From the Chief Medical Officer (Interim)
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To: Medical Directors
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HPA Regional Directors

Copy: Critical Care Directors
Royal College of General Practitioners
British Medical Association
Faculty of Public Health
MHRA
Consultants in Communicable Diseases

Dear Colleagues,

Re: Influenza, meningococcal infection and other bacterial co-infection including pneumococcal and invasive Group A streptococcal Infection (iGAS)

I write to alert you to an increase in a number of significant bacterial infections such as those caused by *Neisseria meningitidis* (meningococcal disease) and others that may occur as co-infections with flu. Organisms such as *Streptococcus pyogenes* (Group A *Streptococcus*), *Streptococcus pneumoniae, Staphylococcus aureus* and *Haemophilus influenzae*, which can cause co-infection with flu, may affect people who typically are not considered to be at risk of severe illness from flu, such as those not currently in a risk group for seasonal influenza vaccination. Some of these bacterial co-infections can progress to severe illness rapidly and may carry a high mortality. A number of data sources suggest recent increases in some of these bacterial infections, particularly invasive Group A streptococcal (iGAS) infection and meningococcal disease. Updated data are available from the HPA website In the meantime

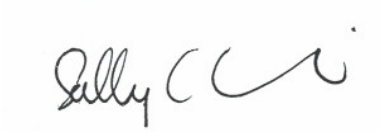
1. All clinicians should:
    - continue to remain vigilant for the possibility of severe illness due to bacterial co-infection with influenza including iGAS, pneumococcal and meningococcal infection and to be aware of the possibility of such bacterial co-infection in people with flu-like illness,

- ensure antiviral treatment is started as soon as possible in line with national guidance and that patients with a flu-like illness that fails to improve are reviewed,

- in hospital settings, obtain blood and respiratory tract samples for culture early, preferably before administration of antibiotics,

- ensure rapid instigation of appropriate antibiotic treatment for patients known or suspected to be suffering from flu **and** bacterial co-infection.

2. I would also like to take this opportunity to remind colleagues more generally, that this is the time of the year when most cases of meningococcal disease are seen. The broader seasonal profile of meningococcal disease can be exacerbated when influenza is circulating. Clinicians should be aware of the often non-specific presentations of meningococcal disease that may appear to be flu-like in the early stages



PROFESSOR DAME SALLY C DAVIES
CHIEF MEDICAL OFFICER (INTERIM)

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Current guidance

The DH issued guidelines on treatment of influenza on 14 December
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_122681.pdf

National guidance on antiviral treatment and prophylaxis of influenza are on the HPA website: http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1287147812045. With respect to the use of antivirals in patients who have been vaccinated, please note that if individuals present with influenza-like illness and antiviral drugs are indicated as per national guidance, they should be given regardless of the vaccination status of the patient.

References

1. HPA. Invasive Group A Streptococcal Infection, Results of enhanced surveillance in the North West, 2009.
http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1281952712233

2. Jean C, Louie JK, Glaser CA, Harriman K, Hacker JK, Aranki F et al. Invasive Group A Streptococcal Infection Concurrent with 2009 H1N1 Influenza. CID 2010:50(10):e59-e62.
http://cid.oxfordjournals.org/content/50/10/e59.full.pdf+html

Information on influenza:

HPA National flu report and guidance:
http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1191942171468