



**Australian Government**  

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**Department of Health and Ageing**

**CHIEF MEDICAL OFFICER**

Dear Colleague,

**Update on Swine Influenza A outbreak in Mexico, USA, Canada and other countries**

This letter is to update you on developments globally and actions undertaken by the Department of Health and Ageing with respect to this outbreak. I will keep you informed of updates and changes as they occur.

We are currently aware of confirmed cases of this strain of influenza in Mexico, USA, Canada, Spain and New Zealand. The majority of cases outside of Mexico are still being reported as a mild illness only, but we are keeping a close eye on developments.

Actions taken by the National Incident Room, along with jurisdictional colleagues in the Australian Health Protection Committee (AHPC) are as follows:

- Advice has been sent to General Practitioners and Emergency Departments providing the interim definition of a suspected case, and advising on actions to be taken if a suspected case presents
- State and Territory Public Health Units have increased surveillance, and are able to advise and assist in the detection and management of cases
- Enhanced surveillance has been enacted at international airports for inbound flights, including in-flight announcements. A clinical presence is available at airports to assist with entry screening and case detection
- Information is available through either [www.health.gov.au](http://www.health.gov.au), or [www.flupandemic.gov.au](http://www.flupandemic.gov.au), as well as internationally at [www.who.int](http://www.who.int) or [www.cdc.gov](http://www.cdc.gov)

AHPC have also agreed with updated case definitions (as at 28 April 2009), consistent with the Centers for Disease Control and Prevention (CDC) in USA

*A suspected case* of swine influenza A (H1N1) is a person with:

An **acute febrile respiratory illness** with onset:

- Within 7 days of travel to Mexico, USA or Canada (and other countries with evidence of local transmission), OR
- Within 7 days of close contact with a person who is a **confirmed** or **probable** case of swine influenza A (H1N1) virus infection

*A confirmed case* of swine influenza A (H1N1) is a person with an acute febrile respiratory illness confirmed by a laboratory with swine influenza A (H1N1) by either

- Viral sequencing

- Real-time RT-PCR with swine influenza primers
- Viral culture

A **probable (influenza A positive suspected)** case of swine influenza A (H1N1) is a person with an acute febrile respiratory illness who is:

- Positive for influenza A, but negative for H1 and H3 by influenza RT-PCR, or
- Positive for influenza A by an influenza rapid test or an influenza immunofluorescence assay (IFA) plus meets the criteria for a suspected case.

The definition of **close contacts** is:

- Household members of **confirmed or probable** cases
- Close workplace contacts of a **confirmed or probable** case, including sharing an office or cubicle area (sitting within 1 metre for at least 15 minutes)
- Members of a **confirmed or probable** case's class or child care group and their teacher/child care supervisor, where the case is a child aged between 0-12 years old
- Others identified by a **confirmed or probable** case, household members or workplace contacts as having been in close physical contact (hugging, kissing, sitting within 1 metre for at least 15 minutes) with the confirmed case
- Passengers and crew travelling on aircraft with a **confirmed or probable** case as defined below:
  - Passengers seated in the same row, and within two (2) rows in front of and behind the case;
  - Any passengers who moved from elsewhere in the aircraft to spend more than 15 minutes near the case
  - Airline staff (unless they did not visit the section of the plane in which the case was seated)

Current recommendations for the use of oseltamivir (Tamiflu®) or zanamivir (Relenza®) is as follows:

- Close contacts of **confirmed or probable** cases (as defined above, in consultation with the local Public Health Unit) within 48 hours of contact
- **Suspected** cases, in consultation with the local Public Health Unit, if started **within 48 hours** of onset of symptoms, until influenza A is excluded or an alternative diagnosis is made

There is no current recommendation for oseltamivir to be used prophylactically by travellers visiting affected countries, apart from Mexico.

The previous advice regarding common sense measures of suspected cases and contacts is still applicable:

- If you are phoned by a patient who may be a suspected case, they can be referred to your local Public Health Unit for further advice

If a suspected case presents to your practice, please do the following:

- Try to keep the patient separate (at least 1 metre away) from other patients if possible. If available, ask the patient to wear a mask
- Advise your local public health unit by telephone
- If within 7 days of onset, take a nose and throat swab and place in a viral transport medium and collect sera for pathology testing
- If more than 7 days since onset, collect sera at presentation and where possible in 3 weeks
- Advise your patient to stay at home, away from work, and from public places until well
- Advise your patient that the illness appears to be mild in most cases but to contact you by telephone if their condition becomes worse.

This letter will be widely distributed. I look forward to your continued cooperation and assistance in this matter.

Yours sincerely

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