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For Action by:

All Health Boards, NHS Trusts

Action required by:

Immediate

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Dear Colleagues,

The Welsh Government published 'Our Public Health Approach to Respiratory Viruses Autumn/Winter 22/23' on 11 October. This sets out the public health context as we move into autumn/winter 22/23 and our approach to responding to respiratory viruses in Wales.

The approach outlined focuses on the measures we will take when operating in a Covid Stable environment, whereby we expect further waves of infection but that we do not expect these to put continued unsustainable pressure on the Health and Social Care system.

We have in the last couple of weeks, here and across the UK, seen an increase in infections in the community and in the number of people admitted to hospital. I am therefore seeking your support in the following areas:

- Our best line of defence is vaccination and it is essential we provide access and support for health and care workers to take up their vaccination offers for COVID-19 and influenza - I am therefore asking for a commitment that all clinical leads have a conversation with each member of their team regarding their vaccination intentions in the next two weeks.
- The importance of educating staff on the continued importance of good personal hygiene and staying away from work if they have symptoms, taking a test and following the advice.
- That mask wearing is encouraged with staff and visitors in our hospitals including public areas.

The BA.5 subtype of the omicron variant remains the dominant strain at the moment, but the virus is continuing to mutate and we are seeing new variants emerging all the time.

We may, therefore, need to act rapidly to respond to changing circumstances. This could include introducing other measures including the NHS winter surge and Covid Urgent options and stronger advice on protective behaviours.

Yours sincerely,

Frank Atherton

Chief Medical Officer

Annex 1

Approach for Respiratory Viruses – Technical Guidance for Healthcare Planning

Surveillance

Effective and routine respiratory disease surveillance is an important feature of the health protection system in Wales. The intelligence we collect will help guide decisions and policy choices that may be needed this winter.

Health Board and primary care services have a key role to supporting surveillance by increasing the samples for people with respiratory viruses through a more representative set of GP practices and pharmacies. Hospital admissions with acute respiratory symptoms will also have a standard set of pathogen tests and data collected, with a subset of emergency department sites collecting a wider range of information. To support this work, health boards are encouraged to buy into the roll-out of the new Welsh Emergency Care Data Set (WECDS) across Wales and commit to providing sufficient quality data through the appropriate system including the full completion of electronic test request forms for all SARI cases in Welsh hospitals. This is imperative for the long-term future of Severe Acute Respiratory Infection surveillance in Wales, otherwise we will continue with the current status of not being able to monitor number of patients accessing emergency health care due to symptoms of severe respiratory infections.

Infection Prevention & Control (IPC) advice for health and social staff

The current Public Health Wales guidance COVID-19 IPC Guidance provides disease specific IPC measures to prevent transmission of SARS-CoV-2 in health and care settings in Wales. This guidance should be read in conjunction with the National Infection Prevention and Control Manual Wales. This describes the application of Standard Infection Prevention and Control Precautions (SICPs) and Transmission Based Precautions (TBPs) with regards to the management of other winter viruses.

Further guidance is also available around aerosol generating procedures and local risk assessments in the context of managing seasonal respiratory viral infections focussing on influenza, SARS CoV-2 and respiratory syncytial virus (RSV) based on measures as prioritised in the hierarchy of controls. This can be located here Infection prevention and control - Public Health Wales (nhs.wales)

Vaccination programmes both for COVID-19 and seasonal flu remain a critical part of our infection prevention and control plans. High levels of vaccination amongst the workforce both to maintain the health and wellbeing of our workforce, and to prevent onward transmission of infection to patients and colleagues. This will also help to maintain our staffing levels by minimising avoidable illness and so avoiding

increasing the pressure on colleagues who remain in work. It will be critical health boards and trusts encourage and support the workforce to get vaccinated.

Our communications messaging this autumn and winter will also focus on action individuals take to protect others including wearing masks in health and care settings. We expect health boards to proactively encourage and support the wearing of masks in their settings to reduce infections of staff and patients, especially when case rates and prevalence is high.

Use of facemasks or coverings for all patients and visitors in areas that are dealing with known or suspected cases of SARS-CoV-2 and other respiratory infections should be continued in compliance with IPC guidance.

It remains the responsibility of the Health Board to ensure that staff and visitors comply with IPC guidance for health and care settings and continue to be advised and supported to use masks/ face coverings.

Our approach to testing including multiplex tests

The patient testing framework sets out national guidance for testing of patients for admissions and discharge and includes for this autumn and winter the use of multiplex testing if clinically indicated. The guidance, revised in September, is based on the best scientific, public health and expert evidence available but also recognises the importance for local decisions to be made about where or when testing may need to be increased or decreased depending on nosocomial rates, community transmission rates, or vulnerability of patients.

Changes to testing for health and care staff were made on 8 September with the pausing of asymptomatic testing. We continue to provide free access to symptomatic testing for health staff and can re-start asymptomatic testing if there is a public health need during the winter.

In addition to COVID-19 this winter we also face additional uncertainty in relation to other circulating respiratory viruses including influenza. Our plans for winter have considered how we utilise testing capacity so that we can also diagnose a wider range of respiratory viruses that can put the most vulnerable at risk.

Diagnostic multiplex testing offers a number of benefits over LFT or Covid specific PCR tests. Multiplex tests simultaneously analyse samples for multiple pathogens enabling them to differentiate between respiratory illnesses, such as COVID-19, Influenza A, B, and RSV. This can help us detect different respiratory infections in high-risk settings and put in place measures to mitigate risk and spread.

Access to multiplex tests is already available for care home residents, prisoners and patients if clinically indicated. Since pharmaceutical therapies and infection control plans vary widely by illness then early accurate diagnosis of symptoms can improve treatment and outcomes for individuals at risk being cared for within these settings. Influenza infections, for example, can be treated with antivirals, such as oseltamivir, to reduce the period of infection and can be used prophylactically to protect

vulnerable contacts. But that same medication is markedly less effective against other respiratory pathogens.

This autumn and winter we are extending the offer of multiplex testing for symptomatic patient facing staff working in high risk closed settings. Our approaches for testing in different settings are set out in the tables below and will need to be supported by Health Boards' testing teams. This is based on the objective of protecting the more vulnerable and reducing the risk of transmission to those who are at highest risk of adverse outcomes and within high risk/ closed settings.

Approach to closed settings

Setting	Situation	Type of Test
NHS Hospitals	Symptomatic patient facing staff working with high-risk groups COVID-19 treatments | GOV.WALES	Multiplex
NHS Hospitals	Symptomatic staff not routinely working with high-risk groups	If LFT test is negative, then a PCR/Multiplex test is advised
NHS	Symptomatic Independent Health Providers treating NHS patients in hospitals	If LFT test is negative, then a PCR/Multiplex test is advised
Care Homes	Symptomatic residents - If residents present with an influenza like illness (ILI) three symptomatic residents should be tested in the first instance to understand which respiratory virus is circulating in the care home. Other care home residents who subsequently present with ILI can be assumed to have the circulating respiratory virus. Further testing should only be undertaken if clinically indicated.	Multiplex
Care Homes	Symptomatic staff	Multiplex
Hospices	Symptomatic staff	Multiplex
Social Care	Symptomatic staff working in supported living facilities	If LFT test is negative, then a PCR/Multiplex test is advised
Prisoners	Symptomatic prisoners - If prisoners in the same block present with ILI three symptomatic residents should be tested in the first instance to understand which respiratory virus is circulating in the prison. Other prisoners in the unit who subsequently present with ILI can be assumed to have the circulating respiratory virus. Further testing should only be undertaken if clinically indicated.	Multiplex
Special Schools (residential)	If residents present with ILI three symptomatic residents should be tested in the first instance to understand which respiratory virus is circulating in the care home/prison. Further testing should only be undertaken if clinically indicated.	If LFT test is negative, then a PCR/Multiplex test is advised.

Approach to testing in other settings

NHS	Symptomatic Independent Health Providers treating NHS patients in the community	LFT
NHS	Symptomatic primary care staff	LFT
Social Care	Symptomatic domiciliary care staff	LFT
Social Care	Symptomatic social care workers	LFT
Health and Care Inspectorates	Symptomatic staff	LFT
Special schools	staff and students in non-residential schools	LFT

Pharmaceutical Inventions

Some patients are more at risk if they contract respiratory viruses and can benefit from pharmaceutical interventions. Further advice is provided below on treatments recommended.

Antivirals for treatment and prophylaxis of influenza

Oseltamivir and zanamivir are recommended by NICE, within their marketing authorisations, for the treatment of influenza in adults and children if all the following circumstances apply:

- national surveillance schemes indicate that influenza virus A or B is circulating
- the person is in an 'at-risk' group
- the person presents with an influenza-like illness and can start treatment within 48 hours (or within 36 hours for zanamivir treatment in children) of the onset of symptoms as per licensed indications.
- people 'at risk' are defined as those who have one of more of the following:

- chronic respiratory disease (including asthma and chronic obstructive pulmonary disease)
- chronic heart disease
- chronic renal disease
- chronic liver disease
- chronic neurological conditions
- diabetes mellitus.
    - People who are aged 65 years or older and people who might be immunosuppressed are also defined as 'at-risk'

NICE has also provided guidance stating that oseltamivir and zanamivir may be used for prophylaxis of persons in at-risk groups (see above) following exposure to a person in the same household or residential setting with influenza-like illness when influenza is circulating in the community.

As per NICE guidance, prophylaxis should be issued if the contact is not adequately protected by vaccination, either because the vaccination is not well matched to the circulating strain, or there has been less than 14 days between vaccination and date of first contact with influenza. In addition, the guidance also states that if the individual has been exposed as part of a localised outbreak (such as in a care home), antiviral prophylaxis may be given regardless of vaccination status.

The use of antivirals for either treatment of or prophylaxis against influenza has always been very low in Wales. In 2018 a Directed Enhanced Service (DES) for antivirals for prophylaxis of seasonal influenza in care home outbreaks was agreed with GPC Wales.

The request was that general practitioners implement NICE guidance providing antiviral prophylaxis to residents of care homes where influenza is known or believed to be circulating, following the notification from the Chief Medical Officer to commence prescribing. However, this DES has little impact on the response to influenza outbreaks in care homes. A contributory factor is likely to be the time lag between exposure and the general practitioner identifying those who are eligible for prophylaxis such that the 48-hour window for the antiviral to be effective is passed. Use of multiple tests for symptomatic care home residents provides an opportunity to implement the NICE guidance this autumn and winter.

Antivirals for treatment of COVID-19

People who are at high risk of becoming severely ill due to COVID-19 are eligible for treatment with antiviral or neutralising monoclonal antibody therapies in accordance with the UK wide clinical access policy. Those at highest risk and eligible for treatment are people who have:

- chromosomal disorders that affect the immune system, including Down's syndrome
- certain types of cancer, or have had a cancer removed in the last 12 months
- had either radiotherapy or chemotherapy in the last 12 months
- sickle cell disease
- certain conditions affecting the blood or have received a haematological stem cell transplant
- chronic kidney disease (CKD) stage 4 or 5
- severe liver disease
- had an organ transplant
- certain autoimmune conditions or inflammatory conditions, such as rheumatoid arthritis or inflammatory bowel disease who may be receiving certain medications
- HIV or AIDS
- a rare neurological condition (such as multiple sclerosis, Huntington's disease, motor neurone disease or myasthenia gravis)
- an impaired immune system due to either a condition or certain medications

If people in these groups test positive for COVID-19 and report their lateral flow test result they will usually be contacted within 48 hours and offered treatment via text message or telephone call from the National Antiviral Service. A clinician in the antiviral service will offer eligible people treatment with the antiviral medicines nirmatrelvir and ritonavir, or molnupiravir, or where antiviral treatments are not appropriate by referral to a health board for Neutralising monoclonal antibody treatment (sotrovimab) that is given through your arm (infusion) in a single appointment usually in a hospital.