



- Please immediately bring to the attention of all doctors -

Date: 28 April 2009 Contact telephone number: **8226-7177 (24 hours/7 days)**

WHO RAISES PANDEMIC INFLUENZA ALERT LEVEL

The WHO has raised the level of pandemic influenza alert from phase 3 to phase 4. This change indicates that the likelihood of a pandemic has increased, but not that a pandemic is inevitable. Swine influenza cases have now been reported from several other countries, but person-to-person spread has only been reported to date in Mexico, the United States and Canada. See <http://www.who.int/en/> for the latest global updates. Please also look at the Australian Health Management Plan for Pandemic Influenza (AHMPPI): <http://www.flupandemic.gov.au/internet/panflu/publishing.nsf/Content/ahmppi>

Update Case Definition (summary)

A confirmed case of swine influenza A (H1N1) virus infection is defined as a person with laboratory confirmed swine influenza A (H1N1) virus by either real-time PCR or viral culture.

A probable case is defined as a person with an acute febrile respiratory illness with onset of symptoms since 15 April 2009 who is:

- positive for influenza A, but negative for H1 and H3 by influenza RT-PCR, or
- positive for influenza A by an influenza rapid test
- plus onset within 7 days of close contact with a person who is a confirmed case or within 7 days of travel to the United States, Mexico or Canada.

A suspected case is defined as a person with an acute febrile respiratory illness and onset of illness since 15 April 2009 with the onset being

- within 7 days of close contact with a person who is a confirmed case or
- within 7 days of travel to the United States, Mexico or Canada.

Please urgently notify CDCB on 8226 7177 of any patients meeting these case definitions. It is critical that any patients meeting these case definitions have laboratory testing as detailed below.

Laboratory Testing

The Public Health Alert distributed yesterday (27 April) provided information on the recommended laboratory tests, as well as collecting deep nasal (or throat) swabs:

<http://www.health.sa.gov.au/pehs/alerts-recalls.htm> . Swabs for PCR testing can be collected anytime from the onset of symptoms for up to 7 days after the onset of symptoms. Influenza serology should also be requested for symptoms of longer than 3 days duration. Please send all specimens to the Public Health Laboratory (SA Pathology) so that rapid results can be obtained. Clinical staff are advised to use Personal Protective Equipment (PPE) when taking deep nasal (or throat) swabs. If PPE is not available, sputum in a sterile container is an acceptable alternative specimen, provided it can be collected. Ring CDCB if you have any questions.

Case Management

Probable and confirmed cases of swine influenza should be managed with antiviral medication (oseltamivir [TamiFlu®] or zanamivir [Relenza®]) provided that this is commenced within 48 hours from onset of symptoms. Approval from CDCB is required for the provision of antivirals, except for private prescriptions. CDCB will perform contact tracing for probable and confirmed cases and provide antivirals where indicated. Patients should be isolated at home for 7 days from the onset of symptoms, unless testing for influenza is negative. Patients wearing surgical masks may be transported by private vehicle or taxi from the general practice to their home.

Clinical staff are reminded to:

- triage and isolate patients with respiratory symptoms
- post visual alerts for patients with respiratory symptoms attending your facility
- provide tissues, waste receptacles, surgical masks and hand hygiene products
- take a detailed travel history from all patients with an acute febrile respiratory illness.
- promote vaccination against seasonal influenza among patients and staff

Dr Ann Koehler - Director, Communicable Disease Control Branch

Information contained within this advice should be treated as confidential and is for the intended recipient only.

PUBLIC HEALTH ALERT