

# H1N1 INFLUENZA 09

(previously referred to as Human Swine Flu)

## UPDATE FOR MEDICAL PRACTITIONERS

4 July 2009

### Changes to Testing and Treatment Recommendations during the 'PROTECT' Phase

From 22 June 2009, Queensland has moved to the PROTECT phase. This phase recognises that infection with H1N1 influenza 09 is not as severe as originally envisaged, with the majority of patients experiencing mild symptoms and making a rapid and full recovery. However, the illness can be severe in **vulnerable groups** and has occasionally been unexpectedly severe in otherwise young and healthy people.

The PROTECT phase is focused on the early treatment of people who may be vulnerable to severe disease and the identification and early treatment of those with moderate and severe disease. This is to reduce likely morbidity and mortality.

#### Clinical Case definition of H1N1 influenza 09

Acute febrile influenza-like illness (ILI) characterised by fever (38 degrees or greater or good history of fever), **WITH** cough and/or sore throat.

#### Vulnerable groups

The following groups are considered at higher risk for complications of influenza.

- Those with chronic respiratory conditions (asthma or COPD)
- Pregnant women (particularly in the second and third trimester)
- Persons with morbid obesity.
- Indigenous people of any age.
- Persons with conditions predisposing to severe influenza such as:
  - cardiac disease (excluding simple hypertension)
  - Other chronic diseases such as: Diabetes mellitus, chronic metabolic, chronic renal or liver disease, haemoglobinopathies, immunosuppressed (including cancers, HIV/AIDS infection, drugs) and chronic neurological conditions

#### Who should be tested?

During the PROTECT phase of the response to H1N1 Influenza 09, laboratory testing of all potential cases is not required.

Laboratory testing should *only* be considered for those who have an acute, febrile ILI

#### **AND are either:**

- a member of a vulnerable group;
- OR**
- a health care worker / person in a high-risk setting (eg special school, residential aged care)
- OR**
- have moderate or severe disease including those requiring hospitalisation.

Laboratory testing will also be undertaken on public health grounds. This may include determining the cause of an outbreak in a "closed" environment (e.g. aged care facilities) or to detect cases in areas where the disease is newly introduced.

Use two swabs for specimen collection: One deep nasal swab to collect from both nostrils and one swab from the throat.

## Who should receive anti-viral treatment from the antiviral stockpile from the National Medicines Stockpile?

Antiviral treatment from the antiviral stockpile should only be prescribed for those who:

- meet the clinical case definition (acute febrile ILI) **AND**
  - present within 48 hours of symptom onset **AND**
  - belong to a vulnerable group (above)
- OR**
- have moderate or severe clinical disease.

Persons **not** in a vulnerable group with suspected H1N1 influenza 09 who present with an uncomplicated febrile illness do **not** require antiviral treatment from the NMS. Most patients who have had H1N1 influenza 09, but who are not in a high-risk group have had a self-limited respiratory illness similar to typical seasonal influenza. However, patients presenting within 48 hours of the onset of an influenza-like illness who are **not** in a vulnerable group may be considered for anti-viral therapy using the standard (non-PBS) prescription for private items that would apply during normal seasonal influenza epidemics.

Clinical judgment is an important factor in treatment decisions. Antiviral medication should be provided as soon as possible to those people, ideally within 48 hours of onset of symptoms. Beyond this time period, antiviral medication may still be indicated on clinical grounds in those with moderate or severe disease.

Others at risk may be smokers, people with obstructive sleep apnoea, children under the age of two and pregnant women in the first trimester. People in these groups who develop an influenza-like illness should be monitored for clinical deterioration. They are not eligible for access to antiviral medication from the National Medical Stockpile unless they also belong to a vulnerable group or have moderate to severe disease characterised by clinical deterioration or respiratory difficulties.

## Will contacts of people with H1N1 Influenza 09 still be given prophylactic antiviral treatment?

**NO.** As H1N1 Influenza 09 is mild in most, in PROTECT phase, antivirals will **NOT** be routinely provided from the antiviral stockpile for prophylaxis of household members or other contacts.

Close contacts who are members of a vulnerable group should be advised to present early if they develop an acute febrile respiratory illness to enable early treatment.

## How do doctors gain access to prescribe antiviral medication for their patients from the National Medical Stockpile?

All registered medical practitioners are able to prescribe antiviral medication from the antiviral stockpile for patients who meet the above criteria. In order to access the antiviral stockpile, your prescription **MUST** contain the following information:

1. The patient has an acute febrile ILI; **AND**
2. The patient is a member of a vulnerable group **or** has moderate/severe disease; **AND**
3. "THIS SCRIPT IS TO BE FILLED FROM THE ANTIVIRAL PANDEMIC STOCKPILE".

Arrangements are being made to enable community pharmacies to dispense stockpile antiviral medication. From 22 June 2009, patients should be advised to have their antiviral prescription filled at their local pharmacy for dispensing medication from the stockpile. Where antivirals are not available at the community pharmacy the prescription may be presented at the local hospital Emergency Department to be filled.

**Note:** a family member or friend should collect the script on behalf of the patient, where ever possible, to reduce the risk of disease spread.

## How should patients with an ILI who are not in a vulnerable group or who do not have moderate or severe disease be treated?

These patients may be given medications to assist with alleviating symptoms. They are not eligible for prescription of antivirals from the National Medical Stockpile. However, patients presenting within 48 hours of the onset of an influenza-like illness who are **not** in a vulnerable group may be considered for anti-viral therapy using the standard (non-PBS) prescription for private items that would apply during normal seasonal influenza epidemics. They should be advised about measures to minimise the transmission of their illness.

### **Will healthcare professionals be given access to antiviral medications?**

The mild nature of the disease at this stage, with the majority of patients experiencing mild symptoms and making a rapid and full recovery, does not warrant the widespread use of antivirals for treatment or prophylaxis. This situation is similar to seasonal influenza which health workers deal with as part of their normal practice.

General Practitioners and healthcare workers will only have access to antiviral medication from the National Medical Stockpile **IF**:

- they are infected with H1N1 Influenza 09 **AND EITHER**
- have moderate to severe disease **OR** are in one of the vulnerable groups considered at higher risk of severe complications of influenza.

### **Personal Protective Equipment (PPE) – Advice for use during Procedures**

- Health care workers should routinely wear a **surgical mask**, protective eyewear and disposable gloves if they are undertaking an examination of an individual with acute ILI that may lead to coughing (including collection of nose and/or throat swabs).
- All health care workers in the same room when aerosol-generating procedures are undertaken on ILI patients should use P2 respirators, protective eyewear, a disposable gown and disposable gloves. (Aerosol-generating procedures include endotracheal intubation, nebulized medication administration, airway suctioning, bronchoscopy, diagnostic sputum induction, positive pressure ventilation via face mask, and high frequency oscillatory ventilation). These procedures should only be performed in a single room with the door closed.
- Administration of medication via nebulisers is not recommended. Use spacers where possible.

### **Minimise the transmission of the virus**

To reduce the spread of the virus and to minimise the number of people affected by the disease patients with an acute febrile ILI should be advised to:

- not attend mass gatherings, go to work, or ride on public transport until they are completely well
- practise personal hygiene, cough and sneeze etiquette.

### **Public Health response**

Public health Units are no longer routinely following up all notified cases. Public health management is now focused on monitoring and responding to notifications in 'closed' facilities or high risk settings and Indigenous communities. High risk settings include health care facilities, special schools, residential care facilities and correctional facilities.

## **RESOURCES**

Queensland Health – Queensland Swine Flu Response information for health professionals  
[http://www.health.qld.gov.au/swineflu/html/hc\\_resources.asp](http://www.health.qld.gov.au/swineflu/html/hc_resources.asp)

Australian Government Health Emergency - H1N1 (Human Swine flu) information home page:

<http://www.healthemergency.gov.au> then follow links to the PROTECT Annex