

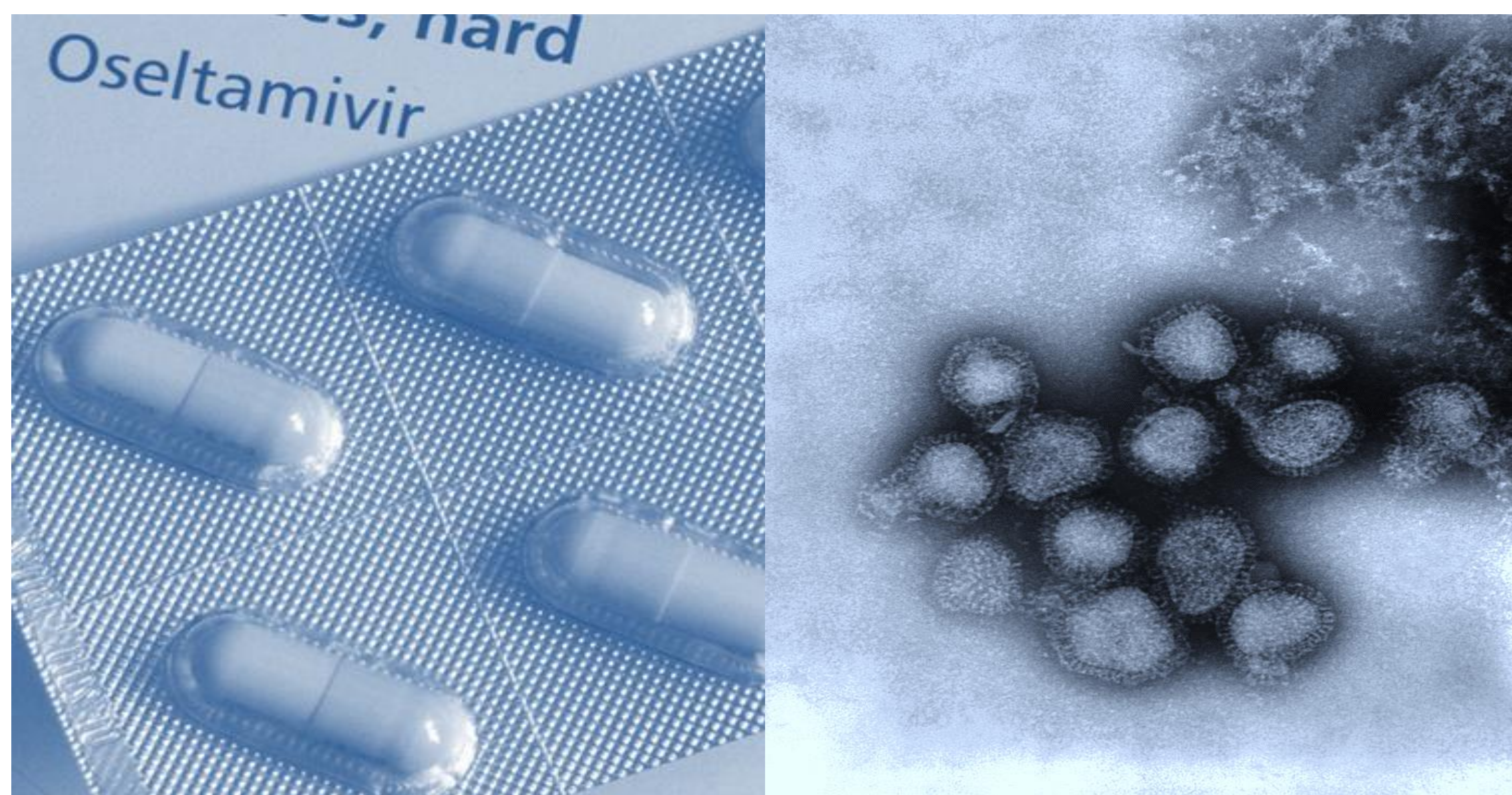
Mortality and morbidity reductions during multiple influenza outbreaks through timely use of antivirals

Delivering primary care into Ealing (UK) nursing homes

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Introduction

In July 2013, The Argyle Health Group mobilised multidisciplinary care of nursing home residents in Ealing, UK - implementing GP led holistic care, proactive chronic disease management, urgent care 8am-8pm 365 days per year and active pharmaceutical management. We have approximately 900 active registrations in 18 nursing homes, average age 80.1 years (range 20 – 110).



Methods

Over 90% of patients are vaccinated against flu annually. Despite this, from mid-December 2016 to April 2017 we saw multiple pathologically confirmed (Influenza A, mainly H3N2) flu outbreaks within care homes in Ealing. Clinicians visiting homes identified index cases and at risk contacts. Increased recognition during the most recent season accounts for some of the increase. Following identification team members were urgently notified.

Antiviral cover with oseltamivir was prescribed and managed by our in house team of pharmacy professionals, who built a protocol ensuring that the medication was made available in the timeliest manner possible. Coordinated working, including out of hours, with a network of community pharmacies ensured issues of ordering timetables, wholesaler quotas, and delivery times were managed to ensure the first dose was administered to patients next half day.

Results

Numbers of local and national¹ outbreaks in care homes, numbers of treatment and prophylaxis courses of oseltamivir and all cause deaths for the period 2014/15 – 2016/17 are presented in Table opposite.

	Year 14-15	Year 16-17
Local outbreaks (Treatment/prophylaxis courses of oseltamivir prescribed)	3 (3/21)	10 (69/331)
All cause deaths in period (percentage of oseltamivir recipients within 60 days of treatment/prophylaxis)	149 (25/20%)	119 (12/6%)
Number of UK Outbreaks in care homes (% of all UK outbreaks) ¹	515 (75%)	826 (78%)

Visiting Clinicians and home nurses reported reduced severity of respiratory and other sepsis symptoms indicating lower morbidity. Season 16/17 saw fewer deaths than 14/15 and a reduction in mortality of recipients of oseltamivir at 60 days post dose. There were increased numbers of outbreaks in care homes both locally and nationally in 16/17 compared to 14/15.

'where prophylaxis had gone out, other residents developed symptoms, but they were definitely milder in those that had had the prophylaxis' –GP2

'infectious disease consultants at the time that I had conversations with said they felt that we'd probably kept more people in the community than would otherwise have happened' –GP3

'A lot of the patients were given Tamiflu prior to them being symptomatic and that definitely had a positive impact on the either prevention or limitation of the illness and certainly there were no deaths from flu on this unit over the winter period.' –GP5

'I think if it's recognised early, it can only positively affect the outcome and perhaps more important prevent the transmission.' –GP4

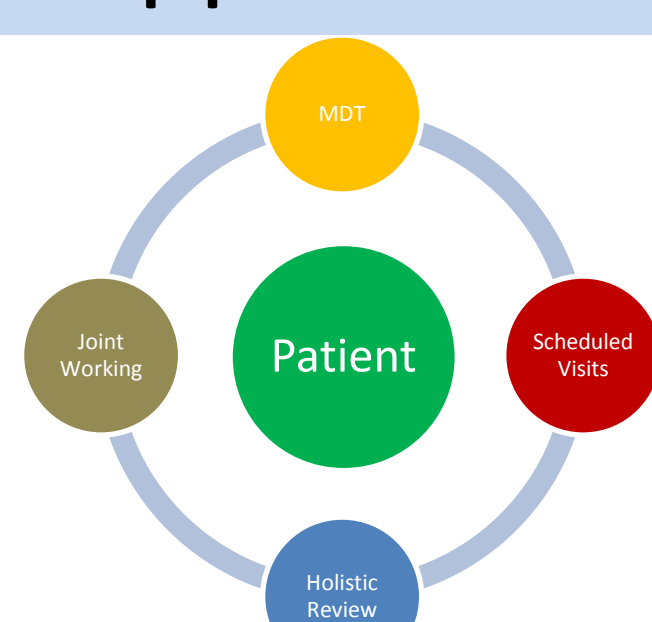
Quotes above extracted from semi-structured qualitative interviews with thematic inductive analysis using constant comparison. Six general practitioners were interviewed and verbatim transcriptions made.

Conclusions

Increased care home influenza outbreaks both locally and nationally (2016-17) resulted in large increases to clinical workload managing sick patients and prescribing antiviral treatment/prophylaxis. Increased resources will be required if our methods are to be applied elsewhere, most areas would require central co-ordination to effect this successfully.

Prompt administration of oseltamivir resulted in reduced morbidity and mortality in our vulnerable patient cohort.

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/613493/Surveillance_of_influenza_and_other_respiratory_viruses_in_the_UK_2016_to_2017.pdf



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