

Influenza Outbreak Management Strategy

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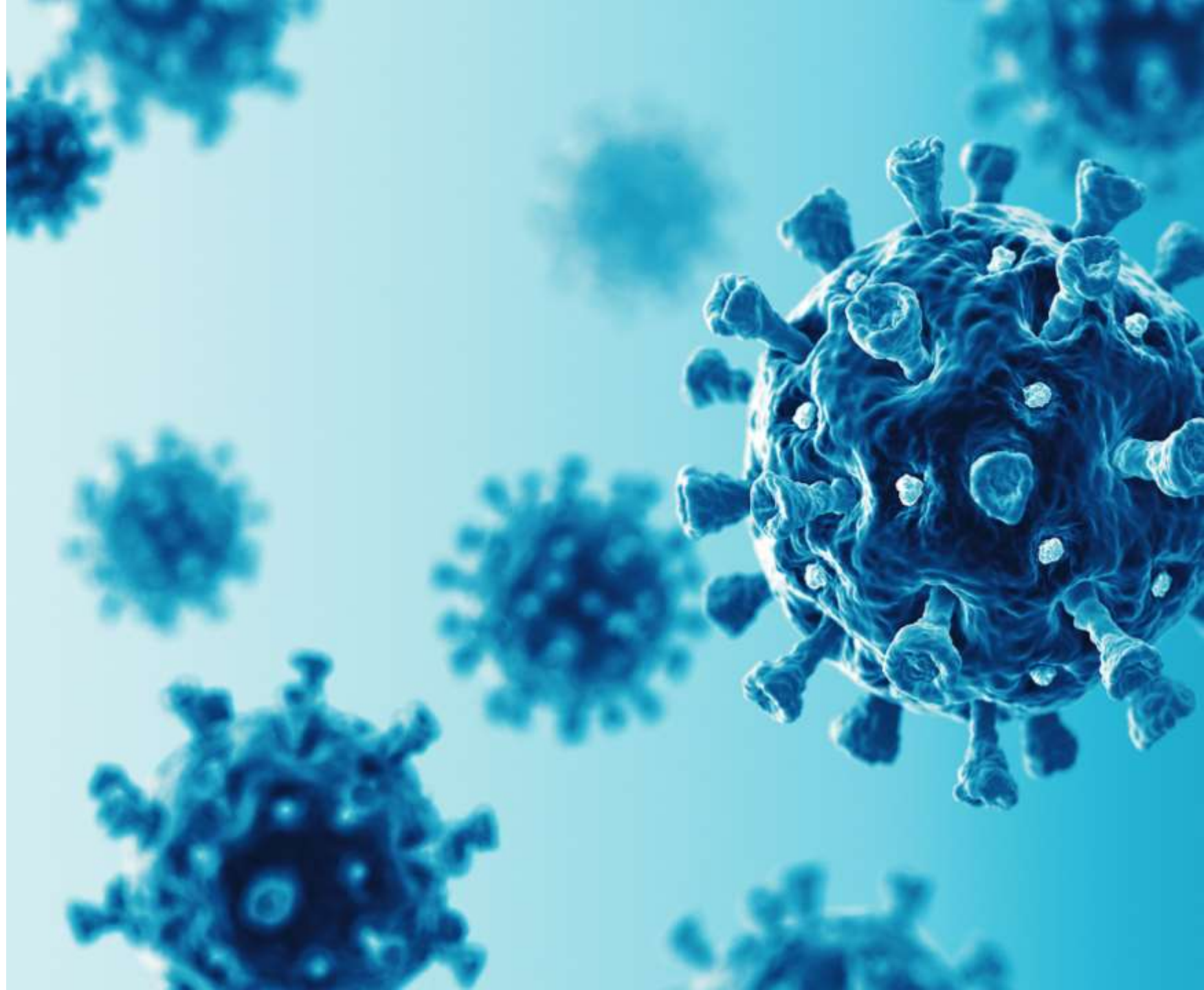
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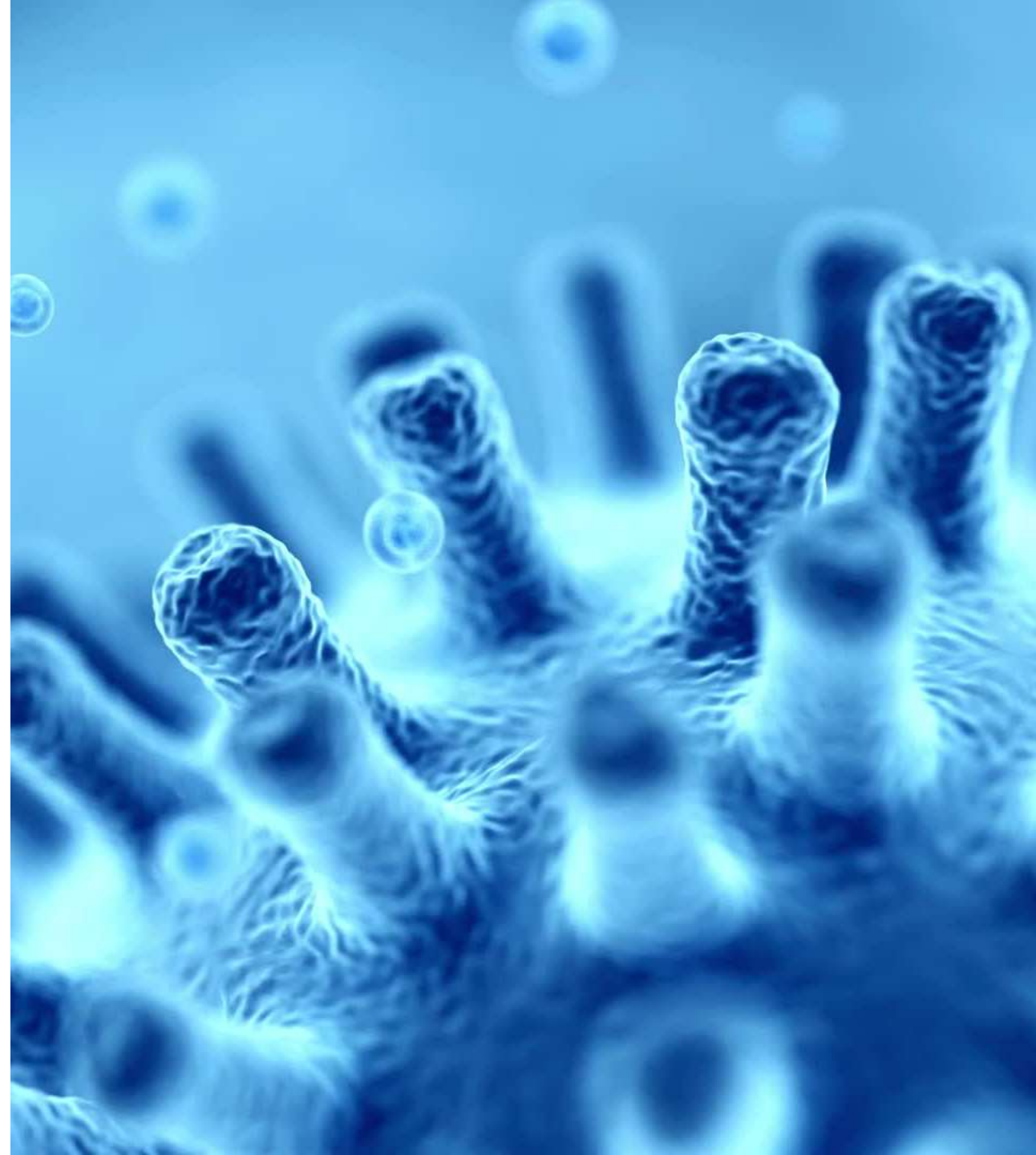
GROUP 5

MARIE SIDIME



Overview

- National Strategies for managing the outbreak of influenza virus.
- Management of influenza outbreak in the care setting.
- Impact of influenza outbreak on the lives of residents and their families.
- Implement new strategy to reduce the spread of the virus and promote the safety of resident ,families and healthcare professional.



What is influenza?

- Influenza, commonly referred to as flu, is a highly contagious respiratory infection, caused by influenza viruses.
- It affects millions of individuals during cold season (NHS, 2025)

Transmission Method

- Influenza virus is transmitted through the respiratory droplets spread into the air when an infected person coughs, sneezes, and talks.
- It can also be transmitted when an individual touches a contaminated objects or surfaces and spread the virus through the nose, eyes and mouth.



[This Photo](#), X-ray of the upper respiratory of the body. By Unknown Author is licensed under [CC BY-NC-ND](#)

Mortality and morbidity of influenza virus

According to the centers for disease control and prevention, every individuals from six months, younger age to elderly people should get vaccinated annually to reduce the number of hospital admissions, hospitalizations and mortality rate .despite the flu vaccine does not completely prevent, it can milder the illness and complications.

Mortality

In the 2024-2025 , the UK recorded about 7.757 of influenza mortality rate in England , including 53 pediatric deaths.

Morbidity

The overall influenza hospital admission rose to 3.81per 100.000 and Gp consultation slightly increased to 6.4 per 100.000 compared with 6 per 100.000 previous week

Incidence

Peak was estimated around 16.18 cases per 100.000 population. Among 5-14 years children were elevated highest infection and test positivity rates .

In November , week 44 10.9% weekly average of individuals tested influenza positivity and a sharp increase from 8.2% in the previous week and 2.9% during same period of 2024 affecting mostly school aged children.

Prevention and preparedness

Influenza Vaccination programmed

- Ensuring the staff and residents receive seasonal influenza vaccination each year
- reducing the risk of severe illness

Staff Training

Providing regular and mandatory training for staff on infection prevention and control (IPC)

- Identification on symptoms
- Isolations procedures
- Importance of seasonal vaccination and the use of personal protective equipment .

communication

- Educating the residents and families about the influenza
- Using digital tools to maintain social connection
- Staff being Compassionate and understanding



Early Identification and Outbreak Response

Monitoring the symptoms

- Using nasopharyngeal testing swabs for individuals developing flu symptoms Record all the necessary information

- Reporting suspected outbreaks to the local health department

Control Measures

- Isolating symptomatic residents into a private room

- Staff using appropriate personal protection equipment.

- Place temporary restrictions visits on family members

- Control staff movement from contaminated area to unaffected areas

- Frequent cleaning of surfaces and use of antibacterial disinfectant

Hand Hygiene

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The Management of an Outbreak of Infection in a Care Setting

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1. Vaccinate Residents and Staff Ahead of Time

- Everyone in the care setting — residents, staff, and regular visitors — should get the yearly flu vaccine. This helps prevent the influenza virus from spreading and starting an outbreak.



2. Watch for Signs Early and Report Them

- Look out for flu symptoms such as fever, cough, sore throat, or sudden decline in health. If two or more people have similar symptoms, it may mean an outbreak is starting, and it should be reported immediately.



3. Use Infection Control Measures

- Good hygiene helps stop flu from spreading. Wash hands often with soap and water or use alcohol rub. Keep sick residents in their own rooms if possible, and limit their movement until they are better.



4. Limit New Admissions and Group Activities During Outbreak

- When there is an outbreak, stop new admissions, cancel group activities, and limit visits. This helps to reduce the number of people who might get infected.



5. Use Antivirals and Medical Interventions if Needed

- If influenza is confirmed or strongly suspected, doctors may use antiviral medicines to treat sick residents and protect others who are not yet ill. Treatment should start quickly.



6. Keep Cleaning and Maintenance Measures Strong

- Clean shared areas and surfaces often, such as tables, door handles, and medical equipment. Make sure rooms are well ventilated, and staff with symptoms stay home until well.

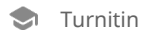


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Management of an Influenza Outbreak in a UK Care Home

Focus: *Operational management once an outbreak is declared.*

BASED ON SUNRISE CARE HOME CASE.

AIMS: MINIMISE TRANSMISSION, SAFEGUARD

RESIDENTS, COMPLY WITH STATUTORY IPC

FRAMEWORKS.

ALIGNED WITH HEALTH AND SOCIAL CARE ACT 2008

INFECTION CONTROL DUTIES (DHSC, 2023).

GUIDED BY UKHSA (2024) OUTBREAK RESPONSE

PROTOCOLS.



Detection and Declaration

- Outbreak declared when ≥ 2 residents/staff show influenza-like illness within 72 hours (UKHSA, 2024).
- Immediate isolation, notification of *Health Protection Team (HPT)* and *GP* initiated (PHE, 2020).
- Early response reduces viral load spread among immunocompromised residents (WHO, 2023).
- Risk assessment conducted under statutory infection control framework (CQC, 2023).
- Clear leadership roles activated under home's outbreak control plan (NHS England, 2024).

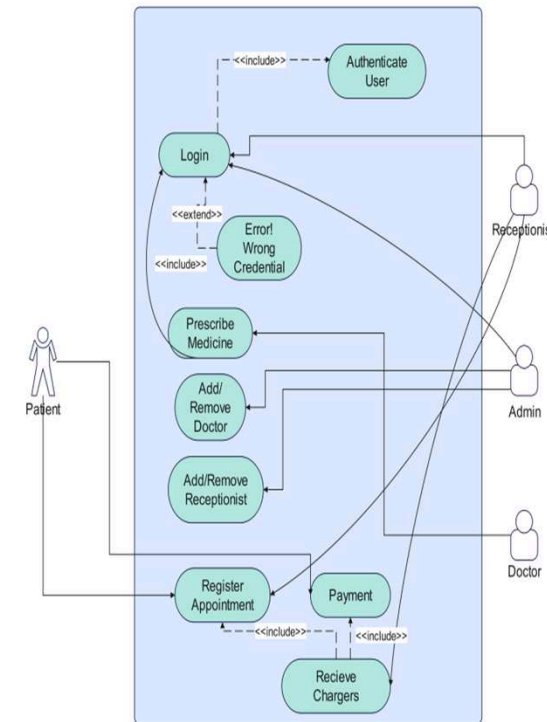
Governance and Leadership

- Appoint *Outbreak Control Lead* (Home Manager) and *Clinical Lead Nurse*.
- Implement “Gold–Silver–Bronze” command for clarity in decision-making (DHSC and UKHSA, 2024).
- Maintain outbreak log: dates, decisions, staff assignments (RCN, 2023).
- Liaise daily with HPT for situational review (DHSC, 2023).
- Communication transparency upholds regulatory compliance (CQC, 2023).



Case and Contact Management

- Confirmed cases via PCR or rapid tests guided by UKHSA procedures (UKHSA, 2024).
- Cohort residents with confirmed infection; suspend communal activities (NHS England, 2024).
- Exclude symptomatic staff for 48h post-fever resolution (DHSC, 2023).
- Track exposures using *line list* to map transmission routes (RCN, 2023).
- Maintain 7-day clear period before declaring outbreak over (UKHSA, 2024).



Infection Prevention and Control Measures

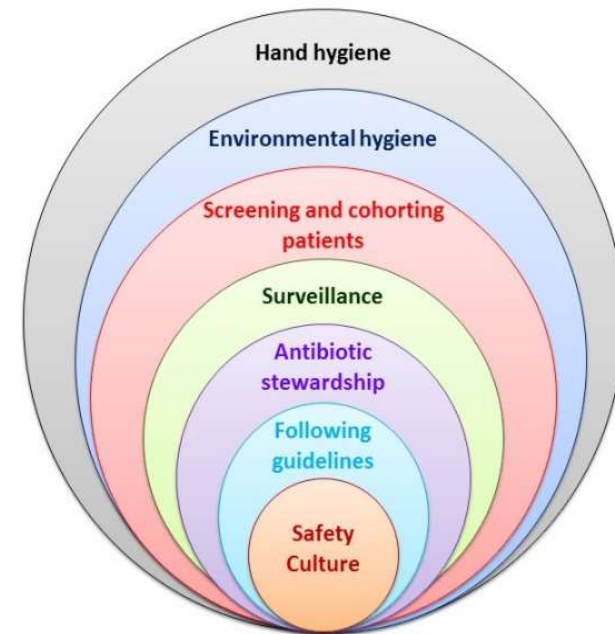
Reinforce Standard and Transmission-Based Precautions (TBPs) (NHS England, 2024).

Mandatory hand hygiene before/after patient contact (RCN, 2023).

PPE: surgical masks, gloves, aprons, and eye protection as risk-assessed (DHSC and UKHSA, 2024).

Environmental cleaning intensified: twice-daily disinfecting of high-touch areas (CQC, 2023).

Ventilation checks per NHS IPC Manual (NHS England, 2024).



Antiviral Therapy and Vaccination

- Symptomatic residents receive antivirals within 48 hours (NICE, 2022).
- *Oseltamivir* used under GP/HPT direction; prophylaxis for close contacts (DHSC and UKHSA, 2024).
- Review vaccination coverage; offer catch-up flu jabs to residents and staff (PHE, 2020).
- Annual vaccination proven to reduce outbreak severity in care homes (WHO, 2023).
- Report uptake data to local health authorities for surveillance (UKHSA, 2024).

Environmental and Operational Control

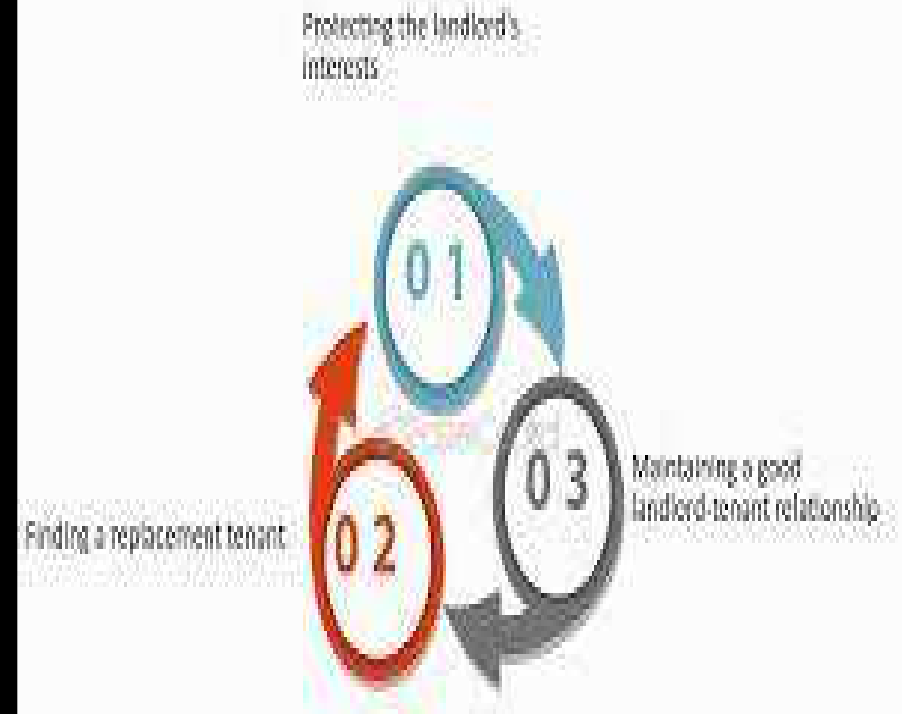
- Assign dedicated staff to affected units to prevent cross-contamination (RCN, 2023).
- Suspend new admissions and non-essential visits during outbreak (DHSC, 2023).
- Clean linen in accordance with Health Technical Memorandum 01-04 (NHS England, 2024).
- Waste disposed via clinical routes with double-bagging protocols (CQC, 2023).
- Dining areas closed for affected units; meals served in rooms (UKHSA, 2024).



Communication and Documentation

- Daily briefing between management and IPC team ensures alignment (RCN, 2023).
- Notify families with factual updates maintaining confidentiality (CQC, 2023).
- Report outbreak to *UKHSA HPT, CQC, GP practice, and local authority* (DHSC and UKHSA, 2024).
- Keep comprehensive outbreak records for audit and post-incident review (DHSC, 2023).
- Transparency builds trust among residents and relatives (WHO, 2023).

The Importance of Proper Documentation and Communication



Monitoring, Evaluation, and Stand-down

- Outbreak closed when 7 days pass with no new cases (UKHSA, 2024).
- Conduct *After-Action Review (AAR)* to evaluate learning (NHS England, 2024).
- Identify gaps in PPE, training, or communication processes (RCN, 2023).
- Update IPC policy and training schedules accordingly (CQC, 2023).
- Continuous improvement cycle ensures future resilience (DHSC, 2023).

Reflection and Learning Outcomes

- Effective outbreak management combines *governance, leadership, and IPC science*.
- Coordination with HPT ensures evidence-based containment (UKHSA, 2024).
- Reinforces accountability under statutory frameworks (DHSC, 2023).
- Promotes a safe, compassionate, and compliant care environment (RCN, 2023).
- Fulfils module learning outcomes: measuring, monitoring, and controlling disease spread

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New strategy.

How the new strategy will
support residences families and
health care.

Multifaceted approach.

Combining resident family engagement evidencebased protocol, and systemic support for health care professionals.

Inclusions in care plans: facilities are encouraged to involve residents to align with preferences while addressing infections risks e.g catheter use, hygiene routines.



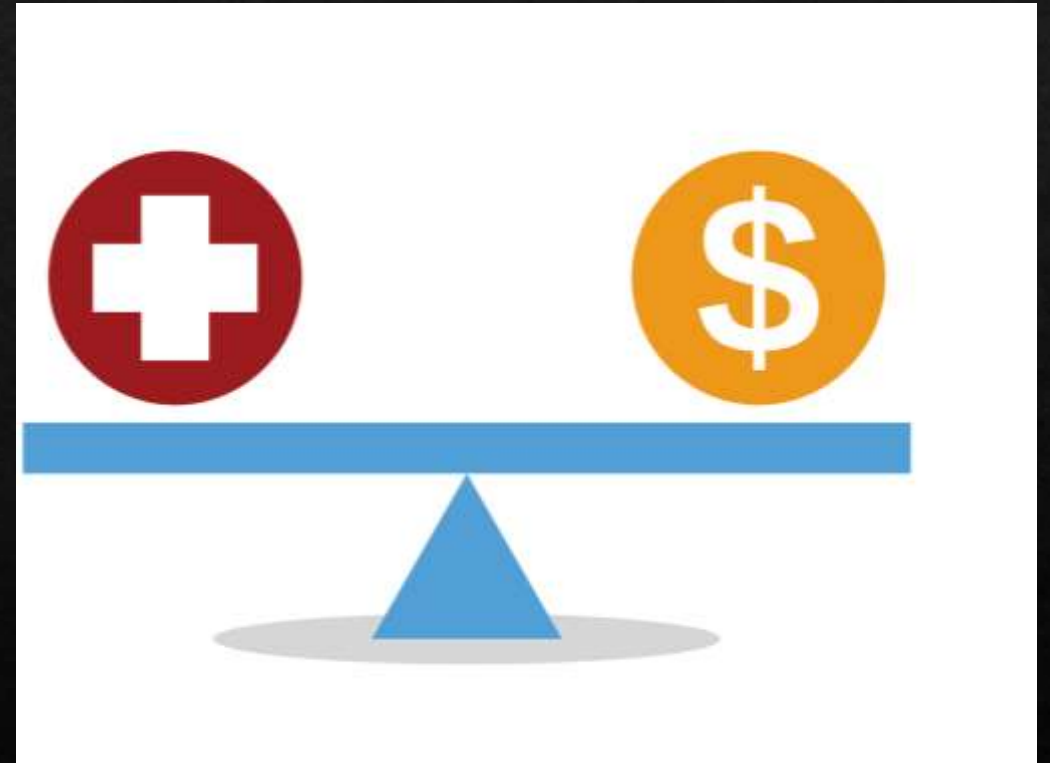
Universal decolonization.

- ❖ a healthcare protocol where a patient's entire body is wiped with chlorhexidine gluconate (CHG) antiseptic wipes to reduce and prevent the spread of bacteria, including multidrug-resistant organisms like MRSA.
- ❖ process but which colonies become independent of the colonizing country.
- ❖ Decolonization was gradual and peaceful for some British colonies largely settled by expatriates but violent.



Cost effectiveness

- ◇ Savings from infections prevention:
- ◇ Averts costly infections bloodstream infections cost.
- ◇ Strategy screening and isolation.
- ◇ Protect trials saved (nursing homes.) reduced infections by 30 percent without requiring additional staffing.

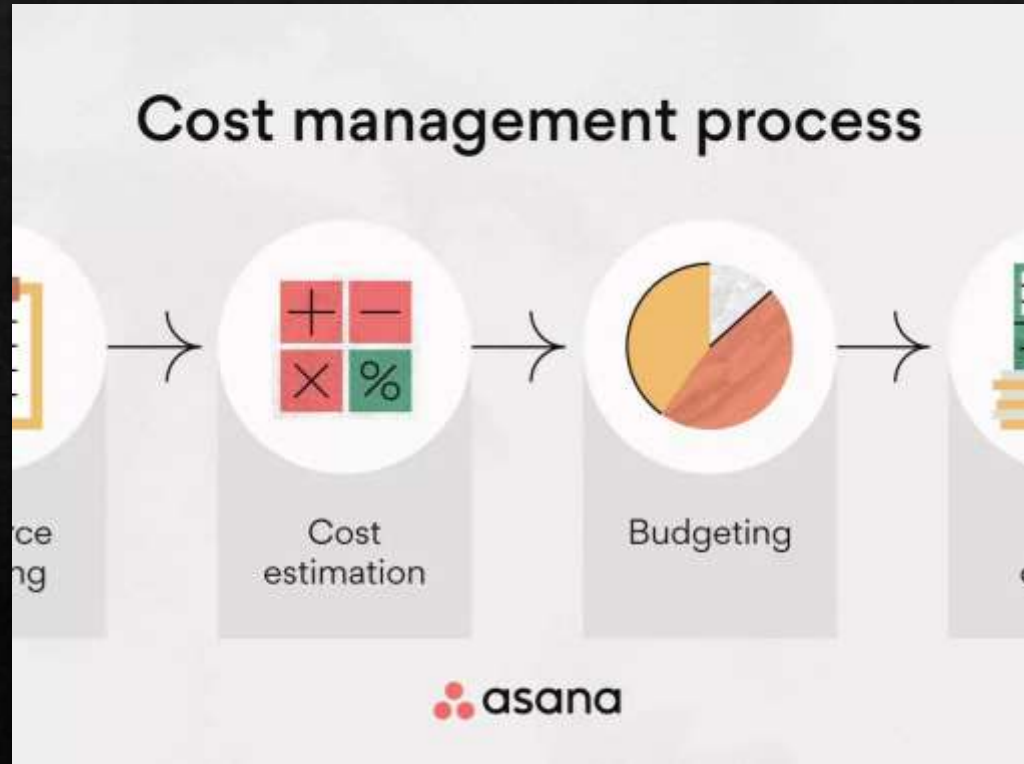


Healthcare professionals.

- ◆ Healthcare professionals form the backbone of medical systems, encompassing diverse roles that promote maintain, and restore health. This assignment categorizes these professions, analyses their responsibilities, and evaluates their educational pathways and societal impact.



Cost management.



- ◇ - essentials: allocate 50/60% to critical operations.
- ◇ Growth : reserve 20/30% for R&D marketing or expansion.
- ◇ Cost reduction, negotiate bulk purchasing discounts with suppliers.
- ◇ Emergency fund: maintain 3-6 month worth of expenses in liquid assets.

Reference.

Healthcare professionals <https://www.hcpc-uk.org/check-the-register/>

At HCP we put quality at the heart of everything we do. CPW Resourcing as Healthcare Professionals (HSP)

Multifaceted approach

<https://mfapproach.com>

Web development and custom software solutions.

Cost management

www.data.gov.uk

The process of estimating, budgeting and controlling expenses to ensure a project or business stays within its budget and achieves its financial objectives

Universal decolonization

<https://www.ahrq.gov/hai/universal-icu> t

The universal ICU decolonization protocol combines a comprehensive implementation of a universal decolonization.