advice and support, both in and out of office hours\(^4\)
- rapidly access viral testing (and processing of swabs) to support the need for timely diagnosis and “low threshold to treat” policy for at-risk groups
- access antiviral medication

Each outbreak should be risk-assessed and managed on a case-by-case basis.

2.1.1 Seasonal flu vaccination for children

All children aged two to eight years old (but not nine years or older) on 31 August 2017 and three and four year olds as well as children in reception class and school years 1, 2, 3 and 4 should be given the flu vaccination. It is worth noting that there are a large number of children within secure settings who may not have been in mainstream education and so may have missed the opportunity to recieve routine childhood vaccinations which they are eligible.

Children between two years and under 18 years of age who are in a risk group should be offered a single dose of live attenuated influenza vaccine (Fluenz Tetra). Those children in a risk group who have never received influenza vaccine before and are aged between two and less than nine years should be offered a second dose of Fluenz Tetra at least four weeks later. If Fluenz Tetra is unavailable for this second dose an inactivated influenza vaccine can be given.

The full outline of high risk groups are set out in Appendix 1. Risk groups particularly relevant for the CYPSE are outlined below.

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\(^8\) Multi-agency contingency plan for disease outbreaks in prisons, January 2017
Seasonal Flu guidance for 2017/18 for healthcare and custodial staff in prisons and other prescribed places of detention for adults in England.

- people aged from 6 months to less than 65 years of age with a serious medical condition such as:
  - chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
  - chronic heart disease, such as heart failure
  - chronic kidney disease at stage three, four or five
  - chronic liver disease
  - chronic neurological disease, or motor neurone disease, or learning disability
  - diabetes
  - splenic dysfunction
  - a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)
  - morbidly obese (defined as BMI of 40 and above)
- all pregnant girls (including those girls who become pregnant during the flu season)
- all children aged two to eight (but not nine years or older) on 31 August 2017
- three and four year olds as well as children in reception class and school years 1, 2, 3 and 4
- carers
- others involved directly in delivering health and social care

This list above is not exhaustive, and the healthcare practitioner should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself. Flu vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above.

For both healthy and at risk children under 18 years of age where Fluenz Tetra is medically contra-indicated for example:
- have had severe anaphylactic reaction to a previous dose of the vaccine or component of the vaccine,
- are severely immunodeficient due to conditions or immunosuppressive therapy such as: acute and chronic leukaemias; lymphoma;
- HIV infection not on highly active antiretroviral therapy (HAART);
- cellular immune deficiencies; and high dose corticosteroids

an inactivated trivalent vaccine (Sanofi Pasteur MSD Split Virion BP) or Fluarix™ Tetra will be supplied. These vaccines should be ordered as per the usual mechanisms for the routine childhood immunisation programme via
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**Immunform** ([https://www.immform.dh.gov.uk/](https://www.immform.dh.gov.uk/)) as part of the national immunisation programme.

The objectives of the influenza immunisation programme are to protect those who are most at risk of serious illness or death should they develop influenza and to reduce transmission of the infection, thereby contributing to the protection of vulnerable patients who may have a suboptimal response to their own immunisations. To facilitate this, healthcare teams are required to proactively identify all those for whom influenza immunisations are indicated and to compile a register of those children for whom influenza immunisation is recommended. Sufficient vaccine can then be ordered in advance and patients can be invited to planned immunisation sessions or appointments.

Influenza vaccine should be offered, ideally before influenza viruses start to circulate, to:
- all those aged 65 years or older (for definition please see the annual flu letter for the coming/current season)
- all those aged six months or older in the clinical risk groups shown in Appendix 1

**Mother and Baby Units**

There will be girls within the CYPSE who are pregnant and they should be encouraged to have the flu vaccination. Consideration should also be given to babies in the Mother and Baby unit who fall into a risk group and eligible for the vaccine.

**2.1.2 Seasonal flu vaccination for staff**

Different settings across the CYPSE will have various occupational health arrangements for residential/care and healthcare staff and it is important to include staff vaccination as part of preparation. Healthcare and social care staff (or those undertaking equivalent roles) should be offered the seasonal flu vaccine in order to protect vulnerable patients in their care and avoid operational impact due to staff sickness absence. It is strongly recommended that as part of any secure setting’s flu strategy there is clear information on vaccine coverage in all appropriate staff groups.

**Healthcare staff** with direct contact with children in the CYPSE should be offered flu vaccination by their employer similar to healthcare staff in the community. This should form part of the organisations’ policy for the prevention of transmission of flu to help protect patients, and service
users as well as staff and wider groups and should link directly to the organisations Occupational Health Policy.

**Non-healthcare staff** working with children in the CYPSE that have close contact with children in order to provide health and/or social care for them should be offered seasonal flu vaccine this year (September 2017–February 2018) as per last season. Flu vaccines will be delivered for HMPPS employees by the Occupational Health provider. Other non HMPPS employees with direct contact with children in the CYPSE should be offered flu vaccination by their employer. This should form part of the organisations’ policy for the prevention of transmission of flu to help protect patients, and service users as well as staff and wider groups and should link directly to the organisations Occupational Health Policy.

### 2.1.3 Vaccination targets, coverage and recording in prisons and other prescribed places of detention

Relevant *vaccination uptake targets* established by the Department of Health for the 2017/18 season are:

- actively offer and vaccinate 100% of all those in eligible groups
- vaccination of at least 75% of healthcare workers with direct patient contact
- vaccination of at least 55% of those in all clinical risk groups and maintain higher rates where those have already been achieved – ultimately, the aim is to achieve at least a 75% uptake in these groups given their increased risk of morbidity and mortality from flu
- vaccination of at least 40-65% of children aged 2-8 years

Both the offer and uptake of the seasonal flu vaccine should be recorded for people in the CYPSE. Healthcare providers are encouraged to hold a register so that they can identify all children eligible for the flu vaccine. They are also encouraged to update the eligibility register throughout the flu season as this will help with coordination of the local flu vaccination programme. It should also be recorded on SystmOne and there should be a paper copy if SystmOne is not accessible.

### 2.1.4 Accessing vaccine supplies

Live attenuated influenza vaccine (Fluenz Tetra®) has been purchased centrally for children aged two to less than 17 years and for children
aged 2 years to less than 18 years in risk groups. For children under 18 years of age where Fluenz is medically contraindicated an inactivated trivalent vaccine or Fluarix™ Tetra will be supplied.

Vaccine supplies

Healthcare providers or providers who provide childhood vaccination programmes to the CYPSE, should order flu vaccine supplies directly from Immform. They should ensure that they can estimate the number of vaccines needed that are sufficient for the size of the population at risk. This should be based on past and planned performance and expected demographic increase to ensure that everyone at risk is offered flu vaccine.

In England, vaccines for the routine immunisation programmes are ordered and delivered from a specialist pharmaceutical distribution company via the Department of Health’s ImmForm website www.immform.dh.gov.uk (see Chapter 11 and ImmForm helpsheet 13 immunisation.dh.gov.uk/immform-helpsheets).

To register for an ImmForm account, please register online at www.immform.dh.gov.uk/registration. In order to receive an allocation of the flu vaccine for children, the provider will need to e-mail Immform describing the number of at risk population in the site so that an allocation of the vaccine can be made. This may not be for 100% of the expected need.

For further information and helpsheets on how to use ImmForm, please see immunisation.dh.gov.uk/immform-helpsheets

In the event of an outbreak of seasonal flu, during the flu season and if vaccination forms part of the actions being taken to manage the outbreak, influenza vaccine stock can be sourced from the following in priority order:

- Immform- providers will need to explain the basis of the increased need to Immform as this will exceed estimates for the current season or the outbreak may happen outside the season.
- pharmacy Service providers contracted to provide pharmaceutical services to the CYPSE
- vaccine manufacturers
Seasonal Flu guidance for 2017/18 for healthcare and custodial staff in prisons and other prescribed places of detention for adults in England.

If an outbreak of flu occurs outside the flu season, the outbreak control team (OCT) convened to manage the outbreak (see section 2.5) will agree whether flu vaccination forms part of the actions needed and where the vaccine should be sourced.

Administration of influenza vaccines

Influenza vaccines can be administered via a prescription for the vaccine. Alternatively to support vaccination of several people as part of nurse or pharmacist-led vaccination clinics a Patient Group Direction (PGD) can be used in line with legislation and NICE Guidance9.

NHS England clinical and PHE leads within individual NHS England regions or localities usually authorise a flu vaccine PGD that can be shared and used by GP practices and health and justice providers within that locality/region.

In the event that providers cannot access a local NHS England authorised PGD, the PHE template PGD for the vaccine (available here10) can be used by providers to either authorise within their organisation (i.e. in NHS Trusts) or to gain NHS England authorisation for its use in the health and justice sites (i.e. private healthcare providers).

N.B. Please note that sites which have healthcare commissioned by HMPPS must have the PGD authorised by the director/governor and not NHS England.

2.2 Diagnosis & Recognition of a case

It is important that all staff (residential/care staff as well as healthcare) are aware of the symptoms of influenza-like illness (ILI) and of the need to report possible cases promptly during the winter flu season to healthcare. Residential/care staff often have the most contact with children and are therefore well-placed to recognise increasing number of cases. Employees with signs and symptoms of ILI should seek advice from their GP and inform their line manager and OH.

9 NICE. Good practice guidance Patient Group Directions August 2013
http://www.nice.org.uk/guidance/mpg2
During the winter flu season, the majority of single cases will be diagnosed by healthcare staff on clinical grounds only based on the following clinical signs & symptoms and recognition of a case\textsuperscript{11}. Testing may be considered, especially if an outbreak is suspected.

Prompt action is necessary if ILI is suspected. A useful case definition for flu cases is provided in

Table 1 below - \textit{this case definition may be modified once an OCT is called}:

\begin{table}[h]
\centering
\begin{tabular}{|l|}
\hline
Sudden onset of symptoms \\
\hline
AND \\
At least one of the following four systemic symptoms: \\
- fever or feverishness \\
- malaise \\
- headache \\
- myalgia \\
\hline
AND \\
At least one of the following three respiratory symptoms: \\
- Cough \\
- Sore throat \\
- Shortness of breath \\
\hline
\end{tabular}
\caption{Influenza (Influenza virus), clinical criteria for case definitions}
\label{tab:flu}
\end{table}

\textbf{Table 1:} Influenza (Influenza virus), clinical criteria for case definitions

\textbf{Source:} European Centre for Disease Prevention and Control, EU case definitions\textsuperscript{11}

\textbf{During suspected outbreaks of flu} in the CYPSE, testing to confirm the presence of the influenza virus \textbf{should be given high priority when dealing with the first few cases (up to five) in the secure setting: if any positive results are returned by the laboratory, no immediate further testing is required.}

\section*{2.3 Treatment and care}

Symptomatic care should be offered, bed rest and oral fluids with paracetamol and/or ibuprofen as clinically indicated;

\footnote{European Centre for Disease Prevention and Control, EU case definitions \url{http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32012D0506&qid=1428573336660&from=EN#page=16}}
Seasonal Flu guidance for 2017/18 for healthcare and custodial staff in prisons and other prescribed places of detention for adults in England.

The use of antivirals for prophylaxis and treatment of influenza according to NICE guidance\(^{12,13}\) remains an integral part of influenza control measures closed institutions within the youth justice system and children placed on welfare grounds. Public Health England has published additional guidance on the use of antivirals\(^ {14}\).

As with all other settings, there should be “a low threshold for treatment” with antivirals for people in high risk groups (see Appendix 1) who become symptomatic.

**Antiviral prophylaxis of close contacts**

Adults (or children) sharing a room with a confirmed case (or clinically confirmed in an outbreak) of seasonal flu, who are themselves in high risk groups (see Appendix 1) and who have not been previously vaccinated with current seasonal influenza vaccine, should be offered antiviral prophylaxis provided this can be started within 48 hours from last exposure with oseltamivir or 36 hours for zanamivir\(^ {vi}\). This advice applies even if the outbreak happens outside the period when flu is circulating in the community when antivirals use in the community is permitted by the NHS under NICE Guidance. Consideration should be made for those high risk contacts for whom vaccination is contraindicated, or in whom it has yet to take effect and those who have been vaccinated with a vaccine that is not well matched to the circulating strain of influenza virus, according to information from PHE. During outbreak control team (OCT) meetings there may be consideration of other factors such as severity of illness/hospitalisations or case fatality rate to inform discussion about wider offer of antiviral prophylaxis. This discussion should include consultation with experts within the National Infection Service as well as the National Health & Justice Team, (see Section 0 on convening OCT).

**2.3.1 Accessing supplies of antivirals**

The CYPSE flu plans should include details of the ordering process and supply of antivirals. These plans need to take into account the need for

\(^{12}\) Guidance on the use of antiviral drugs for the prevention of influenza (Technology Appraisal Guidance No.158) https://www.nice.org.uk/guidance/ta158

\(^{13}\) NICE. Guidance on the use of antiviral drugs for treatment of influenza (Technology Appraisal Guidance No. 168) https://www.nice.org.uk/guidance/ta168

patients to commence antivirals within 24-48 hours of symptom onset. All supplies of antivirals to children should be recorded in their clinical records.

There are two routes for children to access antivirals following a clinical assessment and diagnosis:

1. Individual prescriptions or patient specific direction (PSD): The antiviral can be accessed by sending the prescription to the pharmacy for dispensing (i.e. the pharmacy contracted to provide medicines to the CYPSE or PDD or an out of hours pharmacy) OR by using over-labelled stock supplies\(^\text{15}\) that allow the prescriber or registered healthcare professional to add the patient name and date to enable a prompt supply to the patient. This should be completed using standard operating procedures (SOPs) developed and ratified by the healthcare provider.

2. A Patient Group Direction (PGD) authorised and handled as per NICE Guidance\(^\text{viii}\). The antiviral must be handed to the patient by the healthcare professional who assesses the patient and makes the PGD supply. In the event that the antiviral is not going to be self-administered by the patient and doses are administered by staff, the supply made under the PGD must be labelled for the patient by the person making the PGD supply before it is stored ready to be administered to the patient. The antiviral must be from over-labelled stock and the name of the patient and the date added to the label by the healthcare professional.

N.B. There is no national PHE template PGD for the supply of antivirals. Providers will need to develop and authorise the PGD in line with the legislation and NICE and the correct products and doses for all age groups in the CYP setting.

It is important that antivirals are available promptly once cases of influenza are identified. It is recommended that providers always have a stock of antivirals (and an authorised PGD) at the PPD even in the summer months. As soon as a case of flu is identified the amount of stock can be increased in anticipation of further cases.

\(^{15}\) Over-labelled supplies must be procured from a licenced provider. The label usually has the dose pre-printed on it and allows the healthcare professional to add the patient name and date at the point of supply
Where stock supplies of over-labelled antivirals are used plans should include:

- agreement of minimum stock levels based on previous year’s use with plans to amend this during an outbreak
- processes to check the antiviral stock regularly to ensure appropriate storage and expiry dates, audit the supplies made and re-order stock should this fall below minimum levels

Where difficulties in accessing stock supplies are experienced, or a delay in access is anticipated then stocks may be accessible through the local Health Protection Team\(^4\), although this should be a last resort.

### 2.4 Prevention of transmission of infection

Detailed information on Infection control precautions to minimise transmission of acute respiratory tract infections in healthcare settings\(^16\) have been published by PHE and can also guide action in the CYPSE who should be advised that:

- during the winter flu season, children in the CYPSE with ILI should be diagnosed early and isolated to prevent further spread
- Children in the CYPSE with ILI should be promptly assessed and isolated on their own or cohorted with other cases as soon as possible
- where demand for isolation exceeds capacity, consideration should be given to cohorting, with appropriate risk assessment of suitable cohortees, and the need for the movements of children in, out and around the secure setting should be reconsidered with a view to reducing these movements
- hand and respiratory hygiene measures should be re-emphasised to help minimise the spread of the infection (for both children and staff working there)
- if a symptomatic child needs to pass through areas where other people are waiting then they should wear a fluid repellent surgical mask

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\(^{16}\) Public Health England. Infection control precautions to minimise transmission of acute respiratory tract infections in healthcare settings- October 2016

• identify child’s close contacts of cases in at risk groups and, if not previously vaccinated with current seasonal influenza vaccine, offer antiviral prophylaxis as indicated above
• in suspected outbreaks, testing of the first five clinical cases should be carried out promptly to establish whether seasonal influenza is the cause of symptoms
• report cases to the local HPT so that advice on the public health aspects of more complex situations can be given
• residential/care staff and healthcare staff who are assessing children with suspected ILI and coming into close contact (less than one metre) to provide care should wear appropriate personal protective equipment (PPE), as per national guidance
• during the winter flu season, residential/care staff and healthcare staff with ILI should be excluded to stay away from work and be managed by their GP if they are in specific risk groups;
  o if staff become ill at work, they should be sent home immediately or isolated until they can be sent home
  o residential/care staff with flu-like illnesses at home should seek medical care in the community using the usual mechanisms (i.e. via their GP if they belong to specific risk groups)
  o During an outbreak of influenza in the CYPSE, cases among staff should be reported to the HPT as well as cases among children

2.5 Outbreaks within the Children and Young People’s Secure Estate

An influenza outbreak can be defined as:

Two or more cases which meet the clinical case definition of ILI (or alternatively two or more cases of laboratory confirmed Influenza) arising within the same 48-hour period with an epidemiological link to the secure children’s home or secure training centre or young offender institution.

If a seasonal flu outbreak is suspected or confirmed, it is recommended that PHE Health Protection Teams convene an outbreak control team (OCT) meeting, (see Multi-agency contingency plan for disease outbreaks in prisons). This will;
• collectively review information with partners on the extent and severity of infection (including information on patients requiring transfer out to hospital)
• collect and collate epidemiological data on clinical attack rates to guide management of effective control measures
• review and advise on infection control practice
• consider vaccine coverage among children and young people and staff groups and
• consider role of anti-viral treatment or prophylaxis for cases or contacts including staff

The National Health & Justice Team\textsuperscript{17} should be invited to provide expert support and experts from Field Epidemiology Service (FES) and/or the National Infection Service (NIS) should also be considered as contributors to OCT. Detailed guidance on the role of OCTs in secure settings is available from existing guidance\textsuperscript{8}.

During an OCT, the following issues need to be considered:

• if not already done, ensuring that testing for seasonal influenza is carried out;
• whether antiviral prophylaxis is required, who should receive it and how including confirmation that a current in-date PGD is in place. A wider discussion regarding who should receive prophylaxis may be required
• operational status of the secure setting re: transfers in and out/ regime restrictions
• isolation and/or cohorting children as part of wider infection control practice
• ensuring that within the practicable constraints of the service, staff either deal with children who are symptomatic or asymptomatic, but not both
• consideration of the need to offer vaccination
• managing hospital admission if required
• communication and media issues

\textsuperscript{17} Reached via health&justice@phe.gov.uk
Appendix 1

List of high-risk groups

Department of Health, PHE and NHS England; Flu plan, winter 2017-18, March 2017:

- people aged 65 years or over (including those becoming age 65 years by 31 March 2018)
- people aged from 6 months to less than 65 years of age with a serious medical condition such as:
  - chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
  - chronic heart disease, such as heart failure
  - chronic kidney disease at stage three, four or five
  - chronic liver disease
  - chronic neurological disease, such as Parkinson’s disease or motor neurone disease, or learning disability
  - diabetes
  - splenic dysfunction
  - a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)
  - morbidly obese (defined as BMI of 40 and above)
- all pregnant women (including those women who become pregnant during the flu season)
- all children aged two to eight (but not nine years or older) on 31 August 2017
- three and four year olds as well as children in reception class and school years 1, 2, 3 and 4
- those in long-stay residential care homes or other longstay care facilities
- carers
- others involved directly in delivering health and social care

This list above is not exhaustive, and the healthcare practitioner should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself. Flu vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above.
Appendix 2

Command, control, co-ordination and communication in outbreaks of infections in the Children and Young People’s Secure Estate

Where limiting movement through reception departments or stopping transfers out is to be considered, this decision will be taken by the outbreak control team (OCT) and the following must take place:

- the (OCT) should consider whether limiting movement should be to reception departments, or transfers out only, ie is there an unaffected part of the establishment that can be used so the establishment can continue to accept new children, thus maintaining service to the courts and other parts of the CYPSE.
- the OCT should consider whether full or partial limitation on movement is necessary, via the governor, obtain from the YCS Placement Team an impact assessment of change in activity to receptions and transfers*
- the assessment will outline the resulting population pressures from such action and state the approximate time period for which change in activity of the establishment can be sustained
- the impact assessment must be considered by the OCT before deciding on whether to recommend to the Executive Director/Group Director to change activity, limit movement or close
- only the Executive Director/Group Director or above should take decisions on closing YOI’s, Secure Training Centres or Secure Children’s Homes to receptions and transfers, given their oversight of a greater proportion of the estate, the population of which will be impacted by any decision to close
- if however the OCT and/or the Executive Director/Group Director wishes to limit movement, change activity or close the establishment for a period beyond that which the YCS Placement Team deems sustainable (and in certain circumstances such action may be not be deemed sustainable for any time at all) then the recommendation must be escalated to the Director of the CYPSE for a final decision
- if an urgent out of hours decision is required it should be made by the Duty Director
- if a decision to limit movement, change activity or close has been taken then at least every three days a further impact assessment
of continuing closure must be obtained from the YCS Placement Team
• the assessment should be provided to the Executive Director/Group Director along with up-to-date information as to the current status of the outbreak

“The impact assessment will consider the impact on the surrounding CYPSE of any restrictions on reception or discharge and the duration for which restrictions are considered sustainable”

• the Executive Director/Group Director should then maintain or withdraw his/her decision to limit movement, change activity or close the establishment to receptions and transfers
• again, should the YCS Placement Team assessment determine that continuing change of activity or closure is unsustainable, any decision to extend the change of activity must be made by the director of public sector prisons (or duty director in urgent out-of-hours circumstances)