

**PANDEMIC INFLUENZA**  
**Contingency planning for out-patient Genitourinary Medicine,  
Sexual Health Services and HIV services**

**INTRODUCTION**

*Background*

- \* It is anticipated that, from beginning to end, major disruption to healthcare services during the peak of an influenza pandemic will last about four months.

*Aim*

- \* To plan reduced capacity in hospital out-patient clinics, both for new and follow-up appointments [10% of normal capacity].
- \* That such a decrease of activity will inevitably increase the risk of morbidity and mortality, and the priority will be to provide the most good for the most number of patients.
- \* That the greatest pressure during a pandemic will be sustained by General Practitioners and their staff, so any new system must be easy from their point of view.
- \* That telephone, fax and e-mail facilities remain largely intact [60%].
- \* That laboratory services for investigations such as base line haematology and biochemistry will remain largely intact (60%). However, non-automated tests may be disrupted because of staffing shortages in laboratories, or the lack of availability of the agents. Microbiology tests such as microscopy and culture should be available with limited PCR availability. Serology testing in laboratories will be available, though limited (availability of special investigations including chest x-ray and ultrasound is expected to be severely limited because of the location in acute provider centre(10%).
- \* That laboratory services for baseline haematology and biochemistry tests will remain largely intact [60%],
- \* High risk sexual activity for STIs will probably decrease significantly during such an outbreak
- \* That all those seen in out-patient clinics have a clinical situation that, in order of priority, is
  - o either a life-threatening problem,
  - o or of life-shortening potential,
  - o or causing unbearable symptoms.
  - o or significant public health risk (e.g. acute symptomatic chlamydial infection, HIV sero-conversion illness or symptoms of gonorrhoea)

**PLANNING**

*Reducing capacity after identification of Pandemic Influenza in United Kingdom.*

Public information

Each Trust should inform local media and place an announcement on its website that all normal out-patient services are closed, and that patients must assume that each of their future appointments is cancelled until further notice. The standard information on the Blue Card should be on this notice.

Follow-up outpatients

**GUM**

All face-to-face appointments to be cancelled for four months with rare exceptions identified either by clinical need, according to specialty guidance, or by the patient telephoning the hospital for verbal assistance and a possible clinic visit.

**HIV**

Pregnant women, patients with a CD4 count of <200 and not on HAART, those failing treatment and those recently started on HAART will require follow-up within a four-month window

- Those high risk patients should be issued with a yellow card in advance, and each clinic should establish a register of such patients [importantly with their latest contact details] so that some follow-up arrangements can be established.

- Some patients may only need to visit the hospital for new blood tests (for example if receiving drugs with a toxicity problem), and each Department needs to identify such patients and develop a system for providing the patient with a request form, reviewing the results, and contacting the patient. The standard of care for these safety studies may have to be lowered according to the emergency situation.
- The vene-puncturing clinic will need planning so there is a minimal chance of cross-infection between patients.
- Arrangements will be made to ensure all patients on HAART have adequate prescriptions. This can be done by post for the majority of patients who are registered with 'home delivery', and recruitment to this should be encouraged.

### New out patient appointments

#### Referrals

- It is anticipated that the rate of new non-influenza related referrals will fall dramatically.
- The referral letter should fulfill priority criteria for each specialty.
- Consultant [or most senior available clinician] should review every new referral, sanctioning only those with apparent life-threatening illness (Priority 1), or of life-shortening potential (P2), or causing unbearable symptoms (P3). (? Public health risk?)
- All new patient referral letters must have the patient's phone number, and further prioritisation will usually be made during an initial telephone consultation between the consultant and the patient.
- For self-referral GUM and sexual health patients, a form of triage will be necessary either through a telephone line or through an electronic triage system. It may be that such a call-centre approach is able to dispense advice and symptomatic syndromic treatment using antibiotics available from community settings.

### Specialty priorities for out-patient review

In genitourinary medicine, sexual health and HIV, specific groups of patients with symptoms or illnesses that are likely to be considered priorities must be equitable and universal, and work on this by the Specialty GUM Committee and the Specialty Associations is essential prior to an epidemic occurring. These can be summarised as:

#### New patient appointments

It is assumed that acute medical and surgical emergencies demanding immediate admission will be seen in Accident & Emergency or an Admissions Unit.

Examples of those new life-threatening or severe symptoms that should be referred for out-patient consultation:

Pregnant woman with HIV infection

Pregnant woman with previously untreated syphilis infection

HIV infected individual not on HAART with CD4 <200

HIV infected individual with CD4 <200 either on or off treatment who develop:

CNS - altered consciousness, severe intractable headache, fits

GI – bloody diarrhoea, weight loss >15%, jaundice

Respiratory – possible TB / PCP

Skin – Stevens Johnson Syndrome

Symptoms and risk behaviour which suggest infectious syphilis

Severe primary herpes infection

ALL OTHER NEW REFERRALS MUST BE DELAYED [either by the GP or by the consultant] FOR FOUR MONTHS. This strategy will undoubtedly decrease the usual standards of care, but this is an emergency situation.

The majority of GU clinic attenders self refer. A robust method will need to be put in place to carry out telephone assessment of the patients' symptoms and advice on management. It is proposed that regional networks and collaborations between centres make the best use of a limited number of staff available to provide telephone and syndromic management of patients with suspected sexually transmitted infections. It is accepted that surveillance for STIs will be severely compromised during an influenza epidemic.

### **APPENDIX 1 - BLUE CARD**

**XXXXX NHS TRUST**

**ARRANGEMENTS FOR OUT-PATIENT CARE IF THERE IS A MAJOR EMERGENCY – GUM/SEXUAL HEALTH AND HIV CLINICS**

- If the Hospital Trust declares a major emergency it will be announced on local radio, TV and Press, as well as on the Hospital's website [www.xxxxx.xxxx.xxxxx].
- All out patient appointments will be cancelled for up to four months, except for extremely ill patients.
- That all those seen in out-patient clinics must have a clinical situation that, in order of priority, is
  - either a life-threatening problem,
  - or of life-shortening potential,
  - or causing unbearable symptoms.
- This means that all your appointments, week by week, are cancelled until the emergency is over.
- If you need urgent help from your specialist clinic, please contact the answer phone on XXX XXXX XXXXXX, or send an email to [XXXXX@XXXX.XXXX.XXXXX](mailto:XXXXX@XXXX.XXXX.XXXXX) – the message must include your first and second names, date of birth, hospital number and your phone number [ideally a mobile]. REMEMBER TO SAY THAT YOU HAVE THIS BLUE CARD.
- Someone from the Hospital will contact you as soon as possible.
- Do not visit the Hospital without an appointment unless you are gravely ill, when you should go the Accident & Emergency Department.
- Clearly, this is not an ideal situation, but normal services will be resumed as soon as possible when the emergency is over.

**APPENDIX 2 - YELLOW CARD**

**XXXXX NHS TRUST**

**ARRANGEMENTS FOR OUT-PATIENT CARE IF THERE IS A MAJOR EMERGENCY FOR :- GUM/SEXUAL HEALTH AND HIV CLINICS**

- If the Hospital Trust declares a major emergency it will be announced on local radio, TV and Press, as well as on the Hospital's website [www.xxxxx.xxxx.xxxxx].
- All out patient appointments will be cancelled for up to four months, except for extremely ill patients.
- That all those seen in out-patient clinics must have a clinical situation that, in order of priority, is
  - either a life-threatening problem,
  - or of life-shortening potential,
  - or causing unbearable symptoms.
- This means that all your appointments, week by week, are cancelled until the emergency is over.
- HOWEVER, YOU HAVE BEEN IDENTIFIED AS A PATIENT WHO MAY NEED TO BE SEEN SO PLEASE MAKE CONTACT (SEE BELOW), A WEEK BEFORE YOUR NEXT APPOINTEMENT TO CHECK WHETHER YOU NEED TO VISIT THE HOSPITAL.
- If you need urgent help from your specialist clinic, please contact the answer phone on XXX XXXX XXXXXX, or send an email to [XXXXX@XXXX.XXXX.XXXXX](mailto:XXXXX@XXXX.XXXX.XXXXX) – the message must include your first and second names, hospital number, date of birth and your phone number [ideally a mobile]. REMEMBER TO SAY THAT YOU HAVE THIS YELLOW CARD.
- Someone from the hospital will contact you as soon as possible.
- Do not visit the Hospital without an appointment unless you are gravely ill, when you should go the Accident & Emergency Department.
- Clearly, this is not an ideal situation, but normal services will be resumed as soon as possible when the emergency is over.