

Updated Influenza Management Guidelines For General Practitioners

19 August 2009

Promote seasonal influenza vaccination for any person over 6 months of age and especially in the groups listed in the Australian Immunisation Handbook, 9th Edition pages 190 - 193

Screening on arrival at General Practice

Apparent respiratory tract infection with sneezing and coughing

Influenza Case Definition

Fever ($\geq 38^{\circ}$ C or a good history of fever)

AND

cough and/or sore throat

YES

NO

Medically assess, decide on clinical need for hospital admission

Is illness moderate/severe? Is patient pregnant?
Does patient have a chronic medical condition?
Is the patient in a high risk setting (eg residential facilities)?

YES

NO

Manage as clinically indicated and consider ceasing antivirals if commenced

NO

Influenza A positive?

YES*

H1N1 Influenza 09?

YES

NO

Continue antiviral treatment for case if started

Household and similar contacts of a confirmed case who are also in vulnerable groups should be encouraged to seek early medical attention if they develop flu-like symptoms

If these contacts belong to high 'at risk' groups (eg severely immunosuppressed or with respiratory failure) antiviral prophylaxis may be indicated

Infection Control in General Practice

Flu Alert posters should be placed at the entrance to your practice directing patients with respiratory symptoms to perform hand hygiene and cough etiquette and if available, to wear surgical masks

Preferred locations:

If possible use a separate room for waiting patients and to assess patients with flu-like symptoms. Otherwise keep 1m distance from other patients

Staff:

When a deep throat or nasal swab is being taken, use a surgical mask and eye protection. A P2 or N95 mask is not needed for obtaining a swab

If aerosol generating procedures are being undertaken, such as using a nebuliser, staff in the same room as suspected cases should wear a P2 or N95 mask.

Other measures:

Provide tissues, waste receptacles and dispensers of alcohol-based hand hygiene products in waiting areas and consultation rooms

All patient care equipment needs to be disinfected before use on another patient. If visibly soiled, it should be cleaned with detergent and water prior to disinfection with alcohol (70% isopropanol or 80% ethanol). A large alcohol wipe may also be used to decontaminate small items of equipment

- Consider starting antiviral treatment for case if clinically necessary and <48 hours since onset of symptoms (or later if case is admitted)

- Deep nasal (or throat) swab for diagnosis is recommended. If the patient has a productive cough, sputum is also a suitable specimen but as this procedure may generate aerosols, you should follow the Infection Control advice in the box on the right

- Make usual arrangements to inform patients of test results (whether positive or negative) when available

If patient does not require admission to hospital

- Isolate at home and encourage patient to practice good hand hygiene and cough etiquette until well
- If going outside house strongly encourage patient to keep 1 metre apart from other people and use cough etiquette until well

If patient does require admission to hospital, follow usual procedures for inpatient management of influenza (see Infection Control Box). It is not necessary to refer to a designated flu hospital

*Complete **Report of Notifiable Disease or Related Death** form for influenza and fax or post to Communicable Disease Control Branch, SA Health

Urgent telephone notification to Communicable Disease Control Branch (08) 8226 7177 for cases who reside in a high risk setting (e.g. residential care)