

# General Practitioner Alert Influenza A (H1N1) Virus Swine flu

Thursday, 30 April 2009 2pm

This alert is to update General Practitioners (GPs) that a new strain of H1N1 influenza has been identified in an outbreak.

The new strain causes a spectrum of severity (from mild to life-threatening) of clinical disease compared to those of 'seasonal' strains endemic to Australia. No cases of this new strain have yet been identified in Australia.

This notice is being provided to update GPs of the possibility of people infected with the new influenza strain presenting and to provide advice on the management of such cases.

## Outbreak of new strain of influenza

We are currently aware of confirmed cases of this strain of influenza in Mexico, USA, Canada, Spain, Israel, UK and New Zealand. The majority of cases outside of Mexico are still being reported as a mild illness only, but we are keeping a close eye on developments.

The majority of cases in Mexico have occurred in healthy young adults. The degree of infectivity of the virus is not known but close family contacts and health care workers may be at risk.

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

## Management of potential cases

Clinical information is limited. GPs are asked to consider a traveller who presents with:

An **acute febrile respiratory illness** with onset:

- Within 7 days of travel to Mexico, USA, Canada, Spain, Israel, UK and New Zealand (and other countries with evidence of local transmission), OR
- Within 7 days of close contact with a person who is a **confirmed or probable** case of swine influenza A (H1N1) virus infection

as potentially infected with the new strain of influenza A.

**Report any suspected cases immediately by telephone to the Communicable Disease Prevention & Control Unit on 1300 651 160 or through our after hours paging service 1300 790 733.**

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.
- A nasopharyngeal aspirate is also an alternative.
- 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 — 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.

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

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.

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

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

- Close contacts of **confirmed or probable** cases (as defined above, 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

All staff involved in managing the suspected case should implement protective measures including **a surgical mask (P2 mask if undertaking an aerosol generating procedure ie taking nose and throat swabs), suitable eye protection 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 John Carnie  
Chief Health Officer