RESPONSE TO COMMUNICABLE DISEASES **IN A COMMUNITY SETTING**

General points:

- Can it be clarified who is doing the 'arranging' each time that is referenced below?
- Each item has been colour coded on the following basis:
    - Unfunded within core GMS or enhanced services,
    - Funded under enhanced service,
    - Accepted that is part of GMS.
- All items colour coded as unfunded will then need to be discussed to agree who might be asked to carry out those actions, and how it would be resourced if primary care.

PROBABLE / CONFIRMED CASE OF MENINGITIS

- To arrange chemoprophylaxis (preventative treatment) for contacts of a case of bacterial meningitis registered with their practice
- To arrange vaccination for contacts of a case of Group W135 and Y

PROBABLE CASE OF WHOOPING COUGH (NOTIFIED WITHIN 21 DAYS OF ONSET OF SYMPTOMS)

- To arrange chemoprophylaxis (preventative treatment) for contacts of a case of probable pertussis registered with their practice
- To arrange vaccination for partially or unimmunised contacts of a case of pertussis

HEPATITIS A

- To arrange vaccination for household contacts of a case of Hepatitis A
- To arrange Immunoglobulin for Immunocompromised contacts of a case of Hepatitis A

HEPATITIS B

- Complete the proforma for a case of acute Hepatitis B (occasionally)
- Offer influenza and Pneumococcal vaccination to the case (part of core GMS contract)
- Provide information leaflet to the case
- Refer to the specialist for treatment after six months
- Provide a letter to the case to forward to all their sexual and household contacts

- Test the contacts and **(those who are not infected and are susceptible and registered with the practice)** before offering the HBV vaccination
- (Note sexual contacts to be vaccinated through sexual health service)
- Offer vaccination to contacts who are susceptible (not infected/immune but still at risk)

PVL MRSA

- Check family history of boils/ abscesses in any family members in the last year etc.
- Arrange decolonisation treatment for case and if history of skin lesions in family arrange decolonisation for whole family

GROUP A STREPTOCOCCUS INFECTION

- Treatment of symptomatic cases.
- Arrange for leaflets to be sent to family.
- Arrange prophylaxis for household/care setting if more than one case.
- Arrange varicella vaccination for some contacts

SCABIES

- Treatment of cases and contacts
- Assess cases and ensure body mapping

RABIES

- Conduct risk assessment with PHE
- Arrange post-exposure vaccination *Clarification required on whether this is pre or post diagnosis*

NOVEL VIRUS (E.G. CORONAVIRUS)

- Take swabs for exposed individuals
- Identify patients exposed in practice *(ties in with previous discussions re outbreaks)*
- Warn and inform letters for patients

SEASONAL FLU OUTBREAK

- Take nose and throat swabs of symptomatic cases (for care homes this is being negotiated with community trust providers)
- Arrange treatment (suspected cases)
- Arrange prophylaxis (preventative treatment) for contacts *(all as per separate discussion re outbreaks)*

PANDEMIC FLU

- Take nose and throat swabs of symptomatic cases.
- Arrange treatment of (suspected cases)
- Prophylaxis (non-affected contacts).*
  As per national guidance

AVIAN FLU

- Treatment of symptomatic cases
- Post exposure prophylaxis (preventative treatment) for exposed individuals (Poultry workers etc)
- Pre-exposure vaccination for those who are going to be exposed.

MEASLES

Case (core GMS work)

- Including identification of any epidemiological links i.e. recent travel.
- Full description of symptoms and date of onset i.e. date onset of rash, appearance, where it started on the body *(if known to the practice)*
- Provide exclusion advice.
- Inform case PHE will be notified and obtain contact number to provide to PHE

Contacts

- Identification of immunosuppressed &/ or vulnerable contacts
- Check the vaccination / Immune status of household contacts
- Provide definitions and management from guidance, including timeframes – advise that PHE will support risk assessment and advise on management
- To arrange Immunoglobulin for the vulnerable contacts
- To arrange MMR for immunocompetent contacts

Healthcare (GP Practice) setting exposure

- Identification of exposed contacts
- Check the vaccination history/ Immune status of exposed individuals
- Undertake a joint risk assessment with PHE
- PHE will support with template letters

- Communicate with the exposed contacts
- To arrange Immunoglobulin for the vulnerable contacts
- To arrange MMR for immunocompetent contacts

* In a Pandemic - this would move into a treatment only phase at a point in time, and National Pandemic Flu service would be stood up (phone line/online triage and provision of antivirals at antiviral collection points)