



INFLUENZA A (H1N1)v – CLARIFICATION OF NEW GUIDELINES

No. 27-29, 2009

On the basis of experience gained during the first week after publishing the National Board of Health's guideline of 6 July 2009 for physicians and other healthcare professionals on the management of influenza A (H1N1)v, the below clarification is made. On the back of this extra issue of EPI-NEWS you will find a management diagram (version 2).

Objective of the new strategy

The intention is to focus efforts on patients presenting with influenza who form part of a risk group, as these patients are at risk of severe disease. Furthermore, management is focused on close contacts to such risk group patients.

Swabs and antiviral treatment

The special measures comprise:

- Swapping of patients presenting with influenza: Only risk group patients or patients with a close contact to a risk group patient
- Antiviral treatment is initiated Risk group persons only
- Prophylactic antiviral treatment is initiated in contacts to laboratory-confirmed cases provided the contact belongs to a risk group.

We note that even though the influenza type is relatively mild, the disease is new and occurs more frequently in children and young adults. If more serious disease is observed, even in non-risk group patients, it is essential to ensure an adequate response.

Antiviral treatment

In connection with the treatment of patients with influenza, clinical assessment remains important, e.g. how long has the patient experienced the symptoms? Antivirals are ordered at any of the 11 24-hour pharmacies holding the preparedness stock. Antivirals are supplied free of charge to risk group patients presenting with influenza symptoms and to well-defined close contacts in risk groups. The prescription should carry the free text "Beredskab" (Danish for Preparedness). The National Board of Health is considering if preparedness stock may be redistributed to cover Denmark via more local outlets as the epidemic develops. But currently there are no specific plans to further spread the national preparedness stock.

Child posology:

The guideline from the National Board of Health comprises dosage information specifying how Tamiflu capsules should be administered in children weighing less than 40 kgs and children who are unable to swallow the capsules.

Two child-strength capsules are currently being acquired to form part of the preparedness stock. Delivery is expected by early August. Furthermore, the Danish Medicines Agency is testing the production of oseltamivir oral suspension for the preparedness stock, which can be dosed for adults and children.

Disease definition

It is not currently possible to further narrow the very broad disease definition stated in the guideline.

At the discretion of the treating physician other knowledge may be considered e.g. relating to other influenza cases in the local community or knowledge of the disease pattern in the individual patient.

Protective measures

Concerning infection:

Influenza transfers via drops/aerosoles and through direct and indirect contact. Sneezing or coughing produce drops with infectious material. As the drops settle, the infection may be transferred through contact via hands or contaminated equipment. Hand hygiene (hand disinfectant or hand washing with water and soap) will cut off this infection route. In connection with specific procedures which entail coughing or sneezing or formation of aerosoles, e.g. suction, transfer may occur as drops make contact with the treating health professionals' mucous membranes, i.e. eyes, mouth and nose, or via inhaled drop cores. The risk of infection via inhalation will be highest in connection with procedures performed in a hospital.

Concerning protective equipment:

Risk of infection through inhalation should be encountered using FFP3 masks (no more than 3 hours daily). Risk of drop infection via mucous membranes should be encountered by wearing protective equipment covering the eyes, nose and mouth, e.g. a face shield or surgical mask and glasses.

When FFP3 masks should be used consequently depends on an assessment of the risk of inhalation infection during specific procedures.

Isolation

The National Board of Health has received several requests, particularly from paediatric departments.

The National Board of Health requests that questions on isolation and protective equipment be discussed with the local hygiene organisation.

The following parameters should be considered:

- How the influenza situation (and any other paediatric epidemics) is/are developing
- Any especially vulnerable patients present, and ultimately focus on isolating these from all children with infections
- Local physical facilities and conditions
- How fast negative test results may be obtained
- The interaction between the primary sector and the paediatric department regarding admission procedures.

Surveillance

The individual notifiability has been lifted and replaced by mandatory laboratory notification. The voluntary sentinel surveillance in primary health care which comprises submission of weekly reports and samples will be in place throughout the year, also see the guideline.

Changes, current considerations etc.

The National Board of Health has decided to remove children < 5 years from the risk group list. Therefore, such children will no longer require antiviral treatment and contacts do not need to be swabbed. Children with fever cramps should be swabbed if the cause of the symptoms is unknown. The first version of the management diagram erroneously stated "Type 2 diabetes" as an "adult risk factor". The correct risk factor is simply "diabetes".

In the guidelines of several other countries, which have seen numerous influenza cases over the latest months, pregnant women in their 2nd or 3rd trimester are listed as a risk group and recommended antiviral treatment. Furthermore, such guidelines state that pregnant women in their 1st semester and children < 5 years should be monitored closely as should severely obese persons. (National Board of Health)

TREATMENT OF PATIENTS AND CLOSE CONTACTS ON SUSPICION OF INFLUENZA A (H1N1)v

Influenza-like disease?

Suddenly occurring disease with fever above 38° C, airway symptoms, muscular pain.

Contact department of infectious diseases /paediatric department in case of serious disease (as agreed locally)

NO

YES

Standard assessment and instruction concerning precautions

Risk factors?

Children (< 15 years):

- Chronic pulmonary disease such as cystic fibrosis or unstable or severe asthma
- Hypodynamic respiratory insufficiency (muscular disease or multi handicap and corresponding reduced ability to cough and secretion stagnation)
- Heart conditions with circulatory affection, particularly children with sickle cell anaemia
- Congenital or acquired immunodeficiencies, including HIV infection
- Low birth weight depending on current age and sequelae
- Any other condition where a physician assesses that the condition in combination with Influenza comprises a serious health risk.

Adults:

- In treatment or being monitored for chronic pulmonary conditions (including asthma)
- Cardiovascular diseases, diabetes
- Congenital or acquired immunodeficiencies or HIV infection
- Any other condition where a physician assesses that the condition in combination with Influenza comprise a serious health risk.

Consider contacting a department of infectious medicine (e.g. in case of pregnancy) or a paediatric department (as agreed locally) for further guidance.

NO

YES – in the patient

- The patient is swabbed and initiated on antiviral treatment, which is to be terminated in case of negative test results.
- Refer to or hand out information letter, available from www.sst.dk
- Instruction on follow-up, e.g. see physician if the patient experiences any symptoms. Let the patient know how the test result will be given

YES – in a close contact

- The index patient is swabbed and if he or she tests positive, any close contacts with risk factors are initiated on prophylactic antiviral treatment
 - Refer to or hand out information letter, available from www.sst.dk
 - Instruction on follow-up, e.g. see physician if symptoms worsen. Let the contact know how the test result will be given.
- In case of close contacts outside the household e.g. in nursing homes or specialised nursing centres for the disabled, please contact the Medical Officer of Health.*