



PANDEMIC (H1N1) 2009

Chief Health Officer Update for Medical Practitioners – 27 July 2009

Pandemic (H1N1) 2009 is now widespread throughout the community in almost all parts of Queensland. At present the majority of positive influenza A test results are positive for Pandemic (H1N1) 2009 influenza. As of the 22/07/09, Queensland Health has stopped reporting actual case numbers. The focus of reporting will be on hospital admissions.

Laboratory testing is no longer indicated in most cases

Laboratory testing is not necessary and should only be done on those who have an acute influenza-like illness and are either:

- hospitalised
- pregnant
- a health care worker; or
- from areas where community transmission is not yet established - this is currently only remote Northern and Western areas of Queensland. If in doubt, please check with your local Population Health Unit.

These changes to the testing policy have been implemented to ensure that testing is prioritised for the most seriously affected patients and the most vulnerable groups. Given that in our community the majority of influenza A cases are cases of Pandemic (H1N1) 2009, a definitive diagnosis of Pandemic (H1N1) 2009 is **not** routinely required to inform clinical or public health management.

Clinical Case definition of Pandemic (H1N1) 2009:

- Acute influenza-like illness (ILI) characterised by fever (or history of fever), with cough and/or sore throat.

Vulnerable Groups:

The following groups are considered at higher risk for complications of pandemic (H1N1) 2009 influenza.

- People with chronic respiratory conditions (asthma or COPD)
- Pregnant women (particularly in the second and third trimester)
- People who are obese (BMI > 30)
- Indigenous people of any age
- People with conditions predisposing to severe influenza such as cardiac disease (excluding simple hypertension)
- People with other chronic diseases such as: diabetes mellitus, chronic metabolic, chronic renal disease, chronic liver disease, haemoglobinopathies, immunosuppression (including cancers, HIV/AIDS infection, drugs)
- People with chronic neurological conditions

Management of Patients with Influenza-Like Illness (ILI)

Antiviral medication

Immediate treatment with antiviral medication should be initiated for all people in one or more of the vulnerable groups if within 48 hours of symptom onset. The only definite contraindication to oseltamivir (Tamiflu) is a known allergy to any component and age under 12 months. Use of Tamiflu in children under 12 months of age should be discussed with a paediatrician. Patients with renal disease require an adjusted dosage schedule, but the first dose is unchanged and should be given immediately.

Pregnancy is not a contraindication to Tamiflu use in the current setting where Pandemic (H1N1) is circulating widely in the community.

Where indicated, antiviral treatment is available through practitioner access to the National Medical Stockpile (NMS). To be filled your prescription **MUST** state that the patient has acute ILI, is a member of a vulnerable group or has moderate/severe disease. Please also indicate on the prescription: "THIS SCRIPT IS TO BE FILLED FROM THE ANTIVIRAL PANDEMIC STOCKPILE".

Supportive treatment

Provide supportive treatment / seek hospitalisation as indicated.

Isolation

All patients with an ILI should undergo home isolation on a voluntary basis, until resolution of their symptoms.

Who should receive anti-viral treatment from the National Medical Stockpile?

The antiviral stockpile can only be accessed for those who:

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

Note: Persons with suspected Pandemic (H1N1) 2009 who don't belong to a vulnerable group and who present with an uncomplicated illness do not require antiviral treatment. To date, most patients who have had Pandemic (H1N1) 2009, but who are not in a high-risk group have had a self-limited respiratory illness similar to typical seasonal influenza.

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

Others that could be at risk of complications from Pandemic (H1N1) 2009 are 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 actively monitored for clinical deterioration.

Note that patients presenting within 48 hours of the onset of an influenza-like illness who are not in a vulnerable group can be considered for anti-viral therapy using the standard (non-PBS) prescription for private items that would apply during normal seasonal influenza epidemics.

Will contacts of people with Pandemic (H1N1) 2009 still be given prophylactic antiviral treatment?

In most situations, contacts of people with Pandemic (H1N1) 2009 will not be given prophylactic antiviral treatment. Instead 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. In some rare circumstances, antiviral treatment may be provided as post-exposure prophylaxis in highly vulnerable groups. This would have to be authorised by a Population Health Unit.

Will healthcare professionals be given access to antiviral medications?

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

- they are infected with Pandemic (H1N1) 2009 **AND EITHER**
- have moderate or severe disease **OR**
- are in one of the vulnerable groups considered at higher risk of severe complications of influenza.

Health care workers (HCW), defined as those workers providing clinical care, are considered to be a group of special interest as Pandemic (H1N1) 2009 disease in a health care worker can expose vulnerable patients to infection. Health care workers with an ILI should be excluded from work until at least 24 hours

after resolution of their fever, provided either they have received 72 hours of anti-viral medication or 7 days have elapsed since onset of respiratory symptoms. A negative test result may allow the HCW to return to work earlier. Employers may consider provision of antiviral medication to staff to enable an earlier return to work.

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.
- **NB** Administration of medication via nebulisers is not recommended. The use of a spacer device is recommended 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 ILI should be advised to:

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

Those in one or more of the vulnerable groups should be advised to reconsider their attendance at mass gatherings as contact with large numbers of people can increase the risk of coming into contact with the infection.

RESOURCES

Queensland Health – Queensland Swine Flu Response information for health professionals

http://www.health.qld.gov.au/swineflu/html/hc_resources.asp

Australian Government Health Emergency - Pandemic (H1N1) 2009 information home page:

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