

LEEDS STANDARD OPERATING
PROCEDURE (SOP) -
RESPONDING TO AN AVIAN
INFLUENZA OUTBREAK

Version 2.2

December 2022

CONTENTS

1. Governance Arrangements
2. PGDs and UKHSA (formerly PHE) Guidance
3. Background
4. Previous Planning Requirement
5. Purpose of this S.O.P.
6. Roles and Responsibilities
7. Shared Working Principles and Values
8. Governance and Accountability
9. Response/Delivery Model (Command and Control)
10. Strains
11. Process for Anti-Virals Issued under PGD
12. Communication
13. Key Contacts
14. Work Programme & Future Considerations

Appendix A – Prompts to check if person is symptomatic for avian flu

Appendix B – Oseltamivir Prophylaxis – Factsheet for Contacts

Version	2.2	Issue Date	
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SOP Development Lead	Helen Avery West Yorkshire Integrated Care Board (WY ICB)	Date to be Reviewed by	April 2023
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Approved By	Heath Protection Board	Approval Date	TBC
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Change History	<p>Reviewed 25/11/2021 – Version change V1 to V1.1</p> <ul style="list-style-type: none"> Contact details updated for Health Protection team – Note 1, Notification Group. Contact details added for IPC team to Note 1, Notification Group. Plan updated to confirm that the fact leaflet will be issued as link – p7&13. <p>Approved by HPB 13/01/2022 – Version change V1.1 to V1.2</p> <ul style="list-style-type: none"> Section 11, Work Programme updated.
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	<p>Reviewed 12/10/22 – Version change V1.2 to V2</p> <ul style="list-style-type: none"> • Updates throughout the document relating to organisational name change from Leeds CCG to WY ICB • Updates throughout the document to organisational name change from Public Health England to UKHSA • Contributor updates • Section 2 – Revised PGD's added • Section 3 Background - slight revision to wording now includes risk low to wider public and revised source link. • Note 1 – update to WY ICB on call email • Note 2 – revised pharmacies contracted – 2 changes • Section 14 – updates to workplan to reflect completed actions. <p>Updates 04/11/22 – V2 to V2.1</p> <ul style="list-style-type: none"> • Contributors information updated • Section 11 – changes to Pharmacy and MOT descriptors relating to Figure Two. • Figure Two flow chart updated to reflect out of hours provision not available – this flowchart covers wider scale distribution when MOT input required. <p>Updates 22/12/22 – V2.1 to V2.2</p> <ul style="list-style-type: none"> • Section 9 – additional wording for command and control to note IMT will not be convened during periods of high prevalence. • Section 11 – inclusion of 'no routine requirement for staff to wear PPE'. • Figure One flow chart – Title change to reflect 'during Pharmacy Opening Hours' as there is no out of hours provision available. • Figure One flow chart - Removal of PPE requirement. • Figure Two flow chart - Title change to reflect this flowchart covers wider scale distribution when MOT input required. • Figure Two flow chart - Removal of PPE requirement.
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1. GOVERNANCE ARRANGEMENTS

Details of governance and approval.

	Approval Status	Date	Comments
Health Protection Board	Approved	13/01/2022	The plan should be updated to reflect lessons learned following its first activation in December 2021. Complete November 2022

2. PGDS AND PHE GUIDANCE

PGD Scope	Ref	Date Approved	Review Date
Supply of oseltamivir for pre and post exposure prophylaxis of H7N9 avian influenza as a public health measure in adults and children aged one year or older	 Oseltamivir PGD H7N9 Avian Influenz	17 th Dec 2021	17 th Dec 2023
For the supply of oseltamivir for prophylaxis of non H7N9 avian influenza, for adults and children aged one year and older	 Oseltamivir PGD nonH7N9 Avian Infl	3 rd Dec 2021	3 rd Dec 2023
UKHSA (formerly PHE) Guidance Managing the human health risk of avian influenza in poultry and wild birds - Guidance for health protection teams (March 2021) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/96856/6/Avian_influenza_guidance_and_algorithms_for_managing_incidents_in_birds.pdf			

3. BACKGROUND

Avian Influenza, or bird flu, is an infectious type of influenza that spreads among birds. In rare cases, it can affect humans. The risk to the wider public from avian flu continues to be very low; some strains of bird flu can pass from birds to people but this is extremely rare. In cases where it is spread to humans is by close contact with an infected bird including touching infected birds/droppings or killing/preparing infected poultry for cooking.

The avian influenza virus changes frequently, creating new strains, and there is a constant risk that one of the new strains may spread easily among people.

Avian influenza is not an airborne virus.

(source: <https://www.gov.uk/guidance/avian-influenza-bird-flu>)

Antiviral prophylaxis such as oseltamivir (Tamiflu) or zanamivir (Relenza) may be given to people who have been in close contact with infected birds, or those who have had contact with infected people, for example family or healthcare staff. For those with symptoms, antiviral medicines help reduce the severity of the condition, prevent complications and improve the chances of survival.

4. PREVIOUS PLANNING REQUIREMENT

In 20 February 2017 correspondence from Public Health England (now UKHSA) and NHS England representatives requested confirmation of arrangements to respond to a local avian influenza outbreak. In line with that requirement a local arrangement utilising Community Pharmacy and the CCG Medicine Optimisation Team was agreed and a PGD authorised by the CCG for use by these two groups.

5. PURPOSE OF THIS S.O.P.

This SOP reviews and refreshes those arrangements agreed in 2017. It has been created to facilitate the coordinating of partners to collectively respond to a local avian influenza outbreak on behalf of NHS West Yorkshire ICB (formerly NHS Leeds CCG), Leeds City Council and UK Health Security Agency (UKHSA) (formerly Public Health England).

This SOP describes an agreed approach and working principles between organisations to ensure a collaborative, effective and timely response to minimise the risk of avoidable delays and the impact on the health of individuals affected.

This SOP briefly outlines agreed roles and responsibilities, but not all, and is intended to support and enable compliance with local and national guidelines, policy, best practice and organisational capacities for incident response.

6. ROLES AND RESPONSIBILITIES

NHS West Yorkshire Integrated Care Board (WY ICB) is responsible for ensuring that their contracted NHS providers (acute hospital, community health, mental health, out-of-hours etc.) will provide the clinical response to incidents that threaten the health of the local population.

Under section 6 of the Health and Social Care Act 2012 Directors of Public Health within the **Local Authority** have a duty to prepare for and lead the local authority public health response to incidents that present a threat to the public's health. The Local Authority is responsible for ensuring that the NHS and other providers with whom they have contracts with will provide appropriate response to any incident that threatens the public's health.

United Kingdom Health Security Agency (UKHSA) formerly Public Health England has responsibility to declare a health protection incident and during an infectious disease outbreak UKHSA have public oversight of prevention and control including the co-ordination of outbreak management. UKHSA will convene an **Outbreak Control Team (OCT) or Incident Management Team (IMT)** with the purpose of coordinating and managing the local response. UKHSA will carry out surveillance, assess risk and deliver recommendations for a response including identification of individuals that need prophylaxis with antivirals, directing them to a collection site, releasing antiviral stocks and advising the pharmacists on the strain of AI and the appropriate use of PPE.

NHS Providers are required to deliver the response to incidents and outbreaks under the guidance of the **Outbreak Control Team (OCT) or Incident Management Team (IMT)**. The need to respond appropriately and in a timely manner as part of the NHS Contract. Providers need to ensure that they have suitably qualified and skilled staff to deliver their contribution to the response. NHS providers are expected to implement business continuity arrangements, where required, to mobilise staff to respond.

The **Leeds City Council Resilience and Emergencies Team**, as a member of the OCT/IMT will assist in identifying and arranging a suitable location ('treatment centre') for distribution of the antivirals under PGD when they are to be issued by the WY ICB Medicines Optimisation Team (figure two below).

The identified **Community Pharmacies** are responsible for delivering the treatment within the PGD, including identifying whether anyone cannot receive prophylaxis because of their medical history or other exclusion criteria on the PGD.

7. SHARED WORKING PRINCIPLES AND VALUES

- To maintain effective working arrangements based on co-operation, collaboration, partnership and mutual assistance and a strong commitment to communication between organisations
- To ensure effective decision-making and support one another to ensure the most effective way of delivering a timely response, whilst maintaining the independence of each of the organisations.
- To have reasonable expectations of each organisation and be responsive to each other's needs.
- There should be no gaps in responsibility and no intervention/treatment should be refused or delayed due to uncertainty or ambiguity over organisational responsibility or funding. The safety and wellbeing of affected individuals is paramount to the response.
- Where there is a difference of opinion between organisations, attempts should be made to resolve the differences at an appropriate level as quickly as possible.
- Where resolutions cannot be found quickly, they should be escalated to higher levels of management within the organisations

8. GOVERNANCE AND ACCOUNTABILITY

During the collaborative response, each respective organisation will maintain their own professional liability, and will be responsible for record keeping in line with their organisations' policies and procedures.

Specialist advice throughout the response will be provided by UKHSA.

9. RESPONSE/DELIVERY MODEL (COMMAND & CONTROL)

In the event of an avian influenza incident, UKHSA will convene an Outbreak Control Team (OCT) or Incident Management Team (IMT) with the purpose of coordinating and managing the local response. **Please note: For isolated exposures to wild birds during periods of high prevalence an IMT will not be convened but UKHSA will activate the pathway directly under step 11.**

In an Avian Influenza incident, the IMT core members should include the following representation:

- Consultant in Communicable Disease Control UKHSA
- Consultant in Health Protection or Health Protection (HPT) Lead
- Local NHS (either from WY ICB and/or local NHS England NHSE team)
- Local Authority (LA) Director of Public Health (DPH) or Public Health Lead
- Defra/APHA/LA Environmental Health Services representative
- Infection Prevention Control (Leeds Community Healthcare)
- Local Authority Resilience and Emergencies (Health)
- WY ICB Medicine Optimisation Team
- UKHSA/WY ICB communications
- administrative support
- other professionals may be invited as appropriate

The OCT/IMT will agree the lines of communication.

The OCT/IMT will carry out risk assessments (led by DEFRA & UKHSA intelligence).

The OCT/IMT will identify those requiring antivirals or provide details about the likely number of people requiring antivirals

The OCT/IMT will identify the UKHSA point of contact and any messages which need to be shared with people collecting antivirals or staff supplying the antivirals.

UKHSA will confirm the PPE requirements as determined by the circumstances.

The local response for Leeds will be a collaborative approach utilising staff from either the commissioned Community Pharmacies, or the WY ICB Medicine Optimisation Team supported by Leeds City Council Resilience and Emergencies, as determined by the situation. See *Figures One and Two* below.

10. STRAINS

There are several different strains of avian influenza virus. Most of them don't infect humans. But there are 4 strains that have caused concern in recent years:

- H5N1 (since 1997)
- H7N9 (since 2013)
- H5N6 (since 2014)
- H5N8 (since 2016)

Although H5N1, H7N9 and H5N6 don't infect people easily and aren't usually spread from human to human, several people have been infected around the world, leading to a number of deaths.

No humans have been infected with H5N1, H7N9, H5N6 in the UK.

H5N8 has not infected any humans worldwide to date although it has been found in some wild birds and poultry in the UK.

H5N6 has been found in some wild birds in the UK. (source <https://www.nhs.uk/conditions/bird-flu/>)

11. PROCESS FOR ANTIVIRALS ISSUED UNDER PGD

It is important to keep the number of people exposed during the response to an incident to a minimum.

UKHSA

In the event of an avian influenza incident, **UKHSA** will collate:

- a list of contacts (persons who are likely to have had contact with avian influenza but are otherwise well) and their contact details (**Post Exposure**). These contacts will require prophylaxis with antivirals.
- a list of persons who may encounter infected birds as part of the culling process and their contact details. (**Pre-Exposure**). These persons will require prophylaxis with antivirals. These should be issued prior to commencement of duties or attendance at the outbreak site.

Post Exposure

Once identified the UKHSA will contact the persons concerned to:

1. Check if the persons are symptomatic. See appendix A for screening questions. (The management of persons with suspected avian influenza is not covered by this protocol).
2. Advise the persons to notify that organisation (or pharmacy/Medicine Optimisation Team (MOT)) if they become symptomatic prior to collecting their anti-viral. Those organisations must then seek further medical advice from a GP or UKHSA.
3. Supply the individuals with details by email or text of the identified pharmacies or treatment centre for collection of the antiviral prophylaxis.
4. Text or email form will enable the notification to be shown to the pharmacist/MOT as confirmation.

Pre-Exposure

1. For identified individuals Points 3 and 4 above apply.

2. For larger incidents where staff from Animal and Plant Health Agency (APHA) and contractors are used the UKHSA may not have individual details. In these circumstances the UKHSA will supply APHA with details of the identified pharmacies or treatment centre for collection of the prophylaxis with antiviral. Where possible notification to the individual should be by text or email to enable it to be shown to the pharmacist/MOT as confirmation.
3. The UKHSA would then supply the pharmacy/MOT with an indication of how many individuals will attend and when.

Pharmacy or Medicines Optimisation Team (MOT)

Figure One below is the process when the avian influenza incident is in a geographical area local to the commissioned Community Pharmacy/Pharmacies, and the Pharmacy opening hours support their delivery of the prophylaxis by PGD.

Figure Two is the process when an avian influenza incident is NOT covered by the commissioned Pharmacies or does not support their delivery of the prophylaxis by PGD. This model is scalable which is important for a wider outbreak with potentially significant numbers. Leeds City Council Resilience and Emergencies Team will assist in identifying and arranging a suitable location ('treatment centre') from which the antivirals would be issued by the WY ICB Medicines Optimisation Team.

The **Pharmacy or MOT** will receive:

- a list of individuals needing supply of prophylaxis with antivirals by PGD, OR
- where the list is not available, an indication of how many individuals to expect and when to expect them.
- whether it is for pre or post exposure
- the strain of Avian Influenza
- details of PPE requirement. There will be no routine requirement for staff to wear PPE. The subtype or strain determines the PPE requirement. The strain will be established by DEFRA and risk assessed by DEFRA and UKSHA.

When the person arrives at the collection site **the organisation (pharmacy/ MOT)** will follow the appropriate PGD:

- Confirm their identity verbally
- Confirm identity of person against list supplied by UKHSA (if available)
- (Post exposure) Confirm that they are well. See appendix A for screening questions. If unwell, have a fever or respiratory symptoms, the person should be isolated immediately, and further medical advice sought from UKSHA.
- (Post exposure) Ask the patient to wear a surgical mask.
- (Post exposure) Wear personal protective equipment (PPE) as directed by UKSHA. Prior to individuals attending UKSHA will have advised on the appropriate PPE requirement, this is determined by the situation; pre or post exposure and the strain or subtype of Avian Influenza.
- Confirm person is suitable to be supplied with antivirals via the appropriate PGD. ***Confirm they do not meet any of the exclusion criteria on the PGD*.**
- Issue the antivirals with advice on how and when to take it
- Discuss with UKHSA any people excluded from supply via PGD and agree appropriate action.
- Advise the patient to seek medical advice if they fall ill in the next 10 days, e.g. ring their GP, NHS 111.
- Advise people collecting their antivirals to continue their daily routine as normal unless different advice is issued by UKHSA at the time of the outbreak.
- Issue the patient with a fact leaflet or email link at Appendix B below.
- Inform them that they will be followed up by UKHSA within the next 10 days.

The organisation (pharmacy/MOT) will keep a record of which patients have attended and whether antivirals were issued. This record will be communicated back to UKHSA. A record of the number of people assessed by the PGD is also required for payment purposes.

The UKHSA health protection team will contact and follow up persons issued with antivirals up to 10 days after issue.

Figure One

Avian Flu - UKHSA Process for Supply of oseltamivir prophylaxis via Community Pharmacy PGD during Pharmacy Opening Hours

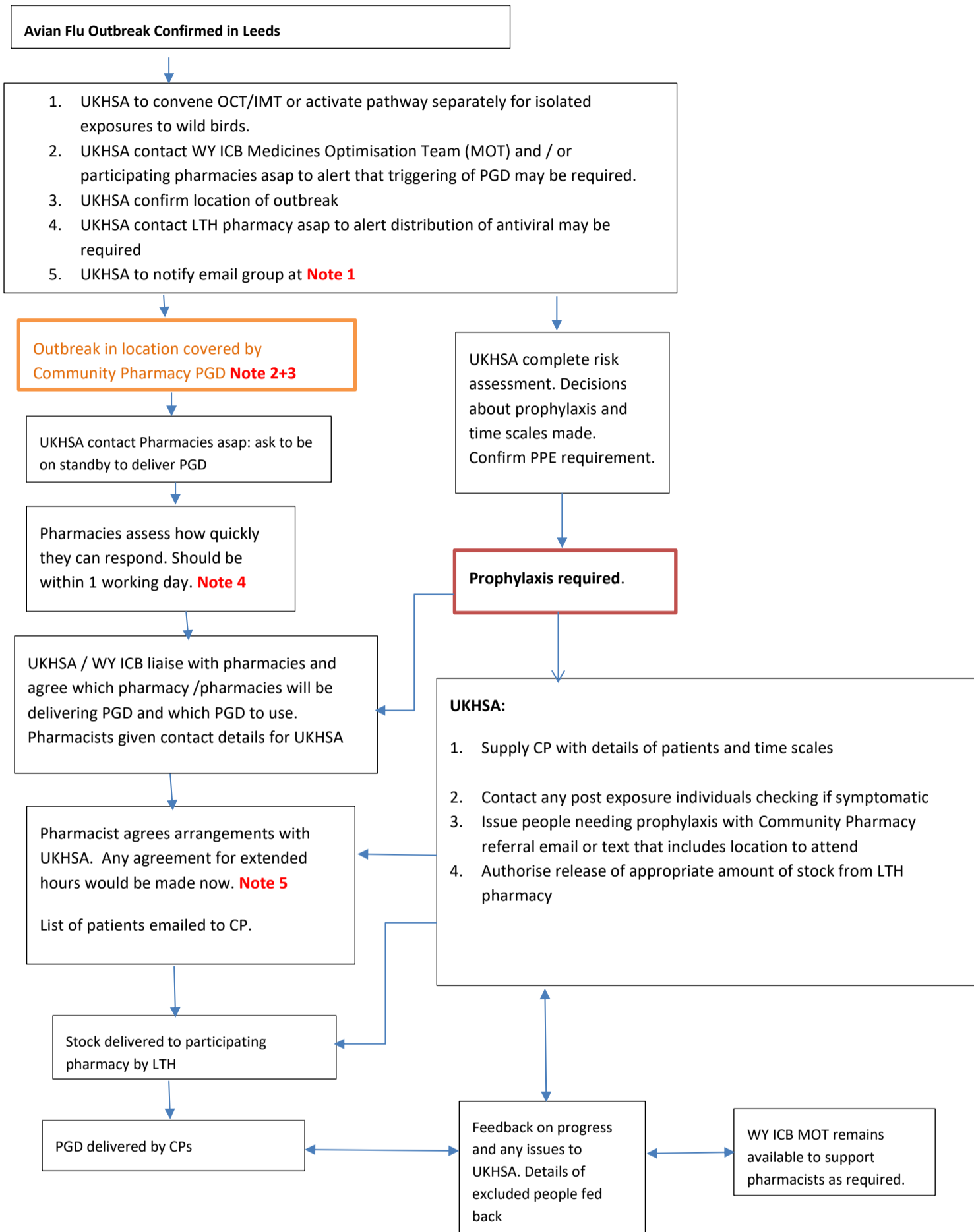
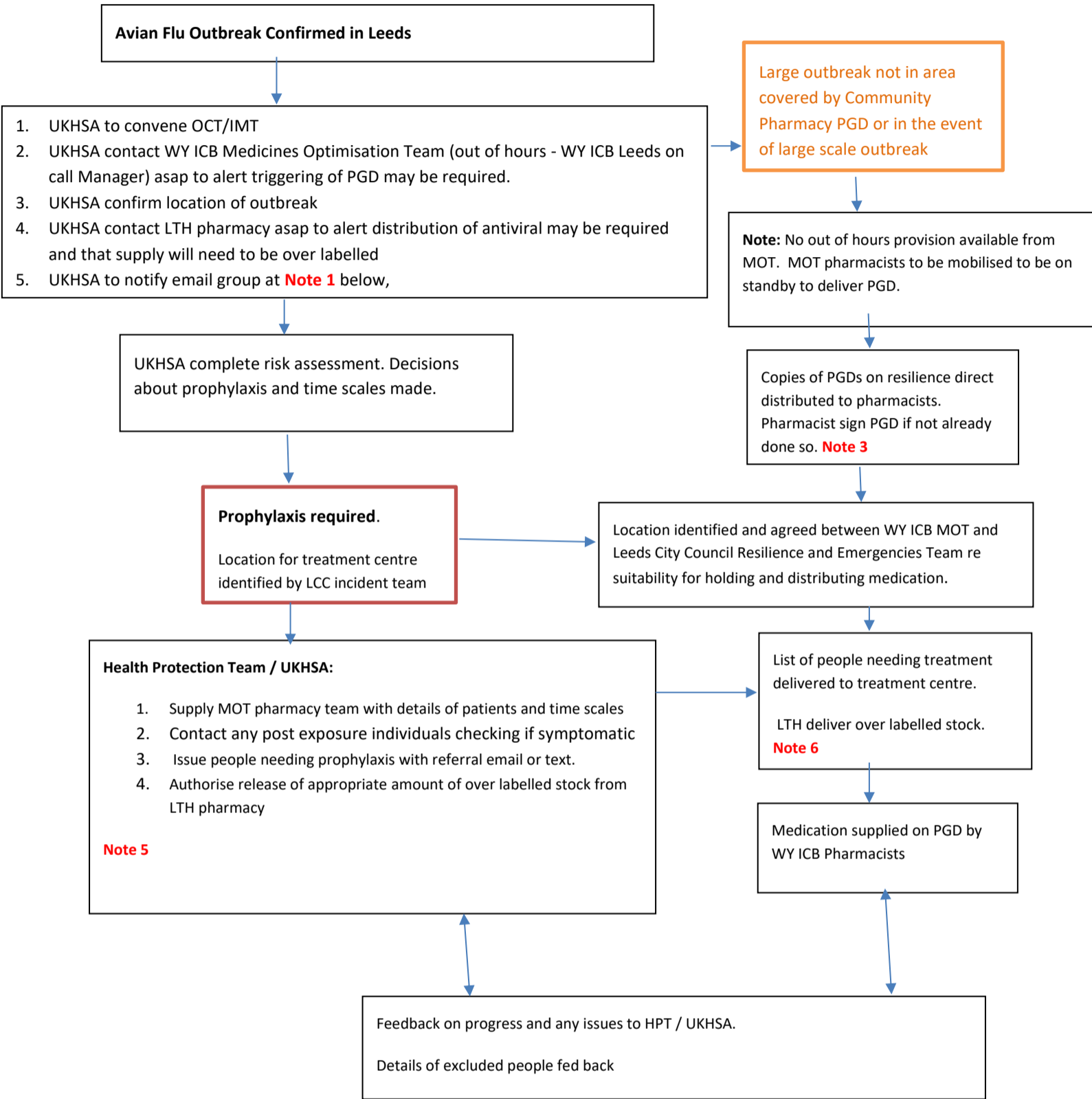


Figure Two

Avian Flu - UKHSA Process for Supply of oseltamivir prophylaxis via Leeds Office of WY ICB Medicines Optimisation Team in Large Scale Outbreak



Notes to accompany Figures One and Two

Note 1

Notification Group

- WY ICB On Call wycb-leeds.oncall@nhs.net
- WY ICB Medicines Optimisation Team wycb-leeds.prescribingteam@nhs.net
- Health Protection Team LeedsHPTSPOC@leeds.gov.uk
- LCC Resilience and Emergencies Team emergency.planning@leeds.gov.uk
- LCC Environmental Health Services food.safety@leeds.gov.uk
- LCH Infection Control Team infectioncontrolleeds@nhs.net

Note 2 The following pharmacies are commissioned by WY ICB to supply oseltamivir prophylaxis via a PGD. Outside of normal workings hours (ie Bank Holidays) check <https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy> for information on availability.

Pharmacy Name + Address	Contact telephone number	Email address	Opening Hours	Pharmacist Name
Swillington Pharmacy Church Lane, Swillington Leeds LS26 8DY	0113 2862795	Pharmacy.fgc78@nhs.net	Monday to Friday 9:00 to 17:30 Saturday 9:00 – 13:00	
Day Lewis Pharmacy 49 Commercial Street Rothwell LS26 0AP	0113 2823189	pharmacy.fgt36@nhs.net	Monday to Friday 9:00 to 18:00 Saturday 9:00 – 13:00	
Hyde Park Pharmacy 22-24 WOODSLEY ROAD LEEDS LS3 1DT	0113 2441551	Pharmacy.fh186@nhs.net	Monday to Friday 8:00 – 20:00 Saturday 9:00 to 16:00 Sunday 10:00 – 16:00	Shoyab Umarji
Otley Pharmacy 14a Market Place Otley LS21 3AQ	01943 968101	Pharmacy.fgd79@nhs.net	Monday – Friday 8:30 to 18:30 Saturday 09:00 to 17:00	Gurjit Singh

Note 3. Two different PGDs have been authorised by the WY ICB to cover different strains. UKHSA will inform pharmacies or Medicines Optimisation Team which PGD to use.

Note 4 The pharmacies are required to have a pharmacist trained to deliver the PGD in the branch within one working day of notification.

Note 5. The pharmacies have indicated a willingness to open extended hours if the situation demands, but this is voluntary depending on the circumstances of the staff on the day.

Authorisation to be obtained from NHSE if required.

Note 6.. LTH pharmacy will need to supply oseltamivir ready labelled with instruction, for MOT to add patient name, dose, duration and date of supply. **Example** label:

Oseltamivir capsules 75 / 45 / 30mg
Take ONE capsule ONCE / TWICE daily for days
Name Date

Further assistance with over labelling process can be sought from Inpatient Services (0113 2065168) between 9am and 7.30pm and from the on-call pharmacist via switchboard between 7.30pm and 9am.

12. COMMUNICATION

If there are specific MEDICAL queries (e.g. co-morbid conditions, drug treatment interactions, etc...), these should be directed to a GP or UKSHA.

If there are specific PUBLIC HEALTH queries (e.g. queries about follow up, other possible contacts), the duty health protection specialist at UKSHA should be contacted.

If there are specific INFECTION CONTROL queries (e.g. cleaning of clinical areas, etc...), these should be directed to the IPC team lead.

13. KEY CONTACTS

UK Health Security Agency (UKHSA): health protection duty desk – 0113 386 0300

UK Health Security Agency (UKHSA): out of hours – 0114 304 9843

Community Pharmacies: at Note Two above

LTHT Pharmacy Inpatient Services: 0113 2065168

Leeds Office of WY ICB: Emergency Preparedness Resilience and Response Manager – 07880 480316


Leeds Office of WY ICB: out of hours – On-call 0844 8707937 (opt 1 opt 4)

Leeds City Council: Health Protection LeedsHPTSPOC@leeds.gov.uk

Leeds City Council: Resilience and Emergencies : 0113 3760399 (confidential/non-public use)

Leeds Community Healthcare : On Call - 0845 2657599

14. WORK PROGRAMME & FUTURE CONSIDERATIONS

POSITION	ACTION REQUIRED	DRIVER	RESPONSIBILITY	UPDATE
The four commissioned pharmacies are located in the East of the city	On renewal of these arrangements (March 2022) consider opportunities of a 100 hr pharmacy to the West of the city	Geographical spread and robust availability	CCG Emergency Planning Manager & CCG Med Opts Team	Complete - Revised pharmacy provision applied for 2022/23
The plan was activated for the first time in December 2021	A de-brief of the activation to identify any lessons learned and inform future planning	Learning and improvement	LCC Public Health and CCG Emergency Planning Manager	De-brief completed 10/03/22  Avian_incident_debrief_March2022 .doc

APPENDIX A

Prompts to check if person is symptomatic for avian flu.

'Contact' is contact with sick, dead birds or their faecal material/litter/ manure/eggs.

Questions	Yes	No
1. Have you developed a flu like illness (eg high temperature, cough, sore throat, runny nose, headache, aching muscles) in the 10 days since your last contact?		
2. Have you developed shortness of breath in the 10 days since your last contact?		
3. Have you developed sticky eyes(s)/conjunctivitis up to 10 days from after your last contact?		
4. Are you aware of anyone else associated with this incident who has developed any of these symptoms? If yes provide name and contact number if known, in the space below		

UKHSA or GP must be notified if any of the answers to the above are YES

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/968566/Avian_influenza_guidance_and_algorithms_for_managing_incidents_in_birds.pdf page35

APPENDIX B: OSELTAMIVIR PROPHYLAXIS – FACTSHEET FOR CONTACTS

Source p41 (copy the link below into the internet browser):

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/968566/Avian_influenza_guidance_and_algorithms_for_managing_incidents_in_birds.pdf

Published March 2021

UKHSA publications gateway number: 2018487

AVIAN (BIRD) FLU - ANTIVIRAL MEDICINE

WHY HAVE I BEEN GIVEN THIS MEDICINE?

You have been given a course of antiviral medicine called Oseltamivir (Tamiflu®) because you have come into close contact with birds / poultry suspected or confirmed (delete as appropriate) to be infected with bird flu virus type [insert virus type]. This means that you might have been exposed to the bird flu virus. The risk to your health is low but taking antiviral medicine reduces this risk even further. It will also reduce the risk of you becoming unwell with an ordinary human flu virus, while you are taking the antivirals.

HOW MUCH SHOULD I TAKE?

To work effectively you must take one capsule every day until the course you have been given finishes or until your GP or other health professional tells you to stop.

CAN I TAKE THIS MEDICINE IF I AM PREGNANT?

If you are pregnant or are currently breast feeding, please bring this to the attention of the health professional who gave you the medicines, before you start taking them and they will advise you.

WHAT IF I HAVE ANOTHER MEDICAL CONDITION?

Please tell the health professional who is providing the antiviral medicines about any medical condition or allergies to medicines.

DOES THIS MEDICINE HAVE SIDE EFFECTS?

Not usually and side effects will generally be mild. Side effects have been rarely reported and include nausea and mild stomach ache/upset. Nausea is less likely if the medicine is taken with food.

WHEN SHOULD I START TAKING THIS MEDICINE?

As soon as you get it.

DOES MY FAMILY NEED THIS MEDICINE?

No, only people who are believed to have come into close contact with a bird infected with bird flu need to take the medicine. This is because only people who have handled or have been in very close contact with infected birds are at risk of getting bird flu.

WHAT IF I DEVELOP SYMPTOMS?

If you suddenly develop any of the following symptoms up to 10 days after your last contact with the affected birds or affected [farm/premises] it is important that you contact either your

GP or other health professional by telephone as soon as possible. You should refer to this information sheet so they understand why you are taking these medicines

The most important symptoms to look for are:

- high temperature/fever (temperature of 38°C or more)
- cough
- shortness of breath
- red, sore and sticky eye

Other symptoms may include:

- body/muscle pain/aches
- sore throat
- runny nose

If you need any further advice or have any of the above symptoms please call your local GP or NHS 111 quoting [HPZONE REFERENCE].

END