

INFLUENZA OUTBREAK (SWINE FLU) A/H1N1



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Department
Health
REPUBLIC OF SOUTH AFRICA

WHAT IS SWINE FLU/H1N1 INFLUENZA AND HOW DOES IT DIFFER FROM ORDINARY FLU?

H1N1 Influenza/Swine flu is a respiratory disease and has some elements of a virus found in pigs. Swine Flu has been confirmed in a number of countries and it is spreading from human to human, which could lead to what is referred to as a pandemic flu outbreak. Pandemic flu is different from ordinary flu because it is a new flu virus that appears in humans and spreads very quickly from person to person worldwide. The World Health Organisation (WHO) is closely monitoring cases worldwide. Because it is a new virus, no one will have immunity against it and everyone could be at risk of contracting it. Health care professionals are specifically at risk, due to their close contact with sick patients. It is therefore essential for health care professionals to take the necessary precautions.

HOW DOES SWINE FLU/H1N1 INFLUENZA SPREAD?

Flu viruses spread through aerosols (droplets) created when a patient coughs or sneezes. When patients cough or sneeze without covering their nose or mouth with a tissue, those droplets can spread and be inhaled. If the patients cough or sneeze into their hands or close to any surface, the virus can easily spread to their hands and/or to any hard surfaces they touch. The virus can survive on a hard surface for some time. Everyday items such as door handles, computer keyboards, phones, remotes and equipment are all common surfaces where the flu virus can be found. If people touch these surfaces and then touch their mouth or nose (mucus membranes), the virus can be transmitted and they become infected.

CLINICAL PICTURE

- Acute respiratory infection;
- Sneezing;
- Runny nose;
- Fever;
- Chills;
- Cough;
- Shortness of breath;
- Headache;
- Sore throat;
- Tiredness;
- Aching muscle;
- Loss of appetite.

INTERIM CASE DEFINITION

Suspected Case of A/H1N1 Swine Influenza

An individual with a recent onset of fever ($\geq 38^{\circ}\text{C}$ PLUS ONE OR MORE) or who presents with acute respiratory symptoms (sore throat, rhinorrhoea/nasal congestion, cough or myalgia), AND who gives one of the following histories: Travel within seven days prior to onset of symptoms to Mexico or any other country with a countrywide outbreak; or Close contact with an individual who has suspected/confirmed swine influenza (A/H1N1) in the seven days prior to the onset of symptoms.

Confirmed Case of A/H1N1 Swine Influenza

An individual with acute respiratory infection in whom the A/H1N1 Swine influenza Virus has been laboratory-confirmed.

LABORATORY SAMPLES

Cases meeting the above case definition should be tested for H1N1/Swine Influenza. Specimens should preferably be taken prior to commencement of antivirals. Wooden swabs are NOT suitable. Use Dacron or Rayon swabs. Use appropriate personal protective equipment (PPE) when collecting and handling samples. A swab is collected from each nostril and the throat and pooled into the same container of VIRAL TRANSPORTATION MEDIUM. Nasopharyngeal swabs may be collected instead of throat swabs. Swabs pose lower risk of infection for staff than nasopharyngeal aspirates or nasal washes, as both generate aerosols. Throat, nasal or nasopharyngeal swabs should be placed in a vial of viral transport medium and should be STORED AND TRANSPORTED at 4°C . Wrap container with viral transport medium in absorbent material such as several layers of paper towels. Place in a transparent plastic bag and seal. Wrap in second layer of adsorbent material. Place in second transparent plastic bag and seal. Place in a sturdy container such as a cooler box, plastic ice-cream container or similar sturdy container. Fill container with ice cubes. Seal container. Write the patient's details on outside of container. Send urgently to laboratory after prior arrangements.

TREATMENT

Specific treatment guidelines are issued by the D Medicine. There is no vaccine at this stage. Antivirals are prescribed as described in the treatment guidelines. Antivirals are available at all three military hospitals.

ADVICE BY HEALTH CARE PROFESSIONALS TO ALL SOLDIER AND PATIENTS

Social Distancing

Avoid all gatherings where other people come closer than two metres to you;
Avoid kissing or hugging as a form of greeting;
Avoid close contact (closer than two metres) with a person with flu.

Basic Personal Hygiene

Use a tissue or handkerchief when sneezing. Dispose of dirty tissues promptly and carefully; Ventilation of all areas, including waiting rooms, public transport, sleeping quarters and office spaces (enforce open windows);
Hold hand or handkerchief in front of mouth when coughing to prevent droplets spreading; Wash hands often with soap and water, especially after you have coughed or sneezed and before meals; Wash hands with soap and water after visiting any public facilities, touching door handles or keyboards; Avoid touching eyes, nose or mouth. Virus spreads through contact with the mucus membranes; Wash all surfaces, specifically in kitchens, with soap and water.

Voluntary Isolation

If unwell with symptoms of flu – stay home/indoors and avoid close contact with family; Do not send sick children to school.

Mask Wearing

The use of surgical masks by non-medical staff is NOT recommended (even though this practice is common on television news programmes).

INFECTION PREVENTION

REGULARLY WASH YOUR HANDS WITH SOAP AND WATER

Personal Protective Equipment

Health Care Practitioners Standard Personal Protective Equipment:

Protect own mucus membranes. Wear surgical mask with visor over both mouth and nose. Never wear mask round the neck. Replace mask after 30 minutes; Wear a plastic apron; Wear clean gloves; Hand

hygiene – wash hands with soap and water; Use alcohol-base hand-cleaner regularly.

When carrying out a procedure with the risk of splashes onto the face:

As above; Wear a non-sterile long-sleeved gown.

When carrying out aerosol-generating procedures (e.g. aspiration of the respiratory tract, intubation, resuscitation, bronchoscopy):

As above; Wear a particulate effective mask, e.g. an N 95 mask

REMEMBER TO WASH HANDS WITH SOAP AND WATER AFTER REMOVING MASK

Dispose of mask and gloves in a medical waste container immediately after use.

General infection Control Precautions for all Military Health Facilities

Prevent overcrowding of waiting areas.
Ensure window of facilities, especially waiting rooms, are kept open.
Give advice to all patients on basic precautions.

Explain that masks are NOT recommended:

The virus can penetrate most types of masks; They are only effective for short periods; They become moist from exhaled air and then become even more penetrable; Moist masks in front of the face actually create a breeding ground for viruses. Health care professionals wear the masks for short periods, only for procedures.

Regularly (at least daily) wash all surfaces in the facility, including door handles, keyboards and telephones, with a chlorine disinfectant, e.g. Biocide. Take special care of waiting areas.

Infection Control precautions for Suspected and confirmed A/H1N1 Swine Influenza Patients

Place patient in an adequately ventilated room. If single rooms are not available, cohort patients in wards keeping at least one metre distance between beds.
Standard and droplet precautions for all persons entering the isolation room.

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