

## **UPDATE TO NHS LONDON FROM LONDON FLU RESPONSE CENTRE**

The briefing below explains the latest information available on the new algorithms. There is also a Q and A at the end of this briefing explaining issues around swabbing, antivirals and the 48 hours rule.

As you know, the HPA has published a new algorithm to enable surveillance of sporadic community cases of swine influenza A/H1N1 – algorithm S5b. This will help compile data to meet the national requirements as part of the F3000 project. This was also requested by the Royal College of GPs so that GPs could start swabbing patients who may not fulfil the original algorithm.

Frontline clinicians are being provided with swab packs so they can swab patients where the clinician suspects swine influenza A/H1N1, irrespective of a known epidemiological link.

NHS logistics are currently stocking GP practices, walk in centres and out of hours providers with swabs, this is expected to be completed by mid-July nationally and in London this has started this week. We are seeking clarification on the process of replenishment.

Swabs taken from patients following algorithm S5b are for surveillance purposes and are not part of routine clinical management of these patients. Hence PCTs were advised on Friday 05 June to defer use of this algorithm until GP practices have been provided with swabs. Some PCTs feel they are in a position to start using S5b algorithm because they have already provided their GPs with swabs and have a system of replenishment. If this is the case, please go ahead and use both algorithms. The cascade on Friday was to try and help the majority of PCTs who have only been issued with 10 swabs per practice.

Swabs taken through algorithm S5b should be sent for testing through normal routes and not via the urgent priority systems set up for the suspected swine flu cases. If a case becomes confirmed via this route, laboratories will alert the London FRC for public health management.

### **Questions and Answers**

#### **Why do we have the S5b part of the algorithm?**

GPs wanted to be able to swab patients that did not meet the normal algorithm as they were seeing sporadic cases in the community.

#### **What are the differences in management from S5a and S5b?**

S5a is the normal public health management of cases (based on travel history, contact with a probable or confirmed case).

S5b is for surveillance purposes.

#### **Why are only the 5- 44 age group included in the algorithm?**

82% of confirmed cases have been in the children and young adult (5 – 44 year) age group. Specimen collection for surveillance purposes has therefore been restricted to this age group. This

will equate to a maximum of 2,700 specimens per week (based on current consultation rates and population numbers in this age group).

### **What will happen if a patient on the S5b tests positive for H1N1v (swine flu)?**

This will be notified to the London Flu Response Centre who will follow up the public health management of the case and contacts.

### **If we send swabs that meet the S5b algorithm to local laboratories and not as a priority won't it be too late to give oseltamivir (normally should be given within 48 hours)?**

There have been few studies carried out on the use of oseltamivir after 48 hours however a paper by McGeer et al in 2006 demonstrated a benefit from antiviral therapy initiated >48 h after symptom onset. They do point out that in otherwise healthy adults, influenza virus is cleared promptly by the immune response and that viral load begins to decrease 24–48 h after symptom onset. However, in their cohort, all treated patients were shedding virus immediately prior to treatment (88% had a positive direct antigen test result), so that specific antiviral therapy might have been expected to be of benefit – this would include a reduction in viral shedding which is of relevance while we are in containment. Secondly, this is a new influenza subtype and all of the data relates to current seasonal flu we are therefore deal with an unknown here. Finally, there is also data from countries where antivirals have been given well beyond 48 hours, with apparent effect, in patients with H5N1.

### **What are the guidelines for starting treatment for S5A and S5B?**

*Where patients are tested through the original algorithm (now S5A)*

- Take a swab if the patient meets the algorithm criteria, and start patient on antivirals as directed by the Flu response centre.
- Any other public health action will be in liaison with the Flu Response Centre.

*Where patients are tested through the new algorithm (S5b)*

- Take a swab but do not treat, unless there is a risk of complications during the influenza season or it is clinically indicated.
- If the swab test result is 'probable' or 'seasonal flu' - consider use of antivirals if clinically indicated
- If it the swab is then confirmed as swine flu A/H1N1, make contact with the Flu Response Centre (if they haven't already contacted you).

### **What is in the swab kit?**

The attached information explains what is in the kits.

### **Why are swabs only being delivered to GPs and not PCT distribution sites?**

Following a review from NHS London, the majority vote was for swabs to continue to be delivered by NHS Supply Chain direct to clinicians who will carry out the collection of the specimen. This will be to GP practices, walk in centres and out of hours providers. The process of delivering these has now started and will run until mid-July nationally, however in London they will going out this week. We have been assured deliveries will take place in normal working hours.

A mixed system of PCT distribution and GP distribution is not possible for a number of reasons. The most pertinent is that the Flu Response Centre would be disadvantaged through having two systems to deal with depending on location within London, creating both a two-tier system, the

potential for confusion and an increased risk of errors made. Deliveries had also already begun in all PCT areas last week before we had the opportunity to peak to you, therefore if the system had changed to PCT distribution this would have isolated GPs where delivery had already been made directly. This again would lead to confusion.

HPA London are liaising with NHS Supply Chain this week to discuss how to take things forward after the initial deliveries are made. It's clear that an alternative system would be preferred and essential that adequate supplies are maintained. This should be the responsibility of NHS Supply Chain, and NHS London and HPA London will contribute to the discussions based on the information provided last week.

Where PCTs have a good system around swabbing already in place, this should continue, and these swabs should be used to replenish local supplies. HPA will continue using couriers only for S5a swabs for those that don't have a local system.

### **What are the arrangements with local laboratories for S5b swabs?**

Local laboratories will receive swab requests from GPs as part of their normal routine testing systems for S5b. If negative, GPs should be informed as the Flu Response Centre will not know about these S5b cases. If positive these swabs will need to be sent to regional laboratories for confirmation. These positive results will then be directed to the Flu Response Centre. A system for this and other details on how the laboratories will process these S5b samples is currently being worked on.

The key points to address locally are:

### **Engage with frontline clinicians**

- Ensure GPs, walk in centres and OOH providers are aware of the new algorithm

### **Ensure local access to swab packs**

- Swab packs are being delivered directly to GPs, walk in centres and out of hours providers; PCTs should ensure local mutual aid occurs if necessary
- PCTs should ensure they are able to swab their resident population, providing support where necessary where a resident is registered with a different PCT, or a registered patient is resident elsewhere
- Where there is not a robust system or swabs have not been replenished it is important to prioritise those being swabbed – which would be those meeting S5a algorithm.
- NHS supplies are responsible for the above and a meeting with them is being arranged later this week.
- The London Flu Response Centre can still send out swabs by couriers when there is no other system in place for dealing with S5a patients only.
- **Only use the S5b algorithm if there is a system in place with your GPs for replenishment of swabs.**

### **Ensure patients can access antivirals**

- PCTs should work with their HPA colleagues to ensure antivirals are made available to patients in the most prompt manner possible, this may mean making antivirals accessible at local pharmacies.
- Antivirals must be accessible in and out of hours; details of this process should be shared with the local HPU.
- Use of PCT antivirals must be reported through the daily stock management return to DH. Local supplies will be replenished from the national stockpile when necessary.

