

Laboratory Alert

H1N1 Influenza (Human Swine Flu)

11am, 15 May 2009

This alert is to notify laboratories about the new strain of H1N1 influenza and the current process for testing of suspected cases. Similar alerts have been provided to hospitals and general practitioners,

The new strain causes a spectrum of severity (from mild to life-threatening) of clinical disease compared to those of 'seasonal' strains endemic to Australia.

One confirmed case of this new strain has been confirmed in Queensland.

This case was identified at Brisbane International Airport on Sunday 9 May 2009 and was no longer contagious. Those sitting close to the affected passenger have been contacted and found to be well.

There are no confirmed cases in Victoria.

Outbreak of new strain of influenza

We are currently aware of confirmed cases of this strain of influenza in a broad spread of countries across the Americas, Europe and Asia. The majority of cases outside of Mexico are still being reported as a mild illness only, but we are keeping a close eye on developments.

The majority of cases in Mexico have occurred in healthy young adults. The degree of infectivity of the virus is not known but close family contacts and health care workers may be at risk.

Antiviral sensitivity testing has indicated the virus is sensitive to oseltamivir and zanamivir, but is resistant to amantadine and rimantadine.

Management of potential cases

Clinical information is limited. GPs are asked to consider a traveller who presents with an **acute febrile respiratory illness** with onset:

- Within 7 days of travel to Mexico, USA or Canada (and other countries with evidence of local transmission), OR
- Within 7 days of close contact with a person who is a **confirmed or probable** case of H1N1 Influenza 09 (Human Swine Flu) infection

as potentially infected with the new strain of influenza A.

Medical practitioners and/or hospital staff have been asked to report any suspected cases immediately by telephone to the Communicable Disease Prevention & Control Unit on 1300 651 160 or through our after hours paging service 1300 790 733.

The patient will subsequently be managed on clinical merit.

All staff involved in managing the suspected case, especially when undertaking an aerosol generating procedure such as taking throat swabs, should implement protective measures including a **P2 mask, suitable eye protection and gloves**, with attention to frequent hand hygiene.

While staff should be vaccinated against seasonal influenza the current vaccine is unlikely to fully protect against the new strain.

The DHS officer will then, in consultation with the doctor, determine whether the case meets the suspected case definition and if so request the following takes place:

- That a nose and throat swab is taken and placed into a single vial of viral transport medium (VTM), or placed in several mls of sterile saline if VTM is not available.
- A nasopharyngeal aspirate is also an alternative.
- If there is no alternative, dry swabs may be collected.
- All specimens should be transported cold in an esky with an ice brick.

Due to the urgency of testing we are requesting that all samples are sent to the Victorian Infectious Disease Reference Laboratory as long as the total time from collection to reaching VIDRL is less than 8 hours.

Specimens should be clearly marked:

- Victorian Infectious Diseases Reference Laboratory (VIDRL)
10 Wreckyn St North Melbourne 3051
Marked: "URGENT, SUSPECTED H1N1 INFLUENZA — FOR TESTING AT VIDRL"

As part of our consultation with the referring doctor, we will provide details at the time about the preferred way of getting the specimen to VIDRL directly. In the metropolitan area this will be in most instances via a courier. In the rural area, given the difficulty of getting couriers we will need to use existing pathology collection and delivery services. We suggest that rural providers contact their normal pathology service

If you are sending additional specimens other than the nose/throat swabs from a patient suspected to have H1N1 such as liver function tests, treat these specimens as you would treat a specimen from a patient with suspected H5N1 infection. Laboratory staff should wear appropriate personal protective equipment and use appropriate laboratory facilities.

Yours sincerely



Dr John Carnie
Chief Health Officer