



Regional update – 19 March 2010

H1N1 Influenza (Swine 'flu)

To: GPs, PHOs, Emergency Departments, After Hours Clinics, Pharmacies, Hospital Chief Operating Officers, Chief Medical Advisers, DHB Pacific and Maori Advisors, Lead Maternity Carers, DHB Emergency Managers.

Key contacts

Regional Public Health: **04 570 9002** 8am to 5pm, Monday to Friday, **04 570 9007** after hours,

RPH fax **04 570 9373** Healthline **0800 611 116**,

Regional Public Health: www.rph.org.nz Ministry of Health: www.moh.govt.nz

Purpose of this document is to:

- Update you on what is currently happening in the region
- Update you on the revised viral swabbing process
- Provide a copy of last years anti-viral medication procedure - **NOTE this is currently under review by the Ministry of Health and subject to change**

Current Influenza-Like Illness (ILI) activity

We are starting to hear reports from GP's and from the public of an increase in people with ILI in the region and there has been one confirmed case of H1N1 (swine 'flu) in the Wellington region in a person who had not travelled outside NZ. The sentinel surveillance data has not identified a widespread increase in ILI yet.

The Ministry of Health are planning for the second wave to be of similar or lower magnitude than last year due to the proportion of people with immunity from exposure to the virus last year and the protection that will come from seasonal influenza vaccination.

Swabs for ILI in primary care

Most people with influenza like illness (ILI) will be diagnosed and managed clinically. However in some situations there are good clinical, infection control or public health reasons to identify if the illness is caused by an influenza virus. To enable targeted swabbing Aotea Pathology has distributed a limited number of swabs suitable for PCR testing for influenza to medical centres in the region. Guidance on criteria and authorisation for viral swabs are included on page 8 of this update.

Notification of outbreaks of ILI in institutions

Please notify Regional Public Health if you are aware of a suspected outbreak of ILI in an institution. An outbreak is defined as 3 cases of ILI in staff or residents within 48 hours OR 4 cases of ILI in staff or residents within a week.

Influenza vaccination -ensure you and your staff are vaccinated against influenza:

The seasonal influenza vaccine is now available and all staff, including clinical, administrative, cleaning, security and reception are strongly encouraged to get vaccinated. As it takes approximately 14 days after vaccination to develop full protection, encourage staff to get vaccinated early. High vaccination coverage will reduce the impact of seasonal influenza and ensure the continuity of health services.

Additional people eligible for free influenza vaccination in 2010

In response to high rates of illness and severe disease in particular population groups the eligibility of free immunisation has been extended **in 2010** to include;

- Pregnant women
- Morbidly obese adults and children
- Children aged 6 months to their 5th birthday. GPs can use their discretion to offer free 'flu immunisation to children from high deprivation backgrounds that are at high risk of illness. Data from 2009 indicates that children from high deprivation backgrounds and Maori and Pacific children are more at risk of hospitalisation from swine 'flu. Children with certain chronic conditions are already eligible for free vaccination. **Note** that children from 6 months to 9 years of age having this years influenza vaccine should have two doses of vaccine containing the pandemic strain regardless of whether they have received a seasonal vaccine in previous years. For 2010 this updates and replaces the advice on page 261 of the Immunisation Handbook 2006.

Vaccination for pregnant women:

If pregnant women are infected with H1N1 they appear to be at greater risk of developing severe disease, require hospitalisation or to die as a result of complications compared with women who are not pregnant. The infection may also put the foetus or the newborn at risk. This risk is greatest in the 2nd or 3rd trimester. Influenza immunisation is strongly recommended for women who will be pregnant during the influenza season. The influenza vaccine is usually given in the 2nd and 3rd trimesters but should be offered to women who will be in the first trimester when influenza is circulating.

Further information

- '*Safety of influenza vaccination in pregnancy*' published in the Am J of Obstet Gyn. 2009; 201(6) 547-552. A copy of this report is in the 2010 Influenza Kits ('Flu Folders) distributed to all medical centres and an electronic copy of this can be accessed on www.influenza.org.nz/?t=890
- Questions and Answers about pregnancy and vaccination available from the Ministry of Health website at: www.moh.govt.nz/moh.nsf/indexmh/influenza-a-h1n1-questions-pregnant

Management of and advice for people with ILI

The most recent advice from the Ministry of Health on the diagnosis and management of pandemic influenza can be accessed at;

[http://www.moh.govt.nz/moh.nsf/pagesmh/9171/\\$File/diagnosis-and-mgmt-h1n1-v4-dec09.doc](http://www.moh.govt.nz/moh.nsf/pagesmh/9171/$File/diagnosis-and-mgmt-h1n1-v4-dec09.doc)

There are 2 resources you may like to use to provide advice to ill people on when to seek medical help if their condition worsens and how to reduce transmission to others. These can be ordered by telephoning RPH on 570 9002 and asking for the Resource Centre:

- 'Pandemic 'Flu What You Need To Know' a Ministry of Health brochure HP4911 or downloadable from [www.moh.govt.nz/moh.nsf/Files/pandemic-resources/\\$file/pandemic-flu-what-you-need-to-know-09.pdf](http://www.moh.govt.nz/moh.nsf/Files/pandemic-resources/$file/pandemic-flu-what-you-need-to-know-09.pdf)
- General Information on Influenza – information to help you care for someone with influenza. Accessible from the RPH website.

Additional information for Lead Maternity Carers

Pregnant women, especially those in the third trimester, women who are post partum and newborn infants are at high risk of influenza complications so it is important to be on high alert for the signs and symptoms of influenza like illness in these groups. If you suspect a pregnant or post partum woman or infant has influenza follow your usual processes for seeking specialist advice (Infectious Diseases Physician, Obstetrician, Paediatrician) regarding antiviral and other treatment.

For further information

- CDC website. Novel H1N1 (swine flu) and feeding your baby. <http://www.cdc.gov/h1n1flu/infantfeeding.htm>
- Safety of neuraminidase inhibitors against novel influenza a (H1N1) in pregnant and breastfeeding women. Canadian Medical Association Journal 7 July 2009. <http://www.cmaj.ca/cgi/content/full/181/1-2/55>
- Ministry of Health website. www.moh.govt.nz

Infection control

- The Ministry of Health's website has a very good audiovisual resource on infection control for primary health care practices. The video is about 4 minutes long and could be used as a refresher / updating tool during practice meetings. It also has information about using PPE and environment cleaning. <http://www.moh.govt.nz/moh.nsf/indexmh/influenza-a-h1n1-resources-videoandaudio>
- Put up posters in prominent areas with advice for people with influenza like symptoms.
- Have hand sanitiser available at points of exit and entry to the facility with clear instructions on use. Make sure key staff are doing this as other staff take their lead from these people.
- Provide clear advice for staff who have recovered from an influenza like illness about when they can return to work. This may include staff whose major symptoms have resolved, but have a post viral cough wearing a mask when at work.
- If you are wearing a mask do it properly - this includes knowing how to put it on, take it off and dispose of it without putting yourself or others at risk.

When can people to go back to work or school?

Ill people should stay at home until essentially well, that is not sneezing and coughing as this is how the virus spreads. This is usually around four to five days after symptoms start, but may be up to a week and may be longer in children.

APPENDIX 1

Who should be treated with Government Funded Antiviral medication?

Most people are expected to recover without antiviral treatment. However people at high risk of complications or presenting with severe illness should be considered for early treatment with Tamiflu from the national stockpile. These are for people who have:

1. An Influenza-like illness. This means a patient has:

- (i) Documented fever of 38°C or higher OR history of fever, chills and sweating AND
- (ii) a cough OR sore throat.

AND

2. Meet the clinical criteria (see below)

If patients meet clinical criteria for Tamiflu they do not need to be swabbed unless a swab is required for clinical management or for public health reasons (see below).

In adult cases in the community, antiviral treatment should begin within 48 hours of the onset of symptoms, or after discussion with an infectious disease physician. For hospitalised cases this policy may be varied on a case-by-case basis. The first dose should be given with food to reduce the incidence of nausea and vomiting.

For children aged 5 years or less, treatment can be initiated up to 5 days from the onset of symptoms. For paediatric doses consult the relevant medicine data sheet and see the Ministry of Health website for instructions on how to prepare a paediatric formulation.

Tamiflu is the first line antiviral treatment. Relenza should be used only where Tamiflu cannot be taken or cannot be tolerated, or the case or contact has renal impairment. The standard adult (treatment) course is 2 x 5mg blisters (2 inhalations) twice a day for 5 days.

- Indications for the use of Relenza instead of Tamiflu include:
 - An inability to take or tolerate Tamiflu e.g. due to vomiting or diarrhoea
 - Renal failure.

For further information please see medicine data sheets:

<http://www.medsafe.govt.nz/profs/Datasheet/t/Tamiflucapsusp.htm>

<http://www.medsafe.govt.nz/profs/Datasheet/r/relenzarotadisk.htm>

Clinical Criteria for Government Funded Antiviral Medication (Tamiflu)

Antiviral use is funded and recommended for the following groups only:

1. Patients with severe clinical influenza-like illness, regardless of whether they are admitted to hospital
2. Symptomatic people at high risk of influenza-related complications or more likely to require hospitalisation, ie:
 - Immunocompromised or immunosuppressed
 - Pregnant women

- Severe or poorly controlled congestive heart failure or chronic respiratory disease
 - More severe asthmatics (e.g. people on oral steroids, high dose steroid inhalers, or steroids and long-acting beta-agonists)
 - Renal replacement therapy
 - If in doubt, please discuss with the infectious disease team at Wellington Hospital
3. People who live or work in ‘high risk’ institutions (e.g. prison, boarding school, long term care facility, hospital) or in a health care setting. Each situation should be discussed with the Medical Officer of Health
 4. Any other groups as advised by Regional Public Health or Ministry of Health.

What Is The Process For Prescribing Antiviral Medication (Tamiflu) From The National Stockpile?

To prescribe Government funded antivirals to a person with an influenza-like illness who meets the clinical criteria below there are three steps. This process is for general practice and hospital outpatient prescribing.

Step 1: Please complete the attached form (copies can also be downloaded at www.rph.org.nz under “Downloads”). Please note a number of GP practices have loaded this form onto their MedTech system, which is proving a very efficient way of completing these. Your local PHO may be able to assist with this.

Then fax it to RPH on 04 570 9373.

Once you have completed this step you can **initiate Step 2 without waiting for a reply.**

Step 2: Prescribe antivirals for the patient. This can be done on a normal prescription pad. In addition to the prescription itself, you must include the words “**endorsed by Regional Public Health**” on the prescription.

Step 3: Tell your patient they can only fill this script at an authorised pharmacy (see below)

Please note that the antiviral request form has been updated (attached) to meet Ministry of Health requirements, with ethnicity added. This form is used for surveillance purposes to help us track the pandemic.

Which Pharmacies Can Dispense National Stockpile Antivirals?

A number of pharmacies have been authorised to dispense antivirals from the national stockpile. An up-to-date version of this list is attached and is also being maintained on the RPH website www.rph.org.nz under Information for Pharmacists, <http://www.huttvalleydhb.org.nz/Resource.aspx?ID=16100>

Pharmacies Authorised to Dispense Government Funded Anti-Viral Medication

Name	Address	City	Telephone
Kenepuru After Hours Pharmacy	Kenepuru Community Hospital	PORIRUA	238 9939
After Hours Pharmacy	17 Adelaide Rd	WELLINGTON	385 8810
Radius Pharmacy Coastlands	Coastlands Mall	PARAPARAUMU	04 298 9988
Amcal Cuba Mall Pharmacy	Cuba Mall	WELLINGTON	384 6856
Cannons Creek Pharmacy	Cannons Creek Shopping Mall	PORIRUA	237 6964
Newtown Mall Pharmacy	195 Riddiford Street	WELLINGTON	389 4057
Karori Mall Pharmacy	Shop 6, Karori Mall	WELLINGTON	476 7564
Johnsonville Life Pharmacy	Johnsonville Shopping Centre	WELLINGTON	478 4863
Miramar Health Care Pharmacy	58 Miramar Avenue	WELLINGTON	388 8516
Waikanae Radius Pharmacy	Marae Lane	PARAPARAUMU	04 293 5200
Radius Island Bay Pharmacy	141 The Parade	WELLINGTON	383 8680
Waitangirua Pharmacy	201 Warspite Ave	PORIRUA	2359340
Carterton Pharmacy	PO Box 71	WAIRARAPA	06 379 8244
Greytown Pharmacy	86 Main Street	WAIRARAPA	06 304 9005
Langs Pharmacy	PO Box 49	WAIRARAPA	06 308 9202
Masterton Medical Pharmacy	PO Box 111	WAIRARAPA	06 370 0590
South End Pharmacy	266 Queen Street	WAIRARAPA	06 377 3891
The Chemist	132 - 136 Queen Street	WAIRARAPA	06 377 1296
Chapel Street Pharmacy	43 Chapel Street	WAIRARAPA	06 370 2222
Duncan's Pharmacy	445 Queen Street	WAIRARAPA	06 377 0090
Clive's Unichem Chemist	20 - 21 Queen Street	LOWER HUTT	564 8618
Collinges Unichem Pharmacy	240 Jackson Street	LOWER HUTT	568 5357
Hills Broadway Pharmacy	723 Fergusson Drive	UPPER HUTT	5284405
Lower Hutt After Hours Pharmacy	729 High Street	LOWER HUTT	939 6777 (After hours) 3861647 (8am to 5.30pm)
Radius Care Pharmacy - Lower Hutt	71 High Street	LOWER HUTT	5699741
Radius Care Pharmacy - Upper Hutt	53 Main St.	UPPER HUTT	5284808
Eastbourne Pharmacy	24 Rimu St.	LOWER HUTT	5628057
Stokes Valley Unichem Pharmacy	202 Stokes Valley Road	LOWER HUTT	9398331
Naenae Pharmacy	Hillary Court	LOWER HUTT	5677277

We would also like to remind anyone prescribing Tamiflu from the national stockpile that a "request for anti-viral medication" form (attached) needs to be faxed to RPH, on 04 570 9373.

REQUEST FOR ANTI-VIRAL MEDICATION

This form is for notifying Regional Public Health where the patient clearly meets the criteria for anti-viral medication. Once you have notified RPH you are automatically authorised to prescribed anti-viral medication from the national stockpile.

Notifier Identification						
Reporting Source:	<input type="checkbox"/> GP <input type="checkbox"/> Hospital Based Practitioner <input type="checkbox"/> Lab <input type="checkbox"/> Other					
Name:				Phone:		
Organisation:				Date:	/ /	
Case Identification						
First Name:			Surname:			
NHI Number:			DOB:	/ /	Sex:	M / F
Ethnicity:	<input type="checkbox"/> NZ European <input type="checkbox"/> Maori <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Island Maori <input type="checkbox"/> Niuean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Tongan <input type="checkbox"/> Other <i>please specify:</i>					
Address:						
Home Phone:			Mobile:			
Email:						
GP Name: <i>If different from above</i>			GP Phone:			
Practice:						
Basis of Referral						
CLINICAL CRITERIA						
Symptoms:						
Fever >38°					<input type="checkbox"/> Yes	
Cough					<input type="checkbox"/> Yes	
Sore throat					<input type="checkbox"/> Yes	
Other <i>please specify:</i>						
ELIGIBILITY CRITERIA (refer to RPH advisory from 19 June 2009)						
1. Severe clinical influenza-like illness (ILI)					<input type="checkbox"/> Yes	
2. Symptomatic with high risk of influenza complications					<input type="checkbox"/> Yes	
3. Lives/Works in high-risk institutions e.g. prison, healthcare					<input type="checkbox"/> Yes	
4. Other <i>please specify:</i>						
Comments:						
Patient has been informed that Regional Public Health will be notified					<input type="checkbox"/> Yes	
I confirm that the patient has ILI and meets the eligibility criteria for anti-viral medication					<input type="checkbox"/> Yes	
Signature:				Date:	/ /	
Please fax completed form to Regional Public Health on 04 570 9373						

Testing for Influenza – Criteria and Authorisation

Background: In general most people with influenza like illness (ILI) will be diagnosed and managed clinically and **do not** require a swab for viral testing. However in some situations there are very good clinical, infection control or public health reasons to accurately determine if the ILI is caused by an influenza virus. It is also important that we avoid unnecessary swabbing to ensure best use of resources and that laboratory testing capacity is not exceeded.

Note patients with ILI at high clinical risk* should be commenced on anti-viral medication (Tamiflu) without waiting for swab results. Follow your usual processes for seeking management and treatment advice for children and adults who have complex health conditions or severe illness.

Consider testing only the following people with influenza like illness (fever + cough or sore throat and symptom onset within the last 72 hours).

Patient group	Testing rationale	Who to ring for authorisation
Person at high risk of severe outcome e.g. immunosuppressed, poorly controlled CHF, renal replacement therapy, pregnant women, children with congenital heart disease, chronic respiratory conditions, extremely premature infants and neurologically impaired children at risk of aspiration	If test required for clinical management of the illness	On-call Infectious Diseases Physician/Microbiologist at: CCDHB page via 3855 999
People who live, work or provide services in closed settings e.g. prison, justice facilities or long term care facilities	Early detection/ prevention of institutional outbreak	On-call Medical Officer of Health on 04 570 9002
Frontline health care staff working with people at high risk of severe illness or complications	Protection of patients/ clients at high risk of severe illness and to prevent outbreaks	If DHB employee contact their Occupational Health service. Non-DHB employee contact the On-call Medical Officer of Health 04 570 9002
Suspected outbreak of ILI in 3 or more people in an institution or other defined setting	Early detection/ prevention of outbreaks	On-call Medical Officer of Health 04 570 9002

The Role of testing those without classical ILI

Influenza virus infection causes a spectrum of disease and can present “atypically”. Immunosuppressed persons, those at the extremes of the age range and those with major medical problems may all present atypically, and are at risk of increased influenza-related mortality. These patients would normally be placed at high priority for establishing a diagnosis and early commencement of treatment. Probably the most useful criterion for considering influenza as a diagnosis is fever, bearing in mind that a conservative definition of fever in the frail elderly is > 37.3°C.

If the testing is approved you will be given an authorisation number. **Please write the authorisation number and the name of the person who approved testing on the lab form.** If you do not seek authorisation or the lab form is incomplete the swabs will not be processed. Send the sample via the usual Aotea Pathology transport system. Please note the criteria for swabbing may be revised.

Who Provides Patients with Swab Results?

The doctor/service that requested the swab is responsible for giving the swab result back to the patient. This means swabs done in primary care via the GP, hospital patients via hospital clinicians, ED patients via ED and occupational health swabs via occupational health services. We also ask that all swab results from the usual sentinel surveillance system are followed-up and actioned by the requesting practitioner (including informing the patient).

* For further information on patients eligible for Government funded antiviral medication please refer to the Ministry of Health ‘**Guidance on the Diagnosis and Management of Pandemic Influenza (H1N1) December 2009**’ accessible from www.moh.govt.nz