

S3 WHO PANDEMIC ALERT PHASE 3: Algorithm for the management of returning travellers and visitors from countries affected by swine influenza A/H1N1 presenting with febrile respiratory illness: recognition, investigation and initial management

Created on 25 April 2009. Please check HPA website for updates.



Infection Control & Reporting

SCREENING & ASSESSMENT

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

(1) CLINICAL

Fever $\geq 38^{\circ}\text{C}$ OR history of fever AND flu-like illness (two or more of the following symptoms: cough, headache, rhinorrhea or vomiting/diarrhea¹) OR other severe/life-threatening illness suggestive of an infectious process

AND

(2) GEOGRAPHICAL

Travel in the last seven days to the following areas known to have cases of swine influenza A/H1N1:
 - United States (San Antonio, Texas; San Diego, Imperial County, California; New York City)
 - Mexico.

No Yes

Unlikely to be swine influenza A/H1N1, treat and investigate as clinically indicated.

Nose + throat swabs should be taken and put into viral media and send to an appropriate HPA regional laboratory² for analysis

If the patient's illness is severe enough to warrant admission:
 - put patient in a side room
 - healthcare staff to wear full PPE
 - keep number of staff caring for the patient to a minimum

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

FLU A NEGATIVE: Treat AND remove from strict respiratory isolation as appropriate. Discharge if appropriate. Follow-up until symptoms resolve if alternative diagnosis is not established.

FLU A POSITIVE: Inform local Health Protection Unit (HPU) immediately. Local HPU inform CfI duty doctor immediately of result to discuss possible prophylaxis of contacts. HPU staff to use AIMS database to collect patient's data.

As soon as the patient mentions a febrile respiratory illness and travel to an area of the world affected by H1N1, 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
Patient: to wear mask (surgical)
Staff: to wear mask (surgical), gown or plastic apron and gloves

Hospital
Location:
 Side room
Patient: to wear mask (surgical)
Staff: to wear mask (surgical), gown or plastic apron and gloves

Inform local HPU immediately; HPU to contact HPA CfI Duty Doctor immediately tel: 020 8200 4400. In Northern Ireland inform CCDC, CCDC to inform CDSC-NI tel: 028 9026 3765

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 (FFP3⁴), gown, gloves and eye protection



¹ Vomiting and diarrhea have been a feature of some of the confirmed US cases. ² HPA regional laboratories can be found at <http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1153846674206?p=1153846674206>. ³ Standard adult oseltamivir treatment dose=75mg bd for 5 days, zanamivir treatment dose=10mg bd for 5 days, unless expert advice is to increase dose. ⁴ FFP3 standard masks, see HSE guidelines: <http://www.hse.gov.uk/biosafety/diseases/avianflu.htm>