



Australian Government
Department of Health and Ageing

CHIEF MEDICAL OFFICER

Dear Colleague,

RE: H1N1 Influenza 09 (Human Swine Influenza)

I am writing to update you on the H1N1 Influenza 09 situation within Australia. As you are aware, in April a new strain of influenza was identified in North America. In response, Australia activated the Australian Health Management Plan for Pandemic Influenza 2008 (AHMPPI 2008). We now have community acquired cases in Australia, and on 22 May 2009, moved to the CONTAIN phase of our response. The aim of this phase is to contain the spread of the virus in our communities. The current border measures will remain in place. We have also updated the case definition which will enhance our capacity to detect community acquired cases and ask you to beware of travellers especially those from Japan and Panama, as well as those from USA, Canada and Mexico as advised previously.

As we are entering winter with increased transmission of influenza, I am writing to share with you the messages we are conveying. Influenza is potentially a serious illness. We are unlikely to have a specific H1N1 Influenza 09 vaccine in sufficient quantities this winter, and the seasonal trivalent influenza vaccine is not expected to provide any protection.

Overseas experience with this virus is that most cases have a mild illness, with those at risk of poor outcomes and death being pregnant women, some children and young adults, those with prior respiratory illness, asthma, diabetes and the grossly obese. I would urge you to consider the possibility of influenza complications in your patients this season. All patients with acute febrile respiratory infections should be tested for influenza.

At present the new H1N1 Influenza 09 strain is sensitive to the neuraminidase inhibitors (Tamiflu and Relenza). Early treatment (within 48 hours of symptom onset), of cases is important, particularly for those at high risk of a poor outcome.

I strongly encourage you to remind any unwell patients that they must: remain away from work or school; practice good hand hygiene and cough and sneeze etiquette; to wear a mask if within one metre of others; remain well hydrated and take antipyretics. Children less than 12 years who have influenza should not be given aspirin because of the risk of Reye's syndrome.

Both you and your staff should continue to maintain good infection control standards. If a patient with a travel history to an affected area or history of contact with a confirmed case presents with an influenza-like illness they should immediately be given a surgical mask and moved into a separate room. Remain at least one metre from them, and use personal

protective equipment (PPE) if you must be closer than a meter. With all other patients who have acute respiratory illness (but no travel history) it is advisable to wear a mask when taking a nose and throat swab. If you have specific concerns about a particular patient I would encourage you to speak to your local public health unit or Infectious Diseases Physician.

To assist you further in management of suspected cases in your practice, I am attaching a summary sheet of information which you may find useful as a quick guide. We will place this summary sheet on the health professionals' page of the commonwealth health emergency website (<http://www.healthemergency.gov.au>) where we can keep it up to date. I am attaching information on these other commonwealth, state and territory and international resources as well.

I will continue to keep you advised as the situation evolves.

Kind regards

A handwritten signature in blue ink, appearing to read 'Jim Bishop'.

Professor Jim Bishop AO
MD MMed MBBS FRACP FRCPA

24 May 2009

**Commonwealth Department of Health and Ageing
H1N1 Influenza 09 (Human Swine influenza) – Summary Sheet for General
Practitioners
Current as of 24 May 2009**

If a patient presents with an **acute febrile respiratory illness***

*(temperature ≥ 38 degrees Celsius or good history of fever, AND recent onset of ≥ 1 of rhinorrhoea / nasal congestion / sore throat / cough)

TEST FOR INFLUENZA A, even if there is NO travel history. It is advisable to wear a mask whilst taking a nose and throat swab.

Community acquired transmission is occurring in Australia and this approach will detect these cases. The Public Health Unit will advise you if any of these patients test positive and further measures needed.

CURRENT DEFINITIONS

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

- within 7 days of close contact with a person who is either a confirmed case of H1N1 Influenza 09 (human swine influenza) virus infection or a suspected case with an influenza A positive test result OR
- within 7 days of travel, especially to Mexico, USA, Canada, Japan or Panama (countries will be updated regularly).

If the patient is positive on a test for influenza A, and H1N1 influenza 09 cannot be excluded yet, they are a **suspected case with an influenza A positive test result.**

A **confirmed case** of H1N1 Influenza 09 (human swine influenza) virus is a person with a laboratory confirmed H1N1 Influenza 09 (human swine influenza) virus infection by one or more of the following tests:

- viral sequencing
- human swine influenza (H1N1) specific-PCR
- isolation of human swine influenza A (H1N1) virus

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

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.

WHAT TO DO NEXT

1. **Contact your local Public Health Unit promptly** (see below for contact details)

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

The Public Health Unit will provide further advice such as the need for isolation of the case, tracing and subsequent management of contacts, laboratory testing arrangements, antiviral usage, and infection control measures. The information provided below is a brief outline of the important aspects of managing potential cases in your rooms.

2. **Ensure infection control measures are implemented**

Some basic principles include:

- Isolating the patient from others (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 into contact with the patient take basic infection control precautions such as hand-washing and wear appropriate personal protective equipment.

Further information will be provided by your local Public Health Unit.

3. **Take a specimen for lab testing** to confirm presence or absence of H1N1 Influenza 09

Personal protective equipment must be worn.

Suspected cases should be tested for respiratory viruses 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 from suspected cases 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 serologic testing for suspect cases where presentation is more than 7 days after onset, 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.

4. **Treatment of H1N1 Influenza 09 with oseltamivir (Tamiflu) or zanamivir (Relenza)**

Antiviral treatment should be given to 'Suspected', 'Suspected Influenza A-positive' and 'Confirmed' cases within 48 hours of illness onset. Antiviral treatment may be commenced more than 48 hours after onset in rare circumstances where clinically indicated. Public Health Unit staff will assist with identification of cases for treatment, appropriate medication and dosage regimes and where to access antivirals.

5. **Further management and follow-up**

Following the initial assessment, 'Suspected', 'Suspected Influenza A-positive' and 'Confirmed' cases who do not need hospitalisation must be isolated at home until the diagnosis is excluded or the infectious period is over. Your local Public Health Unit will contact the patient regularly and provide them with further information, such as infection control advice. They will also arrange for tracing of the patient's contacts and their subsequent management.

6. **Other clinical points to consider at the stage of initial management**

- Is the patient at increased risk of poor outcome or death? (pregnant women, some children and young adults, those with prior respiratory illness, asthma, diabetes and the grossly obese)
- Are there indicators of severe illness (difficulty breathing; focal lung signs) suggesting the need for hospitalisation?
- Has symptomatic treatment been provided? (encourage appropriate hydration and analgesia)

H1N1 INFLUENZA 09 (HUMAN SWINE INFLUENZA) FACTS

- **Incubation period:** maximum = 7 days (3 days would be more common)
- **Period of communicability:** from 24 hours prior to the onset of symptoms until:
 - adults 12-64 yrs = 7 days; adults >65 yrs = 14 days; children <12 yrs = 14 days (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.thelancet.com/H1N1-flu>

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

PUBLIC HEALTH UNIT INFORMATION (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/swine_Flu2009_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 358 362
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

Supplementary Information regarding the following issues is available at
<http://www.healthemergency.gov.au/internet/healthemergency/publishing.nsf/Content/healthprof#clinical>

- Measures to reduce the risk of infection in practice waiting rooms
- What questions should the GP receptionist ask patients on the phone?
- What should a GP do if patients call from home concerned re symptoms and over the phone sound high risk? Who will do testing? If GPs are very busy in practice they do not necessarily have the time to do many home visits. What is recommended?
- Do GPs need a dedicated room at this stage to be used for isolation or separation of a possible infected patient from others in the waiting room?

Who is a **close contact** of a suspected or confirmed case?

- household members

- close workplace contacts, including people sharing an office or cubicle area or whose work has brought them into close physical proximity (sitting within one metre for at least 15 minutes) with the case, but not people who share general office space
- members of a case's class or child care group and their teacher / child care supervisor, where the case is a child in the same class for 4 hours or more
- others in close physical proximity (sitting within one metre for at least 15 minutes), but not other people who share the classroom, where the case is a child in multiple classes in a day (such as in a typical secondary school setting)
- other contacts identified by a case, household members or workplace associates of the case, as having been in close physical contact (hugging, kissing, sitting within one metre for at least 15 minutes).
- passengers and crew travelling on an aircraft with a case as defined below:
 1. passengers seated in the same row, and within two (2) rows in front of and behind the case;
 2. any passengers identified by the case who moved from elsewhere in the aircraft to spend more than 15 minutes near a case;
 3. airline staff (unless they did not service the section of the plane in which a case was **'Confirmed'** seated).

For Protocols for follow-up of exposed staff, see:

<http://www.healthemergency.gov.au/internet/healthemergency/publishing.nsf/Content/healthprof#clinical>

“Questions and answers”

1. What is the availability of and distribution arrangements for masks for GP staff & patients?

Masks and other Personal Protection Equipment (PPE) are available through normal suppliers. They are also part of the National Medical Stockpile (NMS). These will be made available on the advice of the Australian Health Protection Committee (AHPC), based on the risk of exposure and availability of supply. Supplies in both the NMS and in jurisdictions are limited.

2. What is the availability of prophylaxis for GP staff & doctors?

Supplies of both oseltamivir and zanamivir are available through community pharmacies. Neither drug is on the PBS. Initially, advice should be sought from local Public Health Units on the indications and availability of prophylaxis at a local level. The Department of Health and Ageing is regularly liaising with drug manufacturers and suppliers to ensure regular supply of these medications.

3. What advice is available for GPs and staff about how to protect their families?

At this stage, protection of families of health care workers (HCW) is dependent on a risk assessment. If a HCW has been exposed to H1N1 influenza 09 (and therefore regarded as a contact), depending on the risk, they may be placed on an antiviral medication, which would confer protection against both contracting the illness and infecting others. They may also be advised to quarantine themselves at home. Apart from this, no other protection would be deemed necessary. General “social distancing” measures are recommended, such as maintaining a minimum of 1 metre distance away from others (including other members of a household), regular hand hygiene, avoiding touching the face, and sleeping in a room of their own. PPE would not be indicated for a HCW who is regarded as a contact or family members.