UK Health Security Agency

Winter Preparedness

Webinar for Adult Social Care Providers

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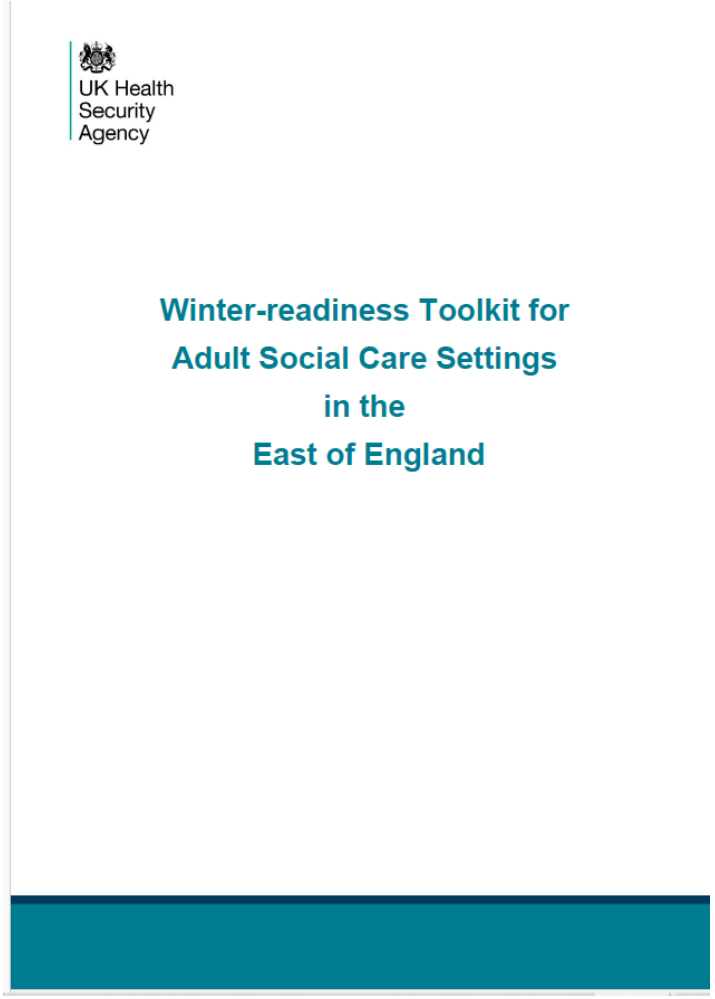
Planning is key!

- Residents and staff in nursing and residential care settings are particularly susceptible to infections, which increase over the winter months.
- Spread of acute respiratory infections (ARI) including COVID-19 and viral gastroenteritis such as Norovirus can be rapid, with severe consequences
- Outbreaks of acute respiratory illness in these settings should be managed by immediate implementation of the outbreak control measures
- Please refer to the winter readiness information shared with you.
- Please notify the Health Protection team (HPT)



What are acute respiratory infections?

‘Clinical diagnosis of acute-onset symptoms usually including at least one of the following signs or symptoms: cough, sore throat, shortness of breath, nasal discharge’

(Ghebrehewet et al, 2016)

Influenza A, influenza B, Respiratory Syncytial Virus (RSV), COVID 19, rhinovirus, parainfluenza, human metapneumovirus (hMPV), adenovirus

-Any age group
-Severe complications in children and the elderly
-Seasonal
-‘Common cold’ vs. Influenza - **severe disease and higher risk of mortality**.

An annual ‘flu/RSV’ vaccination programme runs each autumn, aiming to vaccinate those at risk before the winter season starts.
Vaccine adapted every year – antigenic drift & shift

(The Green Book, Chapter 19)

Mode of transmission

Signs, symptoms, situation
Incubation periods & infectivity
Mode of transmission
Confirmation/criteria
Actions (Inc immediate & essential PH actions)
Reporting & communication (Inc escalation)
Disease clusters and outbreaks

•Droplets +/- airborne, direct & indirect contact

•Largely respiratory—coughing, sneezing, talking generate viral-laden particles
-Droplets: larger particles directly impact conjunctiva, oropharynx
-Can be airborne **-** <5 microns diameter remain in air, inhaled into terminal bronchioles, alveoli.

•Larger particles may contaminate environmental surfaces; can be transferred from hands to mucosa, causing infection.

When to report to UKHSA HPT

7 days a week!

- Suspect an outbreak if 2 or more cases of a particular illness arise within 5 days with a link to the setting
- Use Lateral Flow Devices (LFD) for those eligible for COVID-19 treatments to exclude COVID-19 before reporting a suspected respiratory outbreak.
- Suspect an outbreak if 2 or more cases of diarrhoea and vomiting

How to report to UKHSA HPT – respiratory infections

During weekdays report online only via the Report An Outbreak web-based tool

During weekends please phone: 03003038537. Also complete the online tool to receive auto-generated guidance documents

Respiratory infections

– since 07/03/3024, respiratory outbreaks are notified via the CareOBRA Notification Tool available at: Care Outbreak Risk Assessment (Care OBRA) Tool for Acute Respiratory Infections (ukhsa.gov.uk)

Please report single cases of flu in residents and staff

ALL respiratory outbreaks including COVID-19 using the link or the QR code below –

Report An Outbreak Tool for Acute Respiratory Infections (ukhsa.gov.uk)

How to report to UKHSA HPT – gastrointestinal outbreaks

Gastrointestinal outbreaks / anything else

Weekdays Monday to Friday (during office hours)

Please call 03003038537

or

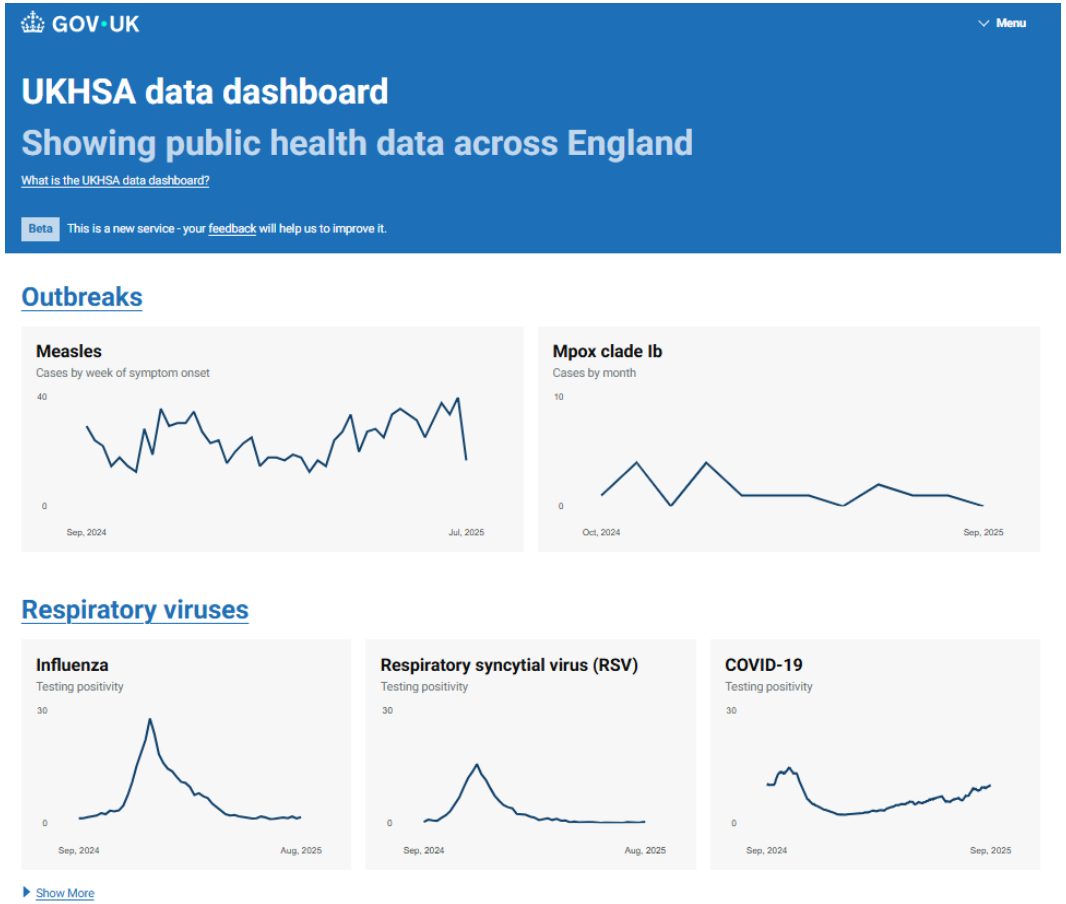
Email EastofEnglandHPT@ukhsa.gov.uk

Out of hours and on weekends

Please call the same number 03003038537

UKHSA data dashboard

- The UKHSA data dashboard shows public health data across England
- The dashboard currently presents a range of data on respiratory viruses
- You can also view any weather health alerts issued warning of adverse weather
- The UKHSA data dashboard is updated every Thursday. To see when we add new data for each specific metric, check the page for that virus
  - https://ukhsa-dashboard.data.gov.uk/respiratory-viruses
- Several metrics featured on this dashboard are published less frequently during the summer. This includes healthcare data for influenza and respiratory syncytial virus (RSV)
- Weekly reporting will resume from 9 October 2025



Other national resources

- Annual flu programme
  - Annual flu programme - GOV.UK
  - Vaccine update: issue 362, August 2025, flu special - GOV.UK
  - Vaccine uptake guidance and the latest coverage data - GOV.UK

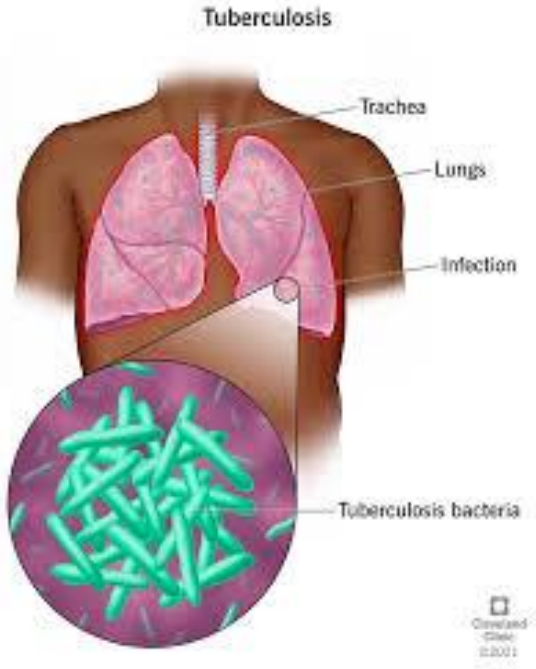
- ONS
  - Coronavirus (COVID-19) - Office for National Statistics
  - Deaths - Office for National Statistics

Norovirus: managing outbreaks in acute and community health and social care settings - GOV.UK

TB: Tuberculosis

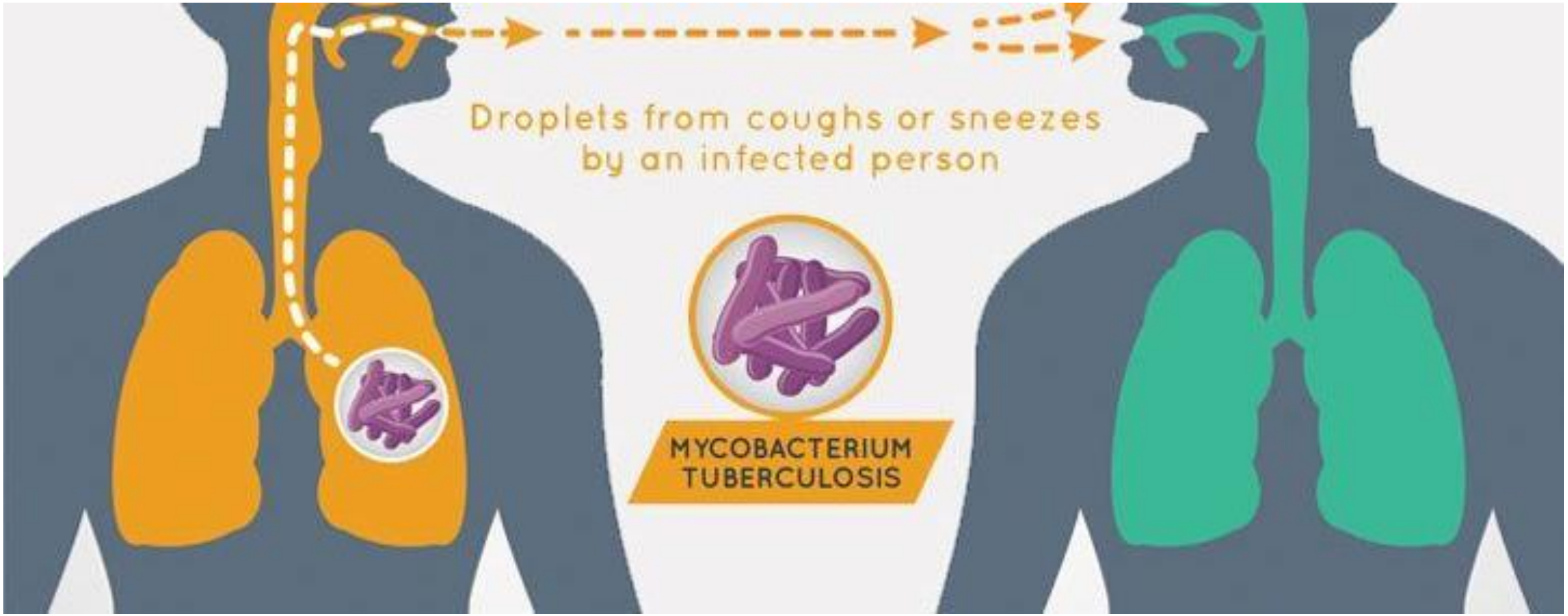
- **What is TB?**

Tuberculosis (TB) is a bacterial infection that can severely affect individuals, especially older people.



[Care home residents diagnosed with latent TB - BBC News]

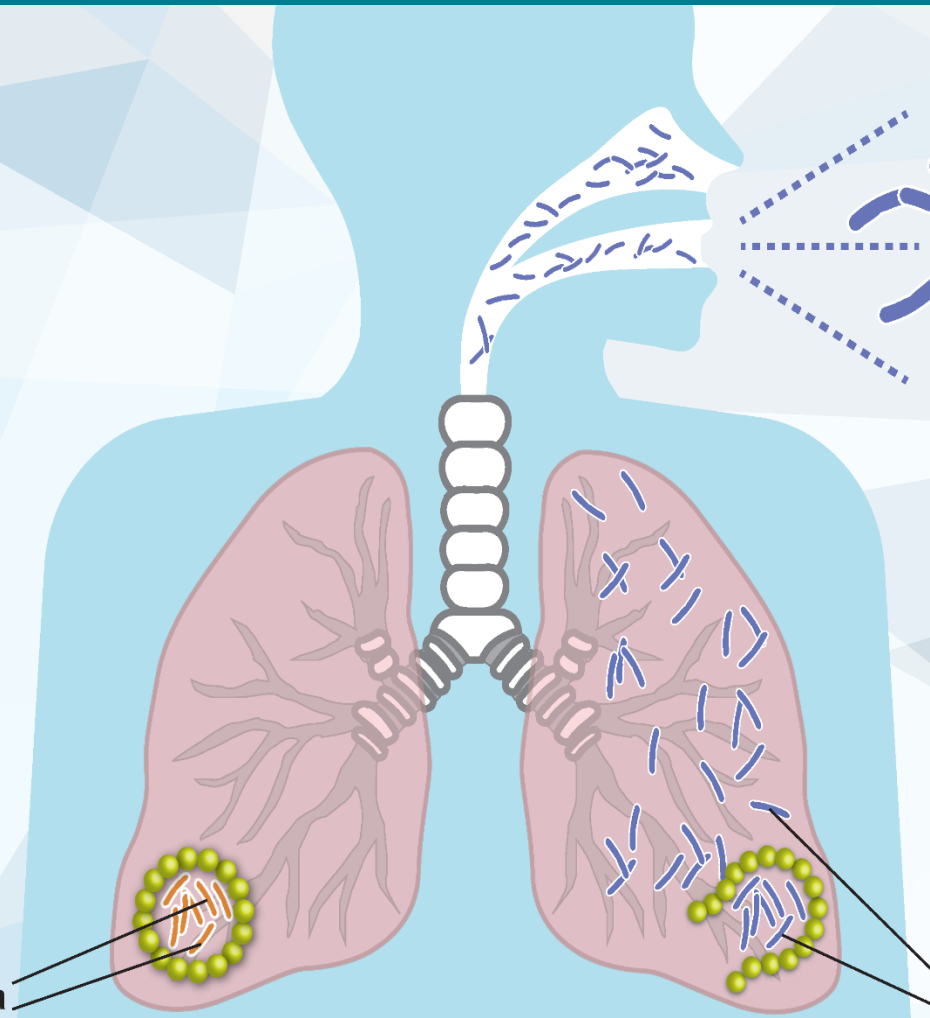
TB Transmission



TB: Latent Infection vs TB Disease

Latent TB Infection

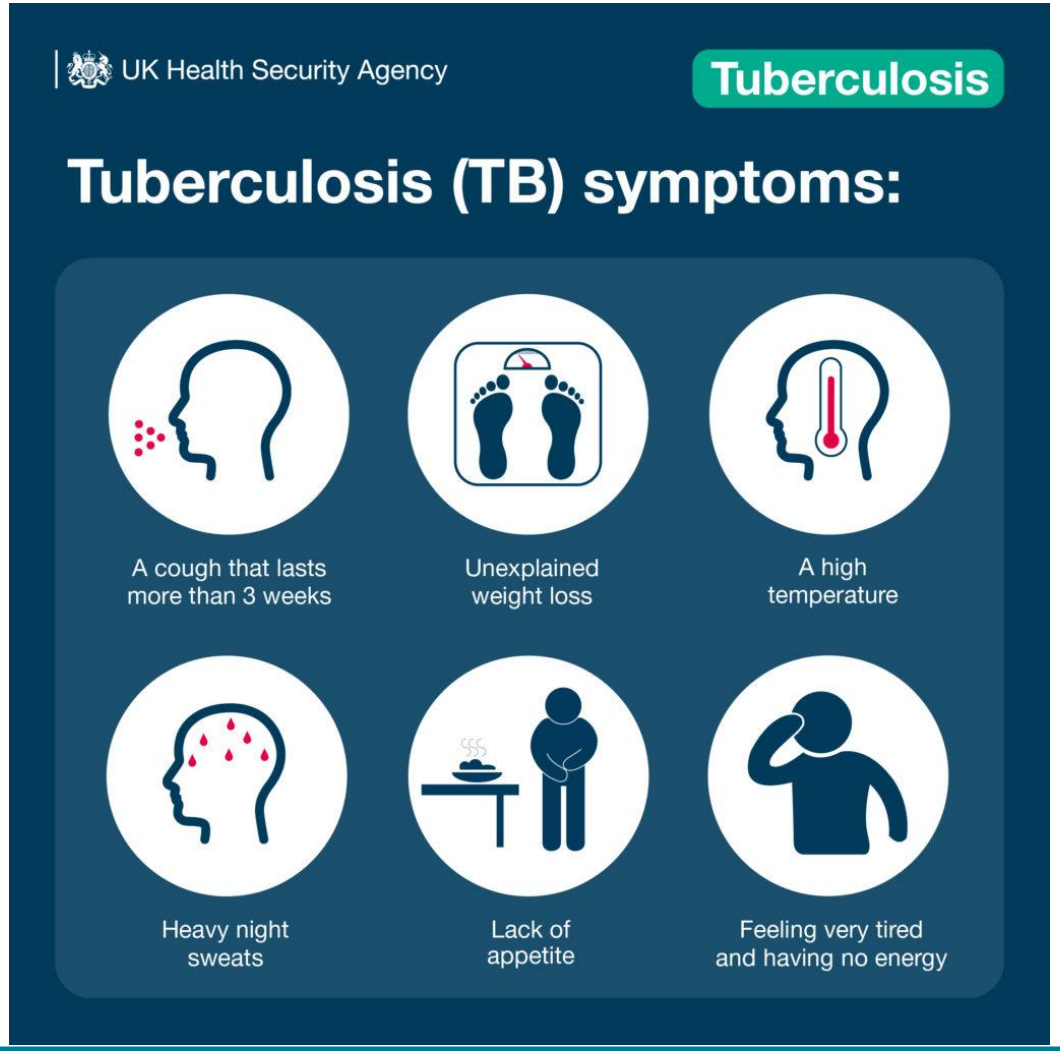
- TB bacteria lives but doesn't grow in the body
- Doesn't make a person feel sick or have symptoms
- **Can't** spread from person-to-person
- Can advance to TB disease

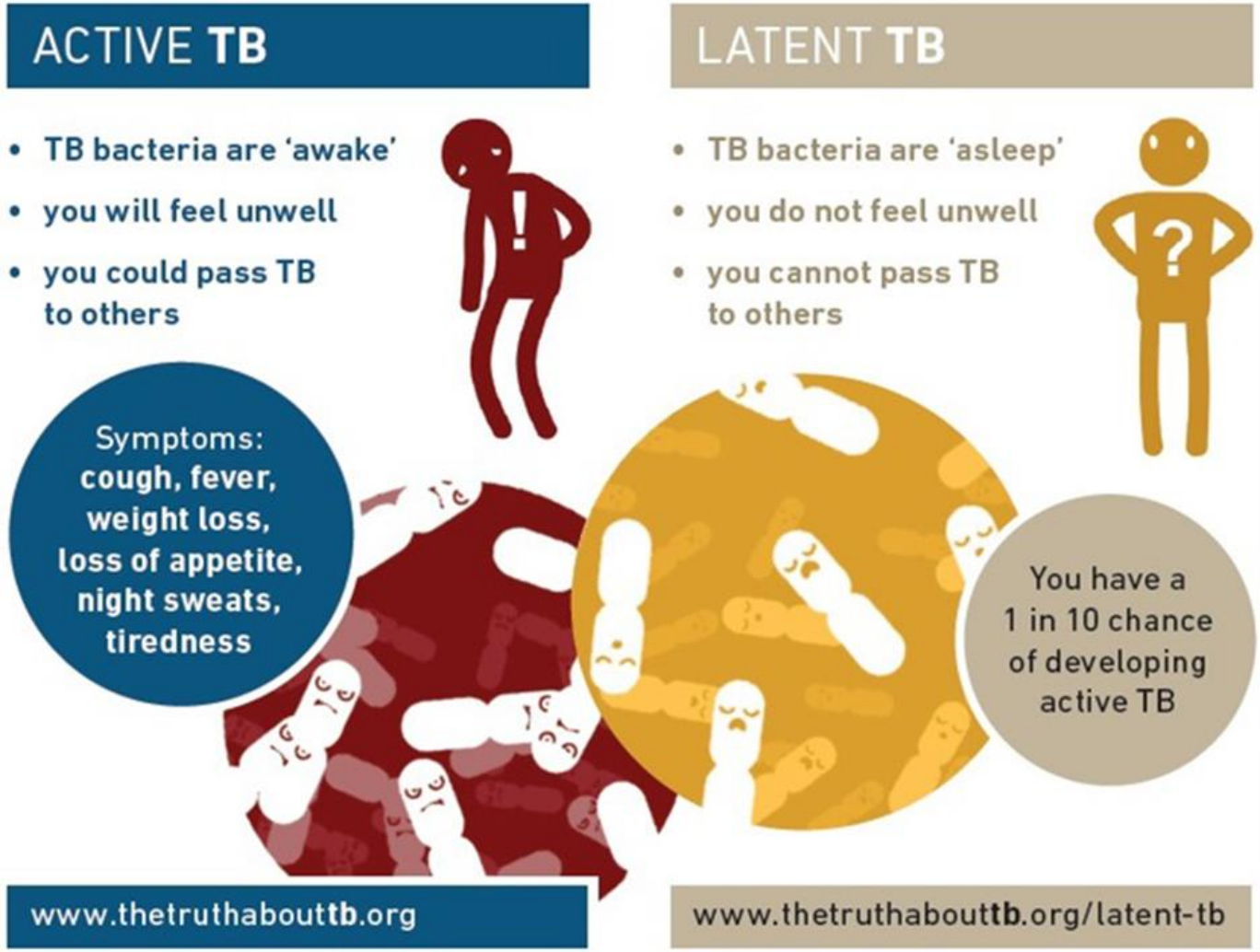


Active TB (or TB Disease)

- TB bacteria is active and grows in the body
- Makes a person feel sick and have symptoms
- **Can** spread from person-to-person
- Can be fatal if not treated

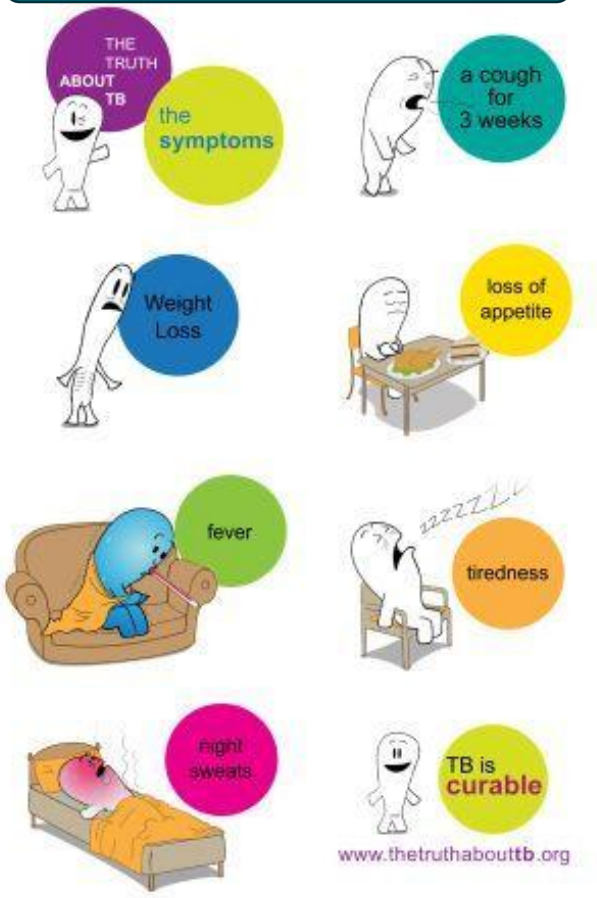
Tubercuosis (TB) Symptoms

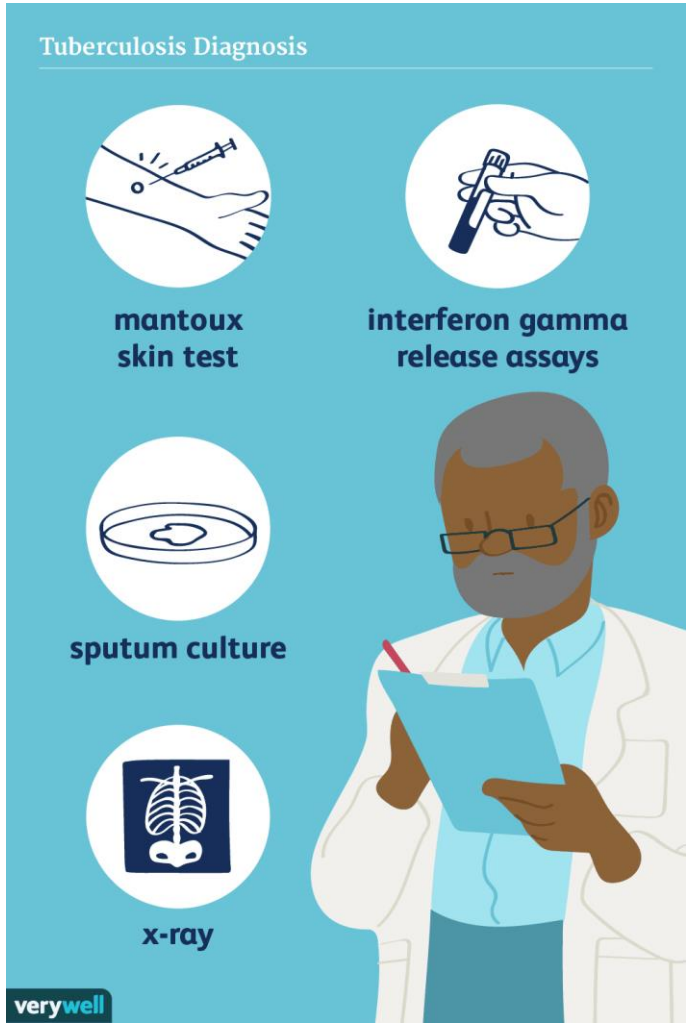




What to do?

Refer / Report





Telephone: 0300 303 8537

Email (PII): phe.eoehpt@nhs.net

TB: Care home Risk Assessment

TB is curable with antibiotics

the sooner the illness is diagnosed and treated the better

85%

of TB patients

complete a six-month course of treatment

TB is curable – treat and complete

Patients should complete treatment

to reduce the risk of:

- drug resistant TB
- onward transmission
- relapse of disease
- dying

Thank you!