

GP Alert

30 April 2009

Swine Influenza (A) (H1N1)

International Update

The World Health Organization has raised the level of influenza pandemic alert to phase 5. Phase 5 indicates that there is human-to-human spread of the virus into at least two countries in one WHO region. Declaration of Phase 5 is a strong signal that a pandemic is imminent. The WHO Director-General's statement can be accessed at:

http://www.who.int/mediacentre/news/statements/2009/h1n1_20090429/en/index.html .

The United States Government has reported 91 laboratory confirmed human cases, with one death. Mexico has reported 26 confirmed human cases of infection including seven deaths. The following countries have reported laboratory confirmed cases with no deaths: Austria (1), Canada (13), Germany (3), Israel (2), New Zealand (3), Spain (4) and the United Kingdom (5).

National

Australia is currently in the DELAY pandemic phase. The Australian Health Management Plan for Pandemic Influenza 2008 (AHMPPI) can be accessed at:

<http://www.flupandemic.gov.au/internet/panflu/publishing.nsf> .

Please take the time to read the AHMPPI, particularly the appendices on personal protective equipment and antivirals.

As of 6pm on 29 April, there have been no confirmed cases of human swine influenza in Australia.

Queensland

The Queensland Government has activated the Queensland Health Pandemic Influenza Plan. Queensland Health has activated enhanced surveillance for influenza like illness. Please study the case definitions below and the attached algorithm for swine influenza. It is critical that all patients who meet the case definition for suspected swine influenza are notified immediately to your local Population Health Unit (see contact details appended to the algorithm). The after hours phone number for Population Health is (07) 3328 9971.

Border nurses have been placed at Brisbane, Gold Coast and Cairns Airports to meet all international flights and assess all unwell passengers. Plans are on stand-by to establish flu clinics. Stockpiles of oseltamivir and personal protective equipment are in place.

Further information can be obtained at: <http://www.health.qld.gov.au/swineflu/>.

Swine influenza algorithm

Please find attached the algorithm for investigation and management of swine influenza in humans. This includes advice on:

- the latest case definition for suspected cases;
- infection control advice;
- laboratory testing; and
- management.

Note that the current understanding of the epidemiology of this new virus is rapidly evolving. Additionally, the list of affected countries will expand. Therefore the case definition is expected to change frequently. Queensland Health will put the algorithm containing the case definition on the internet at:

<http://www.health.qld.gov.au/swineflu/>. Please refer to this daily to ensure you have the most up to date information.

Please notify your Population Health Unit immediately by telephone when you have a patient who meets the definition of a suspected case. The after hours phone number for Population Health is (07) 3328 9971.

Full case definitions

- A **confirmed case** of swine influenza A (H1N1) virus infection is defined as a person with an **acute febrile respiratory illness** with laboratory confirmed swine influenza A (H1N1) virus infection by one or more of the following tests:
 - real-time RT-PCR, viral sequencing or viral culture.

- An **influenza A positive suspected case** of swine influenza A (H1N1) virus infection is defined as a person with an **acute febrile respiratory illness** who is:
 - positive for influenza A by influenza RT-PCR or by influenza rapid test or by influenza immunofluorescence assay (IFA)and
 - **meets criteria for a suspected case.**

- A **suspected case** of swine influenza A (H1N1) virus infection is defined as a person with an **acute febrile respiratory illness** with onset
 - within 7 days of close contact with a person who is a confirmed or probable case of swine influenza A (H1N1) virus infectionor
 - **within 7 days of travel to Mexico, USA or Canada;**

- **Note:** Cut off date for symptom onset is 15 April.

- Definition of “**acute febrile respiratory illness**” is defined as recent onset of
 - **fever;**and
 - **at least two of the following:** rhinorrhea or nasal congestion, sore throat, cough.

The Population Health Unit will advise on antiviral treatment of suspected cases and on antiviral prophylaxis for contacts of Influenza A positive suspected cases.

Personal Protective Equipment (PPE)

- All patients who report influenza symptoms and who have travelled to affected countries within the last seven days should be provided with a **surgical mask**.
- Screen patients when they make an appointment by taking a travel history at this time. If you do not have adequate PPE, then re-direct the patient to an Emergency Department.
- If you are seeing patients with flu symptoms and a positive travel history see them in a separate room if possible and keep them at least 1 metre away from other people. Clean surfaces in the room afterwards.
- If you or your staff have had unprotected exposure (ie not wearing PPE) within 1 metre of an influenza A positive suspected case, then exposed staff will be offered antiviral post-exposure prophylaxis.
- P2 masks should be used for all aerosol generating procedures (including nebuliser use) and when providing direct close contact care to suspected cases. Wear a surgical mask when in the same room as the suspected case.

Prescription of antivirals to asymptomatic people

Please note that it is not appropriate to prescribe prophylactic antivirals at this time for asymptomatic people. There is no current recommendation for antivirals to be used prophylactically by travellers visiting affected countries, apart from Mexico. People who are known contacts of suspected cases with a positive influenza A test result will be offered antiviral prophylaxis by the Population Health Unit. Unnecessary prescription of antivirals will deplete community stocks of these important medicines.