Infectious diseases and tropical medicine

It is likely that infectious diseases (ID) physicians and infectious diseases units will be in the forefront of the clinical care of patients during an influenza pandemic. Issues to consider will be:

- planning for the pandemic at trust and community level
- providing advice to the trust and to GPs when a pandemic starts
- agreeing admission criteria for admitting patients with influenza to hospital
- providing clinical care for patients admitted to hospital
- liaising with other clinicians; particularly intensive care (ITU) and respiratory physicians
- agreeing discharge criteria
- ensuring adequate care for those with other infections that are not influenza.

A Planning for a pandemic

- Most ID physicians will have been involved with both their own trusts and with their primary care trusts in pandemic influenza planning for some time.
- They need to provide clinical expertise and leadership in the decision-making process and advise planners on the practicalities of decisions that are reached.
- They should also help to educate their own hospital staff about the issues surrounding a possible influenza pandemic in order to minimise panic and to maximise the hospital's response when a pandemic occurs.

B Providing advice when a pandemic starts

- ID physicians will need to help to allay fears and to provide clear clinical advice about what constitutes a probable or definite case of influenza.
- They should work in conjunction with GPs and public health teams to ensure that patients with possible influenza are assessed and treated in the community as much as possible to avoid unnecessary hospital attendances.
- They should provide support to hospital emergency departments with clear clinical advice about patients with possible influenza who attend the emergency department.

C Agreeing admission criteria

- ID physicians will need to agree, with others, the criteria by which patients with influenza are admitted to hospital. Although national guidelines exist, these may be modified locally. In addition, these agreed criteria may need substantial modification once the pandemic is underway.

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D Clinical care of inpatients with influenza

- Infectious diseases units will, where they exist, be expected to take the first patients with pandemic influenza who need hospital admission.
- ID physicians will be responsible for the clinical care of patients with influenza and its complications.
- It is likely that ID SpRs will be required to 'act up' in some settings if senior ID physicians are drawn in to other operational roles in the Trust.

E Liaising with other clinicians

For inpatients, there will need to be close links between ID physicians and those in intensive care units (ITU) and in Respiratory medicine to provide optimum ventilatory support for those needing it. It is likely that during a pandemic, not all patients needing such support will be able to get it, so front line clinicians will have to consider varying criteria for ITU admission etc as the pandemic progresses.

There will need to be close working with GPs and public health doctors about the pace of the pandemic and the likely clinical need as time goes on.

F Agreeing discharge criteria

Again, via liaison with others, there will need to be clear criteria for when patients can be discharged from hospital and what solution can be found for those too frail to go directly home. These criteria will also need to be reviewed over the time of the pandemic.

There will also need to be clarity about discharge for ITU.

G Caring for those with infections that are not influenza

Inpatients

Patients with acute infections will still require ID expertise but may have to be admitted to other areas of the hospital, or in some circumstances, be treated in the community. ID physicians will need to provide advice to other clinicians who may need to look after conditions with which they are not usually familiar. It may be that junior ID doctors will have to run a consultation service for these purposes that is physically separate from the ID unit.

Outpatients

Many ID physicians have a considerable outpatient load, particularly with people with HIV and other bloodborne virus infections. Arrangements will have to be made to ensure these patients have access to their regular medication and advice, for example by email or telephone, if there are problems. It is likely that regular outpatients will be disrupted for some weeks or months.

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Patients with HIV may be able to be managed by pharmacists in some areas and by liaising with local genitourinary medicine (GUM) services in others.

Summary

Because of the nature of the pandemic, it is likely that most ID physicians and units will be fully engaged with the pandemic from the start. Teams of ID physicians can divide the various tasks outlined above between them, and may rotate these tasks to avoid burnout. The normal day-to-day function of the ID unit will be severely disrupted and trusts will have to ensure that their normal acute activities are covered, as far as possible, even if it involves care of such patients outside the ID unit, leaving the unit free to care for those with influenza.

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