Local Outbreak Management Plan

Oldham

January 2026 (Version 4)

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Version	Date	Status	Notes
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0.02	15-03-17		Following 2nd Planning Group meeting
0.03	05-04-17		Following Health Protection Confederation discussion
1	15-01-17		Populated with Oldham information
2	28.09.21		In preparation of the winter, updated by Oldham
3	23.02.23	AE	Updated for the Greater Manchester Review
4	06.01.2026	Full overview	Full update, guidance, contacts and scenario tables

Approval

Approving group/body: FOR TEMPLATE	Approval date
Director of Public Health	
Health and Wellbeing Board	

Foreword

Protecting our communities from outbreaks of disease remains a cornerstone of public health. Rapid, coordinated action saves lives and prevents disruption, but it must go hand in hand with addressing the health inequalities that make some groups more vulnerable than others. By strengthening surveillance, improving access to care, and working collaboratively across sectors, we can reduce risks and build resilience. It is important that our arrangements are routinely reviewed in order to ensure that we can effectively respond as a system.

This plan has been developed to ensure clarity on operational roles and responsibilities for each responding organisation in the event of an outbreak. It is intended to act as a companion to the GM Multi-agency Outbreak Plan, providing operational detail helping responders quickly provide an effective and coordinated approach to outbreaks of communicable disease. It is important for each organisation, having signed off this plan, to support staff to engage in appropriate testing of the plan to embed the multi-agency response to an outbreak and create familiarity over key tasks.

This document aims to identify roles and responsibilities of those across the system to enable the prompt and efficient management of outbreaks in the locality. These include the NHS, Environmental Health, Public Health Department and the UK Health Security Agency (UKHSA).

Tackling health inequalities is a key principle to our response to outbreaks of diseases. We need to consider this in our communications and approach to managing outbreaks in different communities and settings. We will work together with our communities, valuing the role of community leaders and neighbourhood working in our health protection system.

Signed

……
Dr Rebecca Fletcher
Director of Public Health, Oldham

Signed

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Place Based Lead, (Oldham), NHS Greater Manchester

CONTENTS

Glossary of Terms

CPH	Consultant in Public Health
GMIC NHS	Greater Manchester Integrated Care NHS (Oldham)
HERG	Health Economy Resilient Group
DPH	Director of Public Health
NCA NHS	Northern Care Alliance NHS
PCFT	Pennine Care Foundation Trust
HCAIs	Health Care Associated Infections
HPT	Health Protection Team
SIT	Screening & Immunisation Team
GMIC NHS MO	GMIC NHS Medicines Optimisation
GTD	Go To Doc
LRF	Local Resilience Forum
OCT	Outbreak Control Team
PGD	Patient Group Directive
PSD	Patient Specific Directive
UKHSA	UK Health Security Agency
OMBC	Oldham Metropolitan Borough Council
BBV	Blood Borne Virus
TB	Tuberculosis
ILI	Influenza like Illness
ARI	Acute respiratory illness
MR(S)SA	Methicilin Resistant Staph Aureus (MRSA) Methicilin Sensitive Staph Aureus (MSSA)
CDI	Clostridioides (Previously Clostridium) difficile Infection
ESBL	Extended Spectrum Beta Lactamases
PVL-MRSA	Panton–Valentine leucocidin- MRSA
PCR	Polymerase chain reaction

GM IVIS (Intrahealth)	Greater Manchester Integrated Vaccination and Immunisation Service

PART 1: Aim, Objectives and Scope of the Plan

Aim of the Plan

This document has been developed to supplement the "Greater Manchester Outbreak Plan" at an Oldham level ensuring the right people are contacted at the right time to ensure that the borough is resilient and can respond appropriately to outbreaks.

It has been designed to ensure that an appropriate lead from each organisation is contacted as they will know which member of their service will need to be called and is therefore output/effect focused e.g., identifying clinical staff to provide antibiotics to many school children both in and out of normal working hours.

Objectives of the Plan

- To outline roles and responsibilities at a local operational level
- To outline the key tasks / activities involved in responding to outbreaks
- To give key considerations and outline some specific requirements needed for different outbreaks

Command & Control

- If UKHSA call an OCT, Oldham's DPH & members of Oldham's Health Protection Team (HPT) will participate in that group.

Declaration of an outbreak

- It is usual that locally confined smaller outbreaks (such as Norovirus, HCAIs, COVID19 & Influenza) will be recognised and declared by the Oldham HPT, with the response being led locally, however, rarely and for some very complex outbreaks the response may be led by UKHSA.
- The HPT may be contacted by a variety of sources to report an outbreak, typically these include UKHSA, nursing/care home staff, schools/nurseries, Adult Social Care, Northern Care Alliance NHS Trust Infection Prevention & Control (NCA NHS), Microbiology/virology or Environmental Health Officers.

Investigation and Control of Outbreaks

- Investigation and Control response will depend on the nature of the incident/outbreak and the outcome of the OCT discussion. It is expected that UKHSA will lead or support the provider in undertaking a risk assessment.
- Control measures should be documented with clear timescales for implementation and responsibility.
- A case definition should be agreed and reviewed as required during the investigation.
- Basic descriptive epidemiology is essential and should be reviewed at the OCT.
- Legal powers relating to the investigation of food poisoning outbreaks are vested in Local Authorities. If, during the investigation, it is determined that the outbreak is related to food then the management of this of would be handed over to the Environmental Health Team (EHO) and UKHSA.

Communications

- The communications response will depend on the nature of the incident/outbreak and the outcome of OCT discussions. It is expected that the OCT will identify & nominate which agency will lead the media response at the outset of the outbreak.

Complementary Guidance and Documentation

National

- NHS England » National infection prevention and control manual (NIPCM) for England
- https://www.gov.uk/government/publications/communicable-disease-outbreak-management-operational-guidance/communicable-disease-outbreak-management-operational-guidance
- https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-acute-respiratory-infection/infection-prevention-and-control-ipc-in-adult-social-care-acute-respiratory-infection-ari
- Investigation and management of outbreaks of suspected acute viral respiratory infection in schools: guidance for health protection teams - GOV.UK (www.gov.uk)
- Infectious diseases: education and childcare settings - GOV.UK (www.gov.uk)
- National measles guidelines version 8: July 2026
- Guidance on the prevention and management of Meningococcal meningitis and septicaemia in higher education institutions (publishing.service.gov.uk)
- https://www.gov.uk/government/publications/meningococcal-disease-guidance-on-public-health-management

- UK Guidelines for the Management of Contacts of Invasive Group A Streptococcus (IGAS) Infections in Community Settings (December 2022)
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/400105/code_of_practice_14_Jan_15.pdf
- https://assets.publishing.service.gov.uk/media/6426e4f1fbe620000c17da7e/guidelines-for-public-health-management-scarlet-fever-outbreaks-january-2023_.pdf
- https://assets.publishing.service.gov.uk/media/65ccdbbd1d93950012946677/Hepatitis-A-guidance-13-february-2024.pdf
- Complete routine immunisation schedule - GOV.UK
- https://www.gov.uk/government/publications/scabies-management-advice-for-health-professionals/ukhsa-guidance-on-the-management-of-scabies-cases-and-outbreaks-in-long-term-care-facilities-and-other-closed-settings
- https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings/infection-prevention-and-control-resource-for-adult-social-care
- https://www.gov.uk/government/publications/invasive-group-a-streptococcal-disease-managing-community-contacts
- https://assets.publishing.service.gov.uk/media/5a749fb7e5274a44083b82c1/Guidance_on_the_diagnosis_and_management_of_PVL_associated_SA_infections_in_England_2_Ed.pdf
- https://www.gov.uk/government/collections/clostridium-difficile-guidance-data-and-analysis
- https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-outbreaks-and-incidents
- https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z#e-colistecshiga-toxin-producing-e-coli
- https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z
- https://www.gov.uk/government/publications/part-2a-orders
- https://www.turning-point.co.uk/services/rochdale-oldham
  https://www.bashh.org/_userfiles/pages/files/morrisetal2025britishassociationforsexualhealthandhivnationalguidelineonthemanagementofscabiesin_1.pdf

PART 2: KEY ASPECTS OF OUTBREAK MANAGEMENT

Investigations – Roles & Responsibilities

Prior to an Outbreak Control Team (OCT) being set up, UK Health Security Agency (UKHSA) will liaise directly with relevant partners to recommend and coordinate investigations.

Once an OCT is set up, the OCT will agree on coordination of investigations.
The types of investigation involved usually include:

- Epidemiological investigation: establishing links between cases/sources based on questioning of cases/next of kin and information on settings.
- Microbiological investigations: where a sample is taken and sent for analysis to a Laboratory.

NB. Any setting where staff affected have access to Occupational Health (OH), the investigation will be delivered through them.

Legal powers relating to the investigation of food poisoning outbreaks are vested in Local Authorities. If, during the investigation, it is determined that the outbreak is related to food then the management of this of would be handed over to the Environmental Health Team and UKHSA. Legal powers in relation to health and safety management of legionella at some workplaces is LA responsibility so could also apply in these situations.

Control measures

Control measures usually include:

- Identifying and controlling on-going sources. e.g. a cooling tower suspected of aerosolising Legionella, or a food premise with unsafe food preparation practice
- Preventing/limiting onwards spread, e.g. advising isolation of cases for infectious period, postponing admissions to a residential setting
- Reducing likelihood of severe illness in specific vulnerable groups: usually by prompt post-exposure prophylaxis (PEP)

Where compliance with recommendations around control measures is an issue, enforcement powers may be used. For the purposes of outbreaks and health protection incidents, the bulk of enforcement powers lie with OMBC:
https://assets.publishing.service.gov.uk/media/5a7a217ee5274a319e778131/Health_Protection_in_Local_Authorities_Final.pdf

2.2 Investigations Roles and Responsibilities - see contacts list for all contact details (pages 38-44)

Investigations:

Prior to an OCT being set up, UKHSA will liaise directly with relevant partners to recommend and coordinate investigations. Once an OCT is set up, the OCT will agree on coordination of investigations.

Response activity	Potential responder(s)		Considerations, comments or potential issues
	In hours (9-5, M-F)	Out of hours	
Questionnaires / Interviews/Consent	➢ UKHSA ➢ OMBC HPT	UKHSA	If notifiable (except sexual health clinics).
	➢ Hospital IPC team	Hospital IPC team	For Acute Trust incidents 0161 624 0420
	➢ UKHSA ➢ (Oldham EHO – Legionella only)	UKHSA	UKHSA undertake the patient questionnaires and sampling for Oldham (except in the case of Legionnaires Disease, where Oldham officers undertake the questionnaire).
	➢ Immunisations – school aged children - Intrahealth	UKHSA	Consent to immunisation forms: Schools/Children: Contact: Intrahealth.
Respiratory samples (e.g., swabbing) (see also managing outbreaks of respiratory illness in care homes below)	➢ Care home outbreaks: HPT/UKHSA risk assessment and Ilog, UKHSA Lab – wait and return ➢ Uni/over 18 referral to GP ➢ Nursery/Under 5 years – referral to GP ➢ Those not registered with GP e.g., Homeless/Rough sleepers Option 1: GP option 2: GTD (dependant on outbreak)	UKHSA Go to Doc	Care home staff responsible for taking swab, using the wait and return courier arranged via HPT/UKHSA Out of hours SPOC for UKHSA to access GMIC NHS Oldham Locality is via NWAS ROCC on 0345 113 0099, Option 1 for GM UEC Hub. Ask for the locality GMIC NHS Oldham Director On Call.

			There has been a change in guidance to enable the prescribing of antivirals for the management of flu outbreaks across any time of the year. This was implemented from October 2025 and will continue for the foreseeable future
Faecal (GI outbreak)	➢ OMBC Environmental health Officer ➢ Sampling via Ilog and UKHSA Lab as agreed in OCT ➢ If more than 2 cases unconnected – to see GP ➢ GP may be asked to obtain samples depending on organism. E.g., Clostridium difficile	UKHSA	UKHSA undertake the patient sampling for OMBC for environmental health related outbreaks UKHSA may notify EHO and HPT of outbreak, Samples posted back to UKHSA labs
Faecal (GI outbreak in a care home)	➢ Initial sampling taken by care home on GP instructions or with advice from OMBC HPT/UKHSA. ➢ OMBC HPT coordinate outbreak response and advise the home. ➢ OMBC HPT may contact UKHSA or EHO for advice. ➢ Care home staff take samples.	UKHSA UKHSA Lab	I Log to be generated – see full details and links to all request forms/processes, page 35 & Appendices
Oral fluid (e.g. Hep A outbreak)	➢ Identified in OCT by UKHSA ➢ Risk assessment and contact tracing undertaken by UKHSA ➢ Settings for children, outside of education, eg, children's home	UKHSA	Self-administered arranged by UKHSA. If wider community outbreak: e.g., School/nursery: option 1: School nursing team option 2: GTD Care Home: Care home nurses/NH team/GP University: Go to Doc Commercial Premises: UKHSA/HPT/EHO may support staff self-sampling GP- for rough sleepers with support from OMBC homelessness teams (see contacts) Looked after children nursing team

Urine Test		➢ GP/Care Home	N/A	If legionella: Care Home – Care Home Staff on request by UKHSA Primary care: GP
Environmental (e.g., food / water)		➢ Environmental Health Officers / HSE	UKHSA	e.g., Legionella/cryptosporidium Where EH are the enforcing authority then EHO undertakes or directs sampling For certain premises or complex sampling eg legionella linked to cooling towers EHO may need to discuss with HSE
Blood test		➢ NHS provider/GP	NHS Provider	e.g. Phlebotomy services for adults and children
TB – all investigations		➢ TB Nurses	N/A	e.g. Mantoux/IGRA testing, arrange X-ray
Scabies (clinical assessment)		➢ GP/Dermatologist ➢ Sexual Health Services	N/A	Most cases treated based on clinical assessment by GP or referral to dermatologist without testing. Advice from OMBC HPT for single cases and outbreaks. Follow UKHSA Scabies Guidance (see page 8/9) See link to BASHH .org in cases linked to sexual health services
Sexually Transmitted Infections		➢ NHS Trust Sexual Health Clinic/GP ➢ Sexual Health Services would respond to the outbreak.	N/A	Public Health Commissioning manager- Sexual Health commissioned services to be contacted in regard to response & communicate with partner services. HPT potentially for IPC advice
Transport to lab	Local lab transport system	➢ OMBC EHO	UKHSA	GP routine samples in-hours. EHO would liaise with Oldham Lab for posting of samples.
		➢ UKHSA Postal	N/A	e.g., measles on individual cases, Flu packs, UKHSA packs have paid return envelope.
		➢ Hand deliver		Care home flu swab samples Flu swabs – via UKHSA MRI lab process courier wait & return (see pages 32/33)

Control Measures:

Prior to an OCT being set up, UKHSA will liaise directly with relevant partners to recommend and coordinate control measures. Once an OCT is set up, the OCT will agree on coordination of control measures.

Response Activity	Potential Responder (S)		Considerations, comments or potential issues
	In Hours 9-5	Out of Hours	
Advice on infection, prevention & control measures	➢ OMBC Health Protection Team/UKHSA ➢ OMBC EHO	UKHSA	EHO for commercial food premises/preparation & GI Illness (eg, STEC)
Exclusion Advice	➢ OMBC /UKHSA/EHO	UKHSA	Using national UKHSA guidelines and advice. Would depend on the outbreak setting and type
Enforcement of control measures	➢ Local Authority with UKHSA support	Local Authority with UKHSA support	Proper Office EH for Part 2a Order (EHO team) see link above
Treatment and Prophylaxis (Including immunoglobulin, vaccines, antivirals, antibiotics and anti-toxins)	➢ GMIC NHS Oldham Medicines Optimisation – order vaccines/coordinate delivery. ➢ Identify local antiviral stockpile in key pharmacies. ➢ Antivirals available from general community pharmacies on prescription ➢ May use Immform or order direct from manufacturer for non- immunisation programme vaccines ➢ UKHSA may order direct in some circumstances/use own stocks- antivirals/vaccines at UKHSA discretion ➢ PGDs to be available from Trust for Immunisation Team/DNs ➢ From SIT for primary care/Use of PSD	UKHSA to order vaccines in specific cases Trust pharmacy/GMIC NHS Oldham Out of hours arrangements also to be confirmed by UKHSA. Other out of hour's work will be via Director on call and meds optimisation response use Go to Doc etc for antivirals – assessment of patients/contacts	There may be vaccine manufacturing shortages or ordering issues, ordering at short notice in some unusual outbreaks. – UKHSA to advise/support/identify roles if vaccination recommended by them Arrangements for Tamiflu embedded in pages 32/33 below, limited stock held by some pharmacies in Oldham, in addition to stock held by GtD NB – suspension form of Tamiflu in very limited stock at each holding pharmacy (2 bottles only) There has been a change in guidance to enable the prescribing of antivirals for the management of flu outbreaks across any time of the year. This was implemented from October 2025 and will continue for the foreseeable future Immunoglobulin via UKHSA risk assessment – specific arrangements will need to be agreed on a case-by-case basis (see appendix 6)

	➢ Flu antivirals prescribed via GtD using FP10 in and out of hours in event of care home outbreak		

Communications:

Response Activity		Potential Responders		Considerations, Comments or Potential Issues
		In Hours	Out of Hours	
To public	Advice letters which are specific to each setting (e.g., businesses, care homes)	OCT: OMBC/GM NHS Oldham/EHO/UKHSA	UKHSA	Dependent on topic and setting. Template letter provided by UKHSA for Infectious Diseases Template letter provided by UKHSA/EHO for food related or Environmental
	Update NHS 111	UKHSA	UKHSA	Script and algorithm provided by UKHSA for any LA comms via the Contact Centre. This would need to be pre-agreed.
	Helpline	OMBC/GMIC NHS Oldham	OMBC/GMIC NHS Oldham	Script and algorithm provided by UKHSA for any LA comms via the Contact Centre. This would need to be pre-agreed.
	Websites / social media	UKHSA/OMBC/GMIC NHS Oldham	UKHSA/OMBC/GMIC NHS Oldham	Comms Lead for UKHSA/OMBC/GMIC NHS Oldham
	Door to door	UKHSA/OMBC/GMIC NHS Oldham	UKHSA/OMBC/GMIC NHS Oldham	Need would have to be clearly identified and resourced.
To health partners	Briefings / sitreps from OCT	UKHSA/OMBC/GMIC NHS Oldham Comms & PCC	UKHSA/MHCC – Comms & PCC	see list of contacts for community cases in appendix

	Other relevant groups	Responsibility of each agency	Responsibility of each agency	
To the Media	Coordinated by UKHSA/OMBC/GMIC NHS Oldham via OCT	UKHSA/OMBC/GM NHS Oldham via OCT		Include all partner agencies in discussion of key comms messages
To Elected Members/Committees e.g. Health and Wellbeing Boards	DPH	DPH GMIC NHS Oldham on call director		Director of Public Health
Internal briefs	OMBC/GMIC NHS Oldham	OMBC/GMIC NHS Oldham		Oldham Communications (see contact list for info)

3: LOCAL OPERATIONAL ARRANGEMENTS FOR SPECIFIC TYPES OF OUTBREAKS REQUIRING AN OCT

NB:

"Responders" will depend on setting and situation – in each scenario there are a list of potential responders, not all responders will have a responsibility in every situation

In the event of a BBV incident/outbreak occurring in Oldham, OMBC Health Protection Team will act as a facilitator, providing the link between UKHSA and various parts of OMBC (these will vary according to location of outbreak and who is involved). The Health Protection Team will also act as a point of contact for individuals seeking advice.

All contact details can be located in the contact section, from page 38

PART 3: LOCAL OPERATIONAL ARRANGEMENTS FOR SPECIFIC TYPES OF OUTBREAKS REQUIRING AN OCT

3.1 Arrangements for investigating complex TB incidents

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	Detection/Alerting	➢ Notifiable disease ➢ UKHSA/OMBC Health Protection Team alerted about greater than usual cases/linked cases ➢ Alert TB services ➢ Identify contacts of infected individuals ➢ TB Team alert UKHSA/HPT of cluster/outbreak	UKHSA – call OCT TB services Oldham – take lead OMBC HPT – support as needed GMIC NHS Oldham – support as needed Microbiology laboratory - sampling etc	UKHSA	TB Team take the lead with UKHSA support OMBC HPT to support as requested Reduced capacity in TB Team
	Sampling – led by TB team/UKHSA and dependent upon outcome of any OCT	➢ Screen contacts/people in affected area (Oldham FT chest clinic) ➢ Large scale screening if needed ➢ Mantoux testing ➢ Interferon testing			

		➢ Mass x-ray (including mobile x-ray) ➢			
Control	Advice IPC	➢ Isolation ➢ Hygiene measures ➢ Provide advice/reassurance to worried individuals	TB Services – usually first contact and advice provided	UKHSA (if necessary)	Prescribing/sourcing availability of drugs Capacity of TB Team
	Treatment/Prophylaxis	➢ Mass vaccinations – BCG ➢ TB antimicrobial therapy –individual prescriptions from Consultant ➢ Latent infections	UKHSA – lead OCT OMBC HPT – support and IPC advice GMIC NHS Oldham District nursing General Practice		Individuals not complying with treatment due to complex social needs (e.g. homeless)
Comms – as agreed by OCT	To public	➢ Advice letters ➢ Update NHS 111, helpline, social media	UKHSA OMBC DPH/HPT	There is no out of hours Comms support. Silver Control will decide when Comms need to be involved	
	To health partners	➢ Outbreak email ➢ OCT minutes circulated ➢ Urgent Care ➢ Emergency Dept/NCA IPC teams	GMIC NHS OMBC Comms		
	To media	➢ Coordinate by UKHSA via OCT			

3.2 Investigating Hepatitis A in a school reception class or childcare setting (0-5 years old)

https://assets.publishing.service.gov.uk/media/65ccdbbd1d93950012946677/Hepatitis-A-guidance-13-february-2024.pdf

	Response Activity		Responders		Considerations
			In hours	Out of hours	
Investigations	Detection/Alerting	➢ Notifiable disease ➢ UKHSA/OMBC HPT notified of case(s) ➢ Identify close contacts ➢ Identify source	UKHSA – OCT and lead on actions including arrangements for oral fluid kits OMBC HPT/EHO - support and action as able	UKHSA Intrahealth	Intrahealth vaccination outside of S7A will need to be commissioned and funded by the ICB
	Sampling	➢ If identified by UKHSA in discussion with Colindale VRD, oral fluid testing of household may occur ➢ Ilog generated by UKHSA Lab			

		➢ Guidance does not recommend routine sampling (bloods etc)	Intrahealth – via IVIS for mass vaccinations		
Control	Advice IPC	➢ Increased hand hygiene, extra measures for close contacts ➢ Environmental Assessment of toilets and hand washing facilities ➢ Consideration of exclusion if risk assessment identifies concerns ➢ Exclusion of case until 7 days after onset of jaundice or 7 days after symptom onset if no history of jaundice	UKHSA – guide actions and risk assessment, including accessibility to HNIG if identified as a requirement (rare in this age group) OMBC HPT/EHO – IPC guidance and site visit	(unlikely to be required in child care setting) UKHSA Intrahealth	Availability of sufficient vaccine Ensure vaccinations are given in a timely manner via Intrahealth IVIS see appendices Identify/prescribe/source/administer HNIG
	Treatment/Prophylaxis	➢ HNIG (Human Immunoglobulin therapy) if within 7 days of exposure and upon risk assessment ➢ Vaccinate contacts ➢ Mass vaccination of childcare setting if risk assessment identifies need			
Comms – as agreed by OCT	To public	➢ Advice letters to schools/households ➢ Warn & Inform	UKHSA – co-ordinate GMIC NHS Oldham – support OMBC Comms - support OMBC DPH/HPT		
	To health partners	➢ Outbreak email ➢ OCT minutes circulated			
	To media	➢ Coordinate and led by UKHSA via OCT			

3.3 Investigating outbreaks in vulnerable groups (e.g measles at a traveller's site, IGAS, BBV in a homeless setting)

	Response Activity		Responders		Considerations
			In hours	**Out of hours**	
Investigations	**Detection/Alerting**	➢ Notifiable disease ➢ UKHSA/OMBC HPT notified of case(s) ➢ Identify close contacts ➢ Identify source	UKHSA – OCT UKHSA Lab – Ilog provision and results OMBC HPT – IPC advice, support	UKHSA UKHSA Lab GTD	UKHSA Lab capacity Consent to interventions from community
	Sampling	➢ UKHSA to provide kits if required ➢ Sampling kits?? ➢ Ilog generated	Serco if AS Hotel	Serco	

			District Partnership – support with access and communications		
Control	**Advice IPC**	➢ IPC advice provided appropriate to organism/outbreak	UKHSA	UKHSA	GP/GtD – residents with NFA
	Treatment/Prophylaxis	➢ Advice from UKHSA and OCT ➢ Mass vaccination onsite – Intrahealth ➢ Provision of PEP – OCT to decide if appropriate and how this will be administered/clinical assessments	OMBC HPT District partnership GPs/GtD Intrahealth	Intrahealth	Access to community Consent for interventions Intrahealth vaccination outside of S7A will need to be commissioned and funded by the ICB
Comms	**To public**	➢ Advice letters to community	UKHSA		
	To health partners	➢ Outbreak email (if appropriate) ➢ OCT minutes circulated ➢ Opportunities for improving uptake of immunisations	HPT OMBC Comms District partnership		
	To media	➢ Coordinate by UKHSA via OCT			

3.4 Arrangements for a GI outbreak linked to a food premise, swimming pool or petting farm

	Response Activity		**Responders**		**Considerations**
			In hours	**Out of hours**	
Investigations	Detection and Alert OCT with UKHSA, EHO Rapid Investigation of potential source in the setting	➢ UKHSA/OMBC EHO & HPT notified of case(s) ➢ Identify close contacts ➢ Identify source	UKHSA – convene OCT OMBC EHO – questionnaires and actions/sampling	UKHSA	Out of hours – identify appropriate route of support
	Sampling	➢ UKHSA to provide stool sampling kits if required via MFT Lab	OMBC HPT – actions and support as required		

	Environmental Faecal Sampling	➢ Ilog generated			
Control	**Advice IPC/EHO**	➢ Hand Hygiene ➢ Isolation Advice ➢ Recommended/enforcement case-based control measures	UKHSA – OCT identified actions EHO – control measures and guidance HPT – support as needed	UKHSA	
	Treatment/Prophylaxis	➢ Advice from UKHSA			
Comms	**To public**	➢ Communications as required as a result of the OCT	UKHSA EHO/DPH OMBC Comms	UKHSA OMBC Comms	
	To health partners	➢ Outbreak email if appropriate ➢ OCT minutes circulated			
	To media	➢ Coordinate by UKHSA via OCT			

3.5 Investigating meningococcal disease in a nursery, school or college

https://assets.publishing.service.gov.uk/media/673257250a2b4132b43d1448/UKHSA-meningo-disease-guidelines-november2024.pdf

https://www.gov.uk/government/publications/meningococcal-disease-guidance-on-public-health-management

	Response Activity		**Responders**		**Considerations**
			In hours	**Out of hours**	
Investigations	**Detection/Alerting**	➢ Meningococcal case notified to UKHSA (also OMBC HPT via email to DPH) ➢ Identify close contacts - UKHSA	UKHSA – convene OCT Consultant Microbiology – liaise	UKHSA Intrahealth	Prompt contact with setting and Warn and Inform as appropriate

	Sampling	➢ No screening needed, but highlight symptoms and importance of urgent medical attention ➢ Hospitalisation of anyone displaying symptoms	with UKHSA and OCT actions OMBC HPT - support actions NCA school nurses – 0-5 years Intrahealth – school aged children		Identify close contacts promptly
Control	**Advice IPC**	➢ Highlight symptoms and importance of urgent medical attention	UKHSA – W&I OMBC HPT - IPC advice to settings NCA school nurses 0-5 yrs Intrahealth for school aged	UKHSA Intrahealth – vaccinations only	Prescribing antibiotics Sourcing and administering antibiotics Intrahealth vaccination outside of S7A will need to be commissioned and funded by the ICB
	Treatment/Prophylaxis	➢ Prophylactic antibiotics for close contacts ➢ Check vaccination status of rest of school/college – offer vaccination for unimmunised			
Comms – as agreed by OCT	**To public**	➢ Advice letters – see link to guidance above for templates ➢ Update NHS 111, helpline, social media	UKHSA OMBC DPH/HPT		
	To health partners	➢ Outbreak email as appropriate ➢ OCT minutes circulated			
	To media	➢ Coordinate and led by UKHSA via OCT			

3.6 Investigating outbreaks of IGAS in a care home
https://assets.publishing.service.gov.uk/media/64071ec5d3bf7f25fa417a91/Management-of-contacts-of-invasive-group-a-streptococcus.pdf

	Response Activity		**Responders**		**Considerations**
			In hours	**Out of hours**	
Investigations	Detection and Alert	➢ Notifiable disease ➢ UKHSA/OMBC HPT notified of case(s)	UKHSA – convene OCT	UKHSA – lead actions	Instructions to setting staff – ensure labelling is accurate on both sample and label

	OCT with UKHSA Communication with care home information gathering Communication with outside professionals	➢ Identify close contacts – including health professionals, eg, District Nurse, Podiatry ➢ Identify source	OMBC HPT – liaise UKHSA and setting, actions from OCT identified MFT Lab – supply swabs and testing/results Comm IPC nurses (CICN) – follow up with NCA staff (DNs/podiatry etc)	MFT Lab – sampling, testing, results	
	Sampling	➢ UKHSA to provide screening kits if required via courier once agreed in OCT ➢ Screening group agreed by OCT ➢ Ilog generated ➢ Occupational Health for NCA staff			
Control	**Advice IPC**	➢ Environmental cleaning ➢ Equipment cleaning ➢ Exclusion and Isolation (including NCA staff identified by CICN team) ➢ Identify symptoms ➢ SICPs	UKHSA OMBC HPT – take lead for setting IPC guidance Adult Community Services – if appropriate for external contacts GP – individual cases Comm IPC team – take lead for identified close contacts, NCA staff and referrals to OH GtD – clinical assessments and prescribing for setting residents and staff	UKHSA GTD	Long term follow -up/screening for staff and residents who have tested positive Using one pharmacy to dispense preventative treatment for staff and residents
	Treatment/Prophylaxis	➢ OCT recommendations ➢ Co-ordinated by OMBC HPT in hours, Co-ordinated by UKHSA out of hours ➢ Clinical assessment and Prescription - GtD ➢ Provision via usual pharmacy ➢ Occupational Health for NCA staff			
	To public	➢ Communication to relatives ➢ Warn & Inform to staff	UKHSA OMBC DPH/HPT OMBC Comms	UKHSA	
	To health partners	➢ Outbreak email			

Comms – as agreed by OCT		➢ OCT minutes circulated ➢ Warn & Inform			
	To media	➢ Coordinate by UKHSA via OCT			

3.7 Arrangements for investigating and controlling blood-borne viruses (BBV)

	Response Activity	**Responders**		**Considerations**
		In hours	**Out of hours**	

Investigations	**Detection/Alerting**	➢ UKHSA/OMBC Health Protection Team notified when unusual numbers or cluster of cases	UKHSA OMBC HPT Turning Point (as appropriate) Oldham MRI Virology laboratory GPs	UKHSA	
	Sampling	➢ Blood samples for virology ➢ Screening of contacts ➢ Screen for multiple BBVs			
Control	**Advice IPC**	➢ Explain routes of transmission ➢ Hygiene measures ➢ Exclusion if health care worker	UKHSA OMBC HPT General Practice Consultant Microbiology	UKHSA	Prescribing, Sourcing of PEP
	Treatment/Prophylaxis	➢ PEP treatment for close contacts ➢ Vaccinations for close contacts and other contacts (dependant on virus)			
Comms	**To public**	➢ Advice letters ➢ Update NHS 111, helpline, social media	UKHSA GMIC NHS Oldham Comms OMBC HPT	UKHSA	
	To health partners	➢ Outbreak email ➢ OCT minutes circulated			
	To media	➢ Coordinate by UKHSA via OCT			

3.8 Arrangements for a Hepatitis A outbreak in a care home

	Response Activity	**Responders**		**Considerations**
		In hours	**Out of hours**	

Investigations	Detection and Alert OCT with UKHSA, HPT, EHO Rapid Investigation of potential source in the setting Complete questionnaires required if at local level Identification of food handlers affected	➢ UKHSA/OMBC HPT notified of case(s) ➢ Identify close contacts ➢ Identify source ➢ Identify food handlers	UKHSA OMBC HPT OMBC EHO GP	UKHSA GTD	Transportation for Samples Care staff to be reminded – complete full details on both sample and form Self sampling outside of care homes
	Sampling Obtain samples with support for residential homes if necessary	➢ UKHSA to provide kits if required (Oral Fluid test kits) ➢ Support to care home staff for testing if required – HPT			
Control	**Advice HPT/EHO**	➢ Hand Hygiene/ PPE ➢ Isolation Advice ➢ Recommended/enforcement case-based control measures	UKHSA OMBC HPT GPs/PNs for vaccines	UKHSA	Intrahealth will consider facilitating Immunoglobulin by individual arrangement depending on clinical indications
	Treatment/Prophylaxis	➢ Advice from UKHSA			
Comms	**To public**	➢ Communications as required, a result of the OCT/discussions	UKHSA OMBC HPT OMBC Comms	UKHSA OMBC Comms	
	To health partners	➢ Outbreak email ➢ OCT minutes circulated			
	To media	➢ Coordinate by UKHSA via OCT and also Oldham Communications			

3.9 Arrangements for a Measles Outbreak in a School or Early Years Setting

	Response Activity	Responders	Considerations

			In hours	Out of hours	
Investigations	GP/Clinical Review with Notification to UKHSA of possible, probable, or confirmed Case	➢ UKHSA/OMBC HPT notified of case(s) ➢ GP/UKHSA to Identify close contacts ➢ Identify source or is the case part of an ongoing outbreak	UKHSA OMBC HPT GP Walk in Centre/Emergency Departments	UKHSA GtD/111/ Emergency Department & Walk In Services	Transportation for Samples Not to send suspected cases to Emergency Departments or Walk In Centres without prior warning and isolation room prepared/available The returning of the surveillance kits
	Sampling Taken by reviewing clinician, Oral Fluid Testing Kits, Dry Swab (not to be put in charcoal – see important information poster embedded) Or Urine testing	➢ Surveillance kits to be sent out by UKHSA			
Control	**Advice IPC/UKSA**	➢ Hand Hygiene/Respiratory hygiene ➢ Isolation/Exclusion Advice ➢ Recommended/enforcement case-based control measures	UKHSA OMBC HPT Early Years Settings and Schools OMBC Education team Intrahealth (vaccinations) GPs	UKHSA	Support to settings nhsgm-measles-information-for-early-y nhsgm-measles-2025-important-informa
	Treatment/Prophylaxis	➢ Advice from UKHSA ➢ Opportunity to encourage uptake of immunisations			
Comms	**To public**	➢ Communications as required, a result of the OCT	UKHSA OMBC HPT GMIC NHS Oldham OMBC Comms	UKHSA OMBC Comms	
	To health partners	➢ Outbreak email ➢ OCT minutes circulated			
	To media	➢ Coordinate by UKHSA via OCT			

3.10 Arrangements for a Measles Outbreak in a Contingency Hotel

	Response Activity	Responders	Considerations

			In hours	Out of hours	
Investigations	GP/Clinical Review with Notification to UKHSA of possible, probable, or confirmed Case	➢ UKHSA/OMBC HPT notified of case(s) ➢ GP/UKHSA to Identify close contacts ➢ Identify source or is the case part of an ongoing outbreak	UKHSA OMBC HPT GP Walk in Centre/Emergency Departments	UKHSA /111/ Emergency Department& Walk In Services	Transportation for Samples **Not to send suspected cases to Emergency Departments or Walk In Centres without prior warning and isolation room prepared/available** The returning of the surveillance kits
	Sampling Taken by reviewing clinician, Oral Fluid Testing Kits, Dry Swab (not to be out in charcoal) Or Urine testing	➢ Surveillance kits to be sent out by UKHSA		Support can be given via Serco staff based in the hotel	
Control	**Advice IPC/UKSA**	➢ Hand Hygiene/Respiratory hygiene ➢ Isolation Advice ➢ Recommended/enforcement case-based control measures	UKHSA OMBC HPT GPs Serco	UKHSA Serco	Support to settings nhsgm-measles-2025-important-informa measles-easy-read-accessible.pdf
	Treatment/Prophylaxis	➢ Advice from UKHSA ➢ Opportunity to improve uptake of immunisations			
Comms	**To public**	➢ Communications as required, a result of the OCT	UKHSA OMBC HPT GMIC NHS Oldham OMBC Comms	UKHSA	
	To health partners	➢ Outbreak email ➢ OCT minutes circulated			
	To media	➢ Coordinate by UKHSA via OCT			

PART 4: LOCAL OPERATIONAL ARRANGEMENTS FOR SPECIFIC TYPES OF OUTBREAKS NOT REQUIRING AN OCT

NB:
These types of outbreak responses are usually led by the HP team, locally within Oldham, providing outbreak emails three times per week to the wider system.

- **Influenza like illness (ILI)/ARI (including Covid19) in a care home**
- **Viral gastroenteritis in schools/nurseries**
- **Viral gastroenteritis in nursing/care homes**
- **An outbreak of an HCAI**
- **Outbreak of influenza in childcare settings (non-residential)**
- **Outbreak of scabies in nursing/care home**

Outbreak of Influenza like illness (ILI)/ARI (including Covid19) in a care home

	Response Activity	Responders	Considerations/Documents

			In hours	Out of hours	
Investigations	Detection/Alerting	➢ Two or more residents or staff suffering from ILI ➢ OMBC/UKHSA alerted by home ➢ Exclude Covid19 ➢ Information for affected staff/ residents taken ➢ Outbreak email sent to relevant groups ➢ Outbreak form sent daily to home to fill out and return to OMBC	OMBC HPT – risk assess/IPC advice Liaise UKHSA for screening of affected residents (Minimum data set) Complete iLog form and return to lab GP – clinical review MRI virology – courier wait and return, results GtD – clinical assessment and AVs via FP10 if agreed	UKHSA GTD	National guidance link: https://www.gov.uk/government/publications/acute-respiratory-disease-managing-outbreaks-in-care-homes Oldham Local process chart Flu%20process%20 20.12.24.docx UKHSA minimum data set to complete when reporting outbreak and request for sampling/consideration of AV UKHSA%20risk%20a ssessment%20data% Request Ilog and sampling (courier wait and return) iLOG%20request%2 0ARI%20.docx Ensure Care Home staff are aware to label accurately on both sample and form when screening
	Sampling	➢ Swabs to be obtained from symptomatic people (Max 5) on a wait and return - Ilog ➢ Swabs delivered to MRI Public health Laboratory for PCR ➢ Results to Oldham HPT in hours and GM UKHSA out of hours			
Control	Advice IPC	➢ Increased hand and respiratory hygiene measures advised	OMBC HPT	UKHSA	

		➢ PPE including FRSM/visors or goggles ➢ Home closed to admissions unless risk assessed with HPT ➢ Affected residents isolated until 5 days post symptoms ➢ Affected staff excluded following national guidance ➢ Deep clean before reopening ➢ Reopen after 5 full days with no new symptom onset in residents or staff			Access AVs process – **note, suspension form of Tamiflu is limited in stock at each pharmacy** Antiviral%20Arrangements%202025%20 Cohorting residents is key where residents may have dementia, consideration of isolation of all residents who are safe to do so for prevention of transmission. PPE for residents consideration.
	Treatment/Prophylaxis	➢ Antiviral treatment/PEP prescribed and administered dependant on lab results ➢ GP/GtD to use FP10 in season and PSD Out of Season.			
Comms	To care home	➢ Advice letters/emails/outbreak info pack ➢ Flu leaflet for staff	Oldham HPT	Staff letter via UKHSA	For staff – flu leaflet 2024%20flu%20info%20sheet.doc
	To wider systems	➢ Outbreak report via email			

Outbreak Situation	Detection/Alerting	Response	Control	Treatment/Prophylaxis	Documents
Viral gastroenteritis in schools/nurseries	OMBC HPT contacted by school/nursery/other source when 2+ cases are noted HPT to inform EHO and maintain contact with information as appropriate	Phone call between school & HPT to discuss symptoms and numbers of affected staff & students. HPT to inform UKHSA if risk assessment determines need for further action Infection Prevention & Control advice provided, verbally and via email Outbreak included in outbreak email and distributed Arrange for stool samples to be taken from affected residents and sent to laboratory if appropriate or identified by UKHSA	Affected pupils & staff to stay home for at least 48hours post last symptoms Extra hygiene measures advised: IPC advice including soap and water for hand washing only, no hand gel to be used Deep clean of school 48 hours after last symptoms Advice to change toothbrushes (including those used in the setting)	Unnecessary in most cases	https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources

Outbreak Situation	Detection/Alerting	Response	Control	Treatment/Prophylaxis	Documents
Viral gastroenteritis in nursing/care homes	OMBC HPT contacted by home/other source when 2+ cases are noted	Phone call between home & HPT to discuss symptoms and numbers of affected staff & residents HPT to email resources and timeline template to home, to be filled out daily and emailed back to HP Team Included in outbreak email Arrange for stool samples to be taken from affected residents and sent to laboratory if indicated – see process chart for more information on when to consider sampling	Affected residents isolated for at least 48hours post symptoms Affected staff excluded for at least 48 hours post symptoms Closure to admissions and visitors (unless essential) until at least 48 hours post symptoms and whole home deep clean has been performed Extra hygiene measures advised: enhanced cleaning regimes, regular cleaning of high touch points. Infection prevention advice provided, including: soap and water only for hand washing; PPE stored outside resident rooms; changing of toothbrushes	Unnecessary in most cases	 D&V%20Outbreak%20process%20202  Gastro%20timeline%20template%20202  ILOG%20request%20ASC%20Gastro%20  Care%20Home%20guidance%20gastroin

Outbreak Situation	Detection/Alerting	Response	Control	Treatment/Prophylaxis	Documents
An outbreak of an HCAI	OMBC Health Protection Team contacted by processing laboratory or another source **NB** May need UKHSA involvement in certain situations	OMBC HPT to gather information as appropriate for risk assessment and liaise with UKHSA as needed Relevant partners informed: UKHSA/GP or ASC teams if care setting, education colleagues if school setting ILog number to be obtained if samples are to be obtained – usually guided by UKHSA	Dependent on causal organism ➢ MRSA ➢ PVL ➢ ESBL ➢ C.diff ee relevant link above on age 8/9	Antibiotic treatment or decolonisation if needed. See relevant link to guidance on page 8/9	See links to guidance on page #
Outbreak Situation	**Detection/Alerting**	**Response**	**Control**	**Treatment/Prophylaxis**	**Documents**
An outbreak of influenza in childcare settings (non-residential)	OMBC Health Protection Team contacted by School/Nursery or another source when 2+ cases are noted	Phone call between school & HPT to discuss symptoms and numbers of affected staff & pupils/children HPT inform UKHSA for risk assessment HPT maintain contact between setting and UKHSA Outbreak form details added to outbreak spreadsheet daily Warn & inform letter to go to school/nursery for parents. (as indicated by UKHSA)	Affected students/staff to stay home for 5 days from onset of symptoms and until feeling well IPC guidance provided to setting: ➢ Hand hygiene ➢ Supervised hand washing where appropriate to setting ➢ Enhanced cleaning of surfaces and high touch points ➢ Deep clean of area at appropriate time	To be arranged with child's/staff's own GP	See links to guidance on page 8/9

Outbreak Situation	Detection/Alerting	Response	Control	Treatment/Prophylaxis	Documents
Outbreak of scabies in nursing/care home	HPT alerted in variety of ways: GP; care home staff; DNs; ASC staff NB/ 8 week incubation period – infectious to others during this period	Obtain information regarding cases from the care home manager or person in charge - confirm whether case/s have been seen and diagnosed in person by GP/ANP or another clinical person Confirmed cases to be treated immediately (2 treatments, 7 days apart) Contact tracing of individuals who may have had skin to skin contact with confirmed cases, without PPE, during the 8 weeks prior to diagnosis/symptoms – send W&I Whole home treatments to be co-ordinated; confirmed cases to receive treatment during whole home in addition to immediate treatment; whole home must be treated at same time (2 treatments, 7 days apart) Comms to be shared with visitors, families	PPE for staff at all times whilst awaiting whole home treatment to reduce risks of transmission Isolation of confirmed cases is not recommended Declutter and removal of soft furnishings prior to whole home treatment, supports deep cleaning and removal of dust Guides for application of cream and cleaning – see documents – distributed to all staff and residents as appropriate Transfers out/admissions in the setting must be risk assessed and discussed with HPT	Care Home to arrange with the GP for residents – noting UKHSA guidance in relation to the choice of topical and oral treatments Care Home to purchase creams for all staff	Applying%20ointment%20instructions. Care%20Home%20Comms%20Oct%2020 Scabies%20whole%20home%20treatmer Ivermectin%20instructions.docx Permethrin%20instructions.docx Would_you_know_if_you_had_scabies.p

Organisation	Name/comment	Contact details (telephone and email)
Oldham Local Authority		
First Response Team	To activate response from Gold/Silver/Bronze Officers, 24/7, 365 days	0161 770 2222
Director of Public Health	Dr Rebecca Fletcher	Rebecca.fletcher@oldham.gov.uk M; 07725652566 **PA:** Katie Carpenter: Katie.Carpenter@oldham.gov.uk
Consultant in Public Health (Health Protection Lead, Oldham)	Dr Charlotte Stevenson	Charlotte.stevenson@oldham.gov.uk
Assistant Director – Public Protection	Vacant position	
Health Protection Team	HPT (Mon – Fri, 9am – 5pm)	HealthProtection.Team@oldham.gov.uk
Public Health Commissioning Manager	M-F 9-5	Vicki.Gould@oldham.gov.uk public.health@oldham.gov.uk
Environmental Health	M-F 9-5	envhealth@oldham.gov.uk
	In event of outbreak requiring response M-F 9-5	lauren.wood@oldham.gov.uk envhealth@oldham.gov.uk
Communications/Media	Communications team	All media queries within office hours (9am to 5pm) should be sent to pressoffice@oldham.gov.uk;
	Out of hours support, visit intranet for details of on call contact	Review on call details via: https://www.oldham.gov.uk/info/200609/contact/938/media_queries
OMBC Control Room	Control Room	0161 770 4580
Civil Resilience/Emergency Planning	Darren McGrattan - 07540 649204	The contact number for emergencies is 0161 628 2000.

Educational settings	Andy Collinge Head of School Support Services	Andy.collinge@oldham.gov.uk
	Tony Shepherd Assistant Director of Education & Early Years	Tony.Shepherd@oldham.gov.uk
Safeguarding https://www.oldham.gov.uk/info/100010/health_and_social_care/1976/contact_social_services	Adult Multi Agency Safeguarding Hub	Adult.Mash@oldham.gov.uk
	Child Multi Agency Safeguarding Hub	Child.Mash@oldham.gov.uk
	Emergency Duty Team (Out of hours emergencies only)	edt@oldham.gov.uk

Organisation	Name/comment	Contact details (telephone and email)
UK Health Security Agency	Coordinate the outbreak response and provide scientific and technical advice	**0344 225 0562 (Option 2 for North West Team/Greater Manchester Health Protection Team)**
UKHSA Lab	clinical microbiology	0161 276 5686/5699, out of hours 0161 276 1234
	For Field Service North West	0344 225 0562 Option 6
	Dr Andrew Fox Consultant in Public Health Infection, Field Service (NW)	andrew.fox@ukhsa.gov.uk Mobile: 07736244920
	Faeces Sampling Kit – ordering stock	0161 253 6900 9am–5pm Mon-Fri Or 0161 276 6786 clare.ward@ukhsa.gov.uk; edward.cryer@ukhsa.gov.uk; donna.johnson@ukhsa.gov.uk;

UKHSA has the statutory responsibility for the protection of public health. This includes (but is not confined to) infectious disease, environmental hazards and contamination and extreme weather events – although some specific powers are delegated to the DPH who will lead the local authority response to any incident which poses a threat to public health. UKHSA will support an emergency response by:-

- - providing health protection services expertise and advice and co-ordinating responses to major incidents
- - assessing public health needs and gathering data to support emergency plans
- - carrying out risk assessments with the support of the organisation involved
- - providing scientific and technical advice
- - providing microbiology services

Organisation	Name/comment	Contact details (telephone and email)
Primary Care Lead	Head of Primary Care Operations (Oldham Locality) Tariq Sharf	tariqsharf@nhs.net 07964 909 143
ICB Associate Director Quality & Safety (Oldham)	Medicines Optimisation Team Andrea Edmondson	gmicb-old.medicinesoptimisationenquiries@nhs.net; andrea.edmondson@nhs.net; Tel: 07964113649
Urgent Care	Elizabeth Harper: Head of Urgent and Emergency Care (Oldham)	Elizabeth.harper10@nhs.net 07823 534 136
Go to Doc (GtD)	Responsible for Clinically assessing patient and prescribing relevant medication (outbreaks and PEP)	Health Care Professional Line: 0161 934 2828 gtd.businesscontinuity@nhs.net gtd.hubopsmanagers@nhs.net
	Senior Care Coordinator	07771578107 or 01619342820

Organisation	Name/comment	Contact details (telephone and email)
Oldham Royal Hospital (Northern Care Alliance, Oldham Care organisation)	Associate Director of Infection Prevention and Control	Linda Swanson 0161 2065036 07850939171 linda.swanson@nca.nhs.uk
	Senior manager on-call (for support or acute Trust incidents)	0161 624 0420
	Microbiology lab	0161 627 8360 – Main lab 0161 627 8359 – Managers office

	Adult Community Nursing Services Manager on Call	07970 002003
	Children's Nursing Services – Manager on Call	07970 002003

Organisation	Name/comment	Contact details (telephone and email)
School Nursing Team/School Nursing Lead (NCA)	Support with regards to outbreaks	0161 470 4346/ 07392280693
School aged Immunisations services	IntraHealth Ltd – support for outbreak situations requiring immunisation response	OldhamImms@intrahealth.co.uk 0333 358 3397
Looked After Children Nursing Team	Angela Jones Named Nurse - Oldham Children Looked After	oldhamlac@nca.nhs.uk 0161 627 8700

Organisation	Name/comment	Contact details (telephone and email)
Care Quality Commission	Emma Popay Operations Manager North Network Primary and Community Care	Emma.Popay@cqc.org.uk
	Jill Thornton Inspector North Network Primary Medical Services and Integrated Care	Jill.Thornton@cqc.org.uk
	Rajedha Yasmin Inspector - Network North	Rajedha.Yasmin@cqc.org.uk
Report concerns		https://www.cqc.org.uk/contact-us/report-unregistered-service

Organisation	Name/comment	Contact details (telephone and email)
Single point of Access for District Nurses	Can provide immunisation to Adults	0300 323 0464 0161 621 3435
District Nursing Services	Additional support and distribution of anti-viral by Patient Group Direction (PGD)	0161 357 5190

Organisation	Name/comment	Contact details (telephone and email)
TB Team	Stacey Farrow or Helen Ogden 07817 076531/ 07966 926 344	Tb.nursesnmgh@mft.nhs.uk; 0161 720 2394
	UKHSA – out of hours	0344 2255 0562
North Manchester General Hospital (Infectious diseases unit)	Infection Prevention and Control Team Matron Jainanna Chackachan	0161 720 2935 jainanna.chackachan@mft.nhs.uk

Organisation	Name/comment	Contact details (telephone and email)
Greater Manchester Integrated Care Partnership Oldham – commission services or extend services	NWAS Hold on call commissioner rota and numbers	0345 113 0099 gm.icp@nhs.net

Organisation	Name/comment	Contact details (telephone and email)
Community Health and Adult Social Care	Can provide support to residential care homes	0161 770 6936 (24hrs a day)

Organisation	Name/comment	Contact details (telephone and email)
Health & Safety Executive	HSE Enforcement Officer for GM	0300 003 1747 (8.30am-5pm) 0151 922 9235 OOH
NWAS	*The Control Room will be able to provide details of any incident to which NWAS has responded (including a log number). In the event that **non-urgent** medical assistance is required at RVP, reception centre or any other location to which MCC has responded to an incident, the Control Room can be contacted to request attendance (if available) from NWAS.*	*24/7 control room **0161 866 0661***

Organisation	Name/comment	Contact details (telephone and email)
Homelessness team OMBC	Moira Fields & Clare Ocansey	Moira.fields@oldham.gov.uk Clare.ocansey@oldham.gov.uk
Sexual health services	Melissa Hughes, HCRG, young people & adults melissa.hughes@hcrgcaregroup.com	0300 303 8565
Turning Point Oldham	Via online form on website (see links on page 9)	0300 555 0234 (Monday – Friday, 9am – 5pm

Organisation	Name/comment	Contact details (telephone and email)
OMBC District teams	North District	Place.TeamNorth@oldham.gov.uk
	East District	Place.teameast@oldham.gov.uk
	Central District	place.teamcentral@oldham.gov.uk
	West District	Place.teamwest@oldham.gov.uk
	South District	Place.teamsouth@oldham.gov.uk

Organisation	Name/comment	Contact details (telephone and email)
SERCO – Asylum accommodation and support services	SERCO Affy Rasheed (Partnership Manager)	AASC.victoriaoldham@serco.com affy.rasheed@serco.com

Part 6: Appendices

Appendix 1: Common and Other Outbreak Settings or Sources

These are examples of community settings sometimes associated with outbreaks

- Care homes: nursing, residential, intermediate, mixed etc.
- Schools / Colleges
- Nurseries / Child minders / Play centres
- University / student accommodation
- Food outlets and event caterers
- Petting farms
- Swimming pools / water activity parks
- Dental practices
- Community health care settings (GP practices, Integrated Care centres etc.)
- Prisons / Detention Centres
- Workplaces
- Ports / airports
- Hotels
- Leisure Centres
- Travellers Sites
- Private camp sites / holiday parks
- Community Hospitals
- Hostels
- Tattoo Parlours

Appendix 2: Common Pathogens

Below is a list of pathogens which can commonly cause outbreaks. This list is not exhaustive.

The full list of notifiable diseases is available here:

- Influenza
- Norovirus
- Scabies
- Tuberculosis
- Clostridium difficile
- PVL positive MR(S)SA
- Invasive Group A Streptococcal infection
- E Coli O157
- Hepatitis A
- Meningitis
- Pertussis
- Legionnaires Disease
- Measles
- Covid 19

Appendix 3: Suggested OCT Members

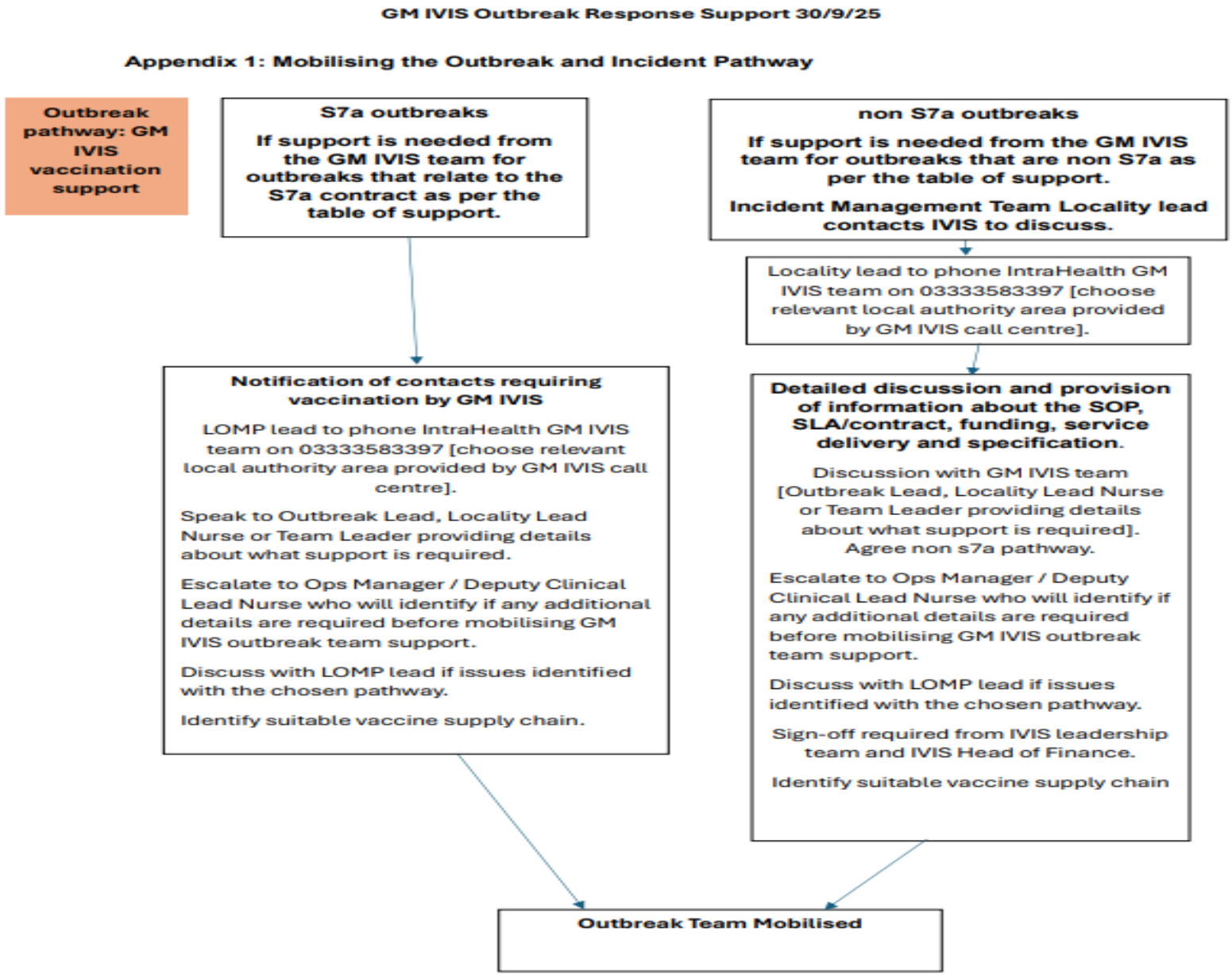
- Consultant in Communicable Disease Control
- Environmental Health Officer
- Consultant Microbiologist / Virologist
- Director of Public Health/ Local Health Protection Nurse
- NHS GM ICB Representative
- District Partnership Representative
- Representative from Comms and Marketing Team at Oldham Council
- Local NHS Provider Services (as required) [e.g. acute trust, GTD]

NB: This list is not exhaustive; depending on the nature of the outbreak representation from additional organisations may be required, for example, in the event of an outbreak in a school would be appropriate to include a representative from Education at OMBC.

Appendix 4: Outbreak or Incident Meeting Agenda Template

No	Agenda item
1	**Introductions and apologies**
2	**Summary of situation**
3	**CICN update**
4	**Microbiology**
5	**Risk assessment**
6	**Control measures**
7	**Communications**
8	**AOB**
9	**Date of next meeting**

APPENDIX 5: INTRAHEALTH RESPONSE SUPPORT



GM IVIS Outbreak Response Support 30/9/25

Appendix 2: List of potential vaccines that IntraHealth (GM IVIS) could deliver to support incidents and outbreak

Disease	Vaccine	Section 7A funding?	Other considerations
Influenza	Influenza	Nationally determined groups only (currently incl. primary and secondary school children)	Already part of IVIS for routine programme. Reactive
Covid-19	Covid-19	Nationally determined groups only (currently incl. individuals aged 6 months to 64 years in a clinical risk group).	Reactive
Hepatitis A	Hep A	No	Reactive or post-exposure
Hepatitis B	Hep B	Only Neonatal Hep B is included in S7A – no other Hep B provision	Likely to be small numbers/ household contacts only – post-exposure
Meningitis	MenACWY	Year 9 and above only	Already part of IVIS for routine programme Anything additional (e.g. if a MenACWY was recommended for a 9 year old) – not included in S7a? Reactive or post-exposure
Meningitis B		No	Reactive or post-exposure Vaccination only, not prophylactic antibiotic treatment
Pertussis	6-in-1vaccine 4-in-1vaccine	Up to age of 10 & unvaccinated, or pregnant included in S7A.	IVIS would only give Td/IPV as part of service, not pertussis containing vaccines Reactive or post-exposure

GM IVIS Outbreak Response Support 30/9/25

Measles	MMR	Pre exposure only to eligible cohorts	Already part of IVIS for routine programme Pre exposure only Post exposure to measles cases e.g vaccination if children in a nursery who have had close contact with measles would not be covered by S7A funding
Mpox	Mpox	No*	Need to work through mechanism/ pathway for getting vaccine to IntraHealth. IM/ID/SC route – training may be needed.
Rabies	Rabies	No	Very small numbers – rabies would be a post exposure (from an animal) rather than community transmission – normally given by GP
Varicella	Varicella	No	Reactive or post-exposure Vaccination only, not prophylactic antibiotic treatment

*Mpox pre-exposure vaccination for eligible cohorts is commissioned through GM sexual health services. Post exposure vaccination as part of outbreak response is not commissioned by NHS England S7a.

Appendix 6: Hep A Flowchart/Algorithm

https://assets.publishing.service.gov.uk/media/65ccdbbd1d93950012946677/Hepatitis-A-guidance-13-february-2024.pdf

Public health control and management of hepatitis A

Table 1 defines different risk groups who have an increased risk of spreading hepatitis A because of personal hygiene or occupation.

Table 1. People that pose an increased risk of spreading hepatitis A (source: Guidance on gastrointestinal infection)

Risk group	Description	Additional comments
A	Any person of doubtful personal hygiene or with unsatisfactory toilet, hand-washing or hand drying facilities at home, work or school	Risk assessment should consider, for example, hygiene facilities at the work or educational setting
B	All children aged 5 years old or under who attend school, pre-school, nursery or other similar childcare or child minding groups	Explore informal childcare arrangements
C	People whose work involves preparing or serving unwrapped food or drink to be served raw or not subjected to further heating	Consider informal food handlers, for example, someone who regularly helps to prepare buffets for a congregation
D	Clinical and social care staff who work with young children, the elderly, or other particularly vulnerable people, and whose activities increase the risk of transferring infection via the faeco-oral route. Such activities include helping with feeding or handling objects that could be transferred to the mouth	Someone may be an informal carer, for example, caring for a chronically sick relative or friends

Figure 1. Risk assessment for close contacts who are food handlers

This is a graphical version of Close contacts who are food handlers and have not received vaccine within 14 days of exposure, above.

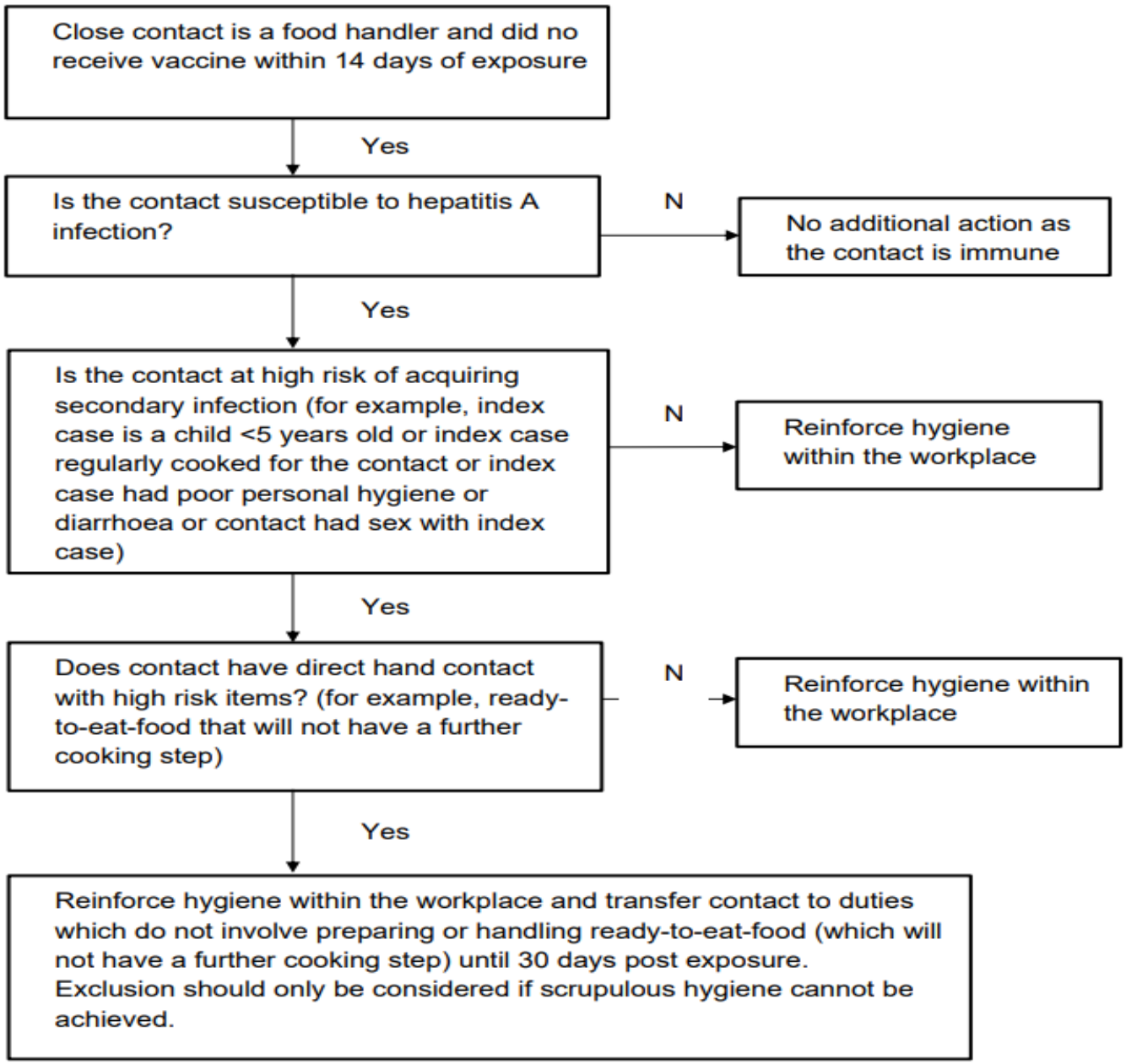
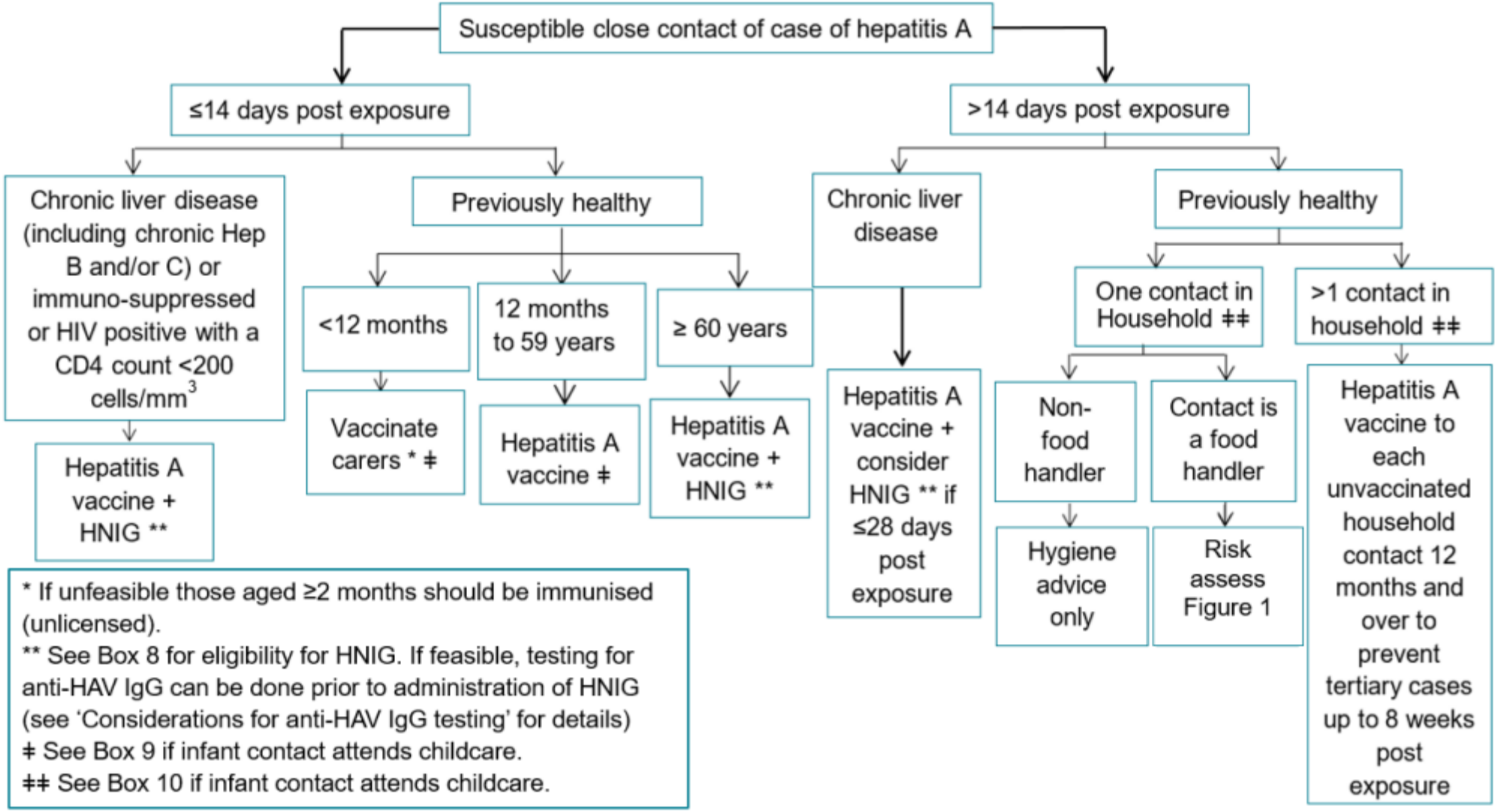


Figure 2. Algorithm for management of susceptible close contacts

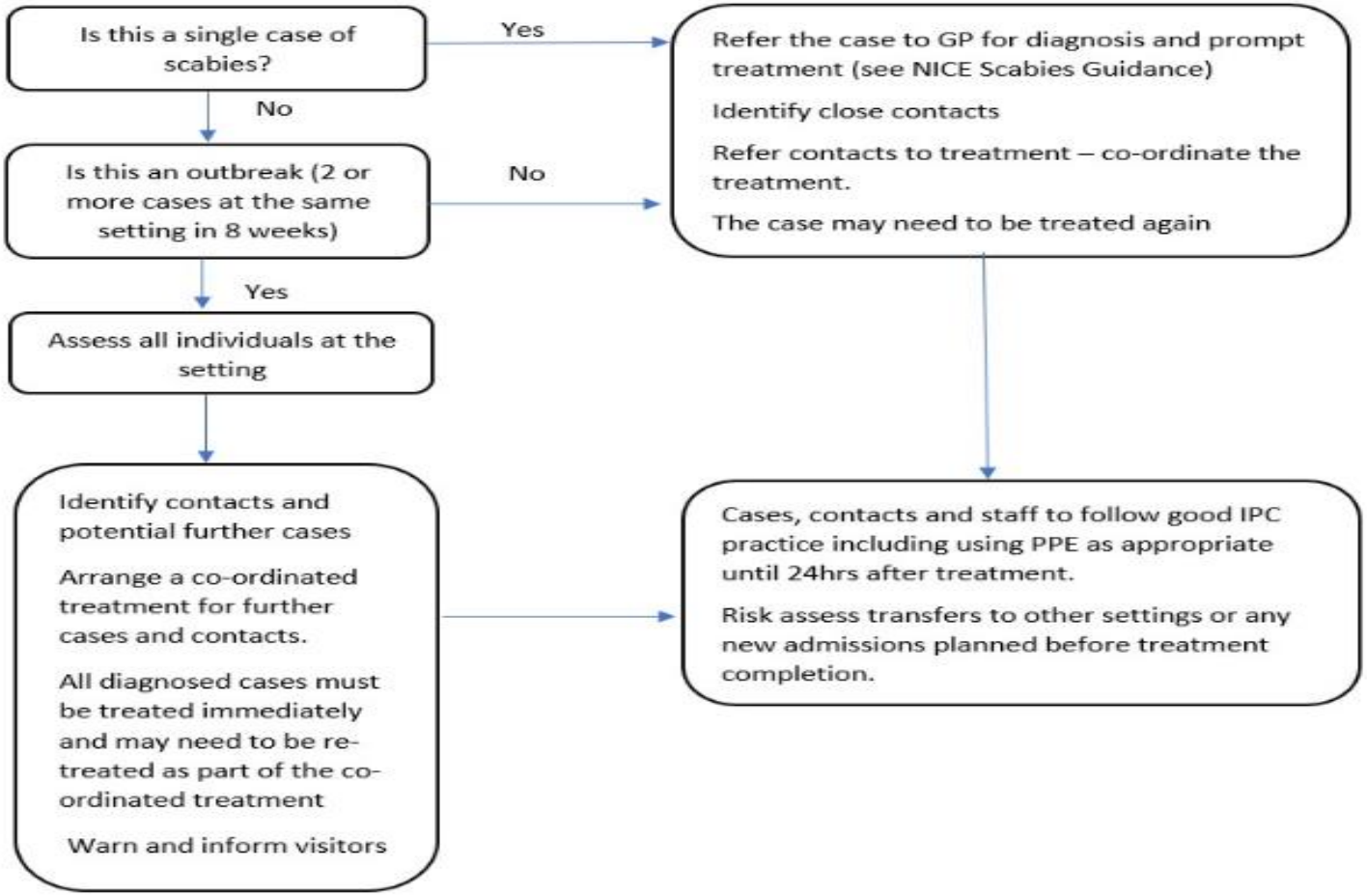
This is a graphic version of boxes 9 and 10.



Appendix 7: Scabies Algorithm

Algorithm summarising the public health management

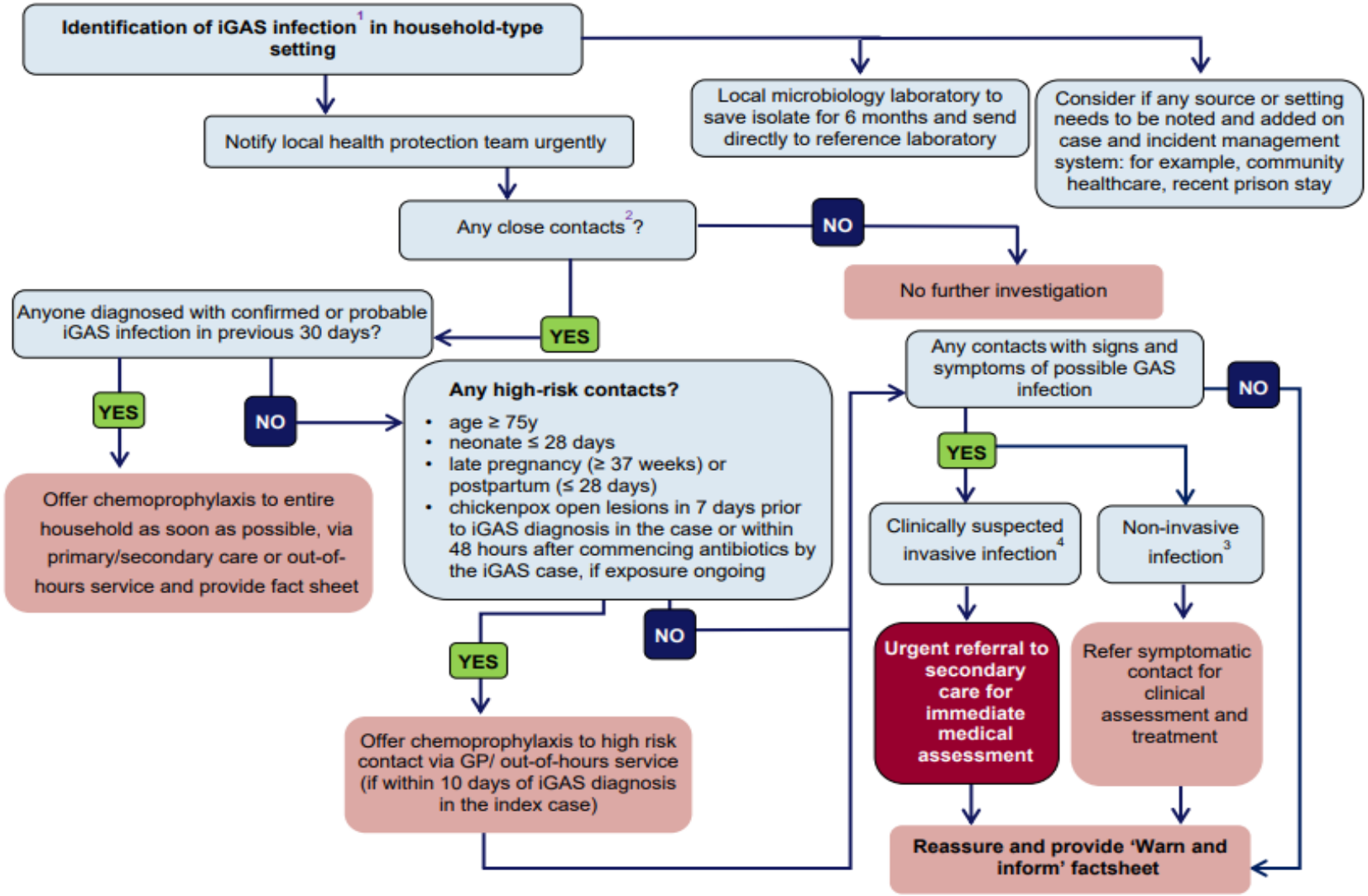
The algorithm consists of 2 questions which follow each other to help determine if the setting is dealing with an outbreak and to guide public health management.



Appendix 8: Management of iGAS (contacts/IPC measures/algorithm – various settings)

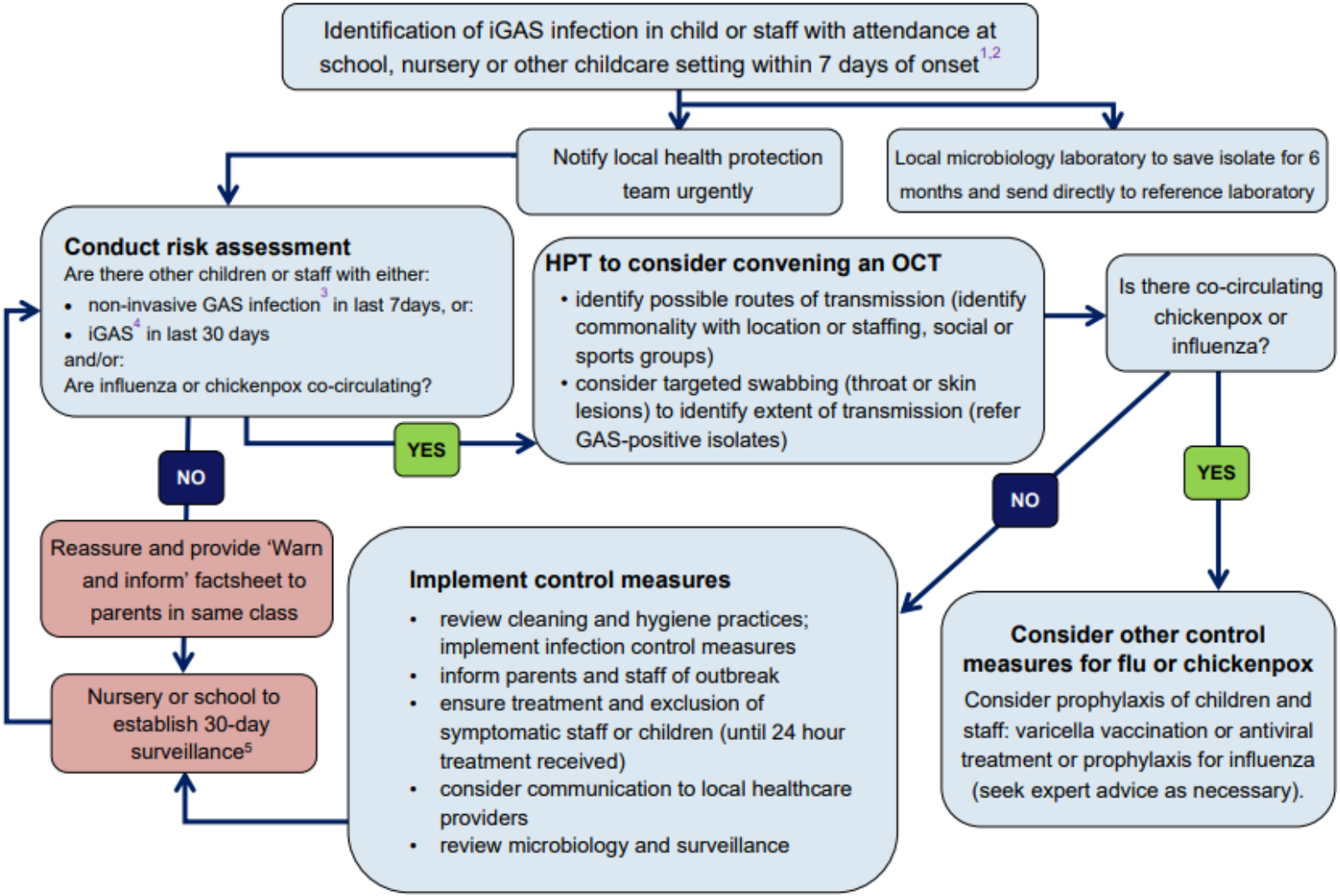
https://assets.publishing.service.gov.uk/media/64071ec5d3bf7f25fa417a91/Management-of-contacts-of-invasive-group-a-streptococcus.pdf

Algorithm 1. Management of contacts of a case of iGAS in a household-type setting (an accessible, text-only version is available)



1. Invasive GAS infection (iGAS) is defined through isolation of GAS from a normally sterile body site. GAS isolated from non-sterile site in combination with severe clinical presentation should be managed as per iGAS.
2. Close contact is defined as someone who has had prolonged close contact with the case in a household -type setting during the 7 days before diagnosis of iGAS infection. Examples include those living and/or sleeping in the same household, pupils in the same dormitory, intimate partners, or university students sharing a kitchen in a hall of residence. Consider contacts who provide nursing care (district nurses, health visitors).
3. Symptoms suggestive of non-invasive GAS infection include sore throat, fever, minor skin infections, scarlatiniform rash.
4. Symptoms suggestive of invasive disease include high fever, severe muscle aches or localised muscle tenderness +/- a high index of suspicion of invasive disease. In the absence of a more likely alternative diagnosis then emergency referral to A&E (contact A&E to advise of incoming patient).

Algorithm 2. Management of iGAS case linked to a nursery, school or other childcare setting (an accessible, text-only version is available)



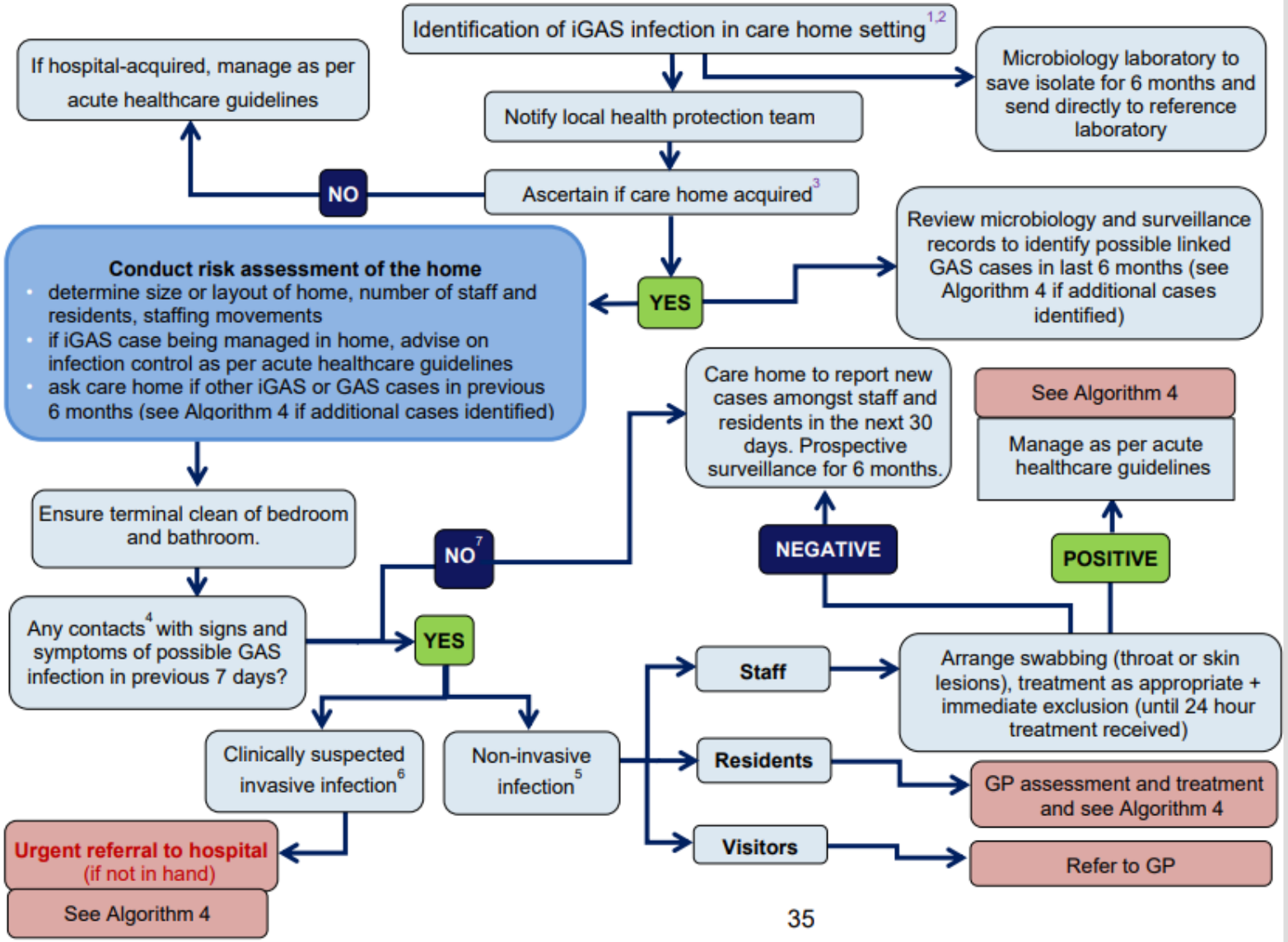
1. iGAS is defined through isolation of GAS from a normally sterile body site. GAS isolated from non-sterile site in combination with severe clinical presentation should be managed as per iGAS.
2. Where the case hasn't attended the setting in 7 days before onset, it may be necessary to inform the school, for example, if severe illness or death.
3. Symptoms suggestive of non-invasive GAS infection include sore throat, fever, minor skin infections, scarlatiniform rash
4. Symptoms suggestive of invasive disease include high fever, severe muscle aches or localised muscle tenderness +/- a high index of suspicion of invasive disease.
5. Prospective 30-day surveillance for GAS, iGAS, chickenpox and influenza.

Table 3. Infection control measures for care homes (adapted SIGN D) (113, 116)

Indication for use	Control measures	Strength of evidence
Single case of iGAS	• strengthen hand hygiene • review sick leave policy so staff not encouraged to work while ill • review IPC practices on site • check if any staff or residents have signs or symptoms of GAS (pharyngitis, skin conditions such as impetigo or erysipelas) or chronic skin conditions such as eczema or psoriasis which could increase GAS carriage on damaged skin • store isolates for further typing for at least 6 months and send isolates to Streptococcal Reference Service at UKHSA for typing • use appropriate personal protective equipment for staff and visitors in contact with the cases until after 24 hours antibiotics, as per prevention and control of group A streptococcal infection in acute healthcare and maternity settings in the UK (3) • implement enhanced surveillance for GAS infection • carry out hand hygiene audits and education • restrict staff movement where possible • educate patients, staff and visitors by distribution of GAS information leaflet • carry out full terminal clean of bedroom and bathroom to reduce possible environmental reservoir of GAS • provide education on transmission-based precautions	Common, well-accepted
Further cases of GAS/iGAS identified	• halt new admissions to home or defer routine clinic and radiology appointments where possible • consider screening all residents for GAS in throat and wounds • screen staff (throat swab and open skin lesions, for example, eczema) who are symptomatic or are epidemiologically linked to cases (for example, have had contact with cases) • isolate or cohort patients with GAS • trigger for further investigation (>=2 cases of iGAS/GAS) • consider targeted versus mass antibiotics	Unproven but unlikely to harm

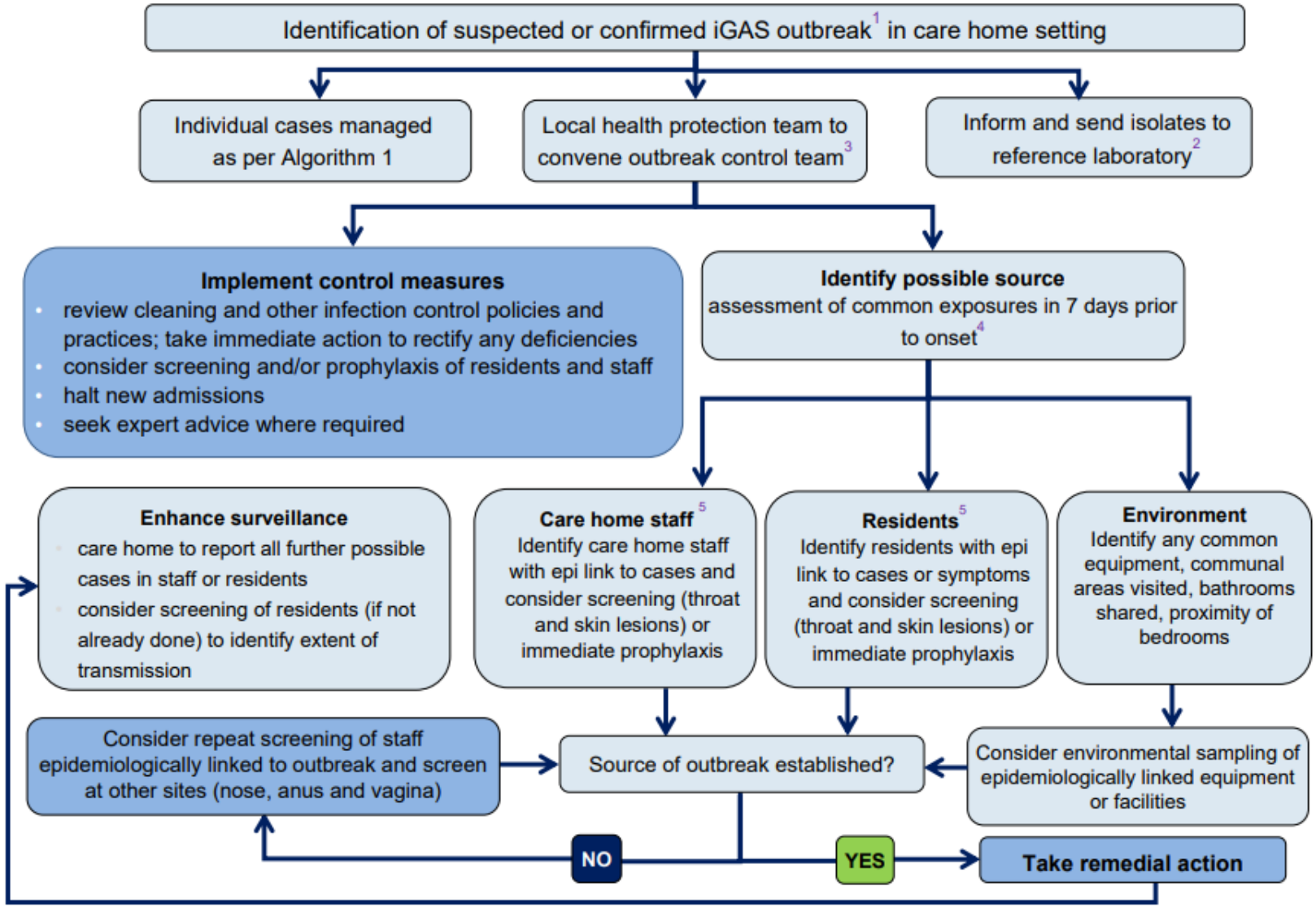
Indication for use	Control measures	Strength of evidence
Outbreak prolonged, consider further measures	• role of re-screening • consider further antibiotics • consider environmental involvement • optimum cleaning protocol	Needs further evidence

Algorithm 3. Management of a single case of iGAS infection in a care home setting (an accessible, text-only version is available)



1. Patient resided in a care home in 7 days prior to onset
2. Invasive GAS infection (iGAS) is defined through isolation of GAS from a normally sterile body site. GAS isolated from non-sterile site in combination with severe clinical presentation should be managed as per iGAS.
3. Consider care home acquired if symptoms or signs of infection not present on entry to care home and no other possible source of transmission identified, such as from recent hospital stay.
4. Carers, peripatetic staff, visitors, other residents with direct contact or close proximity to case.
5. Symptoms suggestive of non-invasive GAS infection include sore throat, fever, minor skin infections
6. Symptoms suggestive of invasive disease include high fever, severe muscle aches or localised muscle tenderness +/- a high index of suspicion of invasive disease. In the absence of a more likely alternative diagnosis then emergency referral to A&E (contact A&E to advise of incoming patient).
7. Consider whether asymptomatic staff contacts should be screened. Indications may include strong epidemiological link, absence of alternative potential source and/or where recent transmission of GAS within the home suspected.

Algorithm 4. Management of suspected or confirmed iGAS outbreak in care home (an accessible, text-only version is available)



1. Two or more cases of confirmed or probable iGAS infection related by person or place. These cases will usually be within a month of each other but the interval may extend to several months.
2. Clearly label isolates sent to the reference laboratory as being part of a suspected outbreak to prioritise processing. Epidemiological investigations and preventive measures should not await results of typing.
3. Outbreak control team may include care home manager, consultant microbiologist, occupational health adviser, local GP, local commissioning lead and communications adviser.
4. Assess possible sources according to case's movements or contacts in the home 7 days prior to onset. Carers, other residents, equipment and the environment are possible sources of outbreaks. Develop time lines and network analyses to identify common exposures (2 or more cases).
5. Carers, peripatetic staff (hairdressers, podiatrists, GPs, district nurses etc), visitors, other residents with direct contact or close proximity to case within 7 days prior to diagnosis. Consider kitchen staff.

Appendix 9: Process for respiratory screening and in event of ARI/Flu in care homes

Actions for respiratory outbreak and/or positive Flu case/s in care homes

An outbreak of Acute Respiratory Infection (ARI) is defined as 2 or more epidemiologically linked cases within 5 days.
See file path for all documents needed:
https://oldham365.sharepoint.com/sites/PublicHealth/Public%20Health%20Files/Forms/AllItems.aspx?id=%2Fsites%2FPublicHealth%2FPublic%20Health%20Files%2F2%2E%20Health%20Protection%2FOUTBREAKS%5FINCIDENTS%2FFlu%20%26%20Respiratory%20Illness%2F2024%2D2025%20season%20pathway%20documents&viewid=0c5ac442%2D2125%2D4c9d%2Da3ad%2Dac4e8c8f0117
Refer to Care Home Action Card for full guidance:
https://oldham365.sharepoint.com/:w:/r/sites/PublicHealth/_layouts/15/Doc.aspx?sourcedoc=%7BCA29EB21-2247-5A6D-9294-F28DF947800F%7D&file=ARI%20Care%20Home%20Action%20Card%2012.2024%20FINAL%20(1).docx&action=default&mobileredirect=true

1. **IPC Measures:**

Assess whether home needs to introduce outbreak measures, including closure for admissions/transfers etc.
Advise on IPC measures: enhanced PPE to include masks, eye protection; hand and respiratory hygiene; enhanced cleaning; ventilation; isolation of symptomatic residents and staff.
https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/

2. **Testing:**

Exclude Covid 19:

- Test eligible residents with LFT – up to 5 residents. (most recent symptomatic)

If LFTs are negative, complete the “Template UKHSA minimum data set Feb 2025” and call UKHSA 0344 225 0562 to request risk assessment.
UKHSA HP practitioner will speak to a consultant and get back to you.
If screening is agreed, complete the “iLOG request 20.12.2024” and send it to the emails as directed on the form.
Let the care home staff know to expect a courier who will have up to 5 swabs - they should swab the most recently symptomatic residents (5) and give them back to the courier (wait and return).

** (Make sure the home staff know to write the full details of the resident on the swab and the form - name, DOB, NHS no)

Ask the care home staff to email to you the NHS no; DOB; initials of the 5 residents screened, so that you can obtain results. Health Protection Team have access to "e-lab" for results following respiratory screening and will check these during normal working hours. If screening is negative, all “outbreak” IPC measures should remain in place until there has been 5 days with no new symptoms reported.

3. **Care home staff actions following screening activity:**

If swabs are Flu positive - likely that antivirals will be recommended. UKHSA consultant will do this risk assessment and make the decision.
** Care home staff are responsible for completion of all resident information to support clinical assessments for antiviral medications. “Oldham care home resident info” document.

https://oldham365.sharepoint.com/:w:/r/sites/PublicHealth/_layouts/15/Doc.aspx?sourcedoc=%7B76C38C8F-B759-4188-A7DA-C1ADE48CB71D%7D&file=Oldham%20Care%20Home%20Resident%20Info%20winter%2024-25.docx&action=default&mobileredirect=true

4. **Once antivirals are recommended for care home residents**

Antiviral medications need to commence *within 48 hours* of exposure/diagnosis.
All actions need to be acted upon as a priority

Go to Doc are our provider of clinical assessments and for prescribing antivirals for care home residents.
0161 934 2828 Ops manager
0161 934 2820 ANP

- Email them on gtd.businesscontinuity@nhs.net; gtd.hubopsmanagers@nhs.net; "Please arrange for clinical assessment and prescriptions of antivirals as appropriate"

If no response after one hour, call Senior Care Coordinator 0n 07771578107 or 01619342820.

- Copy in the care home manager and all other email contacts we have in our list for the home (see link below) – also attach the list of pharmacies carrying stock

https://oldham365.sharepoint.com/:w:/r/sites/PublicHealth/_layouts/15/Doc.aspx?sourcedoc=%7BC87E97F1-F81B-47BB-B51D-4B9B35A197A8%7D&file=Care%20Homes%20Contacts%20from%20Jan%202023.docx&action=default&mobileredirect=true

(Antiviral meds can be prescribed in different doses, a treatment dose for those with symptoms/positive swab, and prophylactic dose for those without symptoms but who have been exposed to Flu.)

It is the responsibility of the home staff to identify a suitable pharmacy from the list ("antiviral arrangements for 2024-2025) and to collect the antiviral meds once prescribed and dispensed. It is beneficial for the care home staff to call the chosen pharmacy and inform them of the situation and how many prescriptions to expect (at this time, the pharmacy can inform the home staff if they do not have adequate stock).

** Important to note – pharmacies are only required to carry stock for 2 prescriptions of suspension form of Tamiflu. If more than 2 are needed, it may be beneficial to use more than one pharmacy.

5. **Additional actions:**

Give the home the flu leaflet for any staff who are concerned they may also need antivirals - they need to see their own GP.
Request the home to keep you updated. Ongoing risk assessment for measures and whether it is an outbreak or an individual case.
Ensure appropriate communication is ongoing and that all steps are being followed as a priority.
Request confirmation from the home staff once all residents have antiviral medications in place at the home and are either due to commence, or have already commenced.
Inform the home staff that they must inform our team if there are any discrepancies or concerns immediately.