

GP Alert

01 May 2009

Swine Influenza (A) (H1N1)

Case definitions and algorithm have been updated

This alert includes updated nationally agreed case definitions for implementation from today, 01 May 2009.

The changes to the case definition:

- Influenza H3 viruses are not included in the definition of an Influenza A positive suspected case;
- fever is now defined as a temperature of 38 degrees or higher, or a good history of fever; and
- only one (not two) of the respiratory symptoms is required.

The list of countries for the travel history has not changed (remains at Mexico, United States of America and Canada).

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 (new information in bold)

- 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 (**but not for influenza A H3 subtype**), 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.
- *Acute febrile respiratory illness is defined as recent onset of:
 - **fever \geq 38 degrees or a good history of fever**and
 - **at least one** of the following: rhinorrhea or nasal congestion, sore throat, cough;
- Cut off date for symptom onset is 15 April.

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 is likely to expand. Therefore the case definition is expected to change frequently. Queensland Health will put the current 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.

Personal Protective Equipment (PPE)

- All patients who report influenza symptoms and who have travelled to affected countries or have had close contact with a confirmed or probable case of swine influenza 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, ensure they wear a mask 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 a suspected case who is Influenza A positive, then exposed staff will be offered antiviral post-exposure prophylaxis via Population Health.
- P2 masks should be used for all aerosol generating procedures (including nebuliser use) and when providing direct close contact care and taking nose/throat swabs from suspected cases. Wear a surgical mask when in the same room as the suspected case.

International

On 30 April Australian time, 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. International information can be accessed at: <http://www.who.int/en/> .

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> .

As of 6pm on 30 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. It is critical that all patients who meet the case definition for suspected swine influenza are notified immediately to your local Population Health Unit. Further information can be obtained at: <http://www.health.qld.gov.au/swineflu/>.