

H1N1 ALERT FOR HEALTH FACILITIES

The World Health Organization (WHO) has declared the fifth phase of pandemic H1N1. The virus has caused sustained community level outbreaks in at least two countries in one WHO region. Sustained human to human transmission occurs when three generations are involved - i.e. the virus has passed from person A to person B and then to person C. At this phase a pandemic is considered imminent.

There are currently no confirmed cases reported in South Africa. However, with the advent of influx of people into our country for events where there will be mass gathering, it is critical to accurately identify and handle suspect and confirmed cases in our health facilities. Outlined below are case definition and management of H1N1 cases developed in collaboration with the National Institute for Communicable Diseases

CASE DEFINITION

Suspected case of swine influenza A/H1N1:

An individual with recent onset of fever $\geq 38^{\circ}\text{C}$ **PLUS ONE OR MORE** of the following acute respiratory symptoms (sore throat, rhinorrhoea/nasal congestion, cough or myalgia) **AND** gives one of the following histories:

- Travel within **7 days** prior to onset of symptoms to Mexico or other countries with confirmed community-wide outbreaks*.
- Close contact** with an individual who is a suspected/confirmed case of swine influenza A/H1N1 in the 7 days prior to onset of symptoms

*For updates on countries currently reporting confirmed human cases of swine influenza A/H1N1

visit: <http://www.who.int/csr/disease/swineflu/en/index.html>

**Close contact includes: having cared for, lived in the same household with, or had direct contact within 2 metres of a suspected or confirmed case of swine influenza A/H1N1.

Confirmed case of swine influenza A/H1N1:

An individual with acute respiratory infection in whom swine influenza A/H1N1 infection has been laboratory-confirmed by a designated reference laboratory.

MANAGEMENT

Suspected or confirmed cases of swine influenza A/H1N1 should be managed as follows:

- Mild cases should not be admitted to hospital. They should be isolated at home for 7 days after the onset of symptoms and managed symptomatically.
 - The patient and their contacts should be given infection control guidance as follows:
 - Regular hand washing with soap and water
 - Cover nose and mouth with a tissue when coughing and sneezing (or use the upper part of your sleeve). Dispose of used tissues in a dustbin, and then wash hands with soap and water.
 - Contacts of cases should stay at home at the first sign of illness and follow guidelines as above. They should seek medical care only if required.
 - Antivirals should not be given to mild cases or their contacts
- Cases with moderate to severe illness (based on a clinical assessment that require hospital admission should be managed as follows:
 - Where possible these cases should be isolated in their own room with the door closed for the duration of hospital stay (maximum 7 days after illness onset). If discharged prior to day 7 of onset of illness, they can complete home isolation as outlined above.
 - Droplet and contact precautions should be instituted.
 - If available, it is preferable that health workers wear a properly fitting N95 mask on entry into the patient's room.
 - The patient should wear a standard surgical mask whenever he/she is required to leave the isolation room.
 - Where separate isolation rooms are not available, suspected cases should be cohorted in a designated ward and the above precautions instituted.
 - Oseltamivir should be used for treatment of moderate to severe cases