Guidance on responding to cases or outbreaks of Seasonal Flu 2010/11 in prisons and other closed institutions within the criminal justice system in England

HPA Recommendations

Local prisons and other closed institutions within the criminal justice system should agree clear arrangements with their HPU and PCT to ensure the institutions know how to:

- access public health advice and support both in and out of office hours.
- 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.

Background

This winter (2010/11), we know that influenza A H1N1 (2009) (Swine Flu) is prominent among other circulating flu viruses.

HPA surveillance has indicated an increase in severe illness & deaths due to influenza infection requiring access to critical care services, despite relatively low levels of consultation for influenza like illness in primary care. Many of the severely ill cases & deaths have resulted from infection with influenza A H1N1 (2009). This has prompted the HPA to advise the Department of Health that the use of antivirals for prophylaxis and treatment of influenza according to NICE guidelines is indicated.

This document has been produced jointly by the HPA and Offender Health. It provides clear guidance on how to manage isolated cases/outbreaks of seasonal influenza in prisons and other places of detention, taking into consideration the special circumstances associated with them.

Maintaining the operational effectiveness of prisons is essential to preserving a fully functional criminal justice system and this makes it desirable to minimise the impact of seasonal flu within prisons.

Although there are currently only sporadic reports of cases in prisons, prisons need to remain alert to larger outbreaks of influenza.

Prisons run the risk of significant and potentially more serious outbreaks, with large numbers of cases than the community because:

- large numbers of individuals live in close proximity in relatively crowded conditions, often with high degrees of social mixing during activities;
- the population is constantly turning over with admissions, discharges, transfers,
- access to healthcare facilities within prisons could be limited if demand is high;

– prisoners have a higher prevalence of respiratory illness (including asthma), immunosuppression (e.g. due to HIV infection) and other chronic illnesses than their peers in the community.

A key element of reducing the impact of influenza in the prison sector is by social distancing measures – reducing the contact between exposed and non-exposed people. This will require isolation of those with symptoms where possible, or cohorting groups of people with symptoms.

As with all other settings, there should be "a low threshold for treatment" for people in high risk groups who become symptomatic.

Principles of managing influenza cases in prisons

- Prisoners 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.
- The public health principles guiding action within prisons are the same as those in the wider community i.e.:
    - ensuring care for the ill;
    - preventing transmission where possible;
    - protecting those in at-risk groups.
- Prison officers and healthcare staff should be aware of the symptoms of influenza-like illness (ILI) and of the need to report possible cases promptly;
- Prison officers with ILI should be strongly advised to stay away from work and be managed by their GP if they are in specific risk groups;
- Prisoners with ILI should be diagnosed early and isolated to prevent further spread. Where demand for isolation exceeds capacity, consideration should be given to cohorting, with appropriate risk assessment of suitable cohortees, and the need for prisoner movements in, out and around the prison should be reconsidered with a view to reducing these movements
- Prison officers and healthcare staff who are assessing prisoners with suspected ILI and coming into close contact (< one metre) to provide care should wear appropriate personal protective equipment (PPE), as per national guidance.
- Testing to confirm the presence of the influenza virus should be given high priority when dealing with the first case/few cases in the prison.
- Cellmates of a confirmed case of seasonal flu, who are themselves in at risk groups 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.
- No wider PEP (Post Exposure Prophylaxis) to prison contacts should be considered, including contacts in high risk groups. However, seasonal influenza vaccination and a low threshold for treatment are strongly recommended for individuals in these high risk groups.
- Hand and respiratory hygiene infection control measures should be re-emphasized to help minimising the spread of the infection

Actions in relation to a prisoner with suspected seasonal flu

Prisons should be advised that:

- Prisoners with ILI should be promptly assessed and isolated on their own or cohorted with other cases as soon as possible;
- Checking of patient temperature is recommended as ascertainment of high temperature (≥38° C) is a criterion of HPA case definition
- Testing of the first (up to five) clinical cases should be carried out promptly to establish whether seasonal influenza is involved
- Prison officers and healthcare staff who are assessing prisoners with suspected ILI and coming into close contact (<one metre) to provide care should be advised to wear appropriate PPE as per national guidance;
- If a symptomatic case needs to pass through areas where other people are waiting then they should wear a fluid repellent surgical mask;
- Symptomatic care, including paracetamol or ibuprofen, should be offered as clinically indicated
- Contact local HPU for advice and guidance

Actions in relation to prisoners diagnosed with seasonal influenza

Healthcare teams should be advised to:

- Assess if prisoners have any conditions that put them at particular risk of seasonal influenza complications or have a condition that may require zanamivir (instead of oseltamivir) or a dosage adjustment of oseltamivir e.g. pregnancy or serious renal impairment ;
- Initiate treatment with the appropriate antiviral drug (as long as onset of symptoms is within the past 48 hours unless they require hospital treatment when antivirals can be given at any point) via the locally agreed mechanism.
- Offer symptomatic care – fluids, antipyretics – as clinically indicated.
- Establish the onset date and time of their symptoms;
- Identify cellmate(s) in at risk groups and, if not previously vaccinated with current seasonal influenza vaccine, offer antiviral prophylaxis as indicated above;
- Isolate or cohort, as appropriate (as described above);
- Report cases to local HPU so that advice on the public health aspects of more complex situations can be given;

Actions for prison officer/prison health staff with suspected seasonal influenza

- Tell staff **not** to come to work if they have a flu-like illness.
- If staff become ill at work, they should be isolated until they can be sent home.

- Prison staff with flu-like illnesses should seek medical care in the community using the usual mechanisms (i.e. via their GP if they belong to specific risk groups).
- If there is a large outbreak of influenza in a prison, cases among staff should be reported to the HPU as well as cases among prisoners.

Outbreaks within prisons

If a prison develops a sudden rise in the number of cases of suspected seasonal influenza the HPA, Governing Governor and Primary Care Trust should consider whether a formal outbreak control team meeting is required to consider:

- Whether antiviral prophylaxis is required, who should receive it and how.
- If not already carried out, ensuring that testing for seasonal influenza is carried out.
- Cohorting prisoners and trying to ensure, within the practicable constraints of the service, that staff either deal with prisoners who are symptomatic or asymptomatic but not both;
- Consideration of need to offer vaccination to those not ill if they belong to clinical risk groups whether prisoners or staff;
- Managing hospital admission if required.
- Communication and media issues.

Health Protection Agency &
Offender Health
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