



# WHO PANDEMIC ALERT PHASE 4: 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

## SCREENING & ASSESSMENT

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

### (1) CLINICAL

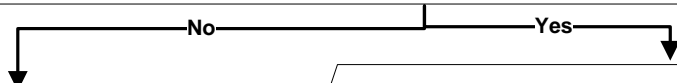
Fever  $\geq 38^{\circ}\text{C}$  **OR** history of fever **AND** flu-like illness (two or more of the following symptoms: cough, sore throat, rhinorrhoea, limb/joint pain, headache.<sup>1</sup>) **OR** other severe/life-threatening illness suggestive of an infectious process.

**AND**

### (2) GEOGRAPHICAL

Onset of symptoms within **seven** days of visiting areas known to have incidents of probable human-to-human transmission of swine influenza A/H1N1:

- Mexico
- United States (California; New York; Texas)



Unlikely to be swine Influenza A/H1N1. Treat and investigate as clinically indicated.

Inform local Health Protection Unit (HPU) immediately to ensure access to antivirals. Local HPU details at [www.hpa.org.uk](http://www.hpa.org.uk)

HPU to email details of the case to the Cfl Operations Room ([opsroomcfl@hpa.org.uk](mailto:opsroomcfl@hpa.org.uk)).  
HPU to contact Cfl Ops Room (020 8200 1999) or the Cfl Duty Doctor out of hours if advice is required.  
**In Northern Ireland inform CCDC**

Two nose and two throat swabs should be taken and put into viral media and sent to an appropriate HPA regional laboratory<sup>2</sup> for analysis.

Take nose and throat swabs for influenza testing.

Start antivirals.<sup>3</sup>

Is the patient ill enough to require hospitalisation?

**Biohazard** If the patient's illness is severe enough to warrant hospital admission:  
- put patient under strict respiratory isolation and in a side room  
- healthcare staff to wear full personal protective equipment (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

Investigate as clinically appropriate **AND** remove from strict respiratory isolation as appropriate. Discharge if appropriate. Follow-up until symptoms resolve if alternative diagnosis is not established. Consider HPA protocol for other undiagnosed serious illness.<sup>5</sup>



## FLU A POSITIVE

Inform local HPU immediately. Local HPU inform Cfl duty doctor immediately and discuss possible prophylaxis of contacts. HPU staff to use Avian Influenza Management System (AIMS) database to collect patient's data, for the current time.

## Infection Control & Reporting

As soon as the patient mentions a febrile respiratory illness **and** travel to an area of the world affected by swine flu A(H1N1) within 7 days of illness onset, 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:** facemask  
**Staff:** facemask, plastic apron and gloves

### Hospital:

**Location:** Side room  
**Patient:** facemask  
**Staff:** facemask, plastic apron and gloves

**Hexagon:** If admitted to hospital, 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 (FFP3<sup>4</sup>), gown, gloves and eye protection

**Footnotes:**  
1 Vomiting and diarrhoea have been a feature of some of the confirmed US cases.  
2 HPA regional laboratories can be found at <http://www.hpa.org.uk/webw/HPAweb&Page&HPAwebAutoListName/Page/1153846674206?p=1153846674206>.  
3 Standard treatment dose of oseltamivir in adults (age >13 years old) is 75mg bd for 5 days. Standard treatment dose of zanamivir is 10mg bd for 5 days. (<http://www.bnf.org/bnf/bnf/current/119743.htm>) Treatment should be started as soon as possible and at any point that the patient is symptomatic and continue until the patient has recovered. Follow guidelines unless expert advice is to increase dose.  
4 FFP3 standard masks, see HSE guidelines: <http://www.hse.gov.uk/biosafety/diseases/avianflu.htm>  
5 Refer to HPA protocol for undiagnosed serious illness: a microbiological approach to investigation. ([http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb\\_C/1202115613395?p=1160495617061](http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1202115613395?p=1160495617061))