



Operational Local Health Economy Outbreak Plan

Trafford
June 2023

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Approval

Approving group/body: FOR BOROUGH PLAN	Approval date
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HERG (for awareness)	
Local DPH	28.2.23
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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 is not 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



Helen Gollins, Director of Public Health

Signed



.....
Gareth James, Deputy Place Based Lead, NHS GM ICB Trafford

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Glossary of Terms

ASC	Adult social care
CCDC	Consultant in Communicable Disease Control
CCG	Clinical Commissioning Group (now NHS GM ICB Trafford)
CHP	Consultant in Health Protection
CICPT	Community Infection Prevention Control Team
DPH	Director of Public Health
FIO	Forward Incident Officer
FT	Foundation Trust
GM ICS	Greater Manchester Integrated Care System
HCAIs	Health Care Associated Infections
HP	Health Protection
HPT	Health Protection Team (at UKHSA)
ILI	Influenza like illness
IPC	Infection prevention and control
ICP	Integrated Care Partnership
LA	Local Authority
LCT	Local Co-ordination Group
LOCT	Local Outbreak Control Team
LRF	Local Resilience Forum
OCT	Outbreak Control Team
OHID	Office of Health Improvement and Disparities
PEP	Post exposure prophylaxis
PGD	Patient Group Direction
TCIPCT	Trafford Community Infection Prevention Control Team
UKHSA	UK Health Security Agency (formerly PHE)

PART 1: AIM, OBJECTIVES and scope OF THE PLAN

1.1 Aim of the Plan

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

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 Scope / Context of the Plan

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

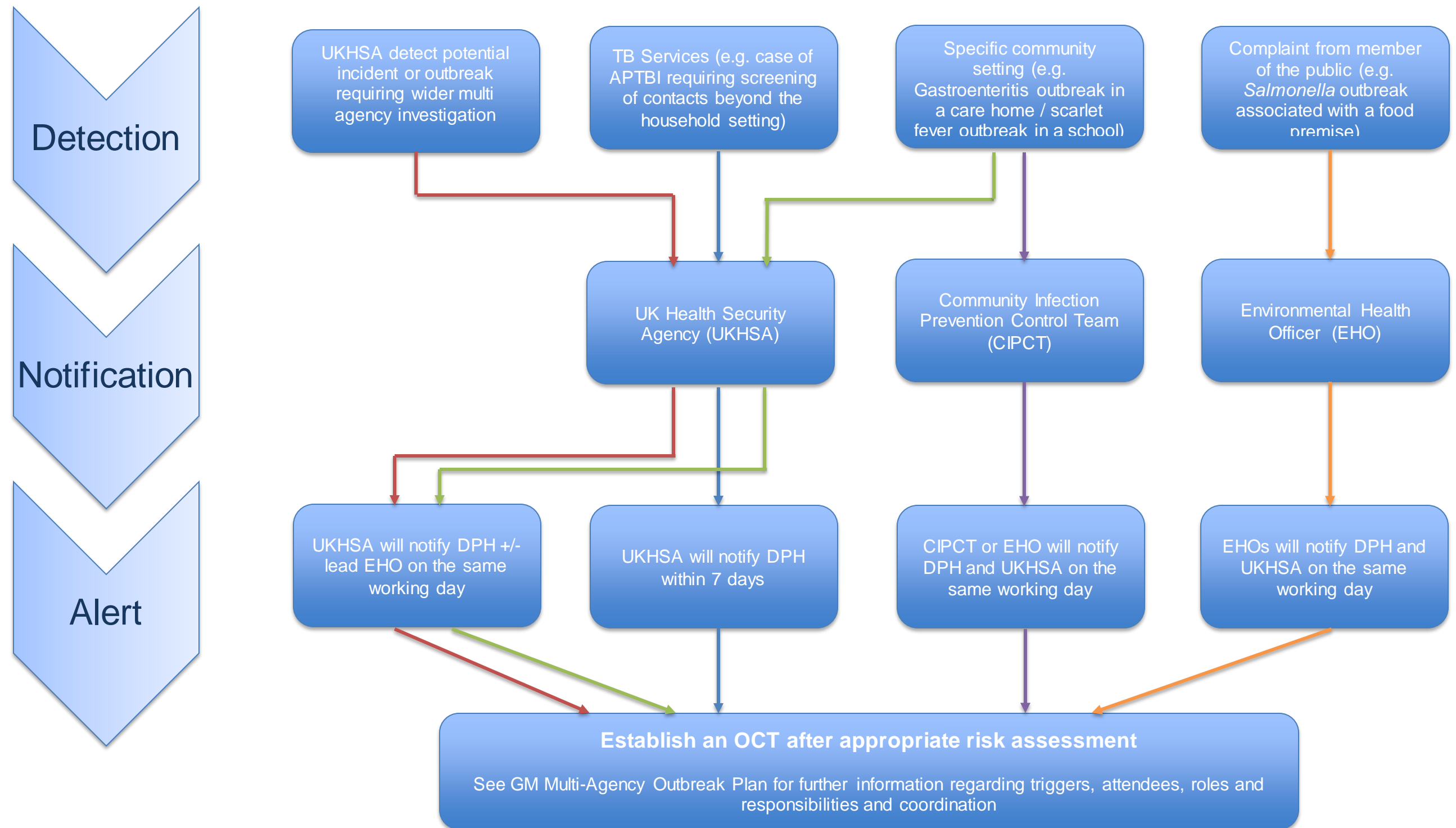
1.4 Complementary Guidance and Documentation

- National: [PHE Outbreak operational guidance](#) / UKHSA pathogen-specific guidance
- GM: GM Outbreak Plan (including Legionnaires Disease and High Consequence Infectious Disease (HCID) annexes) / Joint Flu SOP
- Local: Local guidance, standard operating procedures, reporting forms, etc can be found in Part 3 of this Plan.

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

Investigation Roles and Responsibilities:

	Response activity	Potential responder(s)		Considerations, comments or potential issues		
		In hours (9-5)	Out of hours			
<p>Investigation</p> <p>(NB. Any setting where staff affected have access to Occupational Health, the investigation will be delivered through them)</p>	Questionnaires / Interviews	UKHSA	UKHSA	If notifiable (except sexual health clinics)		
		Hospital IPC team	Hospital IPC team	For Acute Trust incidents		
		EHO	UKHSA	Will investigate if foodborne outbreak / Legionella		
	Sampling	Respiratory samples (e.g., swabbing)	NHS Provider / CIPC Team	NHS Provider (MFT and TLCO district nursing team). Care home-employed registered nurses. Mastercall	<p>Clinical respiratory sampling will be undertaken by a nurse if nursing bedded facility, or by appropriately experienced care staff in a residential care home. CIPCT will arrange swab delivery (up to 5 sample kits) through UKHSA incident log (ILOG) number to collate results relating to an outbreak. These are delivered by courier to the home. Courier will wait and take samples directly to UKHSA lab for processing. Results via 'e-lab' to CIPCT or reported via UKHSA on-call Health Protection Team for GM Out of Hours (OOH), weekend, Bank Holidays. if in a registered Care Home or a visiting community nurse if in a residential care home.</p> <p>Out of hours GP on call service is provided by Mastercall, with the support of Gemma Lister (Out of Hours service lead) and the Out of hours clinicians could swab up to 10 contacts during weekends or Bank Holiday period.</p>	
		Faecal (GI outbreak)	Environmental Health Officers	UKHSA	EHOs will deliver faecal sample kits if required in settings where food, sanitary, or waterborne infection suspected and return to lab for monitoring of results	
		Faecal (GI outbreak in a care home)	Care home staff	Care home staff	CIPCT contact microbiology lab/UKHSA to obtain Incident Log (ILOG) number to be written on each specimen form. Care home will take to local GP for lab collection, or home will arrange drop off at hospital lab. Each home are required to keep stock of faecal sample pots, and specimen forms if OOH sample obtained (printed by GP practice on request in hours) CIPCT do not obtain faecal specimens	
		Oral fluid (e.g., Hepatitis (Hep) A outbreak, measles outbreak)	Nursing bedded home – Nurse	In school or other community setting, community nurses contacted to request assistance on advice from UKHSA	N/A	Arranged by UKHSA via outbreak control team, can be self-administered or under the direction of CIPCT or community nursing teams
			Residential bedded – CIPCT would be able to assist if requested			
		Urine test	GPs, hospital, care home	OOH GP, hospital	Rarely required in outbreak settings, however potentially requested in pneumococcal outbreak for urinary antigen detection on advice of UKHSA OCT or microbiologist	

	Environmental (e.g., food / water)	<i>Environmental Health Officers / HSE / Relevant Contractor</i>	<i>EHOs</i>	<i>If Legionella also consider third party / legal duty holders e.g., water companies The contractor "Bureau Veritas" hold the contract for high risk environmental sampling GM Wide</i>
	Blood tests (e.g. testing for hepatitis A immunity)	<i>NHS providers</i>	<i>NHS providers</i>	<i>This the responsibility of the GP</i>
	TB test (<i>Mantoux</i>)	<i>TB nurses</i>	<i>NA</i>	<i>TB Team Lead Nurse: Ryan Noonan; TB Nurse -Tracey Magnall and colleagues at MRI, MFT 0161701 5034.</i>
	Scabies (skin scrape or clinical assessment)	<i>Primary care</i>	<i>Not needed</i>	<i>If 1 or more residents in a care home become symptomatic with scabies rash/itching, CIPCT will offer support and guidance around management and treatment which requires careful co-ordination. Skin scrapings are not obtained by the infection control team. GP or dermatologist (where possible/required) will be called upon for clinical diagnosis</i>
	Mass blood tests (e.g. IGRA testing) for TB	<i>TB nurses</i>		
	Mass X-Ray (incl. mobile x-ray)	<i>UKHSA with support from local health economy</i>	<i>Not needed</i>	<i>Unlikely to be required but can use Find and Treat if required. Would be agreed at OCT</i>
	Transport to lab	<i>Local lab transport system</i>	<i>NA</i>	<i>For respiratory samples – suspected Flu or other respiratory viral infection, courier will deliver to care home and return to lab. Other settings may need to return via GP or in some cases arrange own transport/hand delivery to MRI laboratory services for processing</i>
		<i>Postal</i>	<i>NA</i>	<i>GI samples may go through the post via UKHSA/EHOs</i>
		<i>Local lab transport system</i>	<i>Hand deliver</i>	<i>Viral swabs, e.g. for suspected outbreak of Influenza, must be delivered to Virology laboratory at MRI. For suspected respiratory outbreak in a care home, transport of oral swabs will be the responsibility of the care home. Postal systems have proved unsuccessful leading to delayed diagnosis</i>

Prior to an OCT being set up, UKHSA 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

Control: Roles and Responsibilities

	Response activity	Potential responder(s)		Considerations, comments or potential issues	
		In hours (9-5)	Out of hours		
Control	Advice on infection, prevention & control measures	CIPCT/ EHOs / UKHSA	UKHSA	All of the agencies listed, advise on precautions and measures taken to control infection, e.g., advice around personal protective equipment, environmental cleaning, hand hygiene, isolation measures, care home closure, emergency transfers/admissions, sampling, treatment, etc. Telephone advice would be supplemented with email information and links to national guidance	
	Exclusion advice, also transfer and movement of affected individuals	CIPCT/ EHOs / UKHSA	UKHSA	Working to UKHSA and GM-led guidance and documentation for care homes and adult social care settings. Online Health Protection guidelines around exclusion or affected individuals in schools/childcare and community/workplace settings. Support and advice to education/childcare partners form CIPCT, and workplaces in the main from EHOs	
	Treatment and Prophylaxis (Including immunoglobulin, vaccines, antivirals, antibiotics and anti-toxins)	Access			Where Rx/PEP available (not available for all pathogens / outbreaks)
		Prescription	GP	Mastercall (Out of hours GP provider)	Mastercall 0161 476 0400 option 2 Public Health laboratory at MRI will support immunoglobulin provision
		Dispensary	Commissioned Community Pharmacies	Commissioned Community Pharmacies	Antiviral medication stock held by Malcolm's Pharmacy, 28 Flixton Road, Urmston, 0161 747 2277 & Conran's Pharmacy 175 Moorside Road, Urmston M41 5SJ, 0161 755 0389.
		Transport	Usual pharmacy delivery	Care Home Collection	May require local response if the standard pharmacy delivery routes are not sufficient.
		Payment	ICP or LA	ICP or LA	Depending on whether antivirals are prescribed during flu season or out of season (as defined by Chief Medical Officer Central Alerting System)
		Communication with cases / parents (e.g., consent forms)	Consent - Professional administering the treatment. General information – CICN/UKHSA UKHSA/Trafford Council would support	Out of hours provider/care giver	The care giver would be responsible for communicating with their patient. Provider management would be responsible for communicating to their own staff. via the Medicines Optimisation in Care Homes team (Ahmed Saquib - saquibahmed@nhs.net or Lesley Buxton - lesley.buxton@nhs.net, or overarching meds optimisation team for cascading information to practices and pharmacies and supporting provision of prescription for anti-virals through GP practice Trafford Council for communicating to its own staff, and DPH would take the lead on communicating with elected members and public. UKHSA generally lead for press.

		Mass vaccination	NHSE, UKHSA, local Public Health, Trafford ICP, MFT and TLCO(both the CIPCT and community nurses)	N/A	NHSE would determine immunisation policy and pay for the vaccines. For delivery: Schools – School Nurses, MFT and TLCO Nursery – Health Visitors, MFT and TLCO Care homes – MFT and TLCOFT. Residential Homes only. All Community nurses will offer assistance where mass vaccination is required within an individual residential care home. The arrangements for Care homes registered for nursing are not in the MFT and TLCO contract. The ICP is responsible for commissioning care for all patient needs and would work with UKHSA to put a solution in place. There are two developments underway which may affect this is: 1). the development of a new comprehensive medical support service for care homes and 2) the development of the Primary Care Organisation – as the body which will eventually become responsible for provision of all primary care in the borough.
		Mass chemoprophylaxis	GPs	Mastercall (Out of hours GP provider)	Stocks of antiviral medication held by Malcolm's Pharmacy, 28 Flixton Road, Urmston, Greater Manchester M41 5AA, 0161 747 2277 & Conran's Pharmacy 175 Moorside Road, Urmston M41 5SJ, 0161 755 0389 Mastercall also holds a stock of antivirals (0161 476 0400 International House, Pepper Road, Hazel Grove Stockport SK7 5BW)- Katrina Watts (Marsden) and Gemma Piron, 0161 474 2441 or 07824351894.
		BCG immunisation	TB nurses	N/A	TB Nurses at MFT – Nurse Lead Ryan Noonan; TB Nurse Tracey Magnall; Team number: 0161 276 4387. Arrangements for children are currently under review with other boroughs in GM.TB
	Enforcement of control measures		Local Authority with UKHSA support	Local Authority with UKHSA support	In practice this has not happened, Environmental Health would only be likely to be involved if a Food Hygiene issue.

Prior to an OCT being set up, UKHSA will liaise directly with the DPH and other 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
- CIPCTs: 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

Communications: Roles and Responsibilities

	Response activity		Potential responder(s)		Considerations, comments or potential issues
			In hours (9-5)	Out of hours	
Communications	To public	Setting specific advice letters (e.g. businesses, care homes, supported accommodation settings, day services)	OCT / LA / EHO / UKHSA	UKHSA	DPH would likely write to schools and care homes, EHO would likely write to businesses.
		Update NHS 111	NHS GM Trafford/ UKHSA	UKHSA	
		Helpline	Trafford Council	Trafford Council	Scr and algorithm provided by UKHSA / LA
		Websites / social media	Trafford Council	Trafford Council	Trafford Council and NHS GM Trafford social media and website could be used.
		Door to door	Trafford Council	Trafford Council	Only needed in a community tension type scenario
	To health partners	Briefings / sitrep's from OCT	OCT and the stakeholders listed.	OCT if severity requires OOH response.	Include list of key local health economy partners (e.g. Hospital IPC Team, OOHs GPs, NHS 111, NWAS, Adults / Children's services, Social Care providers, other LA's)
		Other relevant groups	Responsibility of each agency	Responsibility of each agency	
	To the media		Coordinated by UKHSA via OCT	UKHSA via OCT	Include all partner agencies in discussion of key comms messages
	To Elected Members / Committees e.g. Health and Wellbeing Boards		DPH in LA	DPH in LA if serious	
	Internal briefs		Responsibility of each agency	If severity requires OOH response.	All agencies involved, NHS, Trafford Council.

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 from 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 Trafford health economy include:
 - **NHS GM Trafford**, which commissions: acute services, mental health services, primary care services (GPs, some pharmacy schemes) community services incl. nursing (MFT and TLCO)
 - **Trafford Council, Public Health**, which commissions health services, including *school health and Trafford Community Infection Control Team, Manchester University NHS Foundation Trust.*
 - **Trafford Council, All-age commissioning**, which contracts with care providers, (Care home, home care Extra Care and Supported Living Services), Children's and Adult Social Care, Learning Disability
 - **GM Health and Social Care Partnership (GMHSCP)**, which commissions *pharmacy services, immunisations.*
 - **Trafford Council, Environmental Health** which commissions Bureau Veritas as part of a GM contract

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

The documents underlined are to be found in the Outbreak Plan Accompanying Local Policies folder, which can all be found on the r: drive of the Council network, r:\IBU\CYPS\Public Health\Health Protection\Outbreak Plan\Accompanying Policies (see screenshot next page). Where there is no local policy, please refer to national guidance, policies and procedures.

- 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 seldom heard population

OFFICIAL SENSITIVE

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	<ul style="list-style-type: none"> Two or more residents or staff suffering from ILI CICPT or UKHSA GM HPT if OOH alerted by home Information for affected staff / residents taken Outbreak email sent to relevant groups Daily phone call made / Outbreak form sent to home to fill out and return to CICPT ICFT 	<ul style="list-style-type: none"> CICPT GP MFT virology 	<ul style="list-style-type: none"> UKHSA Mastercall 	** There is a detailed piece of work in progress at GM level
	Sampling	<ul style="list-style-type: none"> Swabs to be obtained from up to 5 symptomatic people (most recent onset) Swabs couriered to and from microbiology/virology at Manchester Foundation Trust (MFT) UKHSA labs for PCR Sampling for SARS-CoV-2 / COVID-19 to be performed in conjunction. 			
Control	Advice IPC	<ul style="list-style-type: none"> Increased hand and respiratory hygiene measures advised Home closed to admissions and visitors Affected residents isolated until 5 days post symptoms Affected staff excluded for 5 days Deep clean before reopening 	<ul style="list-style-type: none"> CICPT Mastercall MFT virology 	<ul style="list-style-type: none"> UKHSA Mastercall 	<ul style="list-style-type: none"> Residents may be difficult to isolate, e.g. dementia / provider configuration may be limited within period buildings
	Treatment / Prophylaxis	<ul style="list-style-type: none"> OCT may need to be arranged to discuss management if difficult to contain outbreak and any operational issues identified by CIPCT Antiviral treatment/prophylaxis prescribed and administered dependant on lab results and 			

	Response Activity		Responders		Considerations
			In hours	Out of hours	
		CIPCT liaison with UKHSA HPT			
Comms	To care home	<ul style="list-style-type: none"> Advice letters/newsletters/emails/outbreak info pack 	<ul style="list-style-type: none"> CICPT. UKHSA comms UKHSA comms 	No out of hours comms needed	
	To health partners	<ul style="list-style-type: none"> Outbreak email* OCT minutes circulated 			
	To media	<ul style="list-style-type: none"> Coordinated by UKHSA via OCT 			

3b. Arrangements for investigating complex TB incidents

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	Detection/Alerting	<ul style="list-style-type: none"> Notifiable disease UKHSA / TB Nurse or CICPT alerted about greater than usual cases/linked cases Alert TB services Identify contacts of infected individuals 	<ul style="list-style-type: none"> UKHSA TB services CIPCT NHS GM Trafford Microbiology laboratory 	UKHSA	
	Sampling	<ul style="list-style-type: none"> Screen contacts / people in affected area Large scale screening if needed Relevant testing Mass x-ray (including mobile x-ray) 			
Control	Advice IPC	<ul style="list-style-type: none"> Isolation Hygiene measures Provide advice/reassurance to worried individuals 	<ul style="list-style-type: none"> UKHSA CIPCT TB services TCIPCT 	UKHSA (if necessary)	<ul style="list-style-type: none"> Prescribing Sourcing Individuals not

	Response Activity		Responders		Considerations
			In hours	Out of hours	
	Treatment / Prophylaxis	<ul style="list-style-type: none"> • Mass vaccinations – BCG • TB antimicrobial therapy – via PGD or individual prescriptions • Consider latent infections 	<ul style="list-style-type: none"> • NHS GM Trafford • District nursing • General Practice 		complying with treatment due to complex social needs (e.g. homeless)
Comms	To public	<ul style="list-style-type: none"> • Advice letters • Update NHS 111, helpline, social media 	<ul style="list-style-type: none"> • UKHSA comms 	<ul style="list-style-type: none"> • There is no out of hours comms support. Silver Control will decide when comms need to be involved 	
	To health partners	<ul style="list-style-type: none"> • Outbreak email* • OCT minutes circulated 			
	To media	Coordinate by UKHSA via OCT			

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

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	Detection/Alerting	<ul style="list-style-type: none"> UKHSA/CIPCT notified when unusual numbers or cluster of cases 	<ul style="list-style-type: none"> UKHSA CIPCT CMFT Virology laboratory GPs 	UKHSA	
	Sampling	<ul style="list-style-type: none"> Blood samples for virology Screening of contacts Screen for multiple BBVs 			
Control	Advice IPC	<ul style="list-style-type: none"> Explain routes of transmission Hygiene measures 	<ul style="list-style-type: none"> UKHSA / Environmental Health CIPCT General Practice Hospital Cons 	UKHSA	<ul style="list-style-type: none"> Prescribing Sourcing
	Treatment/Prophylaxis	<ul style="list-style-type: none"> PEP treatment for close contacts Vaccinations for close contacts and other contacts (dependant on virus) 			
Comms	To public	<ul style="list-style-type: none"> Advice letters Update NHS 111, helpline, social media 	<ul style="list-style-type: none"> UKHSA CIPCT 		
	To health partners	<ul style="list-style-type: none"> Outbreak email* OCT minutes circulated 			
	To media	Coordinate by UKHSA via OCT			

3d. Investigating meningococcal disease in a nursery, school or college

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	Detection/Alerting	<ul style="list-style-type: none"> • Meningococcal case notified to UKHSA • Identify close contacts 	<ul style="list-style-type: none"> • UKHSA • CIPCT • School nurses / Health Visitors 	UKHSA	
	Sampling	<ul style="list-style-type: none"> • No screening needed, but highlight symptoms and importance of urgent medical attention • Hospitalisation of anyone displaying symptoms 	<ul style="list-style-type: none"> • Children's Services • Microbiology 		
Control	Advice IPC	<ul style="list-style-type: none"> • Highlight symptoms and importance of urgent medical attention 	<ul style="list-style-type: none"> • UKHSA • CIPCT • School nurses / Health Visitors 	UKHSA	<ul style="list-style-type: none"> • Prescribing • Sourcing
	Treatment/Prophylaxis	<ul style="list-style-type: none"> • Prophylactic antibiotics for close contacts • Check vaccination status of rest of school/college – offer vaccination for unimmunised 	<ul style="list-style-type: none"> • GPs 		
Comms	To public	<ul style="list-style-type: none"> • Advice letters • Update NHS 111, helpline, social media 	<ul style="list-style-type: none"> • UKHSA • CIPCT 		
	To health partners	<ul style="list-style-type: none"> • Outbreak email* • OCT minutes circulated 			

	To media	Coordinate by UKHSA via OCT			
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3e. Investigating Hepatitis A in a school or childcare setting

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	Detection/Alerting	<ul style="list-style-type: none"> • Notifiable disease • UKHSA/CIPCT notified of case(s) • Identify close contacts • Identify source 	<ul style="list-style-type: none"> • UKHSA • CIPCT • School nurses / Health Visitors 	UKHSA	
	Sampling	<ul style="list-style-type: none"> • Blood samples from all contacts for Hep A testing – students/staff/household 			
Control	Advice IPC	<ul style="list-style-type: none"> • Increased hand hygiene, extra measures for close contacts 	<ul style="list-style-type: none"> • UKHSA • CIPCT • School nurses / Health Visitors • GPs • NHS GM Trafford meds management • Environmental Health (food hygiene advice). 		<ul style="list-style-type: none"> • Availability of sufficient vaccine • Ensure vaccinations are given in a timely manner
	Treatment/Prophylaxis	<ul style="list-style-type: none"> • No treatment available • Immunoglobulin therapy for household contacts • Vaccinate contacts 			
Comms	To public	<ul style="list-style-type: none"> • Advice letters to schools/households 	UKHSA Comms		

	To health partners	<ul style="list-style-type: none"> • Outbreak email* • OCT minutes circulated 			
	To media	Coordinate by UKHSA via OCT			

3f. Investigating outbreaks in a seldom heard population (e.g measles at a traveller's site)

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	Detection/Alerting	<ul style="list-style-type: none"> • Notifiable disease • UKHSA/CIPCT notified of case(s) • Identify close contacts • Identify source 	<ul style="list-style-type: none"> • UKHSA • CIPCT • PH Specialist (Asylum seekers, Refugees & Travellers) 	Mastercall	
	Sampling	UKHSA to provide kits if required			
Control	Advice IPC		<ul style="list-style-type: none"> • UKHSA • CIPCT • PH Specialist (Asylum seekers, Refugees & Travellers) • Environmental Health (food 		Health visiting/school nursing maybe engaged depending on the context
	Treatment/Prophylaxis	Advice from UKHSA Mass vaccination onsite			

			hygiene advice).		
Comms	To public	<ul style="list-style-type: none"> • Advice letters to remaining traveller 			
	To health partners	<ul style="list-style-type: none"> • Outbreak email* • OCT minutes circulated • Messages to GPs re increasing vaccine uptake / bringing forward routine vaccinations 			
	To media	Coordinate by UKHSA 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
- NW Ambulance Service
- Environmental Health
- Consultant Microbiologists
- UKHSA

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

Care homes

- *Management of outbreaks in Care homes:*
 - *Suspected viral Gastroenteritis*
 - *Respiratory (excluding seasonal influenza: this will be covered in Section 2). Often this will still require an OCT except during flu season.*

- *Management of PVL +ve MR/SSA incidents outside of the acute sector. CIPCT assist Primary Care if community incident or outbreak where required, to include advice and guidance around management and advice to patient or setting if required. OCT may be required if numerous cases identified in residential setting.*

- *iGAS (invasive A strep) – would be managed in collaboration with UKHSA*

APPENDICES

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

Type of Stock	Where Located	Quantity	Arrangements for Access
Viral swabs	Meadway Health Centre, Sale, M33 4PP. Kept in the Small meeting room, in large brown envelopes.	Each envelope has 5 sets of swabs with instructions	Open 24/7. Would be the registered Nursing Care Home Manager, if residential care home would be community nursing team (MFT, Clinical Prioritisation Team who take the swabs 0161 975 4734. OOH 0300 323 0303. The care home manager has responsibility to take the specimens (regardless of who took them) immediately to the Virology Reception, Clinical Science Building at Manchester FT.
			Swab kits are available from the MRI Laboratory (0161 2768854 Option 1), and a small stock (up to 20 swabs).
Anti-viral	Malcolm's Pharmacy, 28 Flixton Road, Urmston, M41 5AA 0161 747 2277. Conran's Pharmacy 175 Moorside Road, Urmston M41 5SJ. 0161 755 0389. Other arrangements for OOH can be found in the On-Call pack.		Malcolm's pharmacy opening hours 7am-10pm Monday-Saturday 9am-7pm Sunday Conran's pharmacy opening hours 8am-11pm Monday-Saturday 9am-7pm Sunday Instructions for how to access are detailed on the On-Call pack for OOH
Stool specimen kits	Basement of Trafford Town Hall, the Environmental Health "bunker"	Approximately 20 kits	Via Environmental Health, Admin Team 0161 912 4509
Food sampling pots and bags	Basement of Trafford Town Hall, the Environmental Health "bunker"	Approximately 20 kits	Via Environmental Health, Admin Team 0161 912 4509

Annex 2: Potential Outbreak Settings or Sources

These are examples of community settings sometimes associated with outbreaks

- Care homes: nursing, residential, intermediate, extra care, supported living mixed etc
- Schools / Colleges
- Nurseries / Child minders / Play centres
- Children's residential homes and supported accommodation
- University / student accommodation – none in Trafford
- Food outlets
- Petting farms
- Swimming pools / water activity parks
- Dental practices
- Community health care settings (GP practices, Integrated Care centres etc.)
- Prisons / Detention Centres - none in Trafford
- Workplaces
- Ports / airports - none in Trafford
- Hotels
- Leisure Centres
- Travellers Sites
- Private camp sites / holiday parks
- Community Hospitals
- Hostels
- Tattoo Parlours
- Resettlement or bridging hotels

Annex 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 0157
- Hepatitis A
- Meningitis
- Pertussis
- Legionnaires Disease
- Measles

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Annex 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, supported living scheme	-Swabbing of up to 5 most recently affected residents -Notification to GPs for consideration of AV -Isolation of affected individuals	Care homes MFT district nursing GPs NHS GM Trafford Medicines Optimisation in Care Homes Team	Ensuring swabs are taken promptly to the lab Difficulties in effectively isolating patients especially those who wander	Yes (09:00 -20:00 ...not overnight)	NOTE: A dedicated piece of work is in progress at GM level, please refer to final report for detailed considerations
Outbreak of iGAS in a care home	-screening (lab testing) of residents and staff -Treatment of cases, decolonisation of carriers, surveillance of contacts -IPC measures potentially including home closure	-CIPCT -Lab: local/UKHSA -Care home	-who screens +/- treats staff (do care homes have Occupational Health providers?) -safeguarding issues?	No	
Hepatitis A case with suspected source in a primary school	-vaccination +/-HNlg for contacts: households / School (pupils/staff) -IPC measures for individual cases and contacts	-School nurses & support sourcing of vaccine etc.) -GPs -CICNs	-ensuring GPs vaccinate household contacts in a timely manner -delivering a mass vaccination session in a school (logistics,	No	NOTE: also consider scenario where outbreak evolves to a large community outbreak

Outbreak Scenario	Recommended response	Usual partners providing the local response (provider + commissioner)	Common challenges for consideration	OOH response required?	Comments
		-Labs: UKHSA/local	obtaining consent, language barriers, vaccine supply, prescription/PGD, governance, recording uptake etc.) -catch-up arrangements for those who missed school session		
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 -Health Visitors -Student health services -GPs -Local trust	As for any mass treatment session: -Sourcing (local stock?) -Prescribing by GP or OOH service via prescription unless agreed PGDs exist and stocks for administration? -Delivery	Yes (09:00 -20:00 ...not overnight)	
TB incident with a large number of contacts (e.g, boarding school setting)	-testing of a large number of contacts -treatment of latent infections where appropriate	-TB services -GPs?	-where large number of CXRs are required: local arrangement? -who pays for IGRA testing?	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)
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	-EHOs -Lab: local/UKHSA	-What is the process for obtaining faecal samples	Yes (09:00 -20:00 ...not overnight)	

Outbreak Scenario	Recommended response	Usual partners providing the local response (provider + commissioner)	Common challenges for consideration	OOH response required?	Comments
	-setting-based control measures (e.g. food hygiene advice): recommendation/enforcement -case-based control measures (exclusion etc)				
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: UKHSA -School nurses - Health Visitors -GPs	-delivering mass vaccination session in school (see Hep A example), including identifying eligible target group based on CHIS -who would pay for local vaccine catch up campaign?	Yes (but not overnight)	
Seldom heard population: -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	-usually the issue is around poor access to NHS services: dedicated out-reach type response often needed (i.e. setting-based, from a trusted team where possible)	Not usually	

Annex 5: Teleconference Details and Protocol

These details will be provided once an outbreak is called. In many circumstances the call would be set up by HPU

Dial-in number:

Chairperson Passcode:

Participant Passcode:

For further information; https://www2.bt.com/static/i/media/pdf/meet_me_intro_ug.pdf

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 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 background 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 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.

Annex 6: Key Contacts

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

<i>Organisation/title/department</i>	<i>Name/comment</i>
UKHSA North West	NW UKHSA
<i>Phone(s)</i>	<i>Email</i>
Out of hours SPOC is 0151 434 4819	

<i>Organisation/title/department</i>	<i>Name/comment</i>
GM Health Protection Team. UKHSANW	GM HPU
<i>Phone(s)</i>	<i>Email</i>
0344 225 0562, opt3	gmanchpu@UKHSA.gov.uk
Out of hours SPOC is 0151 434 4819	

<i>Organisation/title/department</i>	<i>Name/comment</i>
UKHSA Public Health Laboratory Manchester	Consultant Virologist and on-call Consultant Virologist
<i>Phone(s)</i>	<i>Email</i>
0161 276 8853/4277 or via MRI switchboard out of hours (0161 276 1234) and ask for the on-call Consultant Virologist	

<i>Organisation/title/department</i>	<i>Name/comment</i>
Public Health Trafford Council	Helen Gollins, Director of Public Health
<i>Phone(s)</i>	<i>Email</i>
07817 951555	helen.gollins@trafford.gov.uk

<i>Organisation/title/department</i>	<i>Name/comment</i>
Environmental Health Dept	Suzanne Whittaker, Regulatory Services Manager Nicola Duckworth, Team Leader
<i>Phone(s)</i>	<i>Email</i>
0161 912 4911 0161 912 4059	suzanne.whittaker@trafford.gov.uk environmental.health@trafford.gov.uk

<i>Organisation/title/department</i>	<i>Name/comment</i>
Community Infection Prevention and Control Team,	Anna Anobile

MFT	
<i>Phone(s)</i>	<i>Email</i>
0161 912 5176 messages can be left.	anna.anobile@mft.nhs.uk traffordcommunityipcteam@mft.nhs.uk

<i>Organisation/title/department</i>	<i>Name/comment</i>
NHS GM Trafford	Gareth James, Deputy Place Based Lead
<i>Phone(s)</i>	<i>Email</i>
07971 483708	gareth.james1@nhs.net
Out of hours SPOC for NHS GM Trafford is via NWS ROCC on 0345 113 0099, Option 1 for GM UEC Hub. Ask for the locality NHS GM Trafford Director On Call.	

Annex 7: OCT Members List

1. Appropriate membership
 - Public Health (Trafford LA)
 - Business/School/Care Home
 - Education (Schools Only)
 - Early Years Team (Early Years Settings Only)
 - Commissioning (Care Homes Only)
 - Commissioning (OP, LD and MH Care Homes Only and Extra Care)
 - Strategic Lead Urgent Care (Admission and Discharge Planning)
 - Infection Prevention and Control Team
 - Environmental Health
 - Health and Safety Unit (Schools Only)
 - Communications (NHS Trafford ICB and /or Trafford Council)

Annex 8: OCT Agenda Template

Outbreak Control Team: Business/School/Care Home Agenda Day Month 2022, xx:xx-xx:xx, MS Teams

2. Introduction (Reminder of confidentiality and need for accurate records)
3. Appropriate membership
 - Public Health (Trafford LA)
 - Business/School/Care Home
 - Education (Schools Only)
 - Early Years Team (Early Years Settings Only)
 - Commissioning (OP, LD and MH Care Homes Only and Extra Care)
 - Strategic Lead Urgent Care (Admission and Discharge Planning)
 - Infection Prevention and Control Team
 - Environmental Health (Early Years/Businesses Only)
 - Health and Safety Unit (Schools Only)

4. Declarations of Conflicts of Interest
5. Duty of Candour
5. Items Not on the Agenda
6. Background
 - Cases & Contacts
 - Covid-19 Secure Review
7. Risk Management/Control Measures
8. Further Investigation
9. Communications
10. Any Other Business
11. Recommendation List with timescale and allocated responsibility
12. Date and time of next meeting