

Swine influenza in humans

Interim guidance for health care workers in recognition, investigation and infection control (27 April 2009)

1. Screening

SCREENING MAY OCCUR AT HOSPITAL TRIAGE STATION OR AT A GP SURGERY, BY TELEPHONE OR IN PERSON.

Fever (or history of fever)
PLUS
Cough
PLUS
Fatigue

AND

Travel within the 7 days prior to onset of symptoms to one of the following countries:
Mexico
United States of America
Canada

YES

NO

2. Inform

Inform:

- Population Health (see list over page)
- Infectious Diseases Physician (hospitals only)
- Hospital Infection Control Practitioner (hospitals only)

Unlikely to be swine influenza: Investigate and manage as clinically indicated

3. Infection control precautions

Standard, contact, and droplet precautions must be employed until a diagnosis of swine influenza is excluded, or the period of infectiousness of a confirmed case has lapsed.

HOSPITAL

Location: Single room (if available).
Patient to wear surgical mask.
Staff to wear P2 (N95) mask, long-sleeved gown, gloves and eye protection.

PRIMARY CARE SETTING

Location: Isolate from other patients
Patient to wear surgical mask.
Staff to wear P2 (N95) mask, long-sleeved gown, gloves, and eye protection when within 1m of patient, and a surgical mask at other times when within same room.

4. Investigations

- Liaise with on-call microbiologist to organise laboratory tests, specimen handling and transport
- All ambulatory and ED patients: combined nose and throat swabs in viral transport medium (dry if VTM not available) for Influenza A PCR
- Nasopharyngeal aspirate to be taken under controlled circumstances (hospitals only) for respiratory virus PCR
- All patients: Serology for respiratory viruses and other respiratory pathogens (mycoplasma, legionella etc) as indicated
- Point of care test for influenza can be considered but false negatives may be seen
- Chest X ray, other blood tests as indicated
- **Indicate clearly on the request form that swine influenza is being considered in the differential diagnosis, and that there has been travel to Mexico or USA.**

Alternative diagnosis:
manage as clinically indicated

Suspected or probable swine influenza

5. Management

- Continue management with appropriate infection control
 - Commence appropriate antiviral (oseltamivir/zanamivir) if clinically indicated, preferably within 48 hours of onset of symptoms.
 - Population Health to undertake contact tracing/manage contacts according to current protocols*
 - Clinical team to liaise with Population Health to monitor test results and clinical progress
- *As of 27 April 2009 provision of prophylaxis to contacts is not considered necessary, but this will be reviewed as more information on virus characteristics come to light

DEPENDENT ON CLINICAL SEVERITY, ADMIT OR DISCHARGE HOME

If discharged, clinical team to liaise with PHU to ensure:

- patient and carers understand treatment, isolation and infection control requirements

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