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An audit of influenza management in a tertiary children's hospital during the winter season 2015/16

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Background: In the UK, Public Health England (PHE) has established well defined criteria for the vaccination of high risk patients against influenza, and the appropriate use of antiviral therapy in influenza infection. Based on these standards, we present the audit findings of influenza treatment and prevention in a busy tertiary children's hospital for the winter season 2015/16.

Material/methods: From October 2015 to April 2016, an open-access diagnostic service was provided for all children either assessed in our emergency department or admitted as an in-patient with an influenza-like illness. Nasopharyngeal aspirates or nose and throat swabs were examined for Influenza A and B viruses using the FilmArray multiplex PCR assay (bioMerieux). Patients with confirmed influenza infection underwent a clinical and case-note review, using a standardised proforma.

Results: 190 influenza cases were confirmed of whom 170 (90%) were able to be reviewed. 116 cases (68%) met PHE criteria for commencing antiviral therapy based on a diagnosis of either complicated influenza or an underlying high-risk condition. However, only 79% received antiviral therapy. Overall 115 patients (67%) were managed appropriately by either correctly prescribing or withholding antiviral therapy. 50% of eligible patients received antiviral therapy within 48 hours of onset of symptoms. Delay most commonly related to time of presentation to hospital rather than a delay in prescribing. 84% of patients were correctly isolated using droplet precautions though only 68% of cases/carers received appropriate respiratory etiquette advice. 75 cases (44%) had their

influenza vaccination status documented of whom 65 were unvaccinated. 19 (29%) unvaccinated patients had high-risk conditions warranting prior influenza vaccination.

Conclusions: Despite national and local guidance on influenza management, this hospital-wide audit demonstrated the importance of ongoing medical education of hospital and community clinical teams to meet these guidelines. Local improvements are required in both influenza vaccination uptake and antiviral management. An annual influenza re-audit programme should help to raise standards of care.