

Health Professionals Alert

H1N1 Influenza 09 (Human Swine Flu)

3 pm, 28 May 2009

This alert is to update Health Professionals about **H1N1 Influenza 09 (Human Swine Flu)** in Victoria.

This notice is being provided to assist Health Professionals when treating people who may be infected with the new influenza strain H1N1 Influenza 09 (Human Swine Flu). It also includes advice on the management of such cases.

Victoria has had confirmed cases since 20 May 2009.

Antiviral sensitivity testing has indicated the virus is sensitive to oseltamivir and zanamivir, but is resistant to amantadine and rimantadine.

What is the current case definition?

A **suspected case** of H1N1 Influenza 09 (human swine influenza) virus infection is defined as a person with:

- an acute **febrile** respiratory illness (defined as temperature of 38°C or greater OR a good history of fever, **AND** recent onset of at least one of the following symptoms: rhinorrhoea, nasal congestion, sore throat or cough) with onset within 7 days of travel to Mexico, USA, Canada, Japan or Panama (countries to be updated where evidence of local transmission),
- or
- an acute respiratory illness (defined as recent onset of at least one of the following symptoms: rhinorrhoea, nasal congestion, sore throat or cough, with or without fever) within 7 days of close contact with a person who is a **confirmed** case of H1N1 Influenza 09 (human swine influenza) virus infection.

If your patient is a **suspected case** of H1N1 Influenza 09, urgent assessment is required.

Please contact the DHS hotline on 1300 651 160 for advice.
See over for details.

The situation is particularly urgent if the patient is a child attending school or resides in an institution such as a residential care facility because of the risk of transmission in these settings.

Early clinical experience in Victoria suggests that individual cases are recovering from H1N1 Influenza 09 (Human Swine Flu) without the use of Tamiflu. This has been seen within a few days of symptom onset, similar to routine seasonal influenza.

Each case of acute respiratory illness needs to be managed on its own clinical merits.

Symptomatic patients that require particular clinical attention include patients with shortness of breath, pregnant women and those with poorly controlled diabetes or asthma. It is in these patients that the use of Tamiflu should be particularly considered.

DEALING WITH PATIENTS

Where is the public being directed to?

The Victorian public are being asked to contact their local GP as a first port of call if they have an influenza-like illness.

The public are being asked to **only** present to their local hospital if they are seriously ill.

We are asking all GPs to remain as the first port of call for the detection of the virus, as is the normal practice during the flu season. This is the strength of our GP based system.

Should all suspected and confirmed cases be referred to hospital?

No. We are asking health professionals to only refer patients to hospital if there is an immediate or urgent medical need.

Suspected cases should be asked to return home under quarantine until they receive the results of their tests. Confirmed cases of H1N1 Influenza 09 (Human Swine Flu) with mild symptoms should also be asked to remain home under quarantine.

When you call the DHS information line to discuss a suspected case, if it is deemed necessary, your patient will be couriered Tamiflu to their home.

If you believe that your patient requires a hospital visit, call ahead to the hospital and advise them of the suspected case.

Preventing cross infection

We are asking that patients call before attending a hospital/general practice, to ensure that appropriate PPE is available on arrival.

Posters should be displayed in waiting areas advising patients who met the case definition and are showing symptoms to advise staff as soon as possible.

Patients who are potential cases of the new influenza strain should be triaged for rapid review to avoid the potential for cross infection in the waiting room. If possible the patient should wear a surgical mask.

PPE Masks

Health professionals are being urged to wear PPE Masks when dealing with suspected cases presenting with H1N1 Influenza 09 (Human Swine Flu).

Managing suspected or confirmed cases

Suspected cases should be managed on their clinical merit until test results are available.

Aspirin or aspirin-containing products should not be administered to any confirmed or suspected case of H1N1 Influenza 09 (Human Swine Flu) infection aged 18 years old and younger due the risk of Reye syndrome.

Current recommendations for the use of oseltamivir (Tamiflu®) or zanamivir (Relenza®) is as follows:

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- Close contacts of a **confirmed case of H1N1 Influenza 09 (Human Swine Flu) infection** or a **suspected case with an Influenza A positive test result** in consultation with the local Public Health Unit within 48 hours of contact.

- **Suspected** cases, in consultation with the local Public Health Unit, if started **within 48 hours** of onset of symptoms, until influenza A is excluded or an alternative diagnosis is made

Please contact DHS for details of dosage for children and infants under one year of age.

TESTING FOR H1N1

When should I test for H1N1 Influenza 09 (Human Swine Flu)?

If a patient presents to you and they meet the case definition call the DHS hotline on 1300 651 160 to gain authorisation to test that patient for H1N1 Influenza 09 (Human Swine Flu).

GPs should report any suspected cases immediately by telephone to the Communicable Disease Prevention & Control Unit on 1300 651 160.

How do I organise a test?

In order to expedite testing for those that meet the case definition, to fill out the template that has been provided to them for each patient and well as a daily summary sheet. All of this information is to be faxed by 2pm daily on (03) 9096 1299.

The DHS officer will provide you with further advice and can arrange for suitable laboratory investigation. We will request that you:

- Take nose and throat swabs combined in a single vial of viral transport medium (VTM), or placed in several mls of sterile saline if VTM is not available.
- If there is no alternative, dry swabs may be collected and sent to VIDRL as long as the total time from collection to reaching VIDRL is less than 8 hours
- All specimens should be transported cold in an esky with an ice brick.
- Send to Victorian Infectious Diseases Reference Laboratory (VIDRL); 10 Wreckyn St North Melbourne 3051 - Marked: **"URGENT, SUSPECTED H1N1 INFLUENZA 09 – FOR TESTING AT VIDRL"** transported direct to VIDRL. It is important that all suspected specimens are forwarded to VIDRL urgently. Specimens need to be clearly marked.

What is the turn around time on the tests?

Routine Influenza testing is done once a day. For authorised tests on suspected H1N1 cases the Victorian Infectious Diseases Reference Laboratory (VIDRL) are conducting special runs of testing.

The availability of results is in part dependant on the time of day specimens are received and how many are in the system.

GPs should ask authorised suspected cases to place themselves under quarantine until they are contacted by DHS on the outcome of the test.

Please do not ring the DHS information line or VIDRL for test results. You will be advised as soon as they are available.

Who pays for laboratory tests?

Costs for the laboratory testing of swabs for suspected cases of H1N1 Influenza 09 will be covered by DHS ONLY if the GP has received authorisation of the suspected case from the CDPCU.

This authorisation can be obtained by calling 1300 651 160.

OTHER IMPORTANT INFORMATION

Swine flu clinics

Flu clinics are currently being established. People will still be directed to their GP, or to a hospital if seriously unwell with flu symptoms.

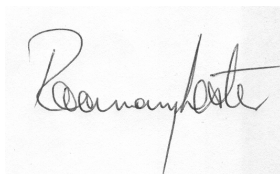
The flu clinics will only see people referred from GPs and hospitals and will be activated as required.

Protecting staff

All staff involved in managing the suspected case, especially when undertaking an aerosol generating procedure such as taking throat swabs, should implement protective measures including **a P2/N95 mask, suitable eye protection, gowns and gloves**, with attention to frequent hand hygiene.

While staff should be vaccinated against seasonal influenza the current vaccine is unlikely to fully protect against the new strain.

Yours sincerely



Dr Rosemary Lester
Acting Chief Health Officer