



Preparing Primary Care Facilities for Flu Pandemic

**A/Prof Goh Lee Gan
Vice-President, CFPS**



Outline

- **The College Pandemic Influenza Preparedness Workgroup**
- **The College Advisory**
- **Take home messages**



The College Pandemic Influenza Preparedness Workgroup



Key areas

The College Workgroup identified 11 key areas primary care physicians to take note in preparing their practices:

1. **Safety issues** – minimising infection of staff and visitors to the clinic
2. **Confidence building** – so that staff & patients continue to come to the clinic
3. Including the GP as **essential service provider** – communicated to MOH Flu Workgroup



4. **Educating preparedness** – staff, and patients
5. **Communication**, communication system and channels
6. **PPE & Antivirals**



7. **Organising work** – the model to use for managing a pandemic
8. **Decanting work** – right siting of patients so that there is better reserve capacity
9. **Building local defence** – mutual support system
10. **Building infection control reserves**
11. **Resolving ethical & legal issues**



The College Advisory

Keeping the primary
care facilities informed



Content

- **Outcome goals**
- **Process goals**
- **Structure goals**
- **Annex A – Pandemic influenza in brief**
- **Annex B – Influenza-like illnesses**
- **Annex C – DORSCON-FLU Alert levels**



Outcome goals

Minimise risk of infection of

- **Staff members in the course of their work**
- **Patients when they visit the clinic**
- **Others when staff & patients are in the community**
- **Patients to others by providing the best possible treatment of those infected**



Process goals -- 1

(1) Receiving patients without being infected

- **Triage of febrile cases from DORSCON Yellow onwards – symptoms, travel, visits to hospital**
- **Advance pandemic – phone triage & appointment for visitation**
- **Evacuation of potentially infected cases**



Process goals -- 2

(2) Admin processes for DORSCON Yellow onwards

- **Clinic recording for tracing**
- **Wear masks**
- **Staff twice daily temperature taking**
- **PPE and disinfection procedures**
- **Evacuation plan to CDC/TTSH**
- **Downtime plan for disinfection**



Process goals -- 3

(3) Caring for patients and community

- **Clinical assessment**
- **Managing patients**
- **Information on self care**
- **Managing anxiety**
- **Antiviral – right and wrong use**
- **Public education**
- **Contact tracing**
- **Workplaces – information & guide**



Process goals -- 4

(4) Protecting yourself and your staff

- **Health care workers – PPE, vaccination, antivirals**
- **Protecting family – voluntary social isolation**
- **Preventive measures at home**
- **Vaccination (*when available*)**



Process goals -- 5

(5) Transfer of patient suspected of having pandemic flu

- **DORSCON Green to Orange – send to CDC/TTSH**
- **DORSCON Red – all GP and polyclinics will see patients in addition to their usual patient load; all public sector acute hospitals would be seeing and managing flu patients**



Structure goals

- (1) Providing information to your patients**
- (2) Isolation facilities at your clinic**
- (3) Disinfections and PPE store readiness**
- (4) Medication stock readiness**
- (5) Evacuation plan and readiness**



Other structure goals

- **Organising work**
- **Decanting work**
- **Building local defence**
- **Building infection control reserves**
- **Resolving ethical & legal issues**



Annex A – Pandemic influenza in brief

- **Comparison with seasonal influenza** – *likely to be announced by unprecedented morbidity rates and mortality rates*
- **Diagnosis** – fever 38 C or higher, non-productive cough, positive epidemiological link (travel, contact history with infected person)



Annex B – Influenza-like illnesses

- **Is influenza distinguishable from other upper respiratory tract infections clinically?**

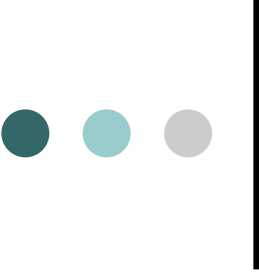
Answer: Not easy. Need to depend on epidemiological information



Aetiological agents causing an influenza-like illness

- Respiratory syncytial virus (RSV)
- Picornaviruses (small RNA viruses that include enteroviruses and rhinoviruses).
- Parainfluenza
- Adenovirus.
- Human metapneumovirus (hMPV) -- bronchiolitis-like illness among children.
- Several coronaviruses (OC43 and 229E) – common cold symptoms
- Atypical pneumonia in the community -- mycoplasma, chlamydia and legionella species, can present initially with influenza-like symptoms.

Source: Kelly & Birch, 2004

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- Clinical features useful in ruling in influenza when present:
 - **Rigors** (likelihood ratio (LR) + 7.2)
 - **Fever** and presenting within 3 days of onset of illness (LR +4.0)
 - Sweating (LR +3.0).
 - Clinical features useful in ruling out influenza when absent:
 - Cough (LR – 0.38)
 - Not being able to cope with daily activities (LR – 0.39)
 - Being confined to bed (LR – 0.50).
 - Individual symptoms are of limited value for the diagnosis of influenza.
 - Combining symptoms is a more useful strategy for diagnosis.



Annex B – Influenza-like illnesses

- **Is avian flu clinically distinguishable from the usual seasonal influenza?**

Answer: Yes

- **Illness more severe**
- **Breathlessness**
- **Atypical features: diarrhoea, bleeding from gums and nose**
- **History of contact with sick birds**

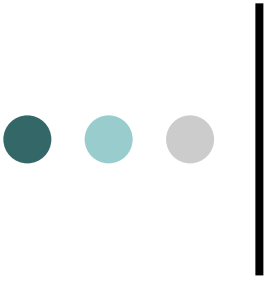


Annex C – DORSCON-FLU

Alert levels

Pandemic Alert Period

- **Green** – Step up vigilance and preparedness to meet the potential threat
- **Yellow** – Prevent further import of cases. Ring fence & isolate cases to prevent spread. Provide treatment of all cases. Antiviral to contacts & exposed health workers
- **Orange** – Contain spread and suppress spread of transmission, while preserving essential services and resources



Pandemic period

- **Red** – Regain control of the situation
- **Black** – Ensure that medical & public health measures take precedence over social & economic considerations



Take home messages

- **Family physicians need to prepare their offices, their staff and themselves for the eventuality of a severe influenza outbreak**
- **Such preparations should be generic**
- **Several structural goals have been identified for further deliberation**
- **Infection control measures should be sustainable on a long term**