



- Please bring to the attention of all doctors -

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Contact telephone number: 8226-7177 (24 hours/7 days)

H1N1 09 influenza, pertussis and meningococcal disease

South Australia has now recorded more than 500 cases of Influenza H1N1 09, with a hospitalisation rate of 4% and a mortality rate of <0.2%.

Personal Protective Equipment for General Practice

Details of infection control measures for H1N1 09 influenza are summarised in *Updated Influenza Management Guidelines for General Practitioners* (as of 22 June 2009) and detailed in a Fact Sheet for Health Professionals (*Infection control procedures in the 'Protect' phase*) available from: <http://flu.sa.gov.au/> (look under Swine flu > Information for GPs).

- Use surgical mask, eye protection and gloves when taking a nasopharyngeal swab.
- Full PPE (P2 or N95 mask, eye protection, gloves and gown) is only required for aerosol generating procedures, which include intubation, non-invasive ventilation, open airway suctioning, bronchoscopy and nebuliser use. Please note the recommendation to use an inhaler with spacer rather than nebuliser in patients with asthma and COPD (Public Health Alert 12 June).

Use of antivirals for influenza - refer to Public Health Alert of 18th June for details

<http://www.dh.sa.gov.au/pehs/Alerts-&-Recalls/090618-status-protect-Antivirals-H1N1.pdf>

Indications for starting and continuing antiviral treatment for cases of H1N1 09 influenza infection:

- meets the case definition of fever $\geq 38^{\circ}$ (or well documented history of fever) and at least one of: rhinorrhoea, nasal congestion, sore throat or cough AND
- moderate to severe symptoms and/or at increased risk of complications of influenza infection (pregnancy and underlying medical conditions).

Continuing high levels of pertussis infection

CDCB has been notified of 1379 cases of pertussis this year, compared to 255 at the same time last year. Key points in responding to the continuing high levels of pertussis notifications are:

- Continue to promote both routine childhood immunisation as well as adult pertussis booster vaccination (dTpa) to those groups listed in the *Australian Immunisation Handbook* 9th Ed. This includes prospective parents, new parents, grandparents, childcare workers and health care workers. Note that there are no longer any dTpa vaccine shortages.
- PCR testing on a nasopharyngeal swab or aspirate or throat swab is the preferred test to diagnose pertussis infection.
- Exclude patients with pertussis from work, school or childcare until 5 days of appropriate antibiotic treatment.
- Identify and manage any vulnerable household contacts and cases having contact with high risk institutions (child care, health staff in maternity or neonatal settings). Please contact the CDCB if you identify any high risk settings.
- Refer to the *Australian Immunisation Handbook* 9th Ed. pp227-239 for more details.

Invasive meningococcal disease

Invasive meningococcal disease typically peaks in late winter and early spring. To date there have been 19 cases (all but one serogroup B) in South Australia in 2009, including one death. This compares with 14 cases in total for 2008. An A4 desktop resource for GPs was distributed to all General Practices in May 2008, and additional copies can be downloaded and printed from: <http://www.health.sa.gov.au/pehs/PDF-files/2008-meningococcal-A4-GP-card.pdf>. Alternatively, please contact the CDCB if you would prefer hard copies to be posted to your practice address.

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Information contained within this advice should be treated as confidential and is for the intended recipient only.