WHO PANDEMIC ALERT PHASE 4: Algorithm for the management of returning travellers and visitors from countries affected by swine influenza A/H1N1 presenting with febrile respiratory illness: recognition, investigation and initial management

**SCREENING & ASSESSMENT**

Patients must fulfil a condition/test in boxes (1) and (2)

1. **CLINICAL**
   - Fever ≥ 38°C OR history of fever AND flu-like illness (two or more of the following symptoms: cough, sore throat, rhinorrhea, limb/joint pain, headache.) OR other severe/life-threatening illness suggestive of an infectious process.

2. **GEOGRAPHICAL**
   - Onset of symptoms within seven days of visiting areas known to have incidents of probable human-to-human transmission of swine influenza A/H1N1:
     - Mexico
     - United States (California; New York; Texas)

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**Infection Control & Reporting**

As soon as the patient mentions a febrile respiratory illness and travel to an area of the world affected by swine flu A(H1N1) within 7 days of illness onset, the following precautions should be taken before continuing with the assessment.

**Primary Care/Community:**
- **Location:** At patient’s home if possible; if not, away from communal areas
- **Patient:** facemask
- **Staff:** facemask, plastic apron and gloves

**Hospital:**
- **Location:** Side room
- **Patient:** facemask
- **Staff:** facemask, plastic apron and gloves

If admitted to hospital, inform hospital infection control and occupational health. Inform local laboratory of sample status

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**FLU A NEGATIVE**

Investigate as clinically appropriate AND remove from strict respiratory isolation as appropriate. Discharge if appropriate.

Follow-up until symptoms resolve if alternative diagnosis is not established.

Consider HPA protocol for other undiagnosed serious illness.

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**FLU A POSITIVE**

Inform local HPU immediately.

Local HPU to contact CfI Ops Room (020 8200 1999) or the CfI Duty Doctor out of hours if advice is required.

In Northern Ireland inform CCDC

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**Nose and throat swabs should be taken and put into viral media and sent to an appropriate HPA regional laboratory for analysis.**

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**If the patient’s illness is severe enough to warrant hospital admission:**
- put patient under strict respiratory isolation and in a side room
- healthcare staff to wear full personal protective equipment (PPE)
- keep number of staff caring for the patient to a minimum

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**Is the patient ill enough to require hospitalisation?**

Yes

Start antivirals.

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**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

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**FLU A NEGATIVE**

Investigate as clinically appropriate AND remove from strict respiratory isolation as appropriate. Discharge if appropriate.

Follow-up until symptoms resolve if alternative diagnosis is not established.

Consider HPA protocol for other undiagnosed serious illness.

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**FLU A POSITIVE**

Inform local HPU immediately.

Local HPU to contact CfI duty doctor immediately and discuss possible prophylaxis of contacts.

HPU staff to use Avian Influenza Management System (AIMS) database to collect patient’s data, for the current time.

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**Footnotes:**
1. Vomiting and diarrhoea have been a feature of some of the confirmed US cases.
3. Standard treatment dose of oseltamivir in adults (age >13 years old) is 75mg bd for 5 days. Standard treatment dose of zanamivir is 10mg bd for 5 days. ([http://www.bnf.org/bnf/bnf/current/119743.htm](http://www.bnf.org/bnf/bnf/current/119743.htm)) Treatment should be started as soon as possible and at any point that the patient is symptomatic and continue until the patient has recovered. Follow guidelines unless expert advice is to increase dose.
4. FFP3 standard masks, see HSE guidelines: [http://www.hse.gov.uk/biosafety/diseases/avianflu.htm](http://www.hse.gov.uk/biosafety/diseases/avianflu.htm)