

INTERIM INFECTION CONTROL GUIDELINES FOR SUSPECTED OR CONFIRMED CASES OF SWINE INFLUENZA A/H1N1 IN SOUTH AFRICA, 28 April 2009

These guidelines provide interim guidance on measures to be used for suspected or confirmed cases of swine influenza A/H1N1. Guidelines will be updated as new information becomes available.

Interim Case definitions:

Suspected case of swine influenza A/H1N1:

An individual with recent onset of fever $\geq 38^{\circ}\text{C}$ **PLUS ONE OR MORE** of the following acute respiratory symptoms (sore throat, rhinorrhoea/nasal congestion, cough or myalgia) **AND** gives one of the following histories:

- Travel within **7 days** prior to onset of symptoms to Mexico or other countries with confirmed community-wide outbreaks*.
- Close contact** with an individual who is a suspected/confirmed case of swine influenza A/H1N1 in the 7 days prior to onset of symptoms

*For updates on countries currently reporting confirmed human cases of swine influenza A/H1N1 visit: <http://www.who.int/csr/disease/swineflu/en/index.html>

****Close contact** includes: having cared for, lived in the same household with, or had direct contact within 2 metres of a suspected or confirmed case of swine influenza A/H1N1.

Confirmed case of swine influenza A/H1N1:

An individual with acute respiratory infection in whom swine influenza A/H1N1 infection has been laboratory-confirmed by a designated reference laboratory.

Suspected or confirmed cases of swine influenza A/H1N1 should be managed as follows:

- Mild cases should not be admitted to hospital. They should be isolated at home for 7 days after the onset of symptoms and managed symptomatically.
 - The patient and their contacts should be given infection control guidance as follows:
 - Regular hand washing with soap and water
 - Cover nose and mouth with a tissue when coughing and sneezing (or use the upper part of your sleeve). Dispose of used tissues in a dustbin, and then wash hands with soap and water.

- Contacts of cases should stay at home at the first sign of illness and follow guidelines as above. They should seek medical care only if required.
- Antivirals should not be given to mild cases or their contacts.
- Cases with moderate to severe illness (based on a clinical assessment) that require hospital admission should be managed as follows:
 - Where possible these cases should be isolated in their own room with the door closed for the duration of hospital stay (maximum 7 days after illness onset). If discharged prior to day 7 of onset of illness, they can complete home isolation as outlined above.
 - Droplet and contact precautions should be instituted.
 - If available, it is preferable that health workers wear a properly fitting N95 mask on entry into the patient's room.
 - The patient should wear a standard surgical mask whenever he/she is required to leave the isolation room.
 - Where separate isolation rooms are not available, suspected cases should be cohorted in a designated ward and the above precautions instituted.
 - Oseltamivir should be used for treatment of moderate to severe cases (see interim guidelines for antiviral use).

