



## GUIDANCE FOR MANAGING STI OUTBREAKS & INCIDENTS

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This document includes guidance for managing outbreaks of sexually transmitted infections at a local or regional level with national support. The plan was produced by the HIV/STI Department and Sexually Transmitted Bacteria Reference Laboratory (STBRL), HPA Colindale and the HPA Local and Regional Services Division in collaboration with the British Association for Sexual Health and HIV (BASHH) and the Public Health Medicine Environmental Group (PHMEG).

## Contents

1. Purpose & scope .....	3
2. Underlying principles .....	3
2.1 Confidentiality .....	3
2.2 Infection characteristics .....	3
2.3 Outbreak investigation .....	3
2.3.1 Identification.....	3
2.3.2 Multi-disciplinary approach .....	4
2.3.3 Tailoring interventions.....	4
2.3.4 Time-scales .....	4
3. Planning for STI outbreak prevention & control .....	4
3.1 Professional responsibilities.....	4
3.2 Communication .....	4
3.3 Contingency planning .....	5
4. Managing local STI outbreaks & incidents.....	7
4.1 Collaboration.....	7
4.2 Communication .....	7
5. Phases & objectives of local STI epidemic .....	7
5.1 Preliminary phase (Phase 1).....	7
5.1.1 Objectives .....	7
5.1.2 Descriptive epidemiological investigations.....	8
5.1.3 Outbreak control team (OCT) .....	8
5.1.4 Press Office role .....	8
5.1.5 Communicating, alerting & briefing .....	8
5.2 Control phase (Phase 2) .....	10
5.2.1 Active case surveillance.....	10
5.2.2 Analytic epidemiology .....	10
5.2.3 Microbiological investigation .....	10
5.2.4 Control measures .....	10
5.2.5 Focused research studies.....	10
5.3 Evaluation phase (Phase 3).....	11
5.3.1 Key process measures .....	11
5.3.2 Primary outcome measure.....	11
6. Outbreaks involving more than one PCT .....	11
6.1 Collaboration.....	11
6.2 Coordinating an OCT across boundaries.....	11
6.3 Involvement of HPA Centre for Infections .....	11
7. Declaring an incident over .....	11
8. Report Writing.....	12

# Principles of managing outbreaks/incidents of sexually transmitted infections

## 1. Purpose & scope

This guidance is designed primarily for Health Protection professionals at local, regional and national level (including Consultants in Communicable Disease Control (CCDC)/Consultants in Health Protection (CHP) and Regional Epidemiologists (RE); Genitourinary Medicine (GUM) staff, other public health professionals and commissioners/providers of sexual health services at the local level (provided by Primary Care Trusts ([PCT) at the time of writing) or within Strategic Health Authorities (SHA)/Regions (Directors of Public Health (DPH] and Sexual Health Leads). It aims to give clear guidance on arrangements for the investigation, management and control of outbreaks/incidents of sexually transmitted infections (STI).

Outbreaks can occur in a range of conditions such as syphilis, lymphogranuloma venereum (LGV), HIV, hepatitis B, hepatitis C and gonorrhoea but the response to the outbreak will vary between organisms. Where examples are given in this document they are confined to infectious syphilis because most of the STI outbreaks supported by the HPA over the past decade have been concerned with this infection. The document does not include specific guidelines on the management of congenital infection. Where cases of congenital syphilis are identified the Consultant Microbiologist, GUM physician and attending paediatrician should establish whether the case represents a failure of clinical care or lack of access to clinical services. Appropriate action can then be undertaken on the basis of this information.

An STI Outbreak/Incident could consist of:

1. An observed number of cases that is greater than expected over a defined time period in a given community. This could amount to a small number of cases.
2. Linked cases that are of public health significance.
3. A situation that requires the re-organisation of services or development of additional resources to diagnose and manage cases.

The identification of outbreaks is subjective. Outbreaks may be highlighted by local sexual health professionals or through exceedance reporting at HPA Colindale.

## 2. Underlying principles

### 2.1 Confidentiality

Patient confidentiality is a central tenet of GUM practice. Existing legislation allows sharing of patient information with other health professionals in the interests of controlling spread (NHS (Venereal Diseases) regulations 1974 (S.1.1974/29); NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) Directions 2000). The NHS and PCT Directions 2000 state that *“every NHS Trust and PCT shall take all necessary steps to secure that any information regarding an individual examined or treated for any STI should not be disclosed except:*

*(a) for the purpose of communicating that information to a medical practitioner, or to a person employed under the direction of a medical practitioner in connection with the treatment of persons suffering from such disease or the prevention of spread thereof,*

*and*

*(b) for the purpose of such treatment or prevention”*

### 2.2 Infection characteristics

STIs have particular features which make them distinct from other infectious diseases and need to be taken into consideration when planning intervention and control strategies. For example, they are often associated with social stigma, and confidentiality concerns for patient's identity may restrict the availability of GUM clinic held data. Treatment of the index patient and identification and treatment of their sexual contact(s) is important to prevent re-infection and onward transmission. Sustained behavioural change may be required to reduce the incidence among vulnerable sexual networks. STI epidemiology is dependent on sexual network structure and consequently outbreaks may develop over several months.

### 2.3 Outbreak investigation

The basic principles of STI outbreak investigation are the same as those for any outbreak of infection. However, particular features of STI outbreaks require more specific arrangements for their investigation and control. These include:-

**2.3.1 Identification** Identification and initial investigation of outbreaks can be made by the local GUM physician, the CCDC, Microbiologist, RE, or through routine surveillance (i.e. laboratory or GUMCAD) exceedance reporting. Typically a health care professional would recognise an

increase in cases over a period of time and then discuss this with Local, Regional, or National HPA staff or with local NHS Public Health staff. For example, the Consultant Microbiologist may report to the GUM clinician that there seems to have been an increase in cases of a particular STI which may be confirmed by a more detailed look at the data. Discussion and possible referral of specimens to STBRL at HPA Colindale is advisable to confirm existing laboratory data has been obtained using National Standard Methods (table 1) or for additional testing such as extended antimicrobial susceptibility testing or molecular typing.

**Table 1** National Standards for the diagnosis of sexually transmitted infections

Resource	Web address*
List of methods (pdf format)	<a href="http://www.hpa-standardmethods.org.uk/pdf_sops.asp">http://www.hpa-standardmethods.org.uk/pdf_sops.asp</a>
Identification of <i>Neisseria</i> sp.	<a href="http://www.hpa-standardmethods.org.uk/documents/bsopid/pdf/bsopid6.pdf">http://www.hpa-standardmethods.org.uk/documents/bsopid/pdf/bsopid6.pdf</a> ;
<i>Chlamydia trachomatis</i> infection: testing by nucleic acid amplification tests (NAATs)	<a href="http://www.hpa-standardmethods.org.uk/documents/vsop/pdf/vsop37.pdf">http://www.hpa-standardmethods.org.uk/documents/vsop/pdf/vsop37.pdf</a>
Detection of <i>Neisseria gonorrhoeae</i> using molecular methods	<a href="http://www.hpa-standardmethods.org.uk/documents/qsop/pdf/qsop62.pdf">http://www.hpa-standardmethods.org.uk/documents/qsop/pdf/qsop62.pdf</a>
Serological diagnosis of syphilis	<a href="http://www.hpa-standardmethods.org.uk/documents/vsop/pdf/vsop44.pdf">http://www.hpa-standardmethods.org.uk/documents/vsop/pdf/vsop44.pdf</a>

\* National Standard Methods can be viewed in PDF format on-line at [http://www.hpa-standardmethods.org.uk/pdf\\_sops.asp](http://www.hpa-standardmethods.org.uk/pdf_sops.asp). To access the Microsoft Word Format version a user name and password are required. These can be obtained from: <http://www.hpa-standardmethods.org.uk/login.asp>.

**2.3.2 Multi-disciplinary approach** The nature of STI outbreaks is such that a range of professionals should be involved in their investigation. Of critical importance is involvement of physicians and sexual health advisers at GUM clinics as well as public health professionals, PCT sexual health leads and STI epidemiologists.

**2.3.3 Tailoring interventions** Interventions used to control STI outbreaks will depend on the disease and the population affected. It is unlikely that a published evidence-base will be available to the OCT with which to provide specific guidance at the local level. This emphasises the role of experts within the OCT to formulate a effective, bespoke action plan. However, in general the identification of sexual contacts and sexual networks will be crucial to effective intervention. Health promotion may need to be targeted to specific sub-populations or more widely, and will need to include primary and secondary prevention strategies (section 5.2.4).

**2.3.4 Time-scales** The timeframe within which STI outbreaks will be investigated and controlled will usually be significantly greater than for other outbreaks of infection.

### 3. Planning for STI outbreak prevention & control

#### 3.1 Professional responsibilities

The effective control of STI outbreaks is dependent on the provision of adequately commissioned sexual health services (BASHH Standards. Available at: [http://www.bashh.org/news/435\\_bashh-standards-for-the-management-of-sexually-transmitted-infections](http://www.bashh.org/news/435_bashh-standards-for-the-management-of-sexually-transmitted-infections)). A number of key professional groups and agencies also play an important role in the prevention and control of STIs. These include the Independent Advisory Group on Sexual Health and HIV, BASHH, GUM physicians, CCDCs, Directors of Public Health, Consultants in Public Health Medicine, Microbiologists, Health Advisers at GUM clinics and non statutory organisations such as Terrence Higgins Trust and the National AIDS Trust. There may also be local Voluntary Agencies who would play a key role, especially if particular groups needed targeting. The roles and responsibilities for these groups are set out in table 2.

#### 3.2 Communication

Directors of Public Health should ensure that there is regular, preferably twice yearly, formal contact between these key staff to ensure the existence of well-informed, up to date networks and local plans which will facilitate effective investigation and intervention in the event of an outbreak. In some situations this may be devolved to individuals other than the DPH to ensure that such networking happens.

### 3.3 Contingency planning

Develop a locally adapted plan which should identify financial resources/ contingency funds that may be called upon should financial help be needed in supporting disease control interventions (e.g. health promotion, additional GUM services and outreach work). This would normally be the responsibility of the PCT to fund and it is another reason why it is important to involve the sexual health lead from the local PCT early in the course of an incident/outbreak.

**Table 2** Summary of key roles & responsibilities in managing STI outbreaks

Professional	Responsibilities
STI Outbreak Control Team (OCT) Chair	<ul style="list-style-type: none"> <li>• The person taking responsibility for OCT chair would be decided at the group's first meeting, but usually it would be either the DPH or CCDC.</li> <li>• Direct and co-ordinate overall management of outbreak.</li> <li>• Ensure each member of the control group understands his/her role.</li> <li>• Be available throughout the episode for consultation and advice.</li> <li>• Be responsible for liaison between senior staff and clinicians and ensure timely communication between members of the OCT and other parties.</li> <li>• OCT has responsibility for declaring the incident over.</li> <li>• Ensure that an incident report is written and that lessons learned are disseminated.</li> </ul>
CCDC / CHP (or Unit Sexual Health Lead depending on local arrangements)	<ul style="list-style-type: none"> <li>• Identification of outbreaks through routine surveillance.</li> <li>• Provide local epidemiological support.</li> <li>• Highlight priority to the commissioning authority and advocate if necessary for additional resources to deal with outbreak.</li> <li>• Maintain heightened surveillance of the infection to evaluate the effectiveness of interventions.</li> <li>• Audit management of local outbreaks in conjunction with GUM/RE.</li> <li>• Develop materials for training purposes from lessons learnt (outbreak)</li> <li>• Provide guidance on the overlap between public health and GUM</li> </ul>
HPA Colindale	<ul style="list-style-type: none"> <li>• Provide guidance on whether the observed increase was an outbreak or could be explained in terms of other factors.</li> <li>• Provide information resources to advise on incident management.</li> <li>• Provide advice on local research studies that may be undertaken.</li> <li>• Assist in development of investigative tools.</li> <li>• Occasionally, provide personnel to assist with field investigation or analysis of results.</li> <li>• Development of methods to evaluate control measures.</li> <li>• Advice and specialist microbiological investigation.</li> </ul>
GUM Physician	<ul style="list-style-type: none"> <li>• Early identification of increasing STIs and communication to CCDCs.</li> <li>• Facilitate confirmation of outbreaks through focused studies.</li> <li>• Appraise capacity of local GUM services to respond to STI outbreak.</li> <li>• Identify and help implement locally appropriate and acceptable control measures in conjunction with OCT.</li> </ul>
NHS Consultant Microbiologist and/or HPA Consultant Microbiologist (regional or national)	<ul style="list-style-type: none"> <li>• Identify outbreaks through routine surveillance.</li> <li>• Provide expert advice to OCT on interpretation of microbiological data, investigative methods, collection of specimens and outbreak control methods.</li> <li>• Provide expert advice on use of specialist diagnostic methods.</li> <li>• Arrange prompt analysis and reporting of clinical samples.</li> <li>• Arrange further testing at appropriate reference laboratories (see HPA Colindale above).</li> </ul>
Regional Epidemiologists (or Regional Sexual Health Lead depending on local arrangements)	<ul style="list-style-type: none"> <li>• Identify possible regional outbreaks through routine surveillance.</li> <li>• Epidemiological expertise and support with the investigation and control of the outbreak.</li> <li>• Keep HPA Regional Director informed and seek their support as/when required.</li> <li>• Assistance with auditing incidents.</li> <li>• Support with the development of training exercises.</li> </ul>

Professional	Responsibilities
Communications Manager	<ul style="list-style-type: none"> <li>• Lead on discussions to ascertain the most appropriate form of media management of the incident, i.e. proactive or reactive.</li> <li>• Draft all media messages in close contact with appropriate sexual health lead and ensure chair of the IMT signs these off.</li> <li>• Liaise with relevant communications managers of key stakeholders involved in the incident.</li> <li>• Liaise with National HPA Press office if you suspect national media interest into the incident to ensure key messages are shared for the out of hours press office service.</li> <li>• Advise on all internal communications.</li> </ul>
Service commissioner role(s)	<ul style="list-style-type: none"> <li>• PCTs are currently responsible for the provision of sexual health services for their population, either through commissioning or providing services directly. In the event of an outbreak of a STI, the DPH or PCT Health Protection Lead will be involved in the OCT.</li> <li>• Sexual health promotion team – likely to be based in the PCT and who will play an important role in control / interventions work.</li> <li>• PCT Sexual Health Commissioning Lead will be responsible for ensuring the funding of any surge capacity / change to service delivery.</li> </ul>
Sexual Health Network	<ul style="list-style-type: none"> <li>• Where sexual health networks are available, they may have a place in coordinating sexual health promotion activities, particularly when outbreaks affect more than one PCT within the Network area.</li> </ul>

# Guidelines for Managing Local Acute STI Outbreaks

## 4. Managing local STI outbreaks & incidents

### 4.1 Collaboration

It is important that the different organisations responsible for the control of STIs collaborate with each other in the event of a suspected outbreak, and where appropriate, reach joint decisions on key issues. Close liaison between GUM consultants and CCDCs and PCT Director of Public Health will be particularly important.

### 4.2 Communication

For local outbreaks, the CCDC communicates with the HPA Regional Epidemiologist, HPA Regional Director and HPA Colindale. Whether the Department of Health (DH) should be informed of the outbreak will be discussed between the HPA Regional Director and the Centre for Infections and a decision taken about whom is best placed to inform the DH. As a guideline, HPA Colindale would want to be informed of any outbreaks which crossed regional boundaries, involved considerable numbers of cases including HIV infection, a congenital case or situations which are likely to attract media attention. The STBRL (HPA Colindale) would like to be notified of any potential outbreaks and to receive any isolates/specimens for typing or additional testing. More generic guidance is found in the HPA's Incident and Emergency response plan on the HPA's intranet. The CCDC must ensure that they have alerted their Regional Communications Manager at the outset. HPA Colindale Press Office would want to be informed of any incidents which may cause national media interest.

## 5. Phases & objectives of local STI epidemic

The identification, management and control of a localised STI epidemic can be divided into three phases (figure).

### 5.1 Preliminary phase (Phase 1)

Firstly, any investigation is dependent on someone alerting others to the possibility of an incident/outbreak. This may include a variety of professionals (section 2.3.1). An incident team should be convened to carry out the preliminary investigation. Members might include: GUM physician, CCDC, RE/ HPA Regional Sexual Health Lead, microbiologist, ID physician (where HIV is directly or indirectly involved) and PCT DPH / Sexual health team.

**5.1.1 Objectives** These are to determine whether a problem exists, its nature and the immediate steps needed to identify cases and contacts. It also establishes whether the episode is of sufficient significance to require special arrangements for investigation and management. It is important to exclude other causes of localised increases in disease reports, such as artefacts of reporting, before declaring a localised epidemic.

**5.1.2 Descriptive epidemiological investigations** These should be undertaken at this stage by the local GUM physician and CCDC. It is important to establish as early as possible those *primarily affected* and *the possible source*. Based on the result of the preliminary descriptive investigations, the CCDC and PCT DPH will decide whether to convene an Outbreak Control Team (OCT).

**5.1.3 Outbreak control team (OCT)** When it is necessary to convene an OCT, REs or HPA Colindale Consultant Epidemiologists will usually be informed and, where it would be helpful, invited to join the team. OCTs will also invite NHS and/or HPA microbiologists including representatives of the Specialist and Reference Laboratory and other HPA staff to assist in the investigation of local outbreaks. It is important that their roles and responsibilities are made explicit to the OCT to avoid possible confusion and duplication of effort. Involving the voluntary sector may be particularly important when dealing with marginalised communities. There are no strict guidelines as to when involvement should occur and the OCT should be guided by the local context.

**5.1.4 Press Office role** The delicacy of issues surrounding STI management will be such that the press officer for the HPA/SHA/PCT might also need to be involved at an early stage (section 4). Local circumstances and the nature of the outbreak will determine which organisation's press officer leads on communications issues. In large outbreaks (particularly where they cover several regions or have complex multi-agency issues to resolve), a multi-agency media sub-group may need to be set up to ensure a coordinated media/communications response.

**5.1.5 Communicating, alerting & briefing** Liaise with the Regional Communications Manager who should then:

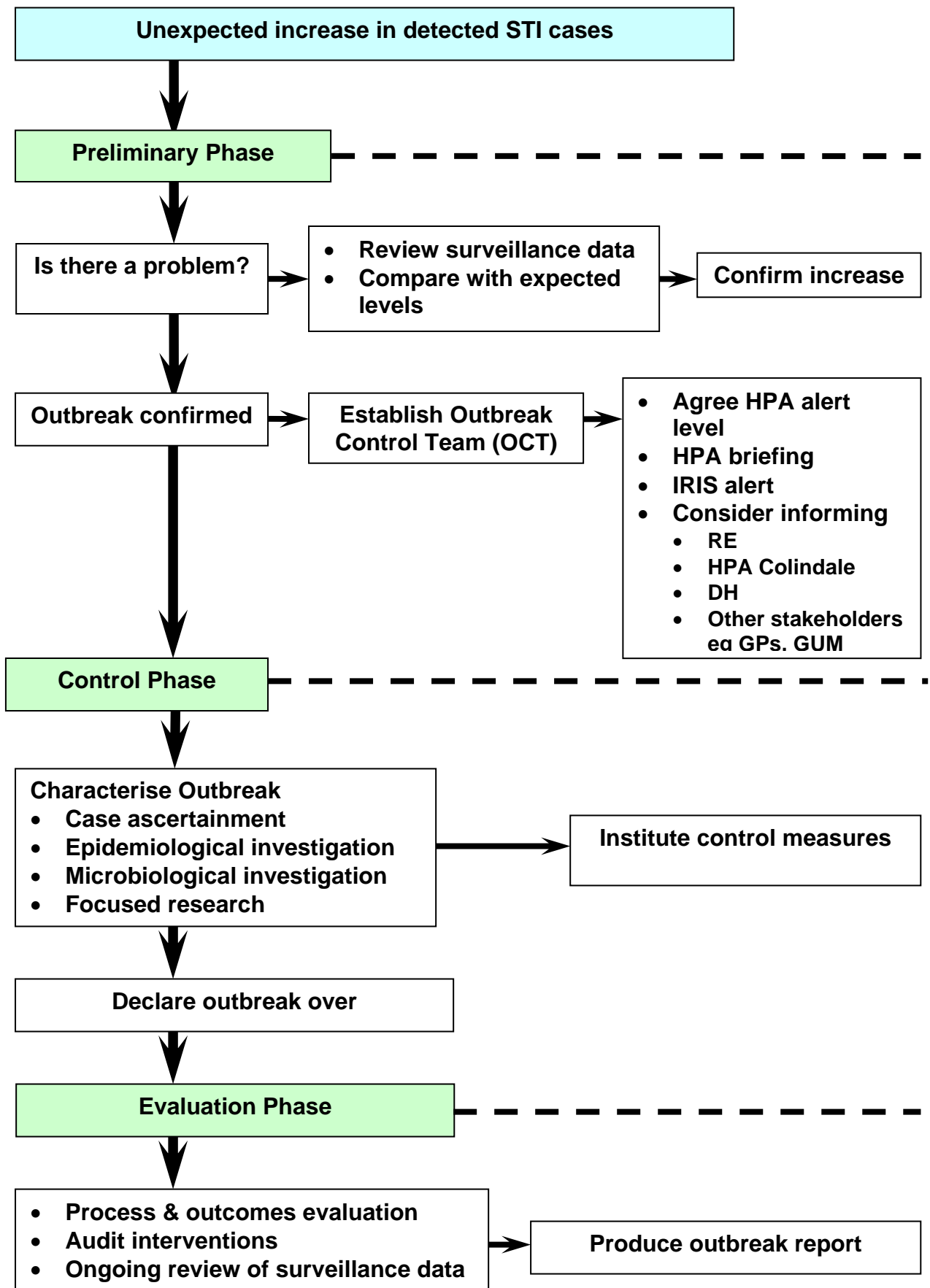
**5.1.5.1 Lead on discussions to ascertain the most appropriate form of media management of the incident, that is proactive or reactive:**

- Draft all media messages in close contact with appropriate sexual health lead and ensure these are signed off by the chair of the OCT.
- Liaise with relevant communications managers of key stakeholders involved in the incident.
- Liaise with National HPA Press office if you suspect national media interest into the incident to ensure key messages are shared for the out of hours press office service.
- Advise on all internal communications.

**5.1.5.2 Assess internal and external communication requirements**

- HPA Alert level (contact the HPA Alert System Administrator with details of the incident: [riskalertsystem@hpa.org.uk](mailto:riskalertsystem@hpa.org.uk)).
- HPA briefing (contact HPA Website Managing Editor, Mr Neil Hough for advice on creating and disseminating a briefing paper)
- IRIS alert (LaRS HPA incident reporting database). The criteria for any of the five Incident Levels are as follows;
  - *Level 1* - Local HPU - An incident with limited local impact, usually dealt with by a single HPU.
  - *Level 2* - Regional – Still local, but with wider coverage. Usually involves two or more HPUs, and requires some support from region.
  - *Level 3* - Divisional - An emergency that has a significant impact on one or more parts of the HPA, Media interest likely to be high.
  - *Level 4* - National - An emergency that has a severe impact on the HPA, causing major disruption to large parts of the HPA. Likely to involve a number of regions - may require support from other regions.
  - *Level 5* - Catastrophic Event - A catastrophic emergency that has an overwhelming impact on the HPA.

**Figure Management of local STI outbreaks**



## 5.2 Control phase (Phase 2)

This phase is characterised by the formation of an OCT (section 5.1.3). The aim is to develop and implement strategies geared towards interrupting the onward transmission of infection and preventing further cases of acute STI amongst the affected population. Key elements of the control phase are:

**5.2.1 Active case surveillance** A range of interventions including collecting detailed case information, reference laboratory testing of isolates, case interviews, social and sexual network investigation and monitoring partner notification effectiveness may be undertaken.

**5.2.2 Analytic epidemiology** The decision to undertake a case-control or cohort study to identify possible sources of infection depends largely on the objectives of the investigation and the resources available to the OCT.

**5.2.3 Microbiological investigation** Local NHS microbiologists may be required to provide detailed descriptive laboratory data on the STI being investigated and in some cases forward isolates to HPA reference laboratories for confirmatory testing and further phenotypic or genotypic typing (contact details: [stbrl@hpa.org.uk](mailto:stbrl@hpa.org.uk); 020 8327 6464).

**5.2.4 Control measures** Understanding the epidemic phase may help to target the disease interventions and the surveillance tools for monitoring disease trends (Simms I, *et al.*, *Sex Transm Dis* 2005;**32**(4):220-6). The OCT must ensure that the interventions being implemented are appropriate to the epidemic and distribution of cases in the population. The following control methods could be considered:

### 5.2.4.1 Find & treat additional cases (secondary prevention)

- **Partner notification (PN).** PN may be of limited success. However, it is crucial to identifying and penetrating sexual networks.
- **Social and geographic network analysis.** Many people who are infected are likely to be marginalised within society and may not access any health studies. Such groups need to be identified early in the investigation to ensure appropriate professional bodies are engaged at an early stage.
- **Publicity campaigns** to encourage those at risk to come forward for screening.
- **Increase awareness** to disease presentation amongst local practitioners (GUM & general practice) to improve case ascertainment.
- **Provision of additional clinic sessions** within existing and outreach clinics.
- **Antenatal screening.** If cases of infectious syphilis are seen amongst reproductive age women consideration should be given to instigating 3<sup>rd</sup> trimester screening as well as critically evaluating the performance of 1<sup>st</sup> trimester screening.

### 5.2.4.2 Attempt to modify sexual risk taking behaviour (primary prevention)

- **General health promotion campaigns.** Examples of national campaigns include 'Worth Talking About' (Dept of Health, 2010), and 'Look What's Back' (Terrence Higgins Trust, 2002/3). The 'Look What's Back' campaign, which sought to raise awareness to infectious syphilis amongst the gay community was used by local groups around the UK.
- **Targeted health promotion campaigns.** Campaigns aimed at specific risk groups include the Terrence Higgins Trust 'Sex Pigs' campaign which aimed at raising awareness to infectious syphilis amongst men who have sex with men. More recently banner adverts have been posted by Terrence Higgins Trust on gay fetish websites to raise awareness to lymphogranuloma venereum (LGV).
- **Targeted outreach work.** Most of the health promotion campaigns undertaken by OCTs concerned with local syphilis outbreaks have been concerned with adverts placed in the local media or on public transport, such as buses. This information has included general descriptions of the conditions together with contact details for local sexual health services. Screening initiatives in social venues within outbreak areas, such as the 'Spreads Easily' campaign (Manchester), have met with little success.

**5.2.5 Focused research studies** May be undertaken to understand the social context driving the local epidemic and may be useful with marginalised populations.

### 5.3 Evaluation phase (Phase 3)

This is an important phase of the outbreak control and both process and outcome evaluations should be undertaken to determine the effectiveness of the interventions instituted.

**5.3.1 Key process measures** These depend on the intervention, but may include: proportion of target population accessed; numbers of target population accessing intervention; uptake of intervention; frequency and coverage of intervention delivery; number and uptake of STI screening tests; and number, range, coverage and type of health promotion interventions.

**5.3.2 Primary outcome measure** This is the eventual reduction in the number of reported cases. In some instances, the decline in case reports may never return to baseline due to overall increasing secular trends in the general population or the establishment of the infection in hard to reach core groups. To ensure that the standards of outbreak investigation remain relevant and that new aspects of investigation and/or control are identified, the CCDC may audit the management of local incidents/outbreaks in conjunction with GUM and the RE.

## 6. Outbreaks involving more than one PCT

### 6.1 Collaboration

Regional DPH carry a responsibility for ensuring effective collaboration in dealing with outbreaks which cross PCT boundaries. In practice, this function may be discharged by the local HPU which covers a wider area or by the Regional Epidemiologists or the HPA Regional Director. When outbreaks involve more than one district, the HPU Director/Regional Epidemiologist or HPA Regional Director, in conjunction with the relevant CCDC, may advise the OCT on the most appropriate mechanisms to ensure co-ordination of activities. In some circumstances, it may be appropriate to convene a single OCT with representatives from the other SHAs and PCTs which may be involved. Usually, the PCT which is most affected will take the lead role.

### 6.2 Coordinating an OCT across boundaries

In outbreaks which cross several boundaries in a region, it may be appropriate to convene an OCT which works closely with the PCT OCTs. PCTs may not have the resources and capacity to deal unaided with large, complex incidents/outbreaks. When this occurs, the responsibility for invoking wider arrangements must rest with the local professionals. Another model may be to convene an OCT but have local action groups reporting into the OCT.

### 6.3 Involvement of HPA Centre for Infections

When outbreaks are detected through routine regional or national surveillance, REs or (Regional Sexual Health Leads) initiate the relevant investigation, with support from CCDC and/or HPA Colindale, as and when appropriate. When Consultant Epidemiologists at HPA Colindale become aware of local or regional outbreaks, the relevant RE is informed. Where input from HPA Colindale is required, a senior staff member from HIV/STI department at Colindale will discuss the incident with the RE and CCDC / Chair of the OCT.

## 7. Declaring an incident over

Heightened surveillance should be maintained to monitor the effectiveness of interventions. There are no strict criteria for declaring that an STI outbreak is over. A variety of criteria may apply which include:

- Stabilisation and/or decline in incident case reports (although with STIs an endemic phase may develop at a higher level than was previously observed)
- Decline in case reports to 'baseline' levels
- Decrease in reports to levels which can be managed within existing resources
- Return of local disease rates to expected levels
- Reduction in disease prevalence (where available)
- High coverage (screening, vaccination) of at-risk groups
- High awareness and uptake of intervention among at-risk group

The outbreak/incident should be declared over in consultation with the appropriate Director of Public Health (DPH) or Regional DPH and should be in the form of a letter from the Chair of the outbreak control team to the DPH/RDPH.

## **8. Report Writing**

At the conclusion of an outbreak, a report should be prepared by the OCT and circulated to the SHA/PCT/HPA and other agencies involved, including GUM. It is important that all those involved in controlling the outbreak are acknowledged and provided with the opportunity to view the final report. The lessons learned from investigation of local and regional incidents may, in conjunction with the BASHH, be used to refine these guidelines and develop material for training purposes.