

Commonwealth Department of Health and Ageing
H1N1 Influenza 09 (PROTECT PHASE)
Summary Sheet for General Practitioners
Updated: Wednesday, 17 June 2009

Australia's pandemic response phase stands at PROTECT nationally. All Australian jurisdictions will move to PROTECT activities by June 26. At present H1N1 Influenza 09 is best described as ***mild in most but severe in some***. However, the disease will be watched closely for any changes that indicate it may be becoming more severe.

The focus of the PROTECT phase is:

- identifying members of vulnerable groups in whom this disease may be severe;
- early treatment of those identified as vulnerable who become ill
- treating those with moderate or severe disease (especially respiratory difficulty)
- voluntary home isolation of cases (especially school children), but not quarantining of contacts
- not providing post exposure prophylaxis to any contacts, and not treating those with mild disease but who are not in a vulnerable group
- re-focus of testing for H1N1 Influenza 09 to vulnerable groups, institutions, outbreaks and those with moderate or severe disease, as part of a surveillance framework.

CLINICAL CASE DEFINITION

An **acute respiratory illness (ARI)** characterised by ***fever ($\geq 38^{\circ}\text{C}$ or well documented history) with cough and/or sore throat***

Other possible symptoms include fatigue, myalgia, arthralgia, rigors, chills, diarrhoea or vomiting.

If the medical practitioner has assessed that there is H1N1 Influenza 09 in the local community (community transmission) then anyone with ARI is considered to have H1N1 Influenza 09.

In areas where there is no community transmission then the medical practitioner should refer the patient for pathology testing to confirm H1N1 Influenza 09 infection.

Community transmission is defined as person-to-person transmission, outside household or health care settings, with no epidemiological link to a confirmed case.

A confirmed case of H1N1 Influenza 09 infection is defined as a person with laboratory-confirmed H1N1 Influenza 09 virus infection by one or more of the following tests: viral sequencing, *Influenzavirus A H1N1v 09* specific-PCR, or isolation of *Influenzavirus A H1N1v 09* virus

WHO IS VULNERABLE TO SEVERE DISEASE?

The following groups are considered to be vulnerable for severe disease, and should be a focus of testing and treatment:

- Chronic respiratory conditions, including asthma and COPD
- Pregnant women, particularly in second or third trimester
- Morbid obesity
- Indigenous persons of any age
- Other possible predisposing conditions, such as cardiac disease (not simple hypertension), chronic illnesses including diabetes mellitus, metabolic diseases, renal failure, haemoglobinopathies, immunosuppression (including cancer, HIV/AIDS infection, drugs), neurological conditions.

There are other groups who, whilst not regarded as vulnerable require active monitoring for deterioration if they have an acute respiratory illness. These include:

- Smokers
 - Obstructive sleep apnoea
 - Children under the age of 5 years
 - Pregnant women in their first trimester
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LABORATORY TESTING

Patients with mild clinical disease should not be tested as a routine. Laboratory testing for H1N1 Influenza 09 should be limited to:

1. symptomatic patients with moderate to severe clinical disease,
2. symptomatic patients in a group vulnerable to severe disease (see list above),

In outbreaks in 'closed' environments where individuals are at increased risk for severe disease (e.g. nursing homes), respiratory tract sampling and testing should be done quickly to identify the cause of the outbreak. This applies to other 'closed' environments e.g. schools, cruise ships, military facilities etc. Testing should be limited to the index cases and/or those with a recent onset of illness. The number of patients needing testing to determine the cause of an outbreak is generally low (this will depend upon the clinical situation, but five samples should suffice), but testing of all or the majority of people is not required.

Some GPs will be participating in regular influenza data collection through the **Australian Sentinel Practices Research Network (ASPREN)**. ASPREN is a network of sentinel general practitioners run through the Royal Australian College of General Practitioners (RACGP) and University of Adelaide that collects de-identified information on influenza-like illness and other conditions seen in general practice. Information generated from ASPREN will greatly assist public health authorities in tailoring its response to H1N1 Influenza 09. GPs interested in participating in the network can visit the following website: <http://www.racgp.org.au/aspren>

COLLECTING A SPECIMEN FOR LABORATORY TESTING

If you are collecting a specimen to confirm presence or absence of H1N1 Influenza 09:

- Personal protective equipment must be worn. This includes gloves, surgical mask, eye protection ± gown.
- Specimen collection for respiratory viruses should be undertaken using nose and throat swabs provided this can be done within 7 days of onset. Nasopharyngeal aspirates are **not** recommended unless the specimen can be collected safely in a controlled clinical setting. Swabs should be sent directly to the State/Territory reference laboratory for urgent testing for respiratory viruses.
- Blood, rather than swabs, should be collected for future serological testing where presentation is more than 7 days after onset of symptoms, and may also be collected at the same time as swabs are collected in other cases, depending on circumstances.
- Specimen collection and transport arrangements should be discussed with your local Public Health Unit.

INFECTION CONTROL FOR YOUR PRACTICE

Some basic principles include:

- Isolating the patient from other patients and staff (at least 1 metre), including minimising time spent in your waiting room.
- Instructing the patient to use respiratory/hand hygiene and cough etiquette, and to wear a surgical mask when others are present.
- Ensuring health care workers who come within 1 metre of the patient (for patient care or medical procedures) take basic infection control precautions such as hand-washing and wear appropriate personal protective equipment (gloves, surgical mask, eye protection ± gown). This includes collection of nose and throat swabs.
- **P2 masks are only required by health care workers performing aerosol-generating procedures, such as endotracheal intubation, use of nebulizers (MDIs and spacers should be used instead), and ventilation with bag-valve-mask.**
- Further information is available from your local Public Health Unit.

MANAGEMENT OF CASES AND CONTACTS

People who should be given antiviral therapy are those who **meet the case definition** above and are:

- Those with moderate or severe disease
- Any person with confirmed H1N1 Influenza 09 infection who is deteriorating
- Those identified as being in a vulnerable group (see above). A clinical assessment should be made of their risk of deterioration, and laboratory confirmation should be made if it is available in time, but early commencement of treatment is a priority.
- Residents living in high risk institutions such as aged care facilities or special schools in order to control outbreaks in these settings.

Antiviral medication needs to be provided as soon as possible, preferably within 48 hours of onset of illness. Beyond 48 hours, antiviral medication may still be indicated on clinical grounds.

All people who are symptomatic should isolate themselves and attempt to reduce spread of disease to others. Those people not requiring hospitalisation should be isolated at home until the diagnosis is excluded or the infectious period is over (currently defined as 7 days from onset of symptoms), provided fever has resolved. Advice on symptomatic treatment should be provided in this instance (encourage appropriate hydration and analgesia)

Under PROTECT, contacts of cases should not receive prophylactic antiviral medication, and do not need to be placed under home quarantine.

ROLE OF PUBLIC HEALTH UNIT

Contact your local Public Health Unit for further advice (see below for contact details) if you see any of the following:

- Symptomatic patients with moderate to severe clinical disease, Clinical stabilisation should always be the first priority.
- Symptomatic patients in a group vulnerable to severe disease (see list above)
- Symptomatic patients who are intimate or household contacts of vulnerable individuals.

All persons meeting the definition for a confirmed case must be notified to the local Public Health Unit

Public Health Unit staff will be able to assist with the identification of cases for treatment, where to get access to antivirals, the management of contacts who are regarded at high risk, current laboratory testing arrangements, and infection control measures.

H1N1 INFLUENZA 09 (H1N1 INFLUENZA 09) FACTS

- **Incubation period:** most commonly around 3 days, but up to a maximum of 7 days
- **Period of communicability:** from 24 hours prior to the onset of symptoms until either 7 days after onset of symptoms or until resolution of fever, whichever is longer
- **Means of virus transmission:** most likely to be spread from person-to-person by inhalation of infectious droplets produced while talking, coughing and sneezing; transmission may also occur through direct and indirect (fomite) contact.

RESOURCES

Commonwealth Department of Health and Ageing

<http://www.healthemergency.gov.au>

USA Government – Centers for Disease Control and Prevention

<http://www.cdc.gov/h1n1flu/>

Royal Australian College of General Practitioners

<http://www.racgp.org.au/h1n1>

Other

<http://www.who.int>

<http://www.thelancet.com/H1N1-flu>

<http://h1n1.nejm.org/>

PUBLIC HEALTH UNITS (contact phone numbers for doctors' use only)

NSW	http://www.health.nsw.gov.au/publichealth/swine_flu.asp Contact details for the 17 public health offices in NSW Area Health Service Areas can be found at: www.health.nsw.gov.au/publichealth/Infectious/phus.asp	
Victoria	http://www.health.vic.gov.au/ideas/diseases/swine-influenza and http://www.health.vic.gov.au/pandemicinfluenza/general_practice.htm	1300 651 160 or after hours through the paging service 1300 790 733

Queensland	http://access.health.qld.gov.au/hid/InfectionsandParasites/ViralInfections/swineFlu2009_fs.asp and http://www.health.qld.gov.au/swineflu/html/hc_resources.asp	13432584 or 13HEALTH
WA	http://www.public.health.wa.gov.au/2/949/2/swine_flu.pm and http://www.public.health.wa.gov.au/3/952/3/human_swine_flu_health_providers.pm	(08) 9388 4830 or After hours: (08) 9328 0553
SA	http://www.flu.sa.gov.au/Swineflu.aspx and http://www.health.sa.gov.au/pandemicinfluenza/	(08) 8226 7177
NT	http://www.health.nt.gov.au/Centre_for_Disease_Control/index.aspx and http://www.health.nt.gov.au/Emergency_Management_and_Disaster_Arrangements/Pandemic/index.aspx	(08) 8922 8044
Tasmania	http://www.pandemic.tas.gov.au/ and http://www.pandemic.tas.gov.au/what_does_it_mean_to_you/health_sector	1800 137 450
ACT	http://health.act.gov.au/c/health?a=da&did=10098808&pid=1240874209 and http://www.health.act.gov.au/c/health?a=da&did=11044035&pid=1242181681	(02) 6205 2155