

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

23 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 to the 'Protect' phase of the pandemic plan.

What this change means

- People with influenza-like illnesses (ILI) do not need to seek medical attention unless their symptoms require it, or they fit into a vulnerable setting or are a high risk patient as detailed below.
- Surgical masks are recommended when collecting swabs.
- Antivirals should only be used for those who have moderate to severe ILI symptoms, or for any person who is in a vulnerable setting/high risk patient and has an ILI.
- Household or equivalent contacts will only require prophylaxis if they are they are in a vulnerable setting, or are a high risk patient.

The shift to the 'Protect' phase focuses on vulnerable settings and high risk individuals:

Vulnerable settings

- child care centres with baby rooms (under 12 months of age)
- special schools
- aged care facilities
- supported residential services (SRSs)
- hospitals

High Risk Individuals (People particularly vulnerable to severe disease)

- People with chronic respiratory conditions (incl. asthma, COAD)
- Pregnant women
- People with morbid obesity
- Indigenous people of any age
- People with conditions predisposing to severe influenza incl.
 - Cardiac disease (excluding simple hypertension)
 - Other chronic illness such as diabetes mellitus, chronic metabolic disease, chronic renal disease haemoglobinopathies, immunosuppressed (including cancers, HIV/AIDS, drugs) or chronic neurological conditions.

ILI clinical case definition

Children and Adolescents less than 18 years old

Acute onset of illness with a measured temperature of $\geq 38.5^{\circ}\text{C}$ or significant history of fever (rigors, sweating chills) plus two or more of cough, sore throat, body aches, fatigue/tiredness or shortness of breath.

Adults (over 18 years) as above except a measured temperature of 38°C may be used.

Or Laboratory confirmed.

It is important to check the DHS Human Swine Flu website regularly as the case definition may change over time www.health.vic.gov.au

Process for managing a patient during the 'protect' phase

1. Patient presents with influenza like illness.

Does your patient meet the current clinical case definition above?

No – manage on clinical merit

Yes

Case	Swab	Antiviral Treatment	Prophylaxis of household contacts
Individual – mild illness	No	No	High risk only**
Individual – moderate to severe illness	No	Yes*	High risk only**
High Risk Individual	No	Yes*	High risk only**
Vulnerable Setting	Yes	Yes*	High risk only**

*Ideal if used within 48 hours of symptom onset, may be used after 48 hours in some circumstances (severe illness) if deemed to be of clinical benefit. **Special consideration should be taken for the use of Tamiflu on children under 12 months old. It is recommended that treating health

professionals should discuss any proposed use with a specialist paediatric infectious disease physician.

2. How to test for Human Swine Flu

Take nose and throat swabs combined in a single vial of viral transport medium (VTM), or place in two mls of sterile saline if VTM is not available. If VTM/saline is not available a dry swab can be used.

The swab can be sent through your normal pathology services for Influenza testing. Note on the pathology request '**Influenza A PCR testing – vulnerable patient**'. Please include setting type and name, for example - Aged care facility, The Meadows, Sunbury.

Pathology laboratories doing influenza A PCR themselves should test for influenza, and forward positive samples from vulnerable patients to VIDRL for H1N1 swine influenza-specific sub-typing.

Pathology laboratories not doing influenza A PCR themselves should forward specimens from vulnerable patients rapidly to VIDRL for influenza A and H1N1 swine influenza-specific testing.

To ensure optimal and timely testing of specimens from vulnerable patients most in need, please ensure only specimens meeting the requirements for testing are forwarded.

Diagnostic PCR testing for respiratory viruses on patients in Victorian health care institutions will continue as usual, as will influenza surveillance testing.

3. Access to antivirals

For patients assessed as requiring antivirals, these can be dispensed (free of charge) from a range of pharmacies throughout the state. This must be done by prescription stating the dosage requirements.

Contact your local Division of General Practice or visit the Pharmacy Guild website www.guild.org.au/vic for a list of community pharmacies.

Note: Private use of Tamiflu outside these guidelines for treatment or prophylaxis is at the cost to the patient from any community pharmacy.

Personal Protective Equipment

Health care workers should wear a surgical mask, protective eyewear and disposable gloves if they are undertaking an examination of an individual with ILI that may lead to coughing (e.g. collecting nose and/or throat swabs). Please remember any patient presenting with ILI should wear a surgical mask.

All health care workers in the same room when aerosol-generating procedures are undertaken on ILI patients should use a P2 mask, protective eyewear, a disposable gown and disposable gloves.

Isolation/Quarantine

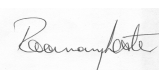
People who are otherwise healthy and have mild influenza symptoms are asked to stay at home until symptoms have resolved.

If the patient is started on Tamiflu, please advise them to stay in voluntary home quarantine for three days from the start of treatment. Household or work contacts do not need to be quarantined.

High Risk Group/Setting Investigations

If a laboratory positive patient is from a high risk group/setting then DHS, in consultation with the treating doctor and facility management, may investigate further and consider the implementation of broader public health actions in relation to the facility. This may include provision of prophylactic antivirals to other people within/who attended the facility or institution.

Yours sincerely



Dr Rosemary Lester
Acting Chief Health Officer