10th June 2021

Dear Surveillance Practice,

All-year-round Surveillance & Vaccine Effectiveness monitoring continues – *Please carry on sampling/join our sampling practices & with excellent medical record data quality*

Thanks to all our surveillance practices:
Thank you for participating in the Oxford-Royal College of General Practitioners (RCGP) Research and Surveillance Centre (RSC) which with Public Health England (PHE) all-year-round surveillance including RSV, influenza, COVID-19 and vaccine effectiveness. The work of the surveillance network has never been more important.

You are one of over 1,900 RCGP RSC general practices who share valuable data and in addition may collect virology swabs or blood samples for serological surveillance. This will continue all year round so we can monitor vaccine effectiveness over time, trends in proportion of the population with antibodies and what viruses are circulating, including new strains of COVID-19.

Virology swabbing practices:
A group of just over 200 of our practices take virology swabs at their practice or give/have swabbing kits sent to patients to self-swab at home The RCGP RSC-PHE virology surveillance is of national importance. The results of the lab testing, whether positive or negative, are used to provide the formal estimate of vaccine effectiveness (VE). This information is a critical and unique component of our national surveillance, NHS planning capability and also provides the World Health Organisation (WHO) key data.

Serology sampling practices:
Some 250 practices take part in sero-surveillance so we can look at antibody levels in the population. This involves volunteer patients giving an additional blood bottle when patients attend for a routine blood test. Since 2018, we have been sampling for serology across the complete age range. This provides important information about population immunity. Unlike virology sampling where results come back to the practice, no results come back from the serology testing as samples are tested in batches and the purpose of these data are to review /analyse data at a population rather than individual level and does not affect patient management.

More swabbing& sampling practices wanted!
We welcome more practices to become involved in virological and serological sampling, particularly practices in areas with a high proportion of black Asian, and minority ethnic (BAME) populations. Practices taking part in virological and serological surveillance are a highly valued part of the national surveillance system, there is payment for samples taken if members are interested please contact the practice liaison team at: practiceenquiries@phc.ox.ac.uk.

Sampling and data quality are key to the success of the surveillance system:
The unique features of our network are virology and serology sampling and high levels of data quality.
SAMPLING:

1. **Taking virology swabs across age-bands and coding results into medical records:** The core of the surveillance programme is taking virology swabs. We are looking for 20 virology swabs per week per practice, from children, adults and older people.. You can find further information at https://orchid.phc.ox.ac.uk/index.php/all-year-virology-and-serology-surveillance/.
2. **Taking extra blood samples from people having routine blood tests:** Please code “Save sample for serum serology” or “Sample serology” as a “Procedure” in your CMR. We are looking for around 5-20 serology samples per week per practice.

DATA QUALITY:

1. **Capture flu and COVID-19 vaccination administration, including brand and batch:** Complete recording of flu and COVID-19 vaccination is key, though recording of the latter is largely automated. A challenge is capturing and coding influenza vaccinations not done in general practice (e.g. at the pharmacy, workplace or school). Please, try to ensure these are coded.
2. **Recording influenza and other respiratory diseases as a “Problem” in GP computerised medical records:** It is really important that the possible influenza cases are coded as “influenza-like illness” (or influenza if you are certain), bronchiolitis in children etc. Please see the episode type – designating if the problem is new or a review (guidance in Appendix 2).

Self-swab or in-surgery virology:
Traditionally virology sampling was conducted *in-practice*, we introduced a voucher system enabling patients to request "self-swabbing" kits online**.** Swabs are tested for COVID-19, RSV, influenza and other respiratory viruses. Eligibility criteria have been extended to include patients with loss or taste and smell, as well as the usual influenza like illness (ILI) and lower respiratory infections.

"My Practice Dashboard" for network members:
Every practice providing data to the RCGP RSC is given a unique key to access their practice dashboard. The dashboard shows weekly progress, flu vaccine and other vaccine coverage.

- "My Practice Dashboard", is at: https://public.tableau.com/profile/orchid#!/vizhome/MyPracticeDashboard_ORCHID/Home
- If you don't have your unique key please contact: practiceenquiries@phc.ox.ac.uk

Legal basis for sharing data:
The legal basis for the data sharing for our surveillance activity is Regulation 3 of the Health Service (Control of Patient Information) Regulations 2002. Our transparency statement can be found at https://orchid.phc.ox.ac.uk/index.php/transparency-statement/. Data provided by practices are held pseudonymised and only used for surveillance, quality improvement, research and education as set out in our data sharing agreement.

New name "ORCHID":
University of Oxford and RCGP are starting to use a new name for our collaboration "ORCHID" – this stands for the Oxford-Royal College of General Practitioners Clinical Informatics Digital Hub. It is hoped that "ORCHID" will be simpler to say! You may see an orchid flower shaped logo appear on some documents.

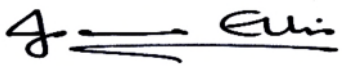
Additional areas of surveillance:
We are adding two new types of surveillance to our virology and serology: (1) Chicken pox in pregnancy, (2) Monitoring of rashes in children. These will be piloted initially then rolled out to a larger group of practices. If interests please contact practiceenquiries@phc.ox.ac.uk

- ***Please see Appendices for more details of the flu, COVID-19 and RSV surveillance.***
- ***Please disseminating within your practice and, share with your patient participation group.***

We greatly appreciate your continuing collaboration in national surveillance. Sampling (virology and serology) and data quality (coding the name of the suspected condition as a problem) are the key underpinnings of the success of our network.

Thanks again for sharing data and for your vital sampling work. Please do include this activity in appraisal and in information you share about your practice with the Care Quality Commission. Our current plan is that our surveillance will continue throughout 2021 and at least until a year's time.

Yours faithfully



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Appendix 1: *Flu, COVID-19 & RSV Surveillance & Vaccine Effectiveness Briefing*

Key data requirements:

1. **Flu vaccine exposure** – **please aim to record flu and COVID-19 vaccine exposure, including brand and batch number, especially for flu and COVID-19 vaccines carried out off-site** (this provides key information on vaccine type)**.** It is really important to record this information since there is more diversity in types of flu vaccines available to different age groups. Please use your virology dashboard to monitor your coding and see how well you are doing with flu vaccine uptake compared with your peers (including potential practice income, if everyone in the practice is vaccinated). Out of practice vaccination is a challenge, so please try to record as much information as possible about out of practice vaccination, including brand of vaccine and batch number. Without complete and correct coding we will not be able to extract this information and will be unable to compare the flu vaccine effectiveness of the different vaccine types.

2. **Recording influenza, RSV and other monitored conditions in the GP records** – **please record diagnoses in people who present with influenza/ influenza like illness (ILI), RSV, lower respiratory tract infection (LRTI), COVID-19-like symptoms and other monitored conditions.** Please enter influenza-like-illness (ILI) as a problem, where you think someone has flu, similarly for bronchiolitis and other monitored conditions. Please record a disease concept (e.g. URTI), and not a symptom (e.g. cough / sore throat) wherever possible.
    a. **Record influenza-like illness as** *influenza-like illness.*
    b. **Please record when a virology swab is taken at the practice, or self-swab is offered to a patient:** *Swab from nasopharynx taken for virology* or *Self-taken swab for SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) offered*
    c. **Please complete the "PHE microbiology request form (E4) Respiratory virus RCGP Surveillance" (laboratory form). These should arrive with the virology kits ordered to your practice.** It is vital that the patient details and date of onset are fully completed and accurate. If missing, we are unable to link to the patient record and therefore it will excluded from the mid- and end of season report to PHE. This could result in missed payments for practices as we are only be able to reimburse for the results included in our reports.

3. **Taking virology swabs across all age-bands** – **please take virology swabs from all ages, but please can we receive more virology specimens from children and over 65s.** We need more virology specimens from people under 18 years old and over 65 years old to improve the accuracy of VE estimates in these age groups. This is important because they are administered different vaccine types.
    a. **Please can your practice provide 20 specimens per week from ILI cases or bronchitis/bronchiolitis in under 5s.** Ideally the first two cases seen each half-day. There is a wider range of support available online and our PLO team will provide training as required.
    b. **If your practice has been selected to use cellular vaccine please provide 40 specimens per week.** We need to know if cellular vaccine is effective in its first year in the UK.
    c. **Respiratory Syncytial Virus (RSV) surveillance continues this year.** We have always included RSV in our virology analysis, but this year we are again extending RSV surveillance because new vaccines are on the horizon and we need to understand more about the disease burden. **Please take virology specimens form children under five years old and infants with acute bronchitis and bronchiolitis**

4. **Taking extra blood samples from people having routine blood tests:** We need more serology samples from people across all age bands and regions, especially those currently receiving doses of the COVID-19 vaccine. However, we are particularly interested in higher risk populations like those in older age groups, and those that are part of the BAME population. Currently, we are focused on getting matched blood samples from the same patient pre- and post- COVID-19 vaccine doses. Our target age groups will get younger as the vaccination programme continues. For more information, please visit: https://orchid.phc.ox.ac.uk/index.php/covid-19ve/
    a. **Please record when a serology sample has been taken**: Please code "Save sample for serum serology" or "Sample serology" as a "Procedure" in your CMR. We are looking for around 5-20 serology samples per week per practice.
    b. **Please be sure to fully complete the correct laboratory form** based on which collection you are contributing to. These will arrive with the serology kits ordered to your practice e.g General Serological Surveillance (see Appendix 8) or COVID-19 Vaccine Effectiveness (matched COVID-19 sampling) (see Appendix 9).
    c. **Please also make sure that the details on the blood tube have been fully and correctly completed**, and that the blood bottles have been packaged correctly (see Appendix 10).
    d. Please note, serology results will not be sent back to the practice or patient.

Key considerations:

- **Please only take virology swabs within 10 days of symptom onset:** No virology swabs will be analysed where the onset of illness is more than 10 days before. They are not reliable and will be discarded. Practices will not be able to claim payments for discarded samples.
- **No swabs within 14 days post vaccination:** Virology swabs are not valuable in the first 14 days of vaccination.
- **For in-practice kits, please ensure that samples are well packed:** A surprisingly high number of samples are discarded as they leak in transit and arrive dry at the lab. Please make sure that the laboratory form is also posted with the sample.
- **For self-swab kits, please ensure clear instructions are given to patients:** Patients who order a self-swabbing kit online, using the voucher system, need to swab and return the test as soon as possible – ideally within one day.
- **For lab forms:** Please ensure that every field is completed on the lab form, especially that the date of sample collection, sex of patient, and patient's NHS number is included and correct, otherwise the sample cannot be used, and practices may not be paid for the sample.

Virology and serology dashboards - Every virology surveillance practice should receive dashboard login information. The dashboard provides an insight to the number of samples sent and tested to date. It also includes training videos.

Practice training - Practices will receive initial training via a webinar and video tutorials. The training will cover all aspects of the surveillance work including the use of the dashboard and coding requirements.

The legal basis for our surveillance activity is Regulation 3 of the Health Service (Control of Patient Information) Regulations 2002, the RCGP RSC transparency statement can be found at: https://orchid.phc.ox.ac.uk/index.php/transparency-statement/. Our extract is comprehensive as we conduct active surveillance of 37 monitored conditions, which affect risk groups differently. We have the capability to monitor for the unexpected. We also report vaccine effectiveness. Separate from our work with PHE RCGP RSC data are available for quality improvement, research and education – subject to appropriate approvals.

NB: For any information about the scheme, please contact practiceenquiries@phc.ox.ac.uk or visit https://orchid.phc.ox.ac.uk/index.php/all-year-virology-and-serology-surveillance/.

Thank you for your participation in this scheme. Your involvement can be cited in your appraisal and in Care Quality Commission (CQC) visits as markers of quality.

Appendix 2: ***Further information for RCGP Research and Surveillance Centre (RSC) network practices about RCGP and PHE Influenza/COVID-19/RSV 54th surveillance, season 2020/21***

1. Background

The RCGP Research and Surveillance Centre (RSC) provides clinical surveillance data and collects virological specimens from a representative national sample of 300 general practices. It has carried out this role in collaboration with Public Health England (PHE), and its predecessor organisations since the early 1990's. Its role is primarily to confirm cases of influenza, but also to look at the impact of other diseases, and to characterise more vulnerable populations. The RSC also support the evaluation of vaccine effectiveness.

The weekly report from the RSC can be found at www.rcgp.org.uk/rsc and data reported by PHE is at: https://www.gov.uk/government/statistics/national-flu-and-covid-19-surveillance-reports

RSC network practices take specimens to confirm diagnoses. The most important of these are the nose and throat swabs used for the public health surveillance of circulating influenza viruses which inform the health service of imminent problems. We monitor the spread of the virus over time, across age groups and regions, to check the strain type against previous circulating viruses and strains included in the current seasonal vaccines. Detailed information about what is circulating also assists in decision making with regard to the choice of strains to be included in next year's vaccine(s).

The influenza vaccine programme is the largest national vaccine campaign. The introduction of the UK childhood influenza vaccination programme began in autumn 2013, and this season involves the intra-nasal administration of LAIV to all 2 to 10 year olds with geographical pilots of all children of primary school age, and those in Year 7 at secondary schools, in England. The adjuvanted trivalent inactivated influenza vaccine (aTIV) was introduced in 2018/19 for those aged 65 years and over, and continues to be available this season for this age group, as well as the recently licenced and introduced quadrivalent cell-grown vaccine (QIVc). The QIVc and the quadrivalent egg-grown vaccine (QIVe) are also available to adults aged 18 to under 65 years old in clinical risk groups.

RSV causes a significant level of morbidity and mortality – particularly in young infants. There are at least five vaccine candidates at phase 2 or 3 clinical trial. There is a need to establish RSV disease burden in the UK, particularly in younger children and the elderly to inform optimal future use of these new vaccines and to provide a baseline for subsequent impact studies stage. The joint RCGP/PHE swabbing programme will provide valuable initial information on the burden of disease due to RSV in primary care in England.

This year, the patient eligibility criteria will be extended to capture further respiratory symptoms and will be tested for COVID-19 as well.

2. Critical information for PHE

- **This season, only swabs collected within 10 days of illness onset will be tested**. It is therefore **extremely important to record the date of sample collection and date of symptom onset on the form** that accompanies the sample.

- Please take swabs from persons with influenza-like-illnesses whether or not they have received influenza or COVID-19 vaccination**, it is really important to record the vaccination status and vaccine type in patient records**, which is critical for accurate monitoring of the influenza immunisation programme.

- This season we will ask you to **record vaccination history** as well as **the previous season's (2019/20) vaccine status in the patient's record**, as this aids determination of the impact of previous vaccination. This information will be extracted from the patient's CMR.

- The laboratory request form will ask whether the patient was vaccinated this year, date of vaccination and place of vaccination (GP/pharmacy/school/workplace/other).

- **The location of where to insert all the above information on the form is shown in Appendix 3.**

- We have amended the PHE swab form to inform patients who consent to having a virology specimen taken that we will link their result to their pseudonymised data (see Appendix 3). This is so we can conduct our surveillance effectively and assess flu vaccine effectiveness.

3. Practical information for practices

3.1 Who to collect virology specimens (swabs) from

- Please swab people you clinically suspect of having flu or influenza like illness (ILI), lower respiratory tract infection (LRTI), COVID-19, or children < 5 years with acute bronchitis/bronchiolitis - and **only** with onset of illness in the previous 10 days.

- **It is really important to take swabs collected from within 10 days of illness onset** from all age groups consulting with ILI, LRTI and COVID-19 like symptoms. This year we again wish to focus particularly on swabbing children <18 years of age and the elderly (> 65 years of age). This is because we are investigating the effectiveness of intranasal vaccination of children with live attenuated influenza vaccine (LAIV), and the elderly with aTIV or QIVc vaccines. **Only swabs collected from within 10 days of illness onset will be tested.**

- **Please swab children under 5 years with acute bronchitis/bronchiolitis within 10 days of illness onset**. We also wish to focus specifically on swabbing children < 5 years of age presenting with acute bronchitis/bronchiolitis with onset of illness within the previous 10 days. There is a need to establish RSV disease burden in the UK, particularly in younger children, to inform optimal future use of new vaccines and to provide a baseline for subsequent impact studies.

3.2 Recommended swabbing protocol

In the coming year practices that provide regular swabs will be incentivised to do so. We recommend the following protocol – though if you have something that works already please stick with it!

- **Our goal is to receive 20 virology specimens (swabs), per practice, per week as follows;**
    - Young children (< 5 years) presenting with acute bronchitis/bronchiolitis (up to a maximum of 5 per week).
    - Children and young adults (<18 years) presenting with ILI, LRTI or COVID-19 like symptoms (up to a maximum of 5 per week)
    - People over 65 years of age presenting with ILI, LRTI or COVID-19 like symptoms (up to a maximum of 5 per week)
    - Other age-groups presenting with ILI, LRTI or COVID-19 like symptoms (up to a total of 5 per week)
- Our recommendation is that the "duty doctor" or person seeing urgent cases sends a swab from the first person with any of the symptoms above, to the laboratory using the kit provided, and enclose completed request forms provided in the kit (Appendix 3). It is hoped that this will generate a random sample of 20 swabs per week.
- More swabs are needed, compared with last year (1) from young children (< 5 years) with acute bronchitis/bronchiolitis, (2) children and young adults (<18 years) and people presenting with symptoms and from people over 65 years of age. If your first virology swab taken in your duty doctor session is not from a person in one of these groups – please take an additional specimen from the first person presenting in these three groups.
- Swabbing should be undertaken regardless of vaccination status.
- Please do not swab more than two patients from a single household or care home per week.

"My Practice Dashboard" gives feedback about the age-groups your practice is sampling:
All virology practices will have access to a unique dashboard which gives feedback on recording of influenza/ILI and the quality of the recording compared with other network practices. Data are refreshed weekly but feedback is presented one week in arrears. It also provides data about vaccine exposure, by age and risk group. Finally, the dashboard gives feedback about the number of people seen who are eligible for virology swabbing and the number who were then sampled. Practices have given positive feedback, particularly on the rapid feedback about the uptake of flu vaccine in their practice.

Please note that guidance and training videos are available on "My Practice Dashboard" platform.

3.3 How to take nasal and throat swabs from patients

Please take a nasal and throat swab **only if the patient presents within 10 days of illness** onset. **Only** nose and throat swab samples collected within 10 days of illness onset will be tested.

Nose and throat (pharyngeal) swabs have proved the most useful specimens for influenza investigation. It is important however to abrade the mucosal surfaces of the throat and nose with the cotton bud and not simply dip the bud into nasal mucus or oral saliva. Please see the enclosed instruction leaflet in the kit and also included with this pack as Appendix 4.

Please complete the respiratory virus request form provided in the kit (Appendix 3).

4. Clinical recording in GP records

The RCGP RSC coding policy is that the "problem title" should always be what the doctor, based on their clinical judgement, feels the diagnosis is. Please **do not use symptom terms**, like "cough", or vague concepts like "viral illness" unless you feel unable to make a more specific diagnosis. The case should be recorded as influenza if you feel certain of the diagnosis, or influenza-like illness if not as clinically certain.

Please always record the diagnosis of influenza, influenza-like illness or other diseases as a "problem" – and add episode type:

Episode type is really important in the work we do. How this is done varies between brands of clinical computer system. However, it is really important to know in surveillance if this is a ***new episode*** or the **follow-up** or ***review*** of a previous presentation. The RCGP RSC algorithm for this is also included with this letter (Appendix 5).

5. Laboratory results and reporting arrangements

In the 2020/21 season, we will continue to test by PCR for seasonal influenza A(H1N1)pdm09, A(H3N2) and influenza B viruses, respiratory syncytial viruses (RSV A and B), COVID-19 (SARS-CoV-2) and human metapneumoviruses (hMPV)), and the contribution of GPs is invaluable to us. The PCR detection results will be sent back from the Public Health England (PHE) reference laboratory on paper or electronically to the practice via eLab, as a final report.

Influenza positive samples may be selected for further detailed analysis using influenza genome sequencing, and for some also selected for antigenic characterisation of the virus. These data are used to compare how similar the currently circulating influenza viruses are to the strains included in seasonal influenza vaccines, and to monitor for changes in circulating influenza viruses. The information obtained is an important component of the UK influenza surveillance and for more information and to access weekly national flu reports please go to: https://www.gov.uk/government/statistics/national-flu-and-covid-19-surveillance-reports

Please record the PHE virology lab results:
If your practice clinical coders, or the people involved in filing letters and results, would like training about coding PHE virology results we have a Training Package available. This can be delivered in practice. If you would like to get set up on eLab please email: practiceenquiries@phc.ox.ac.uk.

6. The importance of coding the results of the virology swabs

It is vital that these results are recorded into the patient's computerised medical record (CMR), even if the results are negative (e.g. EMIS, Vision etc - see details below and in Appendices 6 & 7), ***not*** just scanned in. The recommended SNOMED CT list is attached (Appendix 7). The PLO team will also provide coding bookmarks with the Welcome Pack. Please, where feasible assign the date of collection to the results.

We aim to give feedback throughout the season about the numbers of results recorded. Proper recording into individual patient records will enable us to use these RSC data to examine vaccine effectiveness.

7. Improving data quality and usefulness

The outcome of testing of swabs at your surgery and the completeness of the recorded flu vaccination data is critical for evaluating the success of the inactivated and live attenuated seasonal flu vaccines. The results of the lab testing, whether positive or negative, are used to provide the formal estimate of vaccine effectiveness (VE). This information is a critical and unique component of our national

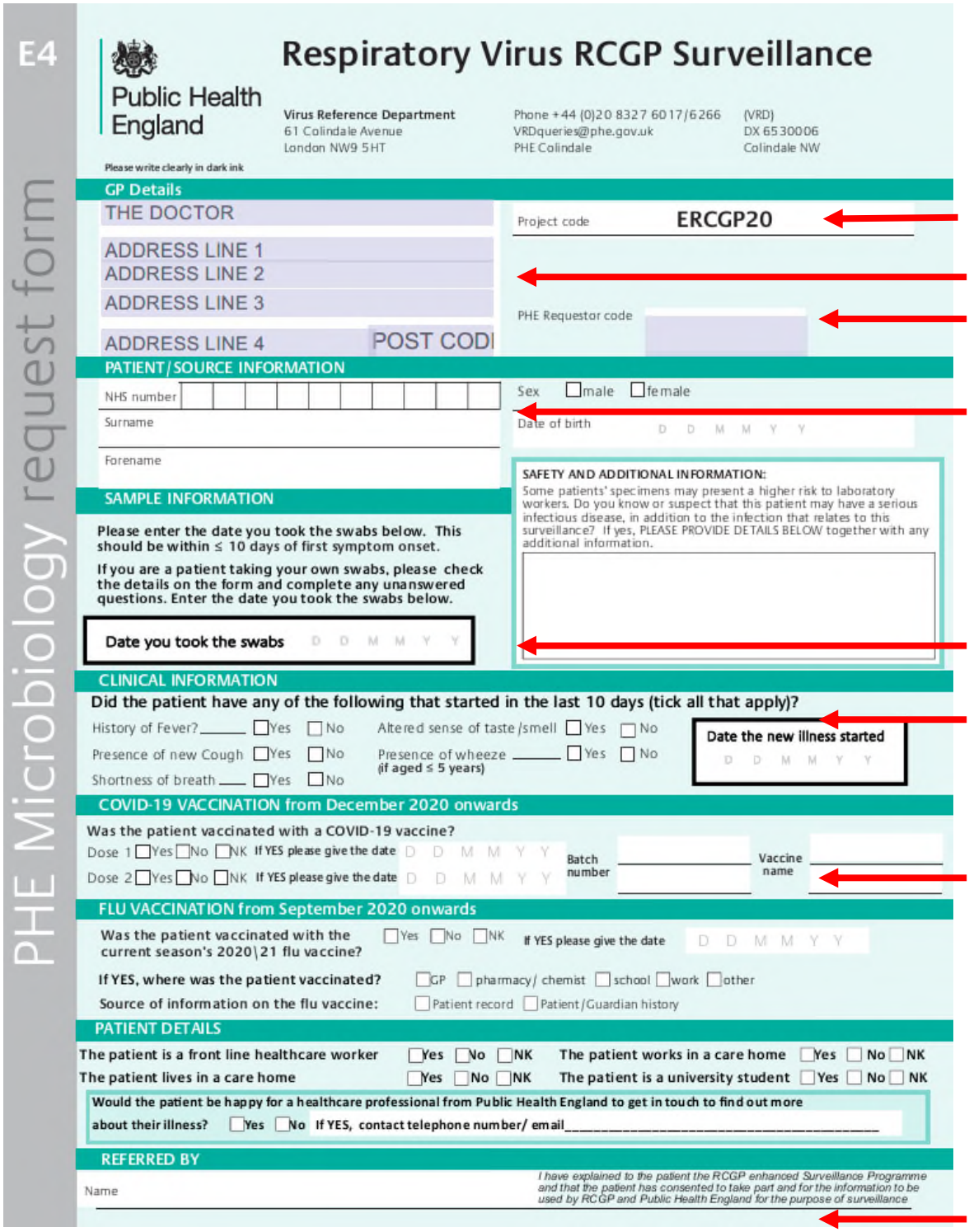
surveillance and NHS planning capability, and is also provided to WHO at the time of the global vaccine strain selection meetings, which occur twice a year.

For example, analysis of the swabs collected last season indicates that around 12% of these were not useful for the VE estimates and were excluded from the analysis, as the date of onset or vaccination status was not recorded, or were collected >7 days post onset (last season date of onset was ≤7 days not 10 days), or swabs were collected within 14 days of vaccination. This is an improvement on the 25% of swabs excluded in 2017/18, but please follow the guidelines in this letter carefully for 2020/21, ensuring the completeness of the information requested, so that maximum use of the results of your hard work and contributions can be made.

This season, we are again asking for more swabs from those <18 years and adults over 65 years in order to increase the reliability of the VE estimates in these age groups, which is particularly important with the continuation in 2019/20 children's programme and the expansion of vaccines licenced for all those aged 65 and over, including COVID-19 vaccine effectiveness.

Appendix 3: *PHE Microbiology Request Form (E4) Respiratory Virus RCGP Surveillance (lab form) (December 2020 onwards)*

This form should arrive with the "in-practice" virology kits. Please complete this form for each patient providing a virology sample, **please only collect samples within 10 days of onset**.



E4

PHE Microbiology request form

Public Health England

Respiratory Virus RCGP Surveillance

Virus Reference Department
61 Colindale Avenue
London NW9 5HT

Phone +44 (0)20 8327 6017/6266
VRDqueries@phe.gov.uk
PHE Colindale

(VRD)
DX 6530006
Colindale NW

Please write clearly in dark ink

GP Details

THE DOCTOR
ADDRESS LINE 1
ADDRESS LINE 2
ADDRESS LINE 3
ADDRESS LINE 4 POST CODE

Project code ERCGP20

PHE Requestor code

PATIENT/SOURCE INFORMATION

NHS number
Surname
Forename
Sex ☐male ☐female
Date of birth D D M M Y Y

SAFETY AND ADDITIONAL INFORMATION:
Some patients' specimens may present a higher risk to laboratory workers. Do you know or suspect that this patient may have a serious infectious disease, in addition to the infection that relates to this surveillance? If yes, PLEASE PROVIDE DETAILS BELOW together with any additional information.

SAMPLE INFORMATION

Please enter the date you took the swabs below. This should be within ≤ 10 days of first symptom onset.

If you are a patient taking your own swabs, please check the details on the form and complete any unanswered questions. Enter the date you took the swabs below.

Date you took the swabs D D M M Y Y

CLINICAL INFORMATION

Did the patient have any of the following that started in the last 10 days (tick all that apply)?

History of Fever? ☐Yes ☐No
Presence of new Cough ☐Yes ☐No
Shortness of breath ☐Yes ☐No
Altered sense of taste/smell ☐Yes ☐No
Presence of wheeze (if aged ≤ 5 years) ☐Yes ☐No

Date the new illness started D D M M Y Y

COVID-19 VACCINATION from December 2020 onwards

Was the patient vaccinated with a COVID-19 vaccine?

Dose 1 ☐Yes ☐No ☐NK If YES please give the date D D M M Y Y
Dose 2 ☐Yes ☐No ☐NK If YES please give the date D D M M Y Y

Batch number
Vaccine name

FLU VACCINATION from September 2020 onwards

Was the patient vaccinated with the current season's 2020\21 flu vaccine? ☐Yes ☐No ☐NK If YES please give the date D D M M Y Y

If YES, where was the patient vaccinated? ☐GP ☐pharmacy/ chemist ☐school ☐work ☐other

Source of information on the flu vaccine: ☐Patient record ☐Patient/Guardian history

PATIENT DETAILS

The patient is a front line healthcare worker ☐Yes ☐No ☐NK
The patient works in a care home ☐Yes ☐No ☐NK
The patient lives in a care home ☐Yes ☐No ☐NK
The patient is a university student ☐Yes ☐No ☐NK

Would the patient be happy for a healthcare professional from Public Health England to get in touch to find out more about their illness? ☐Yes ☐No If YES, contact telephone number/ email

REFERRED BY

Name

I have explained to the patient the RCGP enhanced Surveillance Programme and that the patient has consented to take part and for the information to be used by RCGP and Public Health England for the purpose of surveillance

ERCGP20 indicates the 2020/21 influenza season

Practice name and PHE Requester (lab) code is already inserted in advance

Patient demographics. Please make sure NHS number is correct.

Date of collection

Symptoms (within last 10 days)

Exposure to COVID-19 and 2020/21 flu immunisation

Who took the specimen?
OK to use stamp if does not cover any comments. This includes permission to link patient results to their clinical data

Appendix 4: *Guide to taking swabs for influenza and respiratory viruses*

It is really important to take high quality swabs. The method recommended by Public Health England is reproduced here. Self-swab instructions are also included in the self-swabbing kit, or online at: https://takeatestuk.com/phe-home/

Please remember to record into the patients computerised medical record (CMR) when a virology swab is taken at the practice, or self swab is offered to a patient:

- *Swab from nasopharynx taken for virology*
- *Self-taken swab for SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) offered*

TAKING OF SPECIMENS FOR THE ISOLATION OF INFLUENZA, COVID-19 OR RSV

Cases of suspected influenza, COVID-19 or RSV (acute respiratory tract infection or acute bronchitis/bronchiolitis within 10 days of onset of illness) are asked for a combined nose & throat swab specimen.

A good specimen for the detection of influenza, COVID-19 or RSV must contain a substantial number of respiratory epithelial cells, which are mainly obtained from the nasal swab. A throat swab alone will contain mainly squamous epithelial cells in which influenza does not replicate.

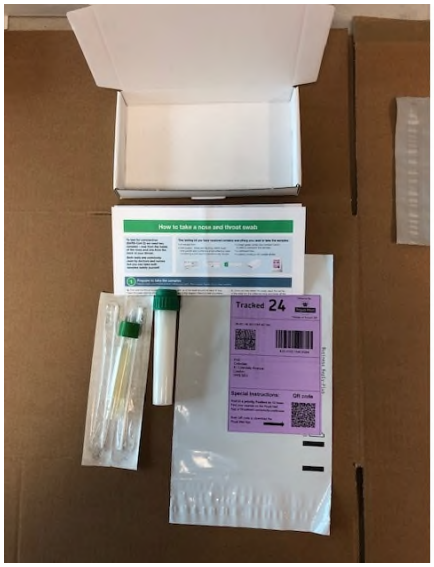
Materials

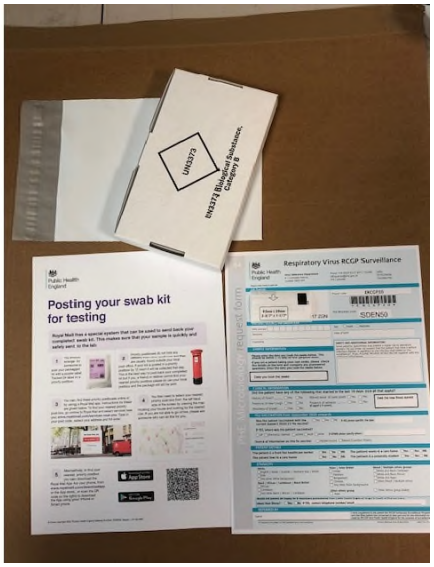
Each "in-practice" kit consists of UN3373 transport box containing:

- A nose and a throat swab
- Swab tube for completed swabs
- Secondary transport tube with absorbent
- Instructions for swabbing and posting
- Lab Form for General Virology Surveillance ("PHE Microbiology Request Form (E4) Respiratory Virus RCGP Surveillance" - December 2020 onwards)
- Patient Information Sheet (PIS) for General Virology Surveillance
- Pre-paid envelope (addressed to PHE Colindale lab in London)

Please be sure to thoroughly check the entire contents of the kit before emailing about potentially missing items.

Virology kits are ordered through the RCGP RSC Material Request portal at: https://orchid.phc.ox.ac.uk/index.php/material-request/. (Please be sure to complete the "Material Request for Virology Swabbing" not the one for Serological Surveillance).





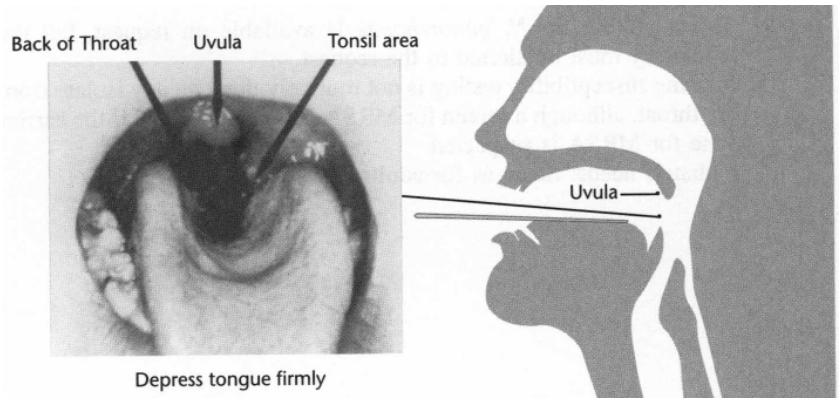
Procedure

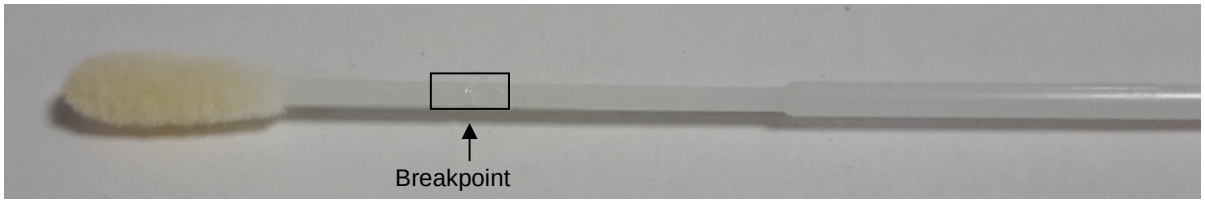
- Please take a nose, and throat swab. See kit instructions or visit the RCGP RSC YouTube page at: https://www.youtube.com/watch?v=0km2rBQ-nbs&list=PLA__2hlrhhYonDSJYH0Y2WnyS2qMqmGUj&index=6
    - o One swab is inserted into one nostril and rubbed against and above the nasal turbinates
    - o A second swab is used to abrade the tonsils and pharynx
- Place both swabs in the same swab tube, or bijou bottle, of virus transport medium (VTM) and break the swab end off by resting the breakpoint against the rim of the bottle and bending the stick until it breaks. Repeat for both swabs.
- Screw the lid tightly and label the swab tube: Please make sure the tube is correctly labelled with the Patient's Name, DOB, and NHS number, or use printed patient label.
- Place the labelled swab tube in the secondary transport tube
- Complete the lab form: Please ensure that every field is completed on the lab form and especially that the NHS number is correct
- Post the same day using pre-paid envelope, please make sure lab form is included with the swab tube in the box for posting

If you are not able to post samples back immediately then they should be kept in a fridge at +4ºC and sent to us at the earliest opportunity. However, please note that in order to recover virus from these samples it is important we receive samples immediately.

Please note

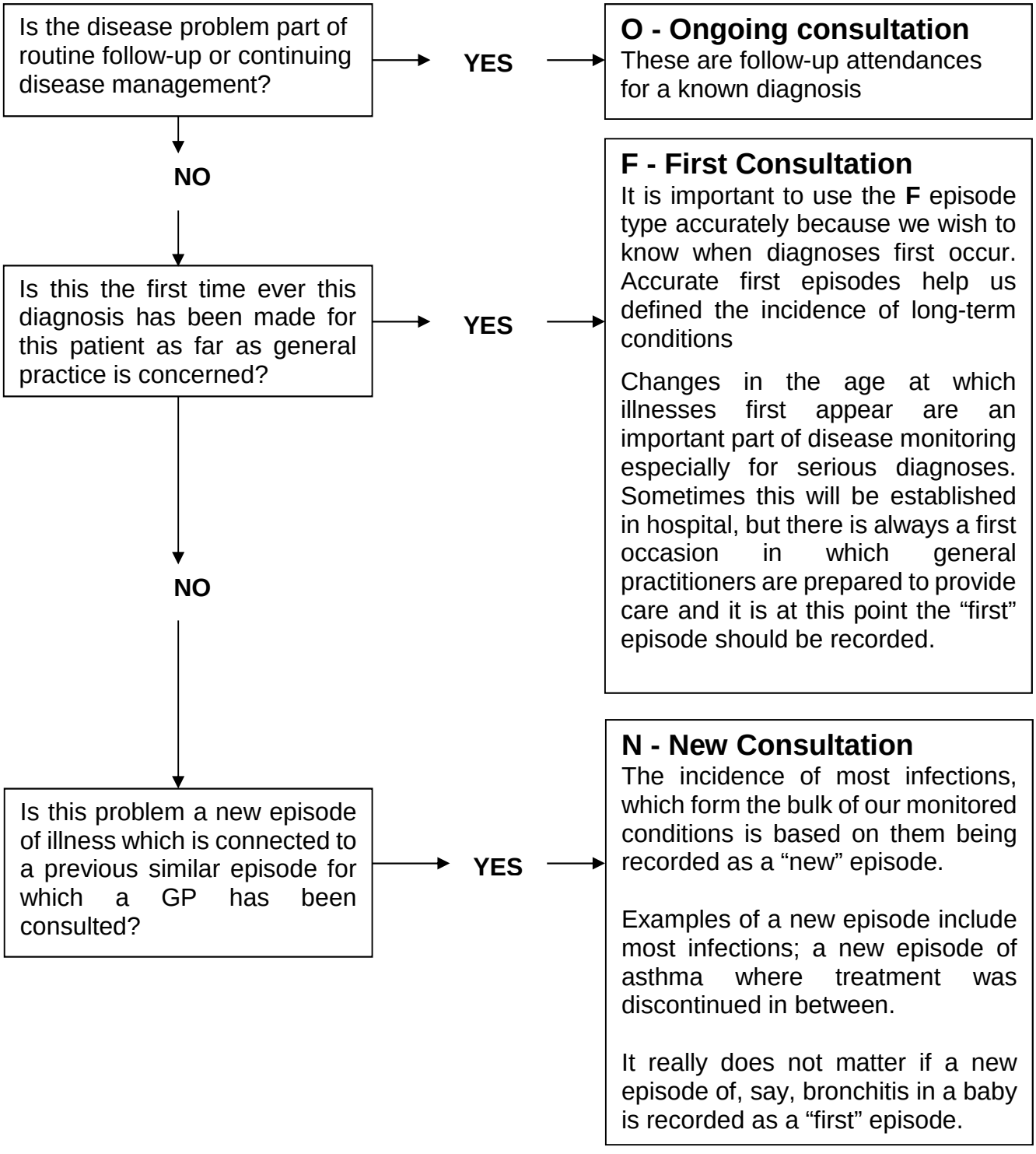
- Dry swabs, i.e. those NOT placed in virus transport medium, are unsuitable and will not be tested
- Please enter **onset date** and **collection date** on request form
- Samples collected >10 days post-illness onset will not be tested
- Please do not place the request form in the white screw-capped container. Place the form in the addressed plastic envelope.



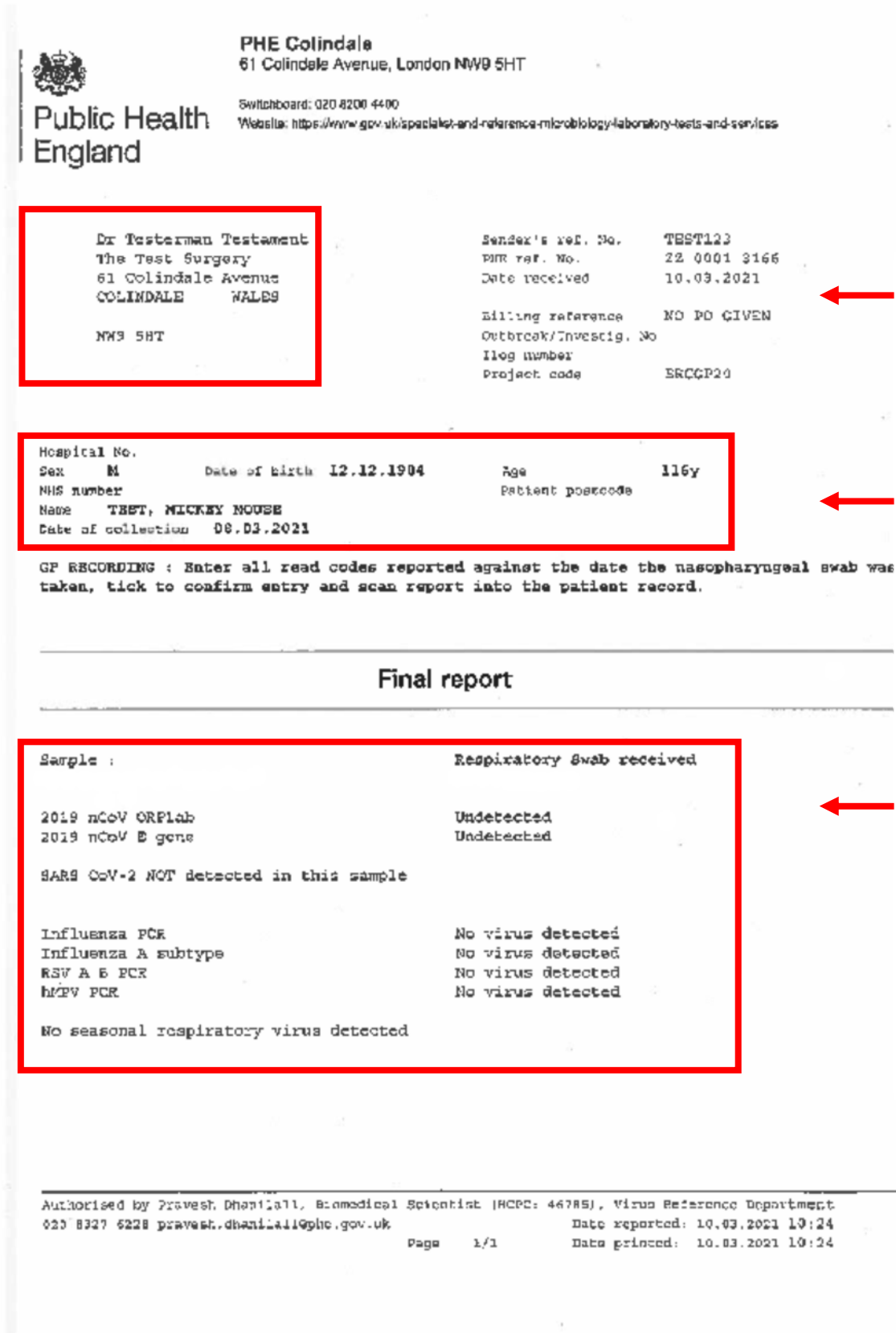


Appendix 5: *RCGP RSC – Episode type algorithm*

Episode type is important in flu surveillance and for our 37 monitored conditions, so we can differentiate new (incident) cases from reviews that are part of ongoing care (prevalence). Each new infection should be recorded as "new" case – incidence of infections is defined as the number of new cases. However, with long-term conditions like diabetes or hypertension please use "first."



Appendix 6: ***Example of PHE report showing the format in which respiratory virus surveillance results are sent***



PHE Colindale
61 Colindale Avenue, London NW9 5HT

Switchboard: 020 8200 4400
Website: https://www.gov.uk/specialist-and-reference-microbiology-laboratory-tests-and-services

Public Health England

Dr Testerman Testament
The Test Surgery
61 Colindale Avenue
COLINDALE WALES
NW9 5HT

Sender's ref. No. TEST123
PHR ref. No. 22 0001 3166
Date received 10.03.2021

Billing reference NO PO GIVEN
Outbreak/Investig. No
Ilog number
Project code SRCGP20

Hospital No.
Sex M Date of birth 12.12.1904 Age 116y
NHS number Patient postcode
Name TEST, MICKEY MOUSE
Date of collection 08.03.2021

GP RECORDING : Enter all read codes reported against the date the nasopharyngeal swab was taken, tick to confirm entry and scan report into the patient record.

Final report

Sample :	Respiratory Swab received
2019 nCoV ORFlab	Undetected
2019 nCoV E gene	Undetected

SARS CoV-2 NOT detected in this sample

Influenza PCR	No virus detected
Influenza A subtype	No virus detected
RSV A & B PCR	No virus detected
hMPV PCR	No virus detected

No seasonal respiratory virus detected

Authorised by Pravesh Dhanjall, Biomedical Scientist (HCPC: 46785), Virus Reference Department
020 8327 6228 pravesh.dhanjall@phe.gov.uk Date reported: 10.03.2021 10:24
Page 1/1 Date printed: 10.03.2021 10:24

The recipient surgery address

Data to identify the patient. Please include "Date of collection"

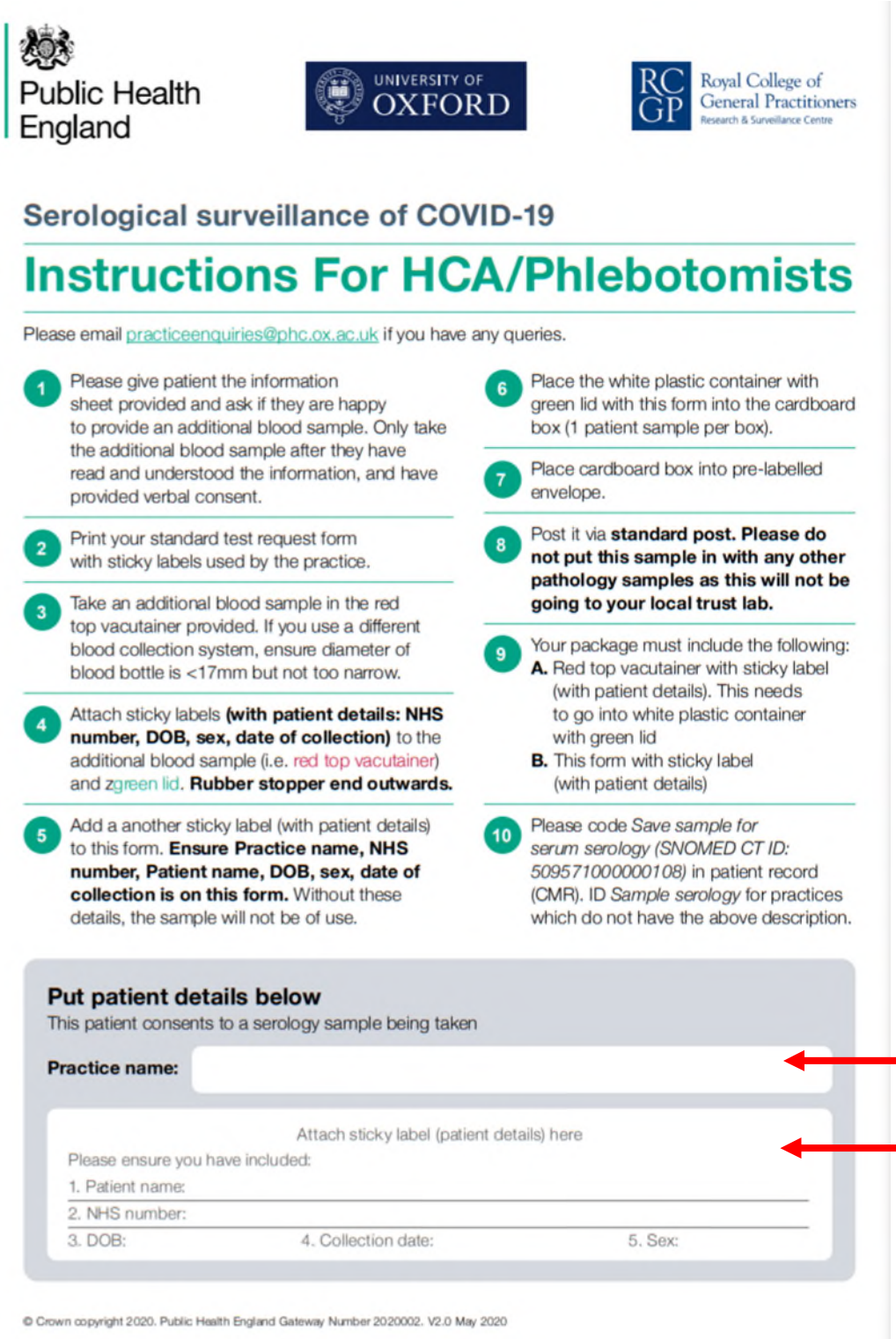
Terms for EMIS and Systm One to record in the patient's computerised medical record (CMR). Please see Appendix 7.

APPENDIX 7*: Currently Recommended RCGP RSC / PHE SNOMED Clinical Terms for lab results*

SNOMED CT for Virology Lab Results, please record as:

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detected
SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) not detected
Influenza A virus subtype H1 present
Influenza A virus subtype H3 present
Influenza B virus present
Influenza A virus subtype H1N1 detected
Virus resistance patterns examined
Virus resistance patterns not examined
Oseltamivir resistant virus present
Zanamivir resistant virus present
Respiratory syncytial virus A present
Respiratory syncytial virus B present
Human metapneumovirus present
Human Bocavirus present
If there is a negative virology result, record as:
No respiratory virus detected

APPENDIX 8*: Serological Surveillance of COVID-19 Lab Form for General RCGP Surveillance*



Public Health England

UNIVERSITY OF OXFORD

RCGP Royal College of General Practitioners Research & Surveillance Centre

Serological surveillance of COVID-19

Instructions For HCA/Phlebotomists

Please email practiceenquiries@phc.ox.ac.uk if you have any queries.

1. Please give patient the information sheet provided and ask if they are happy to provide an additional blood sample. Only take the additional blood sample after they have read and understood the information, and have provided verbal consent.
2. Print your standard test request form with sticky labels used by the practice.
3. Take an additional blood sample in the red top vacutainer provided. If you use a different blood collection system, ensure diameter of blood bottle is <17mm but not too narrow.
4. Attach sticky labels **(with patient details: NHS number, DOB, sex, date of collection)** to the additional blood sample (i.e. red top vacutainer) and zgreen lid. **Rubber stopper end outwards.**
5. Add a another sticky label (with patient details) to this form. **Ensure Practice name, NHS number, Patient name, DOB, sex, date of collection is on this form.** Without these details, the sample will not be of use.
6. Place the white plastic container with green lid with this form into the cardboard box (1 patient sample per box).
7. Place cardboard box into pre-labelled envelope.
8. Post it via **standard post. Please do not put this sample in with any other pathology samples as this will not be going to your local trust lab.**
9. Your package must include the following:
   A. Red top vacutainer with sticky label (with patient details). This needs to go into white plastic container with green lid
   B. This form with sticky label (with patient details)
10. Please code *Save sample for serum serology (SNOMED CT ID: 509571000000108)* in patient record (CMR). ID *Sample serology* for practices which do not have the above description.

Put patient details below

This patient consents to a serology sample being taken

Practice name:

Attach sticky label (patient details) here

Please ensure you have included:

1. Patient name:
2. NHS number:
3. DOB: 4. Collection date: 5. Sex:

Please ensure that <u>every field is completed on the lab form</u>

APPENDIX 9*: COVID-19 Vaccine Effectiveness Serology Collection*

UNIVERSITY OF OXFORD | RCGP Royal College of General Practitioners Research & Surveillance Centre | Public Health England

COVID-19 VACCINE EFFECTIVENESS SEROLOGY COLLECTION

FAO Ezra Linley

Please ensure every field is completed and especially that the NHS number is correct, otherwise the sample cannot be used

Practice Information			
Practice Name			
Practice ID			
Sample Information			
Date Sample Taken (dd/mm/yy)	____ ____ --- ____ ____ --- ____ ____		
Sample time point (pre/post COVID-19 vaccination) please tick	☐ SAMPLE 1 (Pre-Dose 1)	☐ SAMPLE 2 (Pre-Dose 2)	☐ SAMPLE 3 (Post-Dose 2)
Patient Details			
Patient Name			
NHS Number			
DOB			
Sex			
COVID-19 Vaccination (Write N/A if dose has not yet been received)			
Dose 1	Date: __ __ - __ __ - __ __	Brand:	Batch No:
Dose 2	Date: __ __ - __ __ - __ __	Brand:	Batch No:

Please ensure that every field is completed on the lab form

Instructions

Please take approximately 10ml of blood using the enclosed serum bottle:

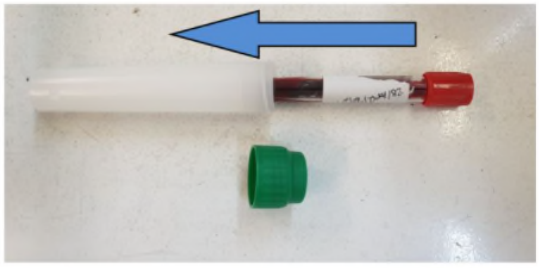
1. Please write the patient name, date of birth, **NHS number** on the serum bottle or use patient label
2. Place the serum bottle inside the green topped hard plastic secondary tube (stopper end outwards)
3. Place the tube in the cardboard box with this form
4. Please post the box using the prepaid plastic envelope on the same day of collection, making sure it goes to the following address:

   FOR SEU USE ONLY
   Vaccine Evaluation Unit
   c/o Microbiology Reception
   Floor 2 Clinical Sciences Building II
   Manchester Royal Infirmary
   Oxford Road
   Manchester
   M13 9WL
5. Please code in patient's CMR:
   - **Save sample for serum serology (SNOMED CT ID: 509571000000108)**, or if not available:
   - SNOMED CT (EMIS) Sample serology (procedure)
   - (EMIS) Test request: sample serology (with Description ID 1864331000006113)
   - CTv3 (TPP) 43L. Sample serology
   - Read 2 (Others) 43L. Sample serology

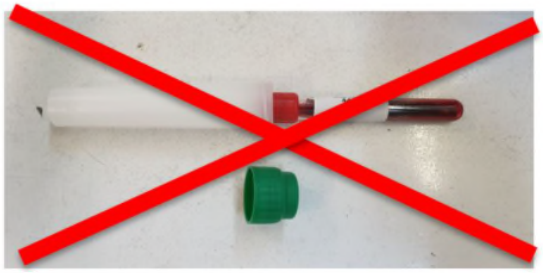
Version 3 (2021-02-23)

APPENDIX 10*: Correct tube insertion for Serology Surveillance*

Tubes must go in with the **stopper facing outwards.**



Do not force the tubes in the wrong direction.
They cannot be safely removed and must be destroyed.



Please post samples on the same day

APPENDIX 11*: Additional Areas of Surveillance*

1. Chicken pox in pregnancy (currently in the Pilot phase)

This study requires identification of Pregnant women who have been exposed to Chicken Pox and received antiviral drugs as a prophylactic treatment. The follow–up of the patient by PHE will assess the efficacy of the drug prescribed and the Pregnancy outcome.

The Patients meeting the criteria and consenting to taking part in the study will be asked to complete a questionnaire.

PHE hopes to gain information on the Patient's experience following exposure to the chickenpox virus and to evaluate the use of antiviral drugs as a prophylactic treatment for pregnant women exposed to varicella zoster virus.

2. Monitoring of rashes in children (currently in the Pilot phase)

The UK is required to provide evidence to the WHO demonstrating the effectiveness of its measles and rubella surveillance system.

There has been a significant reduction in the number of confirmed measles cases in England in 2020, with the last confirmed case in March 2020. However, the numbers of tests performed in 2020 has also decreased significantly. Therefore, we cannot be sure that this is a true decrease in measles incidence, or whether the healthcare system is simply not identifying measles cases.

In order to demonstrate the presence of high quality surveillance PHE's focus is on ensuring that all suspected cases are appropriately tested.

The study will take place on a group of patients who are not suspected as having Measles or rubella but have a rash and fever and would not usually be tested. The verbally consenting patients will be sent an MMR Oral Fluid test kit to their home address. Practices who expressed interest in joining the Pilot phase of the study will be contacted and once the Pilot is completed this Surveillance study will be introduced into regular RCGP RSC virology surveillance work.

3. Respiratory Syncytial Virus (RSV) in young children

GPs and healthcare staff working within RCGP Surveillance network practices are reminded to be on the lookout for patients with Respiratory Syncytial Virus (RSV), and encouraged to swab all patients with suspected symptoms of RSV. RCGP practices play a crucial role in national notification of RSV circulation. RSV was not detected within the network last winter 2020, and has appeared for the first time amongst general practice patients in recent weeks. Intelligence from Australia has suggested that RSV circulation may occur this spring/summer, thus, we ask practice staff to be vigilant for RSV and undertake swab testing of patients with suspected infection including symptoms of fever, influenza-like illness or bronchiolitis, if you have facilities to do so safely. This information is very important for us to detect any uptick in RSV infections as social distancing measures are eased and normal activities resume. We also ask RCGP practices to consider recruiting patients under the age of 5 years with RSV symptoms to the RSV ComNet II study. This epidemiological survey study is to looking at the impact of RSV in children in primary care. Further information on the study and details of how to join are available on the RSV ComNet II study webpage: https://orchid.phc.ox.ac.uk/index.php/rsvcomnet2/