

# Health Professionals Alert - SUSTAIN H1N1 Influenza 09 (Human Swine Flu)

8pm, 5 June 2009

This notice is provided to Health Professionals to update the situation regarding the influenza strain H1N1 Influenza 09 (Human Swine Flu).

## **Victoria has moved its pandemic plan level to MODIFIED SUSTAIN.**

The Victorian public are still being asked to contact their local GP as a first port of call if they have influenza like illness.

The public are being asked to **only** present to their local hospital if they are seriously ill.

## **Current case definition**

### **Adults and Children > 12 months old**

Acute onset of illness with a measured temperature of  $\geq 38^{\circ}\text{C}$  or significant history of fever (rigors, sweating, chills) plus two or more of cough, sore throat, body aches, fatigue/tiredness or shortness of breath.

Or **Laboratory confirmed Influenza**

## **Testing for H1N1 Influenza 09 (Human Swine Flu)**

In this modified sustain phase testing on each case is not required. The clinical case definition should be applied.

Confirmation by testing is not required to inform decisions on quarantine or use of antiviral medication

### **Laboratory testing criteria:**

Laboratory testing should be limited to:

- Symptomatic patients with severe clinical disease (i.e. hospitalised).
- Symptomatic patients at high risk of complications (for example pregnant women, the immuno-suppressed, those with chronic cardio-pulmonary disease, metabolic disease such as diabetes, or morbid obesity).
- Symptomatic close contacts of individuals at high risk of complications (as above).
- Symptomatic potential index cases or early cases in closed environments where individuals are at increased risk from severe disease including nursing homes, special developmental schools, child care centres, hospitals and community residential facilities. (Up to five cases usually suffice to diagnose the cause of respiratory outbreaks. Sampling every symptomatic individual is not required).

### **Mild clinical disease should not be tested.**

The usual surveillance programs should continue. Seasonal surveillance through sentinel services is to be enhanced.

### **Mechanism for testing**

If a patient presents meeting the above case definition and are included in the laboratory testing criteria, we request that doctors:

- Take nose and throat swabs combined in a single vial of viral transport medium (VTM), or placed in several mls of sterile saline if VTM is not available.
- The swab should be sent for testing via the normal pathology services.

## **Treatment**

Tamiflu should be administered to treat patients who meet the above clinical case definition and also as prophylaxis for all asymptomatic household members (excluding children  $\leq 12$  months of age).

Symptomatic household members require review. Management should then be determined by the above clinical case definition.

Tamiflu antiviral treatment is only effective if commenced within 48 hours of symptom onset.

Those who do not meet the above clinical case definition should be treated as usual on clinical merit.

Note: Evidence has shown that pregnancy, chronic disease and morbid obesity may be risk factors for severe illness/complications – therefore please consider a lower threshold of treatment for these patients.

### **For infants $\leq 12$ months of age**

Tamiflu has not been widely tested in children  $\leq 12$  months of age.

If your patient does not require hospitalisation manage on clinical merit. Tamiflu should not be prescribed.

If the infant requires hospitalisation for influenza like illness Tamiflu should be utilised if necessary together with H1N1 testing after appropriate clinical assessment.

Special consideration should be given to infants with chronic illness.

## **Tamiflu**

DHS is currently distributing all Tamiflu for confirmed cases and contacts.

By next week we will have a system for localised dispensing of Tamiflu.

If you require Tamiflu urgently for an ill patient and their contacts please contact DHS on 1300 651 160

## **Isolation / Quarantine**

Advise patients who meet the above clinical case definition who are commenced on antiviral therapy that they are required to spend three days in isolation from the start of antiviral treatment.

Patients who are not commenced on antiviral treatment are required to spend seven days in isolation from the onset of their symptoms.

Household members and other close contacts are no longer required to spend time in quarantine unless they become ill.

Please advise any household contacts who become ill that they should avoid attending public gatherings and should report to you for advice on further treatment.

## **PPE**

The Australian Government has announced there will be a release of some personal protection equipment to general practices.

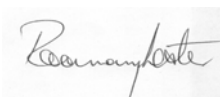
All GPs should contact their local Division of General Practice for supplies of personal protective equipment if needed.

All patients who are a possible case of Influenza should be given a surgical mask to wear as soon as possible after arrival and be isolated in a single room where available. P2 masks are recommended when undertaking aerosol generating procedures including the collection of nose and throat swabs.

All health care workers in the room during an aerosol generating procedure should be wearing a P2 mask, protective eyewear, disposable gloves and disposable gown.

Attention should always be paid to good hand hygiene.

Yours sincerely



Dr Rosemary Lester  
Acting Chief Health Officer