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**Respiratory outbreak at** ……………………………………………………………….

Dear Doctor,

The Communicable Disease Prevention and Control Unit has been notified of an outbreak of influenza-like-illness affecting residents at the facility named above. The outbreak may involve some of your patients who may require review.

It is important to establish if the outbreak is caused by **influenza**. Influenza is a vaccine-preventable, notifiable condition. Treatment and prophylaxis are available.

We recommend that you:

* Establish if any of your patients are affected
* Help determine if the outbreak is caused by influenza:
	+ Obtain/order nasopharyngeal swabs from symptomatic residents for respiratory PCR testing (no more than 4-6 residents will require swabs to determine the cause of the outbreak).
	+ Obtain swabs from residents with most recent onset of symptoms (ideally 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 influenza is confirmed, the following are recommendations from the *National Respiratory Guidelines for the Prevention and Public Health Management of Influenza Outbreaks in Residential Care Facilities in Australia (*[*http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm*](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)*)*

**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 individualized according to the dosage recommendations, potential adverse reactions and contraindications described in the product information.

**Antiviral prophylaxis**

Prophylaxis with antivirals 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 issues 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 tests are being performed (note that antiviral treatment and prophylaxis is currently not included in the Schedule of Pharmaceutical Benefits).

* Influenza 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 for 5 days from onset of symptoms or until symptoms have resolved (as much as this is possible in an Residential Care Facility)
* Use of gloves and mask when providing care to ill residents
* Exclusion of symptomatic staff for 5 days from onset of symptoms or until symptoms have resolved
* Restriction/limitation of visitors to the facility until outbreak has resolved
* Promotion of thorough hand washing before and after contact with residents.

If you require any further information or advice please contact Communicable Disease Prevention and Control on ph 1300 651 160.

Yours sincerely



Dr Brett Sutton

Deputy Chief Health Officer (Communicable Disease)

Health Protection Branch

Regulation Health Protection and Emergency Management Division