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REMINDER TO GENERAL PRACTITIONERS

Treat early when you suspect Pandemic (H1N1) 2009 disease on clinical grounds in vulnerable patients at risk of poorer outcomes. Swab testing is not required in most cases.

New Terminology- The official WHO name for the new variant influenza is now 'Pandemic (H1N1) 2009'. It was formerly known as 'H1N1 influenza 09' and is also referred to as the 'human swine flu'.

Dear Doctor

Australia is now in the PROTECT phase for Pandemic (H1N1) 2009, in which the emphasis is on protecting those most at risk of severe outcomes. The response in PROTECT phase recognises widespread local community transmission, with most people experiencing mild to moderate disease.

Pandemic (H1N1) 2009 is now the dominant strain in the community

Northern Territory Centre for Disease Control data has shown that Pandemic (H1N1) 2009 is now the dominant strain in the community, comprising well over 80% of all recent influenza notifications.

All patients with an influenza-like-illness (ILI) and underlying medical conditions* should therefore be assumed to have Pandemic (H1N1) 2009 influenza and be managed accordingly. Testing is no longer considered necessary for the majority of patients.

Current management guidelines recommend commencing oseltamivir (Tamiflu) within 48 hours of symptom onset for patients with influenza-like-illness (ILI) who have underlying medical conditions* that place them at risk of poor outcomes or for those with severe disease.

Oseltamivir from the National Medical Stockpile is available for selected patients

Oseltamivir (Tamiflu) is available from the National Medical Stockpile (NMS) and has already been provided to you by the Centre for Disease Control. However, oseltamivir (Tamiflu) from the NMS is only approved for those people with ILI and underlying medical conditions* or severe disease.

An ILI is formally defined as a fever of 38° C or a convincing history of fever, in addition to a cough or sore throat.

Access to oseltamivir from the NMS is conditional on completing and forwarding required documentation to the Centre for Disease Control (see attached form). Replacement oseltamivir (Tamiflu) can be ordered through the Centre for Disease Control, which will deliver supplies to General Practices on Mondays only. If replacement stock is required before the next Monday you will need to make your own arrangements for delivery.

Patients with a mild influenza-like-illness and no risk factors

People with a mild ILI and no risk factors likewise do not need to be tested for influenza. They are also not currently eligible for free Oseltamivir (Tamiflu) from the NMS. They should be advised to stay at home and away from work or school until well.

Healthcare workers – a group of special interest

Healthcare workers (HCW) who might present to your practice with an ILI are a group of special interest. Infection in HCWs can expose vulnerable patients to Pandemic (H1N1) 2009 as well as adversely affect patient care due to reduction in HCW numbers. HCWs in a clinical role who present with an ILI should be tested and treated with oseltamivir (Tamiflu) from the NMS if they present within 48 hours of symptom onset. A pathway to facilitate this testing and treatment has been established for clinical staff of the Department of Health and Families. This can be accessed through your local public hospital Emergency Department.

Private prescriptions of oseltamivir (Tamiflu) for Pandemic (H1N1) 2009

Many people are presenting to General Practitioners with an ILI who do not meet the requirements for free NMS oseltamivir (Tamiflu) i.e. people with a mild illness who are without risk factors. It is reasonable to issue a private prescription for oseltamivir (Tamiflu), which they can then obtain from a private pharmacy in order to reduce the duration and severity of illness and facilitate their return to work or school.

However, once again testing for Pandemic (H1N1) 2009 is not required – the prevalence of Pandemic (H1N1) 2009 in the community is such that testing should not change your clinical management.

Your cooperation with the recommendation to reduce influenza testing is appreciated and will greatly assist in ensuring laboratory and public health resources are directed to those most vulnerable to complications from influenza, which is mainly those being hospitalised.

Places to obtain further information

For more information on Pandemic (H1N1) 2009 including NT guidelines for treatment and advice to the general public please refer to http://www.health.nt.gov.au/H1N1_Influenza

Additional websites on information for individuals and households:

<http://www.healthemergency.gov.au/internet/healthemergency/publishing.nsf/Content/consumers>

and under Clinical Information find Clinical management of Pandemic (H1N1) 2009

<http://www.healthemergency.gov.au/internet/healthemergency/publishing.nsf/Content/healthprof>

Yours Sincerely



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People considered to be vulnerable to more severe outcomes include those with the following:

- o Chronic respiratory conditions (asthma, COPD),
- o Pregnancy (2nd and 3rd trimesters),
- o Morbid obesity,
- o Indigenous people of any age (to assess carefully for risk factors and chronic conditions,
- o Other chronic conditions such as cardiac disease, diabetes mellitus, metabolic conditions, renal disease, haemoglobinopathies, immunosuppression and neurological conditions.

Other groups where active monitoring is recommended include smokers, people with obstructive sleep apnoea, children under 5 years old, pregnancy in the first trimester, and health care workers working in units or settings with a high proportion of vulnerable patients.

Severe illness tends to show as:

- o Early onset of a severe viral illness with respiratory failure,
- o Secondary bacterial pneumonia,
- o Destabilisation of a pre-existing chronic condition.