Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

National Office Health Protection

Health Service Executive

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29th July 2009

To :
All Medical Practitioners
CC- All health care professionals
All health managers

Re: Management of Influenza A(H1N1)v during the treatment phase

Dear Doctor,
The purpose of this letter is to provide further information on the management of cases of A(H1N1)v in Ireland during the treatment phase. This letter provides information on changes to the testing policy, to the policy for whom to treat, and to the policy for chemoprophylaxis of contacts. It also provides clarification regarding the use of antivirals in pregnancy and in children aged less than one year of age.

Background
On 16th July 2009, Dr Tony Holohan, Chief Medical Officer (DoHC), and Dr Patrick Doorley, National Director, Population Health (HSE), announced that management of influenza A(H1N1)v should move to the treatment phase on the advice of the Pandemic Influenza Expert Group (PIEG).
As the pandemic has progressed, the PIEG has advised further necessary changes in the management of this illness and these are outlined below.

Testing policy
The current swabbing policy is amended so that testing is only necessary in the following circumstances:

- Cases hospitalised for influenza.
- Cases identified via the GP sentinel surveillance scheme.
- Other situations, following discussion with local public health – for example:
    - Cases of influenza like illness (ILI) in an institution.
    - Unusual clusters of serious illness.
    - Influenza like illness (ILI) or unexplained illness occurring in a hospitalised patient.
    - Development of influenza like illness (ILI) in a person on chemoprophylaxis.

Treatment

For clinical cases of influenza like illness (ILI), clinical judgment should be used in making a decision about whether to prescribe antiviral treatment for individual patients. It is recommended that only the following groups receive antiviral treatment:

- Patients who have severe symptoms,
- Patients in defined risk groups. These include patients in the following categories: Chronic respiratory, heart, kidney, liver, neurological disease; immunosuppression (whether caused by disease or treatment); diabetes mellitus; haemoglobinopathies; people aged 65 years and older; children <5 (children <2 are at particular risk of influenza); people on medication for asthma, severely obese people (BMI ≥40) and pregnant women.

  Anecdotal comments from GPs and Pharmacists would suggest that there is a pressure from the public to obtain antiviral drugs for those going on holidays or for those with minor illness. This is inappropriate and needs to be resisted.
  Antiviral drugs are a valuable resource and need to be used judiciously so as to avoid the development of resistance and to ensure that those who need them can avail of them.

Chemoprophylaxis

Chemoprophylaxis is no longer generally recommended for contacts. However, doctors may exercise clinical judgment in individual cases in exceptional circumstances where they may consider it appropriate to prescribe chemoprophylaxis. In addition, it may be appropriate to consider chemoprophylaxis in some settings such as nursing homes or special education residential centres – following discussion with local public health.

Treatment of children aged < 1 year

The Pandemic Influenza Expert Group has advised that hospitalisation of children below 1 year of age, including children below 3 months of age, should be based on an assessment of the clinical condition and any particular circumstances of the individual children. On the basis of the current knowledge of the safety profile of oseltamivir (Tamiflu), there are no specific, identified risks that warrant automatic hospitalisation for all infants less than 3 months of age, bearing in mind that experience of use in this population is very limited to date.

Treatment with antivirals in pregnancy

The Pandemic Influenza Expert Group advice is that:

- Chemoprophylaxis is no longer routinely recommended in pregnancy.
- Pregnant women with severe symptoms in the first trimester should receive oseltamivir (Tamiflu).
- Oseltamivir (Tamiflu) should be considered for pregnant women with mild symptoms in the first trimester if they have other co-morbidities.

- Pregnant women with mild symptoms of influenza like illness and no co-morbidities in the first trimester should be observed and oseltamivir (Tamiflu) withheld unless clinically indicated.
- Pregnant women with influenza like illness in the second and third trimesters should receive oseltamivir (Tamiflu).

Algorithms

Separate algorithms for primary care and for adult and paediatric Emergency Departments have been developed. These are included for your information.

Please discard the algorithm, dated 16th July, as it is no longer current.

More detailed information and guidance will continue to be available through the following websites:

Health Protection Surveillance Centre www.hpsc.ie
Health Service Executive www.hse.ie
Department of Health and Children www.dohc.ie

Yours sincerely,

Dr. Kevin Kelleher

Assistant National Director for Population Health – Health Protection.

Medical registration number 19719

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Interim algorithm for the PRIMARY CARE Management of Persons who may have Influenza A(H1N1)v

These recommendations are based on current information and are subject to change based on ongoing surveillance and continuous risk assessment

hpsc

Version 1.0
29 July 2009

1.
Patient presents with clinically suspected influenza

Clinical diagnosis in most cases.
Presentations of Influenza A (H1N1)v seen to date may be of assistance in diagnosis:
Influenza A (H1N1)v usually presents with sudden onset of fever (pyrexia≥38^{o}C) or recent history of fever, and cough or sore throat. Other symptoms can include rhinorrhoea, limb or joint pain, headache, vomiting or diarrhoea.
Remember: These signs and symptoms are also common in other illnesses. Children may present with atypical symptoms.
Testing: Consider testing only in limited situations and following discussion with local public health.

2.
Who to treat?

Treatment with antivirals is advised for patients who are particularly ill and for people in a **defined risk group** (see below). **Use clinical judgement**. Treatment should be started as early as possible (preferably within 48 hours of onset) but may be started at any time if clinically indicated. Some of these patients may require hospitalisation.

Advise patient to return if symptoms deteriorate

Defined risk groups:

- Chronic respiratory, heart, kidney, liver or neurological disease
- Immunosuppression (whether caused by disease or treatment)
- Diabetes mellitus
- People aged 65 years and older
- Children <5 years (**children <2 years are at higher risk for severe complications**)
- People on medication for asthma
- Severely obese people (BMI ≥40)
- Pregnant women
- Haemoglobinopathies

3.
Contacts

Chemoprophylaxis for close contacts is not generally recommended. Exercise clinical judgement in individual cases. Chemoprophylaxis may be considered appropriate in some residential settings, such as nursing homes, special education residential centres (discuss with local public health).
If a high risk contact becomes symptomatic, ensure early commencement of treatment.

Infection control precautions

- **Should be implemented for at least 7 days or until clinician deems otherwise**
- Avoid crowding patients together
- Keep patient separate from other patients or patient to wear surgical mask
- Strict hand hygiene
- Standard, Droplet and Contact precautions
- **Staff: Routine care:** Surgical mask, gloves, plastic apron **Aerosol generating procedures:** FFP2 or FFP3 mask (correctly fitted), long-sleeved disposable gown, gloves and goggles
- **If patient needs to go to hospital:** If travelling by ambulance, inform ambulance control centre of patient's infectious status (See Ambulance guidance document)

Algorithm approved by the Pandemic Influenza Expert Group (PIEG)

Interim Algorithm for the EMERGENCY DEPARTMENT Management of Adults who may have Influenza A(H1N1)v

These recommendations are based on current information and are subject to change based on ongoing surveillance and continuous risk assessment

Version 1.0, 29 July 2009

Presentation — Patient presents with clinically suspected influenza

Presentations of Influenza A (H1N1)v seen to date may be of assistance in diagnosis:
Influenza A (H1N1)v usually presents with sudden onset of fever (pyrexia≥38°C) or recent history of fever, and cough or sore throat. Other symptoms can include rhinorrhoea, limb or joint pain, headache, vomiting or diarrhoea.

Institute Infection Control Precautions
If CHILD, refer to HPSC algorithm for the ED Management of CHILDREN
Clinician judgement should determine the need for hospital admission on an individual patient basis.

Indicators for admission may include*:

- **Respiratory distress**
- **Severe dehydration or shock**
- **Altered level or consciousness or other neurological symptoms**
- **Significant co-morbidity**
- **Other clinical concerns indicating need for admission*:**
  - **Rapidly progressive or unusually prolonged illness,**
  - **CXR findings**
  - **Immunocompromise**
  - **Social issues**
  - **Other clinical risks**

Contact Medical Microbiologist, Infectious Diseases, other Specialist Teams as per local protocols

Can patient be safely discharged?

**** not an exclusive list - clinical judgement required***

'Flu-like illness' and needs admission

Yes

- **Take nose and throat viral swabs**
- **Antiviral treatment is recommended for hospitalised patients.**

Exercise clinical judgement.

Chemoprophylaxis for close contacts is not generally recommended. *Exercise clinical judgement in individual cases. Chemoprophylaxis may be considered appropriate in some residential settings, such as nursing homes, special education residential centres (discuss with local public health).*

No

Treatment

Consider antiviral treatment if patient is in a **defined risk group** or has **clinically severe illness**.

Treatment should be started as early as possible (preferably within 48 hours of onset) but may be started at any time if clinically indicated.

Advise patient to return if symptoms deteriorate

***Defined risk groups*:**

- Chronic respiratory, heart, kidney, liver, neurological disease;
- Immunosuppression (whether caused by disease or treatment);
- Diabetes mellitus;
- People aged 65 years and older;
- Children <5 years (children <2 years are at highest risk for severe complications);
- People on medication for asthma,
- Severely obese people (BMI ≥40)
- Pregnant women
- Haemoglobinopathies

Infection control precautions

Avoid crowding patients together

Strict hand hygiene Standard, Droplet and Contact precautions

Hospital: Single room, preferably with anteroom and ensuite. Patient to wear surgical mask if outside room

Staff:
Routine care: Surgical mask, gloves, plastic apron
Aerosol generating procedures: FFP2 or FFP3 mask (correctly fitted), long-sleeved disposable gown, gloves and goggles

ON ADMISSION
Inform infection control/ microbiology/ infectious diseases teams, and Director of Public Health - as per local policy/ arrangements

Algorithm approved by the Pandemic Influenza Expert Group (PIEG)

Interim algorithm for the EMERGENCY DEPARTMENT Management of CHILDREN who may have Influenza A(H1N1)v

These recommendations are based on current information and are subject to change based on ongoing surveillance and continuous risk assessment.

Version 1.0
29 July 2009

Presentation

Child presents with clinically suspected influenza

Presentations of Influenza A (H1N1)v seen to date may be of assistance in diagnosis: Influenza A (H1N1) v usually presents with sudden onset of fever (pyrexia≥38°C) and cough or sore throat. Other symptoms can include rhinorrhoea, limb or joint pain, headache, vomiting or diarrhoea.

NOTE
- These symptoms occur with other illnesses in young children.
- Children may present with atypical symptoms.

Is the child severely Ill?

- Signs of respiratory distress, grunting, intercostal recession, breathlessness with chest signs
- Markedly raised respiratory rate
  - >50 breaths per minute if <1 year
  - >40 breaths per minute if 1-5 years
- Cyanosis
- Severe dehydration
- Altered level of consciousness
- Complicated or prolonged seizure
- Signs of sepsis – extreme pallor, hypotension, floppy infant

NOTE: these signs are not exclusive to Influenza and consideration should be given to other potential causes

'Flu-like illness' and severely ill

Yes

- **Admit**
- **Take nose and throat viral swabs**
- **Antiviral treatment is recommended. Use clinical judgement.**

Chemoprophylaxis for close contacts is not generally recommended. Exercise clinical judgement in individual cases.

No

Treat or Refer to GP

Symptomatic treatment: Advise fluids and antipyretics (NOTE: aspirin is contraindicated in children)

Antivirals: Consider prescribing antivirals if clinically indicated or child is in a **defined risk group**. Treatment should be started as early as possible (preferably within 48 hours of onset) but may be started at any time if clinically indicated.

***Defined risk groups*:**

- **Children <5 years. Children <2 years are at highest risk for severe complications.**
- Chronic respiratory disease, including people on medication for asthma;
- Chronic heart, kidney, liver or neurological disease
- Immunosuppression (whether caused by disease or treatment)
- Diabetes mellitus
- Haemoglobinopathies
- People aged 65 years and older
- Severely obese people (BMI ≥40)
- Pregnant women

ON ADMISSION
Inform infection control/ microbiology/ infectious diseases teams. Then infection control/ microbiology/ infectious diseases teams to inform Director of Public Health - as per local arrangements

Infection control precautions

Avoid crowding patients together
Strict hand hygiene
Standard, Droplet and Contact precautions

Hospital: Single room, preferably with anteroom and ensuite. Patient to wear surgical mask if outside room

Staff:
Routine care: Surgical mask, gloves, plastic apron
Aerosol generating procedures: FFP2 or FFP3 mask (correctly fitted), long-sleeved disposable gown,

Algorithm approved by the Pandemic Influenza Expert Group (PIEG)