

## **PHE care home discussion – 18/4/2020**

### **Current knowledge**

- England 175 new outbreaks in past 24 hours. Total 3,500 (22% or all in England)
- Around 1:3 care homes in London and NW affected
- Current hot spots NW, NE, W Mid

### **Approach to care homes reporting outbreaks:**

- Using HPZone, initial call and risk assessment, basic info on home and cases
- Testing kits via NHSE couriered to nursing homes and returned to lab.
- Lab results come back via electronic reporting 48-72 hours.
- Email information pack to care home and call to make initial contact, afterwards care homes update via email and only call if they have specific problems.
- Webinars with care homes on PPE and IP&C, questions – in South West
- Stakeholders alerted about affected homes via sharepoint

### **Point prevalence study in care homes**

- PHE arranged swabbing of all residents and staff in 6 care homes
- Results from three- very high positivity 50%+; only ~30% with symptoms
- Staff- 45% positive, of which ~30% symptoms
- For those symptomatic, around 50% chance of symptoms; negatives also symptomatic

### **So symptoms poorly predictive of infection (therefore a poor trigger for control measures)**

- When one or two symptomatic cases identified in a care home, around 50% staff and residents already affected – end point is very high attack rate (90%) and consequent deaths

### **Modelling**

- Homes are linked in a network- evidence of spread between homes despite lockdown
- Key to interruption is preventing staff movements.
- Sharing staff, bank staff all issues- staff are initiating and moving outbreaks; residents are a later signal
- Testing only of residents at present, testing of staff not undertaken (even if symptomatic) as outside current guidance
- **Implication:** prevention measures targeted at homes without outbreaks to prevent introductions

### **PPE**

- Evidence that PPE is not being used correctly in some care homes hence issuing of new guidance 17/04/2020.