



Acute Respiratory Illness outbreaks winter 2014-15

Surveillance of national outbreaks

- Moderate levels of influenza activity were seen in the community in the UK in 2014 to 2015, with influenza A (H3N2) the predominant virus circulating for the majority of the season, and influenza B circulating later in the season. The impact of H3N2 was predominantly seen in the elderly, with numerous outbreaks in care homes and levels of excess mortality significantly higher than the last notable significant H3N2 season of 2008 to 2009.
- In total, 662 Acute Respiratory Illness (ARI) outbreaks in closed settings were reported in the UK. 497 (75.1%) occurred in care homes, 81 (12.2%) in hospitals, 74 (11.2%) in schools and 10 (1.5%) in other settings.

Thames Valley data

- In total, 22 ARI outbreaks affecting 18 care homes in Thames Valley area were notified between the beginning of September 2014 and end of April 2015. Of these, 15 care homes were in Oxfordshire.
- Ten ARI outbreaks were confirmed: nine as influenza A and one as influenza B.
- 49 residents were hospitalised; 29 from nine care homes with confirmed influenza.
- 27 deaths occurring during the outbreaks were reported from 11 care homes (20 from care homes with confirmed influenza).
- In 11 of these care homes, post exposure prophylaxis with antivirals was offered to the residents.

Vaccination

Seasonal influenza vaccine uptake among care home residents

- Although vaccination reduces the risk of poor outcome with influenza in the elderly, it does not provide complete immunity.
- Influenza vaccine uptake in the 2014/15 season in England (72.7%) was similar to previous seasons in the elderly (73.2% in 2013/14 season).
- In Thames Valley, the seasonal flu vaccine coverage amongst residents in the affected care homes varied between 50% and 96.30%.

Vaccinating health care workers – the evidence

- Immunising health care workers (HCW) reduces morbidity and mortality among elderly residents, staff absenteeism, and the associated financial losses.
- Recorded uptake among HCWs in England was 54.9% and is consistent with last season's uptake of 54.8% in 2013/14.
- National data is not available for staff in nursing and care homes.
- None of the affected care homes reporting ARI outbreaks in Thames Valley in 2014/15 were able to report the vaccination uptake among their staff or a robust process by which staff vaccination had been undertaken.

Vaccinating nursing and care home staff – what care homes need to do

- Flu vaccination should be recommended to ALL staff providing care in these settings, to protect their patients, themselves and their families.
- Managers should put in place effective approaches to support staff vaccination and keep an updated record of all staff immunisations as stipulated by the Health and Social Care Act 2008 - Code of Practice for Health and Adult Social Care on the prevention and control of infections and related guidance
- Understand and address the reasons why care home staff do not have seasonal influenza vaccination.
- Introduce measures that are known to be effective at improving uptake in HCWs
 - Enable staff to have time to access their vaccination if it is given within the care setting
 - Provide an easy system for the payment to be recovered by staff who access vaccination at other commercial settings (major supermarket pharmacies for example)
 - Ask that staff members who decline to have the vaccination sign a declaration.

References

1. Surveillance of influenza and other respiratory viruses in the United Kingdom: Winter 2014/15
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/429617/Annual_report_March2015_ver4.pdf
2. Seasonal influenza vaccine uptake amongst frontline healthcare workers (HCWs) in England. Winter season 2014 to 2015
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/429606/Seasonal_Influenza_Vaccine_Uptake_HCWs_2014_15_Final_V2.pdf