# A PRimary care trial of a website based Infection control intervention to Modify Influenza-like illness and respiratory infection Transmission

Submission date	<b>Recruitment status</b> No longer recruiting	Prospectively registered		
02/11/2010		☐ Protocol		
Registration date 10/01/2011	Overall study status Completed	Statistical analysis plan		
		[X] Results		
Last Edited	Condition category	Individual participant data		
21/09/2021	Infections and Infestations			

## Plain English summary of protocol

Not provided at time of registration

## Study website

http://www.virusdefence.org.uk

## Contact information

## Type(s)

Scientific

#### Contact name

Prof Paul Little

#### Contact details

Primary Medical Care Aldermoor Health Centre Aldermoor Close Southampton United Kingdom SO16 5ST

# Additional identifiers

EudraCT/CTIS number

**IRAS** number

#### ClinicalTrials.gov number

## Secondary identifying numbers

09/800/22

# Study information

#### Scientific Title

A primary care trial of a website based infection control intervention to modify influenza-like illness and respiratory infection transmission: a randomised controlled trial with a nested viral study

#### Acronym

**PRIMIT** 

#### Study objectives

We hypothesise that:

- 1. The intervention will reduce the number of episodes of influenza-like illness and respiratory tract infections (by reducing transmission) and hence the number of days with symptoms
- 2. The intervention will reduce the number of health service contacts by reducing the number of episodes
- 3. The intervention will change attitudes, beliefs, intentions, and behaviour

### Ethics approval required

Old ethics approval format

## Ethics approval(s)

NRES Southampton and West Hampshire REC (A), 10/04/2008, ref: 08/H0502/14

## Study design

Randomised controlled trial

## Primary study design

Interventional

## Secondary study design

Randomised controlled trial

## Study setting(s)

Hospital

## Study type(s)

Prevention

## Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

## Health condition(s) or problem(s) studied

Respiratory tract infections, influenza

#### **Interventions**

Infection control website:

Our key intervention will be access with a personal password to a website providing advice on infection control behaviours, with reinforcement by email reminders to use the site. A website is likely to be the most efficient and cost-effective mode of delivery in a pandemic as the majority of homes now have access to the web and the figure rises each year (National Statistics; August 2006). Currently more than 60% of households have access to the web and the figure goes up year on year by 5% each year in a linear fashion - which suggests that even by the end of this trial 80 - 90% of families could have home access to the web. The website will be tailored to provide targeted advice based on the factors that have been shown to be important influences on behaviour in the qualitative study and survey carried out in the development phase. The randomised individual (the index person) will be the main target for behaviour change which should limit spread from that person to members of the household and vice versa. Through the website and the individual passwords we will be able to monitor whether patients have used the website, and how often. Patients who have not used the website will be prompted by email to use the site. Following accessing of the website we will generate regular automated emails at monthly intervals as a reminder to use the website; these reminders will enable us to monitor compliance in the intervention group and give targeted advice.

#### Control group:

As in the intervention group, the control group will have access to the GP/practice in the normal way for respiratory illnesses and ILI (where low levels of antivirals are normally prescribed). They will have access to the intervention website at the end of the study.

All groups questionnaire follow up at month 1, 2, 3 and 4. Notes reviewed at 1 year.

#### Intervention Type

Other

#### Phase

Not Applicable

#### Primary outcome measure

Index patients will be prompted by email to log onto the website monthly to complete questionnaires about illnesses during the last month since the duration of symptoms can be remembered reliably over a period of a few weeks. For each episode the index person will document:

- 1. The nature of the infection
- 2. The duration of symptoms rated moderately bad (which we have shown is the most likely to be sensitive to change for individuals with cough and fever and can be remembered reliably over a period of a few weeks)
- 3. The number of days where work/normal activities were impaired
- 4. Whether other family members either had a similar infection before or after the index case, and what the time interval was
- 5. Whether contact with the health service was needed
- 6. How well the index patient and other family members complied with the target behaviours (for the intervention group only)

The monthly illness information will be supplemented by a questionnaire at the end of the winter documenting the summary information, and which can be validated against the monthly information. We will base our definition of RTI on consensus definitions developed in previous

studies - which have defined a respiratory tract infection as 2 symptoms of an RTI for at least 1 day or 1 symptom for 2 consecutive days. Evidence of transmission will be defined as a respiratory illness developing within a week of another family member.

#### Secondary outcome measures

At the end of the study all patients' GP notes will be reviewed to document admission to hospital for respiratory or cardiovascular complications, whether patients attended the GP for their ILI or other respiratory tract infections 68, whether antibiotics or antivirals were prescribed, and/or any subsequent referrals. Assessment of the notes will be made blind to group, and has been shown to be reliable and unbiased. We will assess attitudes, beliefs, intentions, and selfreported adherence for each behaviour on 7 point Likert scales both in the pilot study (after 1 month and 3 months), and in the main trial at the end of the winter (we will randomly choose 1: 20 patients for this outcome). These outcomes will be measured in both groups in the main trial only at the end of the winter, to minimise any effect on behaviour change of administering questionnaires in the control group. These outcomes will allow us to check whether the intervention is successful in effecting change and whether outcomes of the intervention are mediated by changes in these variables. To accompany the winter illness questionnaire we will use an adherence questionnaire (the 'Problematic Experiences of Therapy Scale'; PETS) that we have used in previous studies, including the MRC ATEAM trial, and two vertigo trials To reduce social desirability effects on reporting of adherence, the PETS asks patients to what extent they have been prevented from carrying out the intervention by socially acceptable reasons (e.g. symptoms too severe or aggravated by the intervention; doubts about efficacy; uncertainty about how to carry out the intervention; practical problems such as lack of time or opportunity, forgetting). They are only then asked how often and over how many weeks/months they adhered to each aspect of the intervention. To compare the effects of the intervention as a whole with the effects of the website and the target behaviours, in addition to the main intention-to-treat analysis we will carry out per protocol analyses to determine the effectiveness of the intervention in a) those who logged on to the website and b) those who reported adhering to each of the different target behaviours.

Overall study start date 01/11/2007

Completion date 01/06/2012

# **Eligibility**

## Key inclusion criteria

Adult patients (aged 18+ years, either sex) living with at least one other person

## Participant type(s)

Patient

## Age group

Adult

#### Lower age limit

18 Years

Sex

#### Both

## Target number of participants

15,000

#### Total final enrolment

20066

#### Key exclusion criteria

- 1. GP notes show a skin problem that may affect handwashing ability
- 2. Live in households where no one else is willing to provide illness feedback
- 3. Terminal illness/severe mental health problems
- 4. Unable to complete online questionnaires

#### Date of first enrolment

01/11/2007

#### Date of final enrolment

01/06/2012

## Locations

#### Countries of recruitment

England

**United Kingdom** 

## Study participating centre Aldermoor Health Centre

Southampton United Kingdom SO16 5ST

# Sponsor information

#### Organisation

University of Southampton (UK)

## Sponsor details

c/o Martina Prude Highfield Southampton England United Kingdom SO17 1BJ

#### Sponsor type

University/education

#### Website

http://www.soton.ac.uk/

#### ROR

https://ror.org/01ryk1543

# Funder(s)

## Funder type

Government

#### **Funder Name**

Medical Research Council (MRC)/National Institutes of Health Research (NIHR) (UK) - Efficacy and Mechanism Evaluation (EME) Programme (ref: EME 09/800/22)

# **Results and Publications**

## Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

## IPD sharing plan summary

Not provided at time of registration

## **Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	09/12/2011		Yes	No
Results article	results	24/10/2015		Yes	No
Results article	process evaluation	30/05/2021	21/09/2021	Yes	No