

Advice for Staff Working in Health Care Pandemic (H1N1) 2009

Health of Staff:

1. Staff who are unwell should not be at work and those with flu-like symptoms should seek medical advice prior to returning to work.

The symptoms of Pandemic (H1N1) 2009 influenza are similar to seasonal influenza, including:

- fever (>38° or have a good history of fever) and any of the following:
 - cough
 - sore throat
 - runny nose or
 - nasal congestion

2. Staff who are considered to meet the criteria case definition (fever, cough, sore throat etc.) or who are identified as confirmed Pandemic (H1N1) 2009 influenza, must follow their facilities advice and instruction regarding work restrictions and home isolation.

Those staff identified as possible contacts must also follow their facilities advice and instruction regarding work restrictions and home isolation.

3. Staff who are confirmed Pandemic (H1N1) 2009 influenza cases must not return to work until 24 hours after resolution of the fever (without anti-pyretic medication), **and** they have either received 72 hours of anti-viral medication **or** until 7 days following the onset of illness (whichever is the greater).
4. Queensland Health has **not** advised against interstate travel. No exclusion criterion exists for adults returning from Victoria or any country of concern. At present, children returning from Victoria or a country of concern have been asked to remain away from school, childcare and kindergarten for a period of 7 days. Therefore, there is no need to exclude staff who have travelled interstate or internationally unless unwell (refer to point 1).

Staff with an increased risk of complications from Pandemic (H1N1) 2009 influenza:

The current strain of influenza H1N1 has demonstrated a similar spectrum of disease as to seasonal influenza but with a higher attack rate. There have been a number of cases of severe disease within the recognised risk groups for complications of influenza with approximately 85% of individuals requiring hospitalisation having an underlying co-morbidity. This includes people who are pregnant, and those with underlying respiratory disease including asthma (see below). However, the use of appropriate personal protective equipment provides the most effective defence against infection for health care workers. This primarily involves the use of a well fitted N95 mask as well as gloves, and a gown or plastic apron. The routine use of this PPE will mean that in the context of an infective agent circulating in the community, the probability acquiring infection in the health care setting is likely to be lower than that in the community.

People with an increased risk of complications from H1N1 Influenza 09 include:

- Those with chronic respiratory conditions (including asthma or COPD)
- Pregnant women (particularly in the second or 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 diseases, chronic renal disease, liver disease, haemoglobinopathies, immunosuppressed (including cancers, HIV/AIDS infection, drugs) and chronic neurological conditions.

Pregnant staff and those with other risk factors should be given the opportunity to discuss their concerns with appropriate medical staff and be instructed in the safe donning and removal of PPE. The anti-viral drugs oseltamivir (Tamiflu) and zanamivir (Relenza) have been demonstrated to be of benefit in both the treatment and prophylaxis of influenza. They are considered Category B1 with regard to use in pregnancy, meaning that there is no evidence for any adverse effect but there is insufficient data to give complete reassurance in this situation. In protect phase the potential benefits of oseltamivir are considered to outweigh the potential risks. Hence, staff with any risk factors for more severe disease who are exposed to cases of influenza should be offered prophylaxis with one of these agents but this is not mandated. Similarly, other staff may be offered prophylaxis with these agents but this is not mandated, and their decision to take prophylaxis does not effect their work environment. While all staff have the right to decide whether to work in a particular environment there is no requirement to exclude staff from any workplace on the basis of pregnancy or other risk factor unless they are unable to utilise appropriate PPE.

Preventing infection in staff - Prophylaxis and Vaccination:

Vaccination

Annual seasonal influenza vaccination is recommended for any person over 6 months of age who wishes to reduce the likelihood of becoming ill with influenza. Annual seasonal influenza vaccination is strongly recommended for **all health care workers**.

In addition to all health care workers, annual seasonal influenza vaccination is also strongly recommended for the following groups:

1. People at increased risk of complications from influenza infections (please refer to section titled 'Staff with an increased risk of complications from H1N1 Influenza 09 for a comprehensive list);
2. People who may potentially transmit influenza to those at high risk of complications from influenza, for example, health care workers;
3. People involved in the commercial poultry industry;
4. People providing essential services;
5. Workers in other industries; and
6. Travellers.

At present, there is no vaccine available for H1N1 Influenza 09. It is unclear whether the current seasonal influenza vaccination provides any protection against H1N1 Influenza 09. It is anticipated that when a vaccine does become available, front-line health care workers will be prioritised for vaccination. Staff will be kept informed through their local communication channels regarding the availability of this new vaccine.

Vaccination for H1N1 Influenza 09 will not be mandatory for staff but will be highly recommended for all front-line health care workers.

Antiviral Prophylaxis

Antiviral medications such as oseltamivir (Tamiflu®) and zanamivir (Relenza®) can be used in the treatment of H1N1 Influenza 09. Antiviral drugs work best if started soon after becoming sick (within 2 days of symptoms developing).

Prophylaxis with antiviral medication, while not mandatory, may be offered for front-line health care workers.

Antiviral medication can be used for:

- treatment, with one course of medication;
- prevention of infection after exposure, with one course of medication;
- continuous prevention of infection, where one course provides 10 days of protection.

Pregnant women diagnosed with influenza should be offered antiviral treatment oseltamivir (Tamiflu®) or zanamivir (Relenza®) however, this is not mandatory.

For information regarding infection control precautions and appropriate personal protective equipment use, please refer to:

Queensland Health Infection Control Guidelines

http://www.health.qld.gov.au/chrsp/ic_guidelines/sect2_elements.pdf

Department of Health and Aging Pandemic Influenza Resources

<http://www.flupandemic.gov.au/internet/panflu/publishing.nsf/Content/resources-1>

Queensland Health's presentation 'Personal Protective Equipment (PPE) for Respiratory Precautions'

http://www.health.qld.gov.au/swineflu/documents/ppequip_respiratory.pdf