

INTERIM SCREENING PROCEDURE FOR SUSPECTED CASES OF SWINE INFLUENZA A/H1N1 IN SOUTH AFRICA, 28 April 2009

As of 28 April 2009, only cases meeting the current case definition for suspected swine influenza (see below) will be tested by the National Influenza Centre at the National Institute for Communicable Diseases and/or designated NHLs reference laboratories. These guidelines will be updated if/when the global situation changes.

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.

Cases meeting the above case definition should be tested for swine influenza infection as per the following guidelines:

Specimens for virus isolation or for detection of viral nucleic acids or antigens should be taken preferably during the first three days after onset of clinical symptoms, but may be taken up to a week after onset, or even later in severely ill or immunocompromised patients. Investigations should also be undertaken for other potential causes of the illness as deemed appropriate by the attending physician.

Type of specimens to be collected on suspected cases:

- Specimens should preferably be taken prior to commencement of antivirals.
- Wooden swabs are not suitable for respiratory virus PCR. Please use Dacron or Rayon swabs.
- A swab collected from each nostril, and a throat swab pooled into the same container of viral transport medium is the specimen of choice. Nasopharyngeal swabs may be collected instead of nose and throat swabs. Swabs pose a lower risk of infection for staff than do nasopharyngeal aspirates (NPA) or nasal washes, both of which may generate aerosols. They are suitable for testing by polymerase chain reaction (PCR) which is a rapid, sensitive laboratory test.
- In addition to swabs from the upper respiratory tract, invasive procedures such as bronchoalveolar lavage or lung biopsy can be performed for the diagnosis of virus infections of the lower respiratory tract where clinically indicated. Post mortem samples may also be submitted. In all cases these procedures must be performed within a controlled environment using suitable respiratory precautions.
- Throat, nasal or nasopharyngeal swabs or aspirates should be placed in a vial of viral transport medium (VTM). The viral transport medium should be stored and transported at 4°C and delivered promptly to the laboratory in the correct packaging (see below). Please contact your nearest laboratory for viral transport medium.

Specimen collection, storage and transport:

Specimen collection poses a risk of aerosol production and recommended precautions should be followed closely. Specimens should be packaged and transported as per standard recommendations for infectious substances. It is essential that the laboratory receiving the sample is aware that it comes from a potential swine influenza case and that it has the facilities required to safely handle the sample. Please package as follows:

- 1) **USE APPROPRIATE PRECAUTIONS AT ALL TIMES WHEN HANDLING BLOOD OR OTHER BODY FLUIDS.**
- 2) Wrap viral transport medium (containing the swabs) in absorbent material e.g.: cotton wool.
- 3) Then place the specimens in a secondary container, preferably sturdy plastic or stainless steel with a well fitting lid.
- 4) Wrap them again in absorbent material and place in another container.
- 5) Put the patient details on the **OUTSIDE** of this container including:
 - a. Patient Name, health facility (where appropriate) and patient number
 - b. Doctor and contact no. (mobile)
 - c. Lab Name and contact person.
 - d. Clinical details and travel details.
 - e. Results of any tests already performed.
- 6) Specimens should be submitted urgently to NICD as follows:

For urgent attention: Dhamari Naidoo: National Influenza Unit, National Institute for Communicable Diseases (NICD) 1 Modderfontein Road Sandringham Johannesburg

Please apply the case definitions as outlined above before sending specimens for testing.

The NICD doctors can be contacted on the following numbers for consultation:

- Daytime contact details (8am to 5pm Monday to Friday) - **082 477 8026**
- After-hours, weekends and public holidays – NICD Hotline - **082 883 9920**



World Health Organization Collaborating Centre
for Haemorrhagic Fevers & Arbovirus Diseases.
Member of the Regional EPI Laboratory Network
in the capacity of a Regional Reference Laboratory



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