

Date:.....

RE: Respiratory Outbreak at.....

Dear Doctor,

The Local Public Health Unit has been notified of an outbreak of respiratory illness affecting residents at the above mentioned facility. The outbreak may involve some of your patients who may require review. It is important to establish if the outbreak is caused by **influenza, COVID-19 or another respiratory pathogen**. Treatment and vaccination are available for influenza and COVID-19. Prophylaxis is available for influenza, which is a notifiable condition.

We therefore recommend that you:

- Establish if any of your patients are affected (contact the facility)
- Help determine if the outbreak is caused by influenza, COVID-19 or another respiratory pathogen:
 - Obtain/order throat and nasal swabs from symptomatic residents for influenza A/B or multiplex respiratory PCR, and for COVID-19 PCR. All symptomatic residents should have two swabs.
 - Obtain swabs from symptomatic residents within 48 hours of symptom onset.

Limit the use of antibiotics to patients with evidence of bacterial superinfection, which is uncommon. There is significant evidence that antibiotics are over-prescribed during the influenza season and during institutional outbreaks. Antiviral treatment is the most critical intervention to reduce severity of illness and risk of death.

Early initiation of antiviral treatment in adults with laboratory-confirmed influenza reduces the risk of secondary complications. If **type A or B influenza** is confirmed, the National Respiratory Guidelines for the Prevention and Public Health Management of Influenza Outbreaks in Residential Care Facilities in Australia (LINK) recommend:

- **Antiviral treatment** for all symptomatic residents (without awaiting test results if influenza has already been confirmed in other residents) within 48 hours of symptom onset. Antiviral treatment may be used after 48 hours in some circumstances (severe illness) if deemed to be of clinical benefit. The recommended drug is **oseltamivir** (Tamiflu); the recommended dose is **75 mg twice daily for five days**. Antiviral treatment should be individualised according to the dosage recommendations, potential adverse effects and contraindications described in the product information.
- **Antiviral prophylaxis** is most effective at reducing transmission when all remaining asymptomatic residents and **unvaccinated staff** are commenced on prophylaxis. Antivirals are recommended for influenza prophylaxis if:
 - Antivirals can be delivered to all targeted residents and unvaccinated staff over a -24 hour period AND
 - Medication safety issue including renal function/renal insufficiency are appropriately considered during the prescribing phase.

If this is deemed feasible at the above facility, prophylaxis with oseltamivir (Tamiflu) is recommended at a dose of **75 mg once daily for 10 days**; but may be continued for up to 42 days if necessary. Prophylaxis will need to be provided until the outbreak is declared over, which is considered to be 8 days from the onset of the last case. If respiratory symptoms develop in residents or staff who have been prescribed prophylaxis, the dose should be upgraded to the treatment dose whilst test are being performed. (Note that antiviral treatment and prophylaxis is currently not included in the Schedule of Pharmaceutical Benefits).

Antiviral treatment for COVID-19 is also available and should be considered early for any diagnosed cases.

- Treating clinicians should review the most up to date Pharmaceutical Benefit Scheme guidance on prescribing antiviral treatment for COVID-19.

- Information on medications and prescribing is also available here:
<https://www.health.vic.gov.au/covid-19/vaccines-and-medications-in-patients-with-covid-19>

Influenza and COVID-19 vaccination for unvaccinated residents and staff should be considered during an outbreak.

Additional control measures that the facility has been directed to implement include:

- Isolation of symptomatic residents and diagnosed cases
- Use of Tier 2 PPE throughout the facility, and Tier 3 PPE for care of any COVID-19 cases
- Exclusion of symptomatic staff
- Restriction/limitation of visitors to the facility until the outbreak has resolved
- Promotion of infection control measures, including thorough hand washing before and after contact with residents.

If you require further information or advice please contact your Local Public Health Unit.

Yours sincerely,

[Name and role]

[LPHU Signature]