



## WHO PANDEMIC ALERT PHASE 5: Algorithm for the management of suspected cases

(returning travellers and visitors from countries affected by swine influenza A/H1N1 or contacts)

### SCREENING & ASSESSMENT

Patients **must** fulfil a condition/test in both boxes (1) and (2).

**(1) CLINICAL**

Fever [ $\geq 38^{\circ}\text{C}$ ] **OR** history of fever **AND EITHER** flu-like illness (two or more of the following symptoms: cough, sore throat, rhinorrhea, limb/joint pain, headache.<sup>1</sup>) **OR** other severe/life-threatening illness suggestive of an infectious process.

**AND**

**(2) EPIDEMIOLOGICAL**

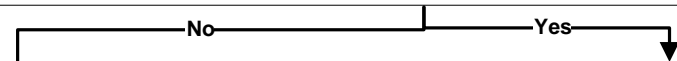
**(a) GEOGRAPHICAL**

Onset of symptoms within **seven** days of visiting areas where sustained human-to-human transmission of swine influenza A/H1N1 is occurring.<sup>2</sup>

**OR**

**(b) CONTACTS**

Contacts of a probable or confirmed case.



Unlikely to be swine Influenza A/H1N1. Treat and investigate as clinically indicated.

Inform local Health Protection Unit (HPU) immediately to ensure access to antivirals. Local HPU details at [www.hpa.org.uk](http://www.hpa.org.uk)

HPU to email details of the case to the Cfl Operations Room ([opsroomcfl@hpa.org.uk](mailto:opsroomcfl@hpa.org.uk)). HPU to contact Cfl Duty Doctor out of hours if advice is required. **In Northern Ireland inform CCDC.**

Two nose and two throat swabs should be taken and put into viral media and sent to an appropriate HPA regional laboratory<sup>3</sup> for analysis.

Take nose and throat swabs for influenza testing.

Start antivirals.<sup>4</sup>

Is the patient ill enough to require hospitalisation?

**Yes**

If the patient's illness is severe enough to warrant hospital admission:

- put patient under strict respiratory isolation and in a side room
- healthcare staff to wear full personal protective equipment (PPE)
- keep number of staff caring for the patient to a minimum

**No**

If the patient's illness can be managed at home

- Advise to self isolate until results of testing available
- Advise on respiratory and hand hygiene

If patient deteriorates

### FLU A NEGATIVE

Investigate as clinically appropriate. Discontinue oseltamivir **AND** remove from strict respiratory isolation as appropriate. Discharge if appropriate. Discontinue oseltamivir in contacts. Follow-up until symptoms resolve if alternative diagnosis is not established. Consider HPA protocol for other undiagnosed serious illness.<sup>6</sup>



### FLU A POSITIVE

Inform local HPU immediately. Local HPU inform Cfl duty doctor immediately and consider prophylaxis of contacts (see P5 algorithm). HPU staff to use Avian Influenza Management System (AIMS) database to collect patient's data, for the current time. **Contacts will need to be identified, assessed and started on prophylaxis.**

### Infection Control & Reporting

As soon as the patient mentions a febrile respiratory illness **and** travel to an area of the world affected by swine flu A(H1N1) within 7 days of illness onset, the following precautions should be taken before continuing with the assessment.

**Primary Care/ Community:**

**Location:** At patient's home if possible; if not, away from communal areas in single room

**Patient:** facemask  
**Staff:** facemask, plastic apron and gloves

**Hospital:**

**Location:** Side room  
**Patient:** facemask  
**Staff:** facemask, plastic apron and gloves

If admitted to hospital, inform hospital infection control and occupational health. Inform local laboratory of sample status



**Strict Respiratory Isolation**

**Patient:** Strict respiratory isolation in side room

**Staff:** Correctly fitted high filtration mask (FFP3<sup>5</sup>), gown, gloves and eye protection

**Footnotes:**

1 Vomiting and diarrhoea have been a feature of some of the confirmed US cases.

2 Thus far the vast majority of confirmed cases have been travellers returning from Mexico. Sustained transmission has also been reported to be occurring in the USA.

3 HPA regional laboratories can be found at <http://www.hpa.org.uk/webw/HPAweb&Page&HPAwebAutoListName/Page/1153846674206?p=1153846674206>.

4 Standard treatment dose of oseltamivir in adults (age >13 years old) is 75mg bd for 5 days. Standard treatment dose of zanamivir is 10mg bd for 5 days. (<http://www.bnf.org/bnf/current/119743.htm>) Treatment should be started as soon as possible and at any point that the patient is symptomatic and continue until the patient has recovered. Follow guidelines unless expert advice is to increase dose.

5 FFP3 standard masks, see HSE guidelines: <http://www.hse.gov.uk/biosafety/diseases/avianflu.htm>

6 Refer to HPA protocol for undiagnosed serious illness: a microbiological approach to investigation. ([http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb\\_C/1202115613395?p=1160495617061](http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1202115613395?p=1160495617061))