Operational Local Health Economy Outbreak Plan

Manchester
January 2019

Final Draft

Foreword:

Maintaining and improving the health of our communities is at the heart of public service delivery. Health Protection and ensuring an effective response to outbreaks of disease is a crucial part of this. Whilst the response to outbreaks isn't new and whilst our local health economy routinely demonstrates that it has effective arrangements in place it is important that we review our arrangements, and that the organisations and people who need to work together in partnership are aware of each other's roles and responsibilities for a range of scenarios.

This plan has been developed to ensure clarity on operational roles and responsibilities for each responding organisation in the event of an outbreak. It is intended to act as a companion to the GM Multi-agency Outbreak Plan, providing operational detail helping responders quickly provide an effective and coordinated approach to outbreaks of communicable disease. It is important for each organisation, having signed off this plan, to support staff to engage in appropriate exercising to embed the multi-agency response to an outbreak and create familiarity over key tasks.

Signed (after Health and Wellbeing Board approval)

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[Local DPH]

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PART 1: AIM, OBJECTIVES and scope OF THE PLAN

1.1 Aim of the Plan

This document has been developed to supplement the “Greater Manchester Outbreak Plan” at a Manchester level ensuring the right people are contacted at the right time to ensure that the borough is resilient and can respond appropriately to outbreaks. It focuses on the most likely outbreak scenarios and provides the contact details should an outbreak control team need to be called, and an immediate response made by health and social care partners across the borough.

It has been designed to ensure that an appropriate lead from each organisation is contacted as they will know which member of their service will need to be called, and is therefore output/effect focused e.g. identifying clinical staff to provide antibiotics to a large number of school children both in and out of normal working hours.

To set out the multi-agency operational arrangements for responding to outbreaks of human infectious diseases within the borough of Manchester

1.2 Objectives of the Plan

- To outline roles and responsibilities at a local operational level
- To outline the key tasks / activities involved in responding to outbreaks
- To give key considerations and outline some specific requirements needed for different outbreaks

1.3 Primary Objectives

- The primary objective in the management of an outbreak is to protect public health by identifying the source of an outbreak and implementing necessary control measures to prevent further spread or recurrence of the infection. This should be underpinned by a risk assessment, with regular re-assessment of the risk.
- The protection of public health takes priority over all other considerations, and this must be understood by all members of the Outbreak Control Team (OCT).

1.4 Secondary Objectives

- Responsibility for managing outbreaks is shared by all the organisations who are members of the OCT. This responsibility includes the provision of sufficient financial and other resources necessary to bring the outbreak to a successful conclusion.

- The great majority of incidents and outbreaks are dealt with as part of normal service provision, and may not impact greatly on routine services or require an OCT to be convened.

- On occasion, outbreaks are of such magnitude that there may be significant implications for routine services and additional resources are required. In this instance the Director of Public Health (DPH) may declare a major outbreak / incident and therefore the major incident plans of organisations affected will be invoked as appropriate.

1.5 Command & Control

- In the event that Public Health England (PHE) call an OCT, Manchester's DPH and members of the Manchester Community Infection Control /Health Protection Team (CICT) will participate in that group along with any key services such as Environmental Health.

- It is likely that OCT will be supplemented by a Local Co-ordination Team (LCT), established by the Manchester CICT; the purpose of this group is to co-ordinate necessary actions and feedback into the OCT.

1.6 Declaration of an outbreak

- In the case of complex or unusual infections/situations an outbreak will be declared and led by PHE. An OCT will be convened by PHE and attended by key staff across the health economy.

- The Manchester CICT may be contacted by a variety of sources to report an outbreak, typically these include; PHE, nursing/care home staff, schools/nurseries, Adult Social Care, Infection Prevention & Control from an NHS Trust, Microbiology/virology or Environmental Health Officers.

- It is usual that locally confined smaller outbreaks (such as Norovirus, HCAIs & Influenza) will be recognised and declared by the CICT, with the response being led locally..

- Following the recognition and declaration of an outbreak, if needed, PHE will make a decision regarding the need and urgency to convene an OCT , this decision should be guided by risk assessment

- There are many minor outbreaks and clusters of disease that occur within Manchester every year that are managed satisfactorily without the need to convene an OCT. For example an OCT will not normally be necessary to support the management of confirmed or suspected viral gastroenteritis in a nursing home, school, or similar setting. Not convening an OCT does not necessarily mean that there will be no public health actions required.

- The DPH will lead the local response to an outbreak within Manchester, this may, however, be delegated to the Clinical Lead Health Protection other appropriate member of the CICT/Health Protection Team.

- Terms of reference should be agreed upon at the first meeting of the OCT & should be reviewed at regular intervals.

- When a decision has been made not to declare an outbreak or establish an OCT, the DPH/Clinical Lead Health Protection should be informed at appropriate intervals to determine if the formal declaration of an outbreak or convening of an OCT is subsequently required[1]. This may involve consulting with the other parties to assist with on-going surveillance.

- A suggested list of OCT members can be found in Annex 6: this is not an exhaustive list and depending on the nature of the outbreak representation from additional organisations may be required.

1.7 Investigation and Control of Outbreaks

- Control measures should be documented with clear timescales for implementation and responsibility.

- A case definition should be agreed and reviewed as required during the investigation.

- Basic descriptive epidemiology is essential and should be reviewed at the OCT.

- Legal powers relating to the investigation of food poisoning outbreaks are vested in Local Authorities. If, during the investigation, it is determined that the outbreak is related to food then the management of this of would be handed over to the Environmental Health Team and PHE.

1.7 Communications

- The communications response will depend on the nature of the incident/outbreak and the outcome of OCT discussions if an OCT is convened.

- Smaller contained outbreaks(if not related to environmental health issues): Mon-Fri, The CICT will send out Daily Community Outbreak reports to all partner organisations such as e.g MFT and PAHT, NWAS, social care etc. If educational establishments are affected MCC Education Directorate, Comms and Health and Safety will be informed.

- Larger outbreaks with OCT: It is expected that the OCT will identify & nominate which agency will lead the media response at the outset of the outbreak, usually PHE will develop a holding press statement which will be shared with partner Comms Teams.

- The Communications Teams are the lead for communications within MCC/MHCC and in the event of an outbreak/incident, and they would produce communications/information for the public in conjunction with advice from PHE. Social Media will be used in accordance with existing MCC/MHCC policies.

1.8 End of the Outbreak

- The CICT will decide when outbreaks of a smaller, contained nature (that are not likely to escalate to significant, major emergency status), are over. The CICT Team will make a statement to this effect via the Outbreak Summary email will be based on an ongoing risk assessment and considered when:
    - There is no longer a risk to public health that requires further investigation or management of control measures.
    - The number of cases has declined.
    - The probable source has been identified and is no longer a risk/infectious.
- Any lessons learnt and recommendations will be discussed at the debrief. If relevant information will be disseminated to the HPG and refinements to practice considered for implementation where appropriate.

1.9.1Scope / Context of the Plan

- Outbreak and incidents of human infectious diseases which could impact Manchester
- Outbreaks and incidents requiring an OCT : see part 2 and 3
- Outbreaks and incident not requiring an OCT: see part 4

1.9.2 Complementary Guidance and Documentation

1.9.3 National Guidance

- Communicable Disease Outbreak Management: Operational Guidance 2014
- PHE guidelines on the management of outbreaks of Influenza Like Illness (ILI) in care homes 2017
- Health Protection in schools and other childcare facilities
- Health and Social Care Act 2008: Code of practice on the prevention and control of infections
- PHE Health Protection A-Z guidance and information
- PHE IM Influenza PGD

1.9.4 Greater Manchester Guidance

Roles in an outbreak (see appendix C of GM Multi-Agency outbreak plan)

- Role of the DPH
- Role of CICN
- Role of CCG/COO
- Role of the Environment Health Officer
- Role of NHS/Mental Health/Community Trust
- Role of LCO to be defined
- Role of PHE consultant/nurse and labs

GM Outbreaks general including Legionnaires

- GM Multi-Agency Outbreak Plan (including Legionnaires Disease and High Consequence Infectious Disease

Influenza

- Joint Flu SOP
- PHE Influenza-Like Illness in a Care Home
- PHE Flu brief for GM LHRP
- PHE NW Flu Resource Pack for Care Homes
- Flu Guidelines for GMMMG
- Template AV for staff
- GM Care Home Joint SOP
- Influenza-like Illness/Influenza cases and outbreaks associated with educational settings guidance letter PHE 2017

Manchester local outbreak documentation

- Local Outbreak forms
- CICT Notification of Outbreak Form
- Management of outbreaks in CH flowchart 2017
- Deep Cleaning Guidance 2017
- Outbreak Procedure November 2015
- CICT daily outbreak reporting summary form

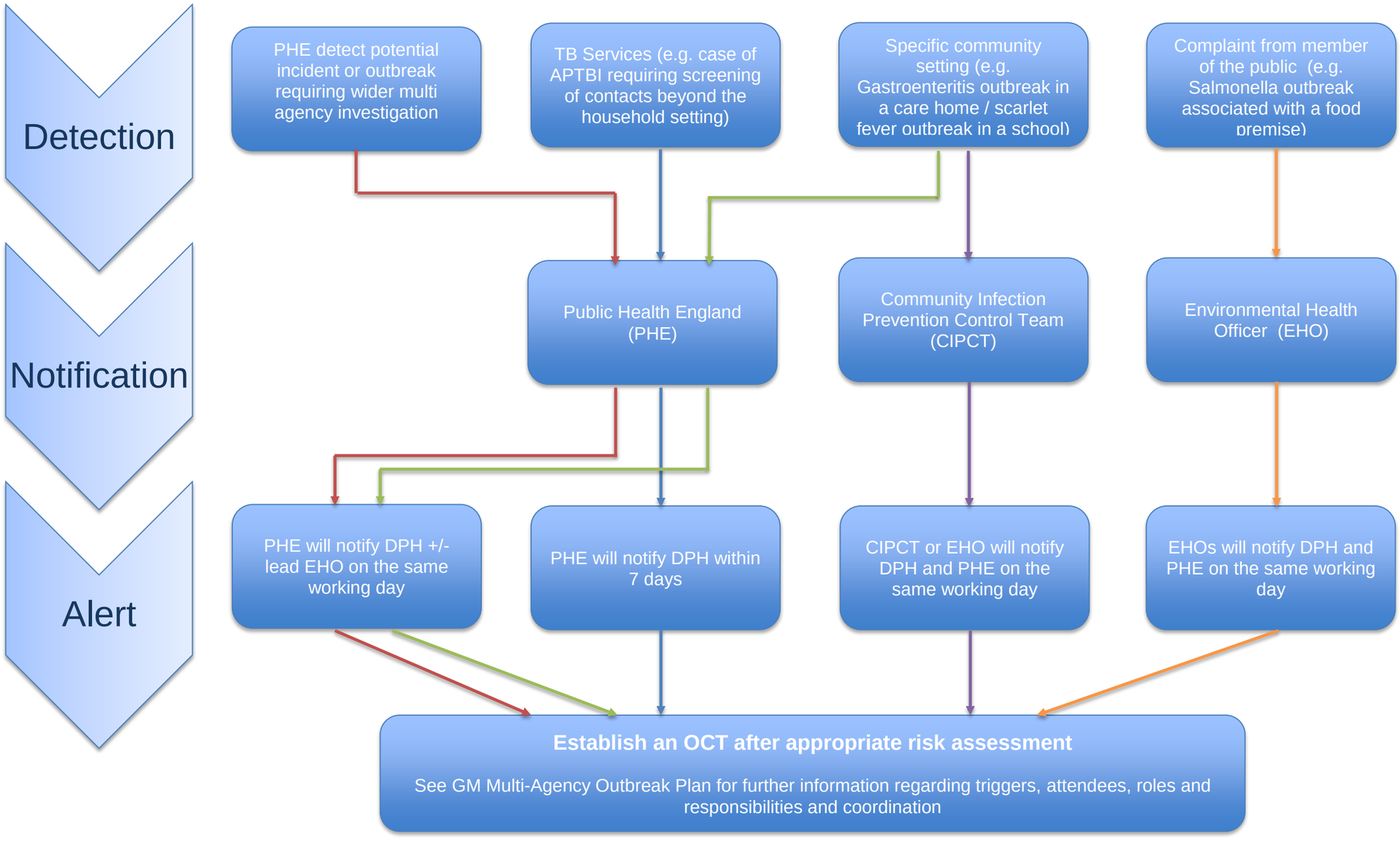
Influenza

- Influenza outbreak – GM Care Homes Toolkit
- ILI – Outbreak Questionnaire
- Manchester Swabbing and Antiviral procedure for FLU /ILI
- Director on-call flowchart for antivirals

PART 2: KEY ASPECTS OF OUTBREAK MANAGEMENT

2.1 Detection and Coordination

Outbreaks of disease are usually detected and alerted in the following ways:



2.2 Investigations Roles and Responsibilities

	Response activity		Potential responder(s)		Considerations, comments or potential issues
			In hours (9-5)	Out of hours	
Investigation (NB. Any setting where staff affected have access to Occupational Health, the investigation will be delivered through them)	Questionnaires / Interviews/Consent		PHE 0344 2250562 option 3	PHE 0151 434 4819	If notifiable (except sexual health clinics). Support from CICT where appropriate 0161 234 1724
			Hospital IPC team	Hospital IPC team	For Acute Trust incidents MFT Oxford Rd 0161 276 4042 Wythenshawe site 0161 291 2632 NMGH 0161 720 2935
			EHO Tel: 0161 234 5004 (internal: 34853) Fax: 0161 274 7309	PHE	Legionella/Food/Environmental/Gastrointestinal (food related) Compliance and Enforcement - Environmental Health/Food Hygiene Sue Brown or Tim Birch
			LCO Children's Services –School Imms team	PHE	Consent to immunisation forms: Schools/Children: Contact: LCO School Immunisation Leads Contact details in contact list.
	Sampling **All samples MUST be correctly labelled and have ILOG where needed**	Respiratory samples (e.g. swabbing)	NHS Provider/Nursing Home Staff/GP/School Imms Team Go To Doc	PHE/Go To Doc	Clinical sampling will be undertaken by: Nursing Home Residents: staff if in a nursing home Nursing Home Team if in South of the City, Residential Care: District Nurses belonging to LCO in each Neighbourhood if a Residential home. GP Uni/over 18: Option:Go to Doc Nursery/Under 5 years: Option 1: LCO School Imms or Option 2: Go To Doc Those not registered with GP e.g Homeless/Rough sleepers Option 1: GP option 2: GTD (dependant on outbreak) **Flu:** Flu Kits are held across the city in 3 areas for DN's to access and identified Care homes across the city for other care homes to access. (see attached swabbing and antiviral procedure). The CICT also hold a pack. Further stocks can be accessed via PHE lab. Clare Ward. See list of contacts at the end of the doc. Other swabs held by PHE Lab.
		Faecal (GI outbreak)	PHE/GP /EHO	PHE/ EHO emergency out of hours: 07887916848	PHE may notify EHO and CICT of outbreak, Samples posted back to PHE labs currently. PHE in discussion with EHO about changes in protocol to EHO managing sample collection and delivery to labs (as of Oct 2018). If more than 2 cases unconnected – to see GP GP may be asked to obtain samples depending on organism. E.g. Clostridium difficile
		Faecal (GI outbreak in a care home)	Care /Care Home Staff/ GP	Care home staff/OOH	Initial sampling taken by care home on GP instructions or with advice from CICT. CICT coordinate outbreak response and advise the home. CICT may contact PHE or EHO for advice. Care home staff take samples.

		Oral fluid (e.g. Hep A outbreak)	GP/NHS Provider/LCO/GTD	N/A	Risk assessment and contact tracing undertaken by PHE Self-administered arranged by PHE. If wider community outbreak : e.g. School/nursery : option 1: School nursing team option 2: GTD Care Home: Care home nurses/NH team/GP University: Go to Doc Commercial Premises: PHE/CICT may support staff self sampling GP-Urban Village for Rough sleepers
		Urine test	PHE/GP/Care Home	N/A	If legionella: Care Home – Care Home Staff on request by PHE Primary care: GP
		Environmental (e.g. food / water)	Environmental Health Officers / HSE	PHE	e.g. Legionella/cryptosporidium? Where EH are the enforcing authority then EHO should be able to undertake sampling For certain premises or complex sampling e.g legionella linked to cooling towers EHO may need to discuss with HSE /and or use Bureau Veritas. 0161 446 4600
		Blood test	NHS provider/GP	N/A	e.g Phlebotomy services for adults and children – NHS trust to clarify community service/or possible commissioning of GTD -SLA
		TB skin test	TB nurses	N/A	e.g Mantoux/IGRA testing 0161 276 1234 extension 64387. Christine Bell is the lead nurse.
		Scabies (clinical assessment)	GP/Dermatologist	N/A	Most cases treated based on clinical assessment by GP or referral to dermatologist without testing. Advice from CICT if outbreaks. Follow NICE Scabies Guidance
		Mass blood tests (e.g. IGRA testing) for TB	TB Nurses MFT	N/A	0161 276 1234 extension 64387. TB service lead nurse.
		Mass X-Ray (incl. mobile x-ray)	NHSE/PHE/TB nurses	N/A	When/if required coordinated by MFT TB team as above
		Sexually Transmitted Infections	NHS Trust Sexual Health Clinic/GP	N/A	Sexual Health Services in MFT would respond to the outbreak. Public Health Commissioning manager- sexual Health MHCC would be contacted in regard to response & communicate with partner services. 0161 234 3358
		Transport to lab	Local lab transport system	EHO via PHE system	GP routine samples in-hours. EHO would liaise with Manchester Public Health Lab for posting of samples.
			PHE Postal	N/A	e.g measles on individual cases. PHE packs have paid return envelope.
			Hand deliver		Care home flu swab samples Flu swabs - Care Homes transport to lab and can have taxi organised via MHCC, CICT member of staff to drop off swabs.

Prior to an OCT being set up, PHE will liaise directly with relevant partners to recommend and coordinate investigations. Once an OCT is set up, the OCT will agree on coordination of investigations. The types of investigation involved usually include:

- Epidemiological investigation: establishing links between cases/sources based on questioning of cases/NOK and information on settings.
- Microbiological investigations: where a sample is taken and sent for analysis to a laboratory. There are 2 types:
    - Clinical sampling: from human tissue (blood, respiratory secretions, salivary, faeces etc)
    - Environmental sampling: e.g. water, work surfaces etc.

2.3 Control Measures

	Response activity	Potential responder(s)		Considerations, comments or potential issues
		In hours (9-5)	Out of hours	
Control	Advice on infection, prevention & control measures	MHCC Community Infection Prevention Control 0161 234 1724 EHO Tel: 0161 234 5004 (internal: 34853) PHE 0345 225 0562 opt 3	PHE 0151 434 4819	9am-5pm The CICT have a main number with all CICT Nurses mobile numbers on voice mail, should the main number not be manned. PHE may also provide some infection control information and advice if related to a specific notifiable disease not routinely dealt with by CICT or if unusual situation EHO for commercial food premises/preparation
	Exclusion advice	CICT /PHE	PHE	Using national PHE guidelines and advice. Would depend on the outbreak
	Enforcement of control measures	Local Authority(Proper officer) with PHE support	Local Authority with PHE support	Tim Birch – Proper Office EH Part 2a Order
	Treatment and Prophylaxis (including immunoglobulin, vaccines, antivirals, antibiotics and anti-toxins)	Trust Pharmacy – order vaccines CCG Medicines Optimisation – order vaccines/coordinate delivery May use Immform PHE may order direct in some circumstances/use own stocks-antivirals/vaccines PGDs to be available from Trust for imms team/DNs From SIT for primary care/Use of PSD	PHE to order vaccines in specific cases Trust pharmacy/CCG	There may be vaccine manufacturing shortages or ordering issues, ordering at short notice in some unusual outbreaks. – PHE to advise/support if vaccination recommended by them

Prior to an OCT being set up, PHE will liaise directly with relevant partners to recommend and coordinate control measures. Once an OCT is set up, the OCT will agree on coordination of control measures.
Control measures usually include:

- Identifying and controlling on-going sources. e.g. A cooling tower suspected of aerosolising Legionella, or a food premise with unsafe food preparation practice
- Preventing/limiting onwards spread
- Reducing likelihood of severe illness in specific vulnerable groups: usually by prompt post-exposure prophylaxis (PEP)

Where compliance with recommendations around control measures is an issue, enforcement powers may be used. For the purposes of outbreaks and health protection incidents, the bulk of enforcement powers lie with LA. Further info here: Chartered Institute of Environmental Health Toolkit / DoH guidance on Health Protection regulations
The key partners usually involved depend on which control measures are recommended, but most commonly, they are:

- EHOs: IPC advice for cases/contacts of GI illness + enforcement powers
- CICTs: IPC advice and monitoring for community settings
- GPs: prescribing of Rx and PEP
- School nurses: delivery of PEP (e.g. vaccination) in a school setting

- NHS community providers (e.g. DNs): delivery of PEP in community settings (excluding schools) e.g. traveller site, university, care home…

2.4 Communications - Roles and Responsibilities

	Response activity		Potential responder(s) In hours (9-5)	Potential responder(s) Out of hours	Considerations, comments or potential issues
Communications	To public	Setting specific advice letters (eg businesses, care homes)	OCT: MCC/MHCC/EHO/PHE	PHE	Dependent on topic and setting. Template letter provided by PHE for Infectious Diseases Template letter provided by PHE/EHO for food related or Environmental
		Update NHS 111	PHE	PHE	PHE Comms Team
		Helpline	MCC/MHCC	MCC/MHCC	Script and algorithm provided by PHE for any LA comms via the Contact Centre. This would need to be pre-agreed.
		Websites / social media	PHE/MCC/MHCC	MCC/MHCC	Comms Lead for PHE/MHCC/MCC
		Door to door	MCC/MHCC/PHE	MCC/MHCC/PHE	Need would have to be clearly identified and resourced.
	To health partners	Briefings / sitreps from OCT	PHE/MHCC – Comms & PCC	PHE/MHCC – Comms & PCC	see list of contacts for community cases in appendix
		Other relevant groups	Responsibility of each agency	Responsibility of each agency	
	To the media		Coordinated by PHE/MHCC/MCC via OCT	PHE/MHCC/MCC via OCT	Include all partner agencies in discussion of key comms messages
	To Elected Members / Committees e.g. Health and Wellbeing Boards		DPH	DPH MHCC oncall director	David Regan Director of Population Health and Wellbeing/director of Public Health
	Internal briefs		MHCC/MCC	MHCC/MCC	MHCC Comms lead 0161 765 4004 communicationsmanchester@nhs.net Senior Communications Manager 07976883111 MCC Comms 0161 234 3166 communications@manchester.gov.uk

2.5 Funding arrangements

	Response activity	Potential responder(s) In hours (9-5)	Potential responder(s) Out of hours	Considerations, comments or potential issues
Funding arrangements	Vaccination session arrangement and provision by LCO Immunisation Team	Response by NHS Trust	N/A	Response to outbreak to be undertaken. Funding agreed after event.
	Obtaining vaccines from Immform or other sources	NHS Trust CCG		
	Vaccination and prophylaxis activity	GPs/GTD		LCS
	Legionella Testing D+V sampling (specific outbreaks/cases)	EHO		Specific situations identified by PHE/EHO
	Immunisation/Prophylaxis for under 5 years and over 18 years/Uni	GTD/GPs		LCS

2.5 Funding Arrangements

Guiding principles:

- Protection of human health takes priority over funding challenges/financial discussions

- Where a local arrangement is in place re delivery of a certain aspect of the response (e.g. delivering an immunisation session in a school setting): partners must actively:
  - Involve key decision makers form the relevant agency to formally approve the agreement (i.e. do not assume that the organisation will do it)
  - Consider whether activity should be absorbed in existing contracts or whether additional funding is required and if so, which commissioner will sort this.

- Key commissioners in Manchester health economy include:
  - MHCC (CCG and MCC commissioners combined), which commissions: Primary care and acute and community/social care providers
  - LA PH, which commission public health services (school nurses and HVs) –
  - GM Health and Social Care Partnership (GMHSCP), Dentists and GPs which are jointly commission with CCG
  - Specialist Commissioning commissioned by the CCG
  - LA Environmental Health

CCG Medicines Optimisation: A Locally Commissioned Service Specification has been developed and agreed for use with GPs including OOH in case of outbreak responses for antiviral treatment/prophylaxis and vaccination.

PART 3: LOCAL OPERATIONAL ARRANGEMENTS FOR SPECIFIC TYPES OF OUTBREAKS REQUIRING AN OCT

- 3a Arrangements for an outbreak of Influenza like illness in a care home
- 3b Arrangements for investigating complex TB incidents
- 3c Arrangements for investigating and controlling a BBV outbreak/incident
- 3d Arrangements for meningococcal disease in a nursery/school/college
- 3e arrangements Hepatitis A in a school or childcare setting
- 3f Arrangements for outbreaks in hard to reach populations

NB: In the event of a BBV incident/outbreak occurring in Manchester, CICT/Health Protection Team will act as a facilitator, providing the link between PHE and various parts of Manchester Health Economy (these will vary according to location of outbreak and who is involved). The CICT/Health Protection Team will also act as a point of contact for individuals seeking advice

3a. Arrangements for an outbreak of Influenza like illness (ILI) in a care home

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	**Detection/Alerting**	Two or more residents or staff suffering from ILI • CICT alerted by home, PHE alerted by CICT • ILI Outbreak proforma completed/Ilog obtained • Outbreak summary sent to relevant groups • Daily (Mon-Fri) call to home for update • Home has PHE out of hours tel number • Alert trust of any admissions/Trust to alert CICT of any positive cases from CH	**Support** Manchester CICT/ Health Protection Team **Samples** DNs/LCO Nursing Service if Care Home Nurses in Nursing home	• PHE • GTD • Director on-call MHCC	
	Sampling and prophylaxis (see Manchester swabbing and antiviral doc for details)	• Nose and throat swabs to be obtained from 5 most recent symptomatic people • Swabs delivered to MRI lab by care home staff. Taxi ordered by CICT paid on account			
Control	**Advice IPC**	• Increased hand and respiratory hygiene measures advised • Home/Unit closed to admissions (restricted visitors) • Affected residents isolated until 5 days post symptoms • Affected staff excluded for 5 days • Deep clean before reopening	CICT	• PHE	• Residents may be difficult to isolate, e.g dementia patients may wander • Cohort nurse (where possible) to avoid full closure of home
	Treatment/Prophylaxis	• PHE called to discuss management • Antiviral treatment/prophylaxis prescribed and administered dependant on lab results • Antivirals: CICT contact Med Opt to contact all GPs and advise • Home collect px and medications	**Antivirals** GP: Med Opt advise Stocks in 3 pharmacies	• GTD via LCS	
Comms	**To care home**	• Advice letters/emails/outbreak info pack	• CICT	N/A	

	Response Activity		Responders		Considerations
			In hours	Out of hours	
	To health partners	• Outbreak email*	• CICT		
	To media	• Coordinate by PHE via OCT if needed	• PHE/MHCC comms		

3b. Arrangements for investigating complex TB incidents

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	**Detection/Alerting**	• Notifiable disease • PHE/CICT alerted about a case/s by MFT TB team • MFT TB team Identify contacts of infected individuals • OCT	• PHE • MFT TB Team • MHCC/CICT	PHE	
	Sampling	• Screen contacts/people in affected area (MFT chest clinic) • Large scale screening if needed • Mantoux testing • Interferon testing • Mass x-ray (including mobile x-ray)	• MFT TB Team • LCO school nurses for support		TB lead advises mass xray unlikely
Control	**Advice IPC**	• Isolation? (need for Part2a) • Hygiene measures • Provide advice/reassurance to worried individuals	• PHE • MFT TB services • CCG • Tim Birch EHO (part 2a) if person needs to be detained for MDRTB	PHE (if necessary)	• Prescribing • Sourcing • Individuals not complying with treatment due to complex social needs (e.g. homeless) • Need for Part 2 a.
	Treatment/Prophylaxis	• Mass vaccinations – BCG • TB antimicrobial therapy – individual prescriptions from Consultant • Latent infections? •			

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Comms	**To public**	• Advice letters • Update NHS 111, helpline, social media	• PHE/MHCC comms • PHE comms	• **PHE**	
	To health/LA partners	• Outbreak email* • Letter via Primary Care at CCG to GPs			
	To media	Coordinate by PHE via OCT			

3c. Arrangements for investigating and controlling blood-borne viruses (BBV)

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	**Detection/Alerting**	• PHE investigate/questionnaire contact tracing • CICT notified when unusual numbers or cluster of cases	• PHE • CICT • MFT • MRI Virology laboratory • GPs	PHE	
	Sampling	• Blood samples for virology • Screening of contacts • Screen for multiple BBVs		NIL	
Control	**Advice IPC**	• Explain routes of transmission • Hygiene measures	• PHE • CICT • General Practice • Cons Microbiologist	PHE	**Vaccine** Community outbreak to be obtained from immform/? PHE stock/Trust
	Treatment/Prophylaxis	• Sexual health clinic to provide to MSM etc • PEP treatment for close contacts • Vaccinations for close contacts and			

	Response Activity		Responders		Considerations
			In hours	Out of hours	
		other contacts (dependant on virus)			
Comms	**To public**	• Advice letters • Update NHS 111, helpline, social media	• PHE • CICT		
	To health/LA partners	• Outbreak email* • Via CCG Primary Care to GPs			
	To media	Coordinate by PHE via OCT			

3d. Case/s meningococcal disease in a nursery, school or college

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	**Detection/Alerting**	• Meningococcal case notified to PHE from lab/trust • PHE notify DPH inc CICT • Identify close contacts - PHE	PHE	PHE	
	Sampling	• No screening needed, but highlight symptoms and importance of urgent medical attention • Hospitalisation of anyone displaying symptoms			
Control	**Advice IPC**	• Highlight symptoms and importance of urgent medical attention	PHE CICT Student Health	PHE	• Prescribing • Sourcing

	Response Activity		Responders		Considerations
			In hours	Out of hours	
	Treatment/Prophylaxis	• Prophylactic antibiotics for close contacts • Check vaccination status of rest of school/college – offer vaccination for unimmunised	**Nursery:** Opt 1:Imms Team Opt 2: GTD **School:**LCO Imms Team **Uni/College:** GTD		
Comms	**To public**	• Advice letters • Update NHS 111, helpline, social media	PHE		
	To health/Uni partners	• Outbreak email* •	**PHE/CICT**		
	To media	Coordinate and led by PHE via OCT	**PHE/MHCC/MCC**		

3e. Hepatitis A outbreak /cases in a school or childcare setting

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	**Detection/Alerting**	• Notifiable disease • PHE notified by lab Contact tracing • CICT notified of case(s) • Identify close contacts • Identify source	• PHE SIT & HP • CICT • School nurses	PHE	

	Response Activity		Responders		Considerations
			In hours	Out of hours	
	Sampling	• Blood samples from all contacts for Hep A testing – students/staff/household • Oral saliva sampling	• GP		
Control	**Advice IPC**	• Increased hand hygiene, extra measures for close contacts • Environmental Assessment of toilets and hand washing facilities	• PHE SIT & HP • CICT • School nurses • GPs • Intrahealth • CCG meds management		• Availability of sufficient vaccine • Ensure vaccinations are given in a timely manner • 2nd vaccination to consider
	Treatment/Prophylaxis	• No treatment available • Immunoglobulin therapy for household contacts • Vaccinate contacts			
Comms	**To public**	• Advice letters to schools/households			
	To health/LA partners	• Outbreak email* • CCG primary care letter to GPs			
	To media	Coordinate and led by PHE via OCT			

3f. Investigating outbreaks in a hard to reach population (e.g. measles at a traveller's site/Hep A in Homeless/NFA)

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	**Detection/Alerting**	• Notifiable disease • PHE/CICT notified of case(s) • PHE Identify close contacts • Identify source	PHE	PHE	
	Sampling	Provision of test kits/specific swabs if required	PHE lab GPs/Identified GP practice e.g Urban village	GTD	Use of LCS
Control	**Advice IPC** **IPC activity**	Provision of advice to specific services e.g Homeless services/ teams, cleansing services, drug services, 3rd sector	CICT PHE EHO LA specific teams Health and safety	**PHE** **Health and Safety (LA)**	
	Treatment/Prophylaxis	Advice from PHE Mass vaccination onsite Vaccination via Primary care services	Identified GP practice e.g Urban Village Community Nursing Team/TB nurses		
Comms	**To public**	• Advice letters to key groups • Direct information to key groups from Outreach workers and 3rd sector			
	To health/LA partners	• Outbreak email* • OCT • Via CCG primary care Messages to GPs re increasing vaccine uptake / bringing forward routine vaccinations • Targeting schools with low uptake			

	Response Activity		Responders		Considerations
			In hours	Out of hours	
	To media	Coordinate by PHE via OCT			

*In the event of any of these outbreaks an email is sent out stating the location and nature of the outbreak, and the number of people affected. This is used to notify the following:

- Infection Prevention Team
- Adult Social Care
- Environmental Health
- Consultant Microbiologists
- Councillors
- Schools
- DPH

PART 4: LOCAL OPERATIONAL ARRANGEMENTS FOR SPECIFIC TYPES OF OUTBREAKS NOT REQUIRING AN OCT

- Investigating & controlling outbreaks of viral gastroenteritis in schools/nurseries
- Investigating & controlling outbreaks of viral gastroenteritis in care homes
- Investigating & controlling outbreaks of respiratory disease in care homes (excluding seasonal ILI-covered in part 3a)
- Investigating an outbreak of a HCAI

Some outbreaks although not requiring an OCT will be discussed with PHE e.g. respiratory outbreaks in care settings

4a. Outbreak situations NOT requiring an OCT

Outbreak Situation	Detection/Alerting	Response	Control	Treatment/Prophylaxis	Documents
Viral gastroenteritis in schools/nurseries	CICT contacted by school/nursery/other source when 2+ cases are noted	• Phone call between school & CICT to discuss symptoms and numbers of affected staff & students. • CICT daily contact updates with school via phone • Outbreak form details added to outbreak spreadsheet daily. • Stool sample to collect by school nurse supported by the HP Nurse.	• Ill pupils & staff to stay home for 48hours post last symptoms • Outbreak email sent out daily* • Notify LA Education Directorate and Health and Safety • Extra hygiene measures advised • Deep clean of school 48 hours after last symptoms	Unnecessary in most cases	

Outbreak Situation	Detection/Alerting	Response	Control	Treatment/Prophylaxis	Documents
Viral gastroenteritis in nursing/care homes	CICT contacted by home/other source when 2+ cases are noted	Phone call between home & CICT to discuss symptoms and numbers of affected staff & residents Home contacts MRI lab for Ilog number CICT contact home daily during the outbreak (mon-fri) for update. Can contact PHE OOH Outbreak details added to daily outbreak summary sheet Home to take stool samples (type 5-7) from affected residents and sent to laboratory (see outbreak Management doc)	• Ill residents isolated for 48hours post symptoms • Ill staff excluded for 48 hours post symptoms • Closure to admissions, avoid unnecessary appointments and restrict visitors until 48 hours post symptoms • Extra hygiene measures advised • Deep clean before reopening (48 hours after last symptoms) • Outbreak summary email updated and sent out daily*	Unnecessary in most cases	

Outbreak Situation	Detection/Alerting	Response	Control	Treatment/Prophylaxis	Documents
Respiratory illness in nursing/care homes (Not seasonal Influenza – see part 3a)	CICT contacted by home/other source when 2+ cases are noted CICT alert PHE to alert of cases and discuss approach	• Phone call between home & CICT to discuss symptoms and numbers of affected staff & residents • CICT email outbreak form to Care Home to be completed and emailed to HP team on daily basis • Outbreak form details added to outbreak spreadsheet daily • CICT Obtain Ilog number • Arrange for swabs, Urine and sputum samples if needed s to be taken from affected people, and sent to laboratory (see outbreak management doc) arrange with DNs for this for care homes	Depends on cause? • Ill residents & staff to stay home for 5 days post last symptoms • Outbreak summary email sent out daily* • Isolation where possible, respiratory hygiene measures advised • Deep clean of home before reopening, must be 5 days after last symptoms	• Resident's GP to clinically assess and prescribe	PHE ILI national document

Outbreak Situation	Detection/Alerting	Response	Control	Treatment/Prophylaxis	Documents
An outbreak of a HCAI	CICT contacted by processing laboratory or another source e.g IPN at NHS Trust, GP **NB** **May need PHE involvement in certain situations**	• Outbreak form to be completed • Excel spreadsheet updated • I log number to be obtained by CICT • Sampling as required or as advised by PHE e.g. stool,swabs	Dependent on causal organism • MRSA • PVL • ESBL • C.diff • CPE See relevant protocol document	Antibiotic treatment or decolonisation if needed. See relevant protocol document	Outbreak spreadsheet

*In the event of any of these outbreaks a daily summary email is sent out stating the location and nature of the outbreak, and the number of people affected. This is used to notify the following where appropriate:

- Infection Prevention Teams : MFT, NCA, GMMHSCT
- Adult Social Care
- Education and Early Years (when appropriate)
- NW Ambulance Service
- Environmental Health
- Consultant Microbiologists
- PHE
- LCO key contacts

APPENDICES

Appendices 1: Stocks of Laboratory Testing Kits, Medication, and Other Equipment

Type of Stock *(e.g. swabs, tubes etc.)*	Where Located	Quantity	Arrangements for Access
Antivirals	Three pharmacies • **Lloyds (Sainsbury's) Fallowfield:** • **Everest Pharmacy- 1117b Withington Rd** • **Lloyds Sainsbury's Heaton Park:** PHE contingency stock in Salford Royal.		Pharmacies via prescription via Med management- Kenny Li/Heather Bury PHE stock access via PHE GM Team
Swab kits for influenza Measles	PHE Lab hold main stock Manchester: List of care homes and DNs GPs	PHE –Lab	See Manchester swabbing procedure contact Clare Ward at MRI for replacement swab kits
Vaccines	Immform urgent order	Depends on size of outbreak	Order via immform web site. Local SIT Team may be able to expedite when needed. PHE
Stool sample pots	PHE GP EHO		No stock in care homes for early response to outbreak samples EHO currently in discussion with PHE around potting samples GP

Appendices 2: Potential Outbreak Settings or Sources

These are examples of community settings sometimes associated with outbreaks

- Care homes: nursing, residential, intermediate, mixed etc.
- Schools / Colleges
- Nurseries / Child minders / Play centres
- University / student accommodation
- Food outlets
- Petting farms
- Swimming pools / water activity parks
- Dental practices
- Community health care settings (GP practices, Integrated Care centres etc.)
- Prisons / Detention Centres
- Workplaces
- Ports / airports
- Hotels
- Leisure Centres
- Travellers Sites
- Private camp sites / holiday parks
- Community Hospitals
- Hostels
- Tattoo Parlours

Appendices 3: Common Pathogens

Below is a list of pathogens which can commonly cause outbreaks. This list is not exhaustive.

The full list of notifiable diseases is available here:

- Influenza
- Norovirus
- Scabies
- Tuberculosis
- Clostridium difficile
- PVL positive MR(S)SA
- Invasive Group A Streptococcal infection
- E Coli O157
- Hepatitis A
- Meningitis
- Pertussis
- Legionnaires Disease
- Measles

Appendices 4: Common Outbreak Scenarios and Challenges

Below is a list of relatively common outbreak scenarios, the usual response recommended by an Outbreak Control Team, and the common challenges encountered by local health economies in implementing these. It is not possible to cover every scenario, nor be overly prescriptive and specific circumstances of some situations might lend themselves to different practical solutions.

Outbreak Scenario	Recommended response	Usual partners providing the local response (provider + commissioner)	Common challenges for consideration	OOH response required?	Comments
Seasonal influenza outbreak in a care home	See GM SOP document and Manchester Swabbing and antiviral procedure Manchester LCS	CICT District Nurses GPs Got to Doc		Yes (09:00 -20:00 …not overnight)	
Outbreak of iGAS in a care home	-screening (lab testing) of residents and staff -Treatment of cases - GP, decolonisation of carriers -GP, surveillance of contacts – PHE/CICT -IPC measures potentially including home closure - CICT	-PHE 0344 225 0562 opt 3 CICT – give infection control advice -Lab: local/PHE -Care home -CCG meds Opt	Treatment of residents who are cases by their GP For prophylaxis for other residents use LCS Screening - would depend if they are residential or nursing. Staff would be directed to their GP if no appropriate Occupational Health provider. Go To Doc or LCO or own staff if Nursing home	Treatment of residents – OOH GP PHE for advice to home/GP on cases	CICT would take advice from PHE and monitor home for any symptomatic cases
Hepatitis A case with suspected	-vaccination +/-HNIg for contacts: households / School (pupils/staff)	-School nurses -CCG meds management	-ensuring GPs vaccinate household contacts in a timely manner	No	NOTE: also consider scenario where outbreak evolves

Outbreak Scenario	Recommended response	Usual partners providing the local response (provider + commissioner)	Common challenges for consideration	OOH response required?	Comments
source in a primary school	• IPC measures for individual cases and contacts	(sourcing of vaccine etc.) • GPs • CICNs • Labs: PHE/local	• Delivering a mass vaccination session in a school (logistics, obtaining consent, language barriers, vaccine supply, prescription/PGD, governance, recording uptake etc.) • catch-up arrangements for those who missed school session		to a large community outbreak LCO/GTD
Two or more cases of meningococcal disease in a nursery, school, college or university setting	• delivery of mass prophylaxis for contacts: antibiotics +/- vaccine	• CICNs • School nurses/imms team • Student health services • GPs • Local trust	As for any mass treatment session: • Sourcing (local stock?) • Prescribing (GP/Hospital) • Delivery		LCO/GTD
TB incident with a large number of contacts (e.g. university)	• MFT TB service-testing of a large number of contacts • Treatment of latent infections where appropriate	• TB services	Hospital Trust – MFT TB services	No	NOTE: within TB response, consider issue of preparedness for residents not complying with Rx with complex social needs (e.g. no access to public resources)

Outbreak Scenario	Recommended response	Usual partners providing the local response (provider + commissioner)	Common challenges for consideration	OOH response required?	Comments
GI outbreak linked to a food premise, swimming pool or petting farm	• rapid investigation of potential source in setting: reviewing records, inspection, +/- environmental sampling • faecal sampling for cases • setting-based control measures (e.g. food hygiene advice): recommendation/enforcement • case-based control measures (exclusion etc)	• EHOs • Lab: local/PHE	• What is the process for obtaining faecal samples	Yes EHO	Oncall EHO/PHE
Large community outbreak of measles	Potentially: • information gathering from large number of cases • setting-specific (e.g. school) mass vaccination sessions • local vaccine catch-up campaign	• CICNs • lab: PHE • School nurses • GPs	• delivering mass vaccination session in school (see Hep A example), including identifying eligible target group based on CHIS		
Hard to reach populations: • Homeless • Traveller sites Example outbreaks: measles, TB, iGAS	Investigations: • Blood samples, skin swabs, respiratory samples. • Control measures: • IPC advice, medication (Rx/PEP)	• CICNs • Liaison teams • DNs/HVs	Urban village practice have dealt with recent incident in Rough sleepers.	Not usually	

Notification of Cases of infectious disease in Trusts to CICT

Trusts to ring CICT directly and notify. CICT will liaise with PHE.

Appendices 5: Teleconference Details and Protocol

Dial-in number:
Chairperson Passcode:
Participant Passcode:

For further information: BT Conference User Guide

In order for a teleconference to run smoothly, participants must follow certain rules of etiquette while on the call.

Conference call etiquette- Chair

- Send handout materials/documents in advance if possible so attendees will have an opportunity to review beforehand.
- Be on time, and stress the importance of being on time to other participants.
- Choose a location with little background noise.
- Determine who will take minutes for the meeting (this should not be the teleconference chair).
- Select a phone with the handset attached**.** Mobile or and cordless phones often add annoying static to the call.
- Draft and if possible agree an agenda prior to or at the beginning of the call.
- Compile a list of callers in advance if possible.
- At the start of the call go through the list of callers to establish who is present. Ask them to introduce themselves and their agency.
- Emphasise to all callers that they MUST keep their phones on mute unless they wish to speak.
- Encourage participants to state their name when speaking to ensure it is clear who is contributing.
- Direct questions to a specific person instead of posing them to the audience at large where appropriate.
- Speak clearly and pause frequently especially when delivering complicated material.
- Before ending the call ask all callers if they have any further input.
- At the end of the call, summarise the key actions and agree the next meeting date and time.

Conference call etiquette – Participants

- The ‘mute’ button should be used at all times unless you are speaking to the conference this avoids any back ground noise pollution
- Callers should treat a conference call like any other meeting.
- Choose a location with little background noise
- Select a phone with the handset attached**.** Mobile or and cordless phones often add annoying static to the call.
- If you do have to use a mobile phone in a car, please park up and turn off the radio and engine to reduce background noise when speaking.
- If calling individually try to avoid using speakerphone as this can lead to excess background noise and may reduce the quality of your call.
- Be sure to keep your mobile phone turned off or at least a few feet away from the telephone you are using as it can create a 'hum' when active.
- Make a list of any issues you need to raise and note where they can slot into the agenda.
- Introduce yourself when speaking.
- Take care not to rustle paper, type or make a noise that might disturb the call when your line is open.
- Speak clearly and pause frequently when delivering complicated material.

Appendices 6: Key Contacts

In the event of an outbreak, the following contact details may be of assistance:

Organisation/title/department	*Name/comment*
Public Health England	Caroline Rumble Consultant for Manchester
Phone(s)	*Email*
Between 9-5 hours 0344 225 0562 opt 3 Out of Hours 0151 434 4819	gmancHPU@phe.gov.uk

Organisation/title/department	*Name/comment*
Director of Public Health/Director Population Health and Wellbeing	David Regan
Phone(s)	*Email*
0161 234 3981 Mobile: 07770 981699	d.regan@manchester.gov.uk

Organisation/title/department	*Name/comment*
Public Health Consultant Health Protection	Not in place
Phone(s)	*Email*

Organisation/title/department	*Name/comment*
Community Infection Control Team (MHCC)	Clinical Lead/Specialist Nurses
Phone(s)	*Email*
0161 234 1724	cict@manchester.gov.uk

Organisation/title/department	*Name/comment*
Manchester University Foundation Trust IPC	Assistant Chief Nurse IPC and Tissue Viability: Julie Cawthorn Lead Nurse: Sue Jones
Phone(s)	*Email*
0161 276 6042	

Organisation/title/department	*Name/comment*
MFT/ PHE labs	
Phone(s)	*Email*
0161 276 8854 choose from options	

Organisation/title/department	*Name/comment*
MFT TB Team	Christine Bell – Lead Nurse
Phone(s)	*Email*
TB Nurse Specialists: extensions 0161 276 1234 - 64387, 15034, 11893, 67964, 67963	

Organisation/title/department	*Name/comment*
North Manchester General Hospital IPC	Infection Prevention and Control
Phone(s)	*Email*
0161 720 2935	

Organisation/title/department	*Name/comment*
MHCC Medicines Optimisation	Kenny Li Deputy Director and Head of Medicines Optimisation Heather Bury Locality Lead Pharmacist- Practice Based Medicines Optimisation Team
Phone(s)	*Email*
Kenny Li 07976655833 or 07867860787 Heather Bury 0161 219 9417/Mobile: 07968622688	Kenny.li@nhs.net hbury@nhs.net

Organisation/title/department	*Name/comment*
MHCC Primary Care Senior Commissioning Manager	Sue Lock Senior Commissioning Manager
Phone(s)	*Email*
0161 219 9426 07970 297866	susan.lock@nhs.net

Organisation/title/department	*Name/comment*
MCC EHO	Managers: Sue Brown or Tim Birch
Phone(s)	*Email*
0161 234 5004 (internal: 34853) EHO emergency out of hours: 07887916848	

Organisation/title/department	*Name/comment*
LCO: School Health Imms and Screening Team- Team Lead	Julie Bowden
Phone(s)	*Email*
0161 209 9952 Mobile no: 07964244190	julie.bowden@mft.nhs.uk

Organisation/title/department	*Name/comment*
LCO: Clinical Head - School Health Service Children's Community Services	Sam Shaw
Phone(s)	*Email*
Tel: 0161 202 8794 Mobile: 07870 381381	sam.shaw@mft.nhs.uk

Organisation/title/department	*Name/comment*
LCO: Children's Community Services Lead Manager School Nursing l Healthy Schools l Child Accident Prevention l Orthoptic Service	Claire Duggan
Phone(s)	*Email*
Tel:0161 946 8274 Mob:07870275360 Fax: 0161 946 9427	claire.duggan@mft.nhs.uk

Organisation/title/department	*Name/comment*
PHE Screening and Imms Team	
Phone(s)	*Email*
0113 825 5178	

Organisation/title/department	*Name/comment*
MHCC Acting Head of Nursing	Carolina Ciliento
Phone(s)	*Email*
Administration: 0161 765 4726 mobile: 07779 546663	carolina.ciliento@nhs.net

Organisation/title/department	*Name/comment*
MHCC lean Nurse	Joanne Oakes
Phone(s)	*Email*
0161 765 4710 | 07980 944073 |	j.oakes@nhs.net

Organisation/title/department	*Name/comment*
MHCC Senior Coms Manager	Ruth Edwards
Phone(s)	*Email*
07976883111	ruth.edwards7@nhs.net

Organisation/title/department	*Name/comment*
MCC Pest Control	
Phone(s)	*Email*
0161 234 5004	

Organisation/title/department	*Name/comment*
LCO: Chief Nurse and Prof Lead	Ian Trodden
Phone(s)	*Email*
07768565002	i.trodden@nhs.net

Organisation/title/department	*Name/comment*
LCO: **Dep Director Nursing**	**Lorraine Ganley**
Phone(s)	*Email*
	l.ganley@mft.nhs.uk

Organisation/title/department	*Name/comment*
MCC Risk and Resilience Lead	Kimberley Hart
Phone(s)	*Email*
Tel: 0161 234 3313 Internal Tel: 800 33313 Mobile No: 07899 664 614 Fax: 0161 274 7002	k.hart@manchester.gov.uk k.hart@manchester.gcsx.gov.uk
Organisation/title/department	*Name/comment*
Internal Audit and Risk Management **Corporate Services** **Manchester City Council**	**Simon Gardiner** **Health and Safety Manager**
Phone(s)	*Email*
Tel 0161 234 5260 Internal Tel 801 35260 Health and Safety Duty Line 0161 234 1897 Mobile Tel 07810 557 473 Fax 0161 276 7615	s.gardiner@manchester.gov.uk