

From the Chief Medical Officer  
Dr Michael McBride



Department of

## Health, Social Services and Public Safety

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

AN ROINN

Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí

MÁNNYSTRIE O

Poustie, Resydènter Heisin  
an Fowk Siccar

Castle Buildings  
Stormont Estate  
Belfast BT4 3SQ  
Tel: 028 9052 0563  
Fax: 028 9052 0574  
Email: [michael.mcbride@dhsspsni.gov.uk](mailto:michael.mcbride@dhsspsni.gov.uk)

Your Ref:

Our Ref: HSS(MD) 30/2009

Date: 10 July 2009

### URGENT COMMUNICATION

HSS(MD) 30/2009

To: Chief Executive, HSC Board  
Chief Executive, Public Health Agency  
Chief Executives, HSC Trusts  
Director of Public Health, Public Health Agency (*for onward distribution to all Public Health Doctors and Nurses*)  
Regional Epidemiologists, CDSC  
Director of Nursing, Public Health Agency  
Directors of Pharmaceutical Services, HSC Board / HSC Trusts  
Business Support Organisation  
Family Practitioner Service Leads, HSC Board (*for cascade to Out of Hours centres*)  
GP Medical Advisers, HSC Board  
Medical Directors, HSC Trusts (*for onward distribution to, A& E doctors, ID Physicians, Microbiologists, Virologists*).  
Nursing Directors, HSC Trusts (*for onward distribution to all Community Nurses*)  
All General Practitioners (*for onward distribution to practice staff including practice nurses*)  
All Community Pharmacists  
Medical Director, NI Ambulance Service  
Medical Director, RQIA (*for cascade to independent hospitals and clinics*)  
PHA EOC

Dear Colleague

### SWINE FLU – TREATMENT PHASE: ADDITIONAL INFORMATION AND GUIDANCE FOR USE IN NORTHERN IRELAND

Dear Colleagues

#### ***Purpose of this letter***

The purpose of this letter is to provide further information on the management of cases of A/H1N1 swine flu in Northern Ireland following the move from containment to treatment.

#### ***Background***

On 2 July 2009, Ministers from the four UK countries agreed that management of A/H1N1 swine flu pandemic should move to the treatment phase across the UK. This decision was communicated in the Urgent Communication, HSS (MD) 29/2009 issued on 2 July 2009. The key implications of this change, as set out in that letter are summarised below:

## ***Summary of the changes (from HSS(MD) 29/2009)***

- **Northern Ireland is moving from containment to treatment in line with the rest of the UK;**
- **(Routine) Contact tracing and prophylaxis will stop;**
- **(Routine) Swabbing of possible cases is not required (except as agreed for surveillance purposes);**
- **Swabbing of hospitalised cases will continue as outlined in the CMO letter (HSS(MD) 24/2009);**
- **Clinicians will assess patients and may decide to offer antivirals on the basis of the clinical diagnosis;**
- **Antivirals should be given to symptomatic patients in the 'at risk' groups, ideally within 48 hours of onset of symptoms (see Appendix A);**
- **Antivirals may be given to patients with symptoms compatible with a diagnosis of swine flu, at the clinical discretion of the clinician.**

### ***Further advice and information***

Since the decision to move from containment to treatment it has become apparent that further clarity is required in a number of areas. These are considered below.

#### ***1. Diagnosis of A/H1N1 swine flu***

The main focus of attention is now on treatment of individuals who have the clinical symptoms of A/H1N1 swine flu. Clinicians are now encouraged to diagnose A/H1N1 swine flu cases on the basis of symptoms, described by the Health Protection Agency as follows:

**The clinical diagnostic criteria are:**

- **Fever [pyrexia  $\geq 38^{\circ}\text{C}$ ] or a history of fever,**
- AND**
- **influenza-like illness (TWO OR MORE of the following symptoms: cough; sore throat; rhinorrhoea; limb or joint pain; headache; vomiting or diarrhoea) OR**
  - **severe and/or life-threatening illness suggestive of an infectious process.**

#### ***2. Prescribing of antivirals***

Once a clinician has diagnosed A/H1N1 swine flu on the basis of the clinical history and findings, they should consider the use of antivirals. Antivirals should be given to symptomatic patients in the 'at risk' groups, ideally within 48 hours of onset of symptoms. These risk groups are listed at Appendix A, and include the risk groups associated with seasonal flu, with the addition of a broader definition of asthmatics; pregnant women; children under 5 years; and those over 65 years.

For patients outside these 'at risk' groups, the clinician may decide to prescribe antivirals for those with symptoms compatible with a diagnosis of swine flu. Clinicians should use their discretion to prescribe antivirals for anyone for whom, in their clinical judgement, influenza A H1N1 virus presents a significant risk of, or is already causing severe illness. The Influenza A H1N1 virus continues to be sensitive to the antiviral drugs Tamiflu and Relenza (Relenza can be used in pregnant women and renal failure), although a small number of cases of Tamiflu resistance has been identified.

### **3. Personal Protective Equipment when examining a patient**

Because of the non-specific symptoms of A/H1N1 swine flu, and the low incidence of seasonal flu at this time of the year, it is reasonable to consider a diagnosis of A/H1N1 swine flu in any patient presenting with a flu-like illness which meets the diagnostic criteria listed above (see section 1). Personal protective equipment (PPE) is therefore recommended for face to face contact with these patients (*surgical face mask, apron and gloves*). **The recommended guidelines for the use of PPE have not changed and are available at [www.dhsspsni.gov.uk/guidance\\_for\\_infection\\_control\\_in\\_hospitals\\_and\\_primary\\_care\\_settings\\_614kb.pdf](http://www.dhsspsni.gov.uk/guidance_for_infection_control_in_hospitals_and_primary_care_settings_614kb.pdf).**

### **4. Swabbing to confirm infection**

Routine swabbing of patients presenting with symptoms of flu-like illness should only be undertaken by those practices belonging to the flu spotter practice network coordinated by CDSC. If any other practices are interested in becoming a flu spotter practice, they should contact CDSC.

In all other practices, routine swabbing of patients with possible A/H1N1 swine flu is no longer required.

**Patients who are already hospitalised will continue to be managed in line with the CMO letter HSS(MD) 24/2009, which can be accessed at [www.dhsspsni.gov.uk/hss-md-24-2009.pdf](http://www.dhsspsni.gov.uk/hss-md-24-2009.pdf).**

#### **Key points from this letter are:**

As a precautionary measure, clinicians in Northern Ireland are asked to consider testing for influenza A(H1N1) for the following patient groups:

- 1) Patients aged 50 and under admitted to hospital with community acquired pneumonia.**
- 2) Patients aged 50 and under admitted to hospital with acute respiratory disease with fever, including those with underlying respiratory problems.**
- 3) Young patients with fever requiring high dependency or intensive care admission who have had a preceding influenza like illness.**

Relevant samples should be taken as soon as this diagnosis is suspected and passed to laboratories promptly. Suitable respiratory specimens include sputum, tracheal secretions or combined nose and throat swabs which can be sent as dry swabs if viral media or lysis buffer is not available.

### **5. Prophylaxis for contacts of clinically confirmed cases of swine flu**

The decision to move from containment to treatment brought an end to routine contact tracing and prophylaxis. Prophylaxis should not ordinarily be given to the contact of a case of A/H1N1 swine flu infection. However clinical judgement should be used where risk is identified to particularly vulnerable individuals. The Health Protection Agency has now produced guidance on this issue. **This guidance is to be used in Northern Ireland and supersedes all previous guidance on prophylaxis. It can be accessed at [www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1247038677052](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1247038677052).**



**Definition of an at risk group, as agreed by the  
Scientific Advisory Group on Emergencies (SAGE)**

*“Members of an at risk group are defined as those who are at higher risk of serious illness or death should they develop influenza.”*

**List of at risk groups who should receive antiviral treatment  
for clinically diagnosed swine flu**

- 1. People aged 6 months or over with:**
  - **chronic respiratory disease (including asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospitalisation)**
  - **chronic heart disease**
  - **chronic renal disease**
  - **chronic liver disease**
  - **chronic neurological disease**
  - **immunosuppression**
  - **diabetes mellitus.**
- 2. People who have received any medical treatment for asthma in the last three years (in addition to those included above)**
- 3. Pregnant women**
- 4. Children under the age of 5 years**
- 5. People over the age of 65 years**