



Algorithm for the management of persons with acute febrile respiratory illness who may have swine influenza A (H1N1)

1 Screening

As soon as the patient mentions a febrile respiratory illness and travel in the last 7 days [to an area of the world affected by A/H1N1¹](#), the following precautions (as indicated on right panel) should be taken before continuing with the assessment:

Standard, Contact & Droplet Precautions

- **Strict hand hygiene**
- **Primary care/ community**
Location: At patient's home if possible
Patient to wear surgical mask
Staff to wear surgical mask, and barrier precautions³
- **Hospital**
Location: Side room
Patient to wear surgical mask
Staff to wear surgical mask, and barrier precautions³

2 Assessment

Clinical

Acute onset of fever (temperature $\geq 38^{\circ}\text{C}$) **OR** history of fever
AND flu-like illness (two or more of the following symptoms: cough, sore throat, myalgia, headache, rhinorrhea or vomiting/diarrhoea²)
OR other severe/life-threatening illness suggestive of an infective process

AND

Epidemiological

At least one of the following exposures (A,B,C) within 7 days prior to onset of symptoms:

- A.** A person who has travelled to an area¹ where there are confirmed cases of swine influenza A (H1N1)
- B.** A person who has a close contact to a confirmed case of swine influenza A (H1N1) virus infection while the case was ill
- C.** A person with a recent history of contact with an animal with confirmed or suspected swine influenza A (H1N1) virus infection

Unlikely to be swine influenza (A/H1N1). Treat and investigate as clinically indicated.

NO

YES

Treatment, Infection Prevention & Control

Communications

Testing

• Start antivirals as soon as possible⁴

Home

If the patient's illness can be managed at home

- Advise to self isolate until results of testing available
- Advise on respiratory and hand hygiene

Hospital

If the patient's illness is severe enough to warrant admission to hospital:

- Place patient in a single room preferably with anteroom and ensuite
- Standard, contact & droplet precautions
- Healthcare staff to wear full barrier precautions³ & FFP3 mask (correctly fitted)
- Keep number of staff caring for the patient to a minimum

Inform Director of Public Health (DPH) immediately

Inform hospital infection prevention & control team and occupational health team

Following discussion with DPH, take combined nose/throat viral swab **or** nasopharyngeal aspirate.

Healthcare staff to wear barrier precautions³ & FFP3 mask (correctly fitted)

Send samples to NVRL⁵ for urgent analysis

3 Results

Flu A Negative

Treat as appropriate AND remove from contact & droplet precautions if appropriate

Flu A Positive

Inform local DPH immediately. Local DPH to inform HSE-HPSC immediately of result and discuss prophylaxis.

1. Mexico, US (San Antonio, Texas; San Diego, Imperial County; California). Other countries are under review. 2. Vomiting and diarrhoea have been a feature of some confirmed US cases. 3. Barrier precautions = adequate hand hygiene, use of gowns, clean gloves, and eye protection if splashes are anticipated. 4. Antiviral treatment as outlined in: <http://www.hpsc.ie/hpsc/A-Z/EmergencyPlanning/AvianPandemicInfluenza/Guidance/PandemicInfluenzaPreparednessforIreland/File,3257,en.pdf>

5. See National Virus Reference Laboratory (NVRL) website for information on sending samples (http://www.ucd.ie/nvrl/nvrl_how_send.html)