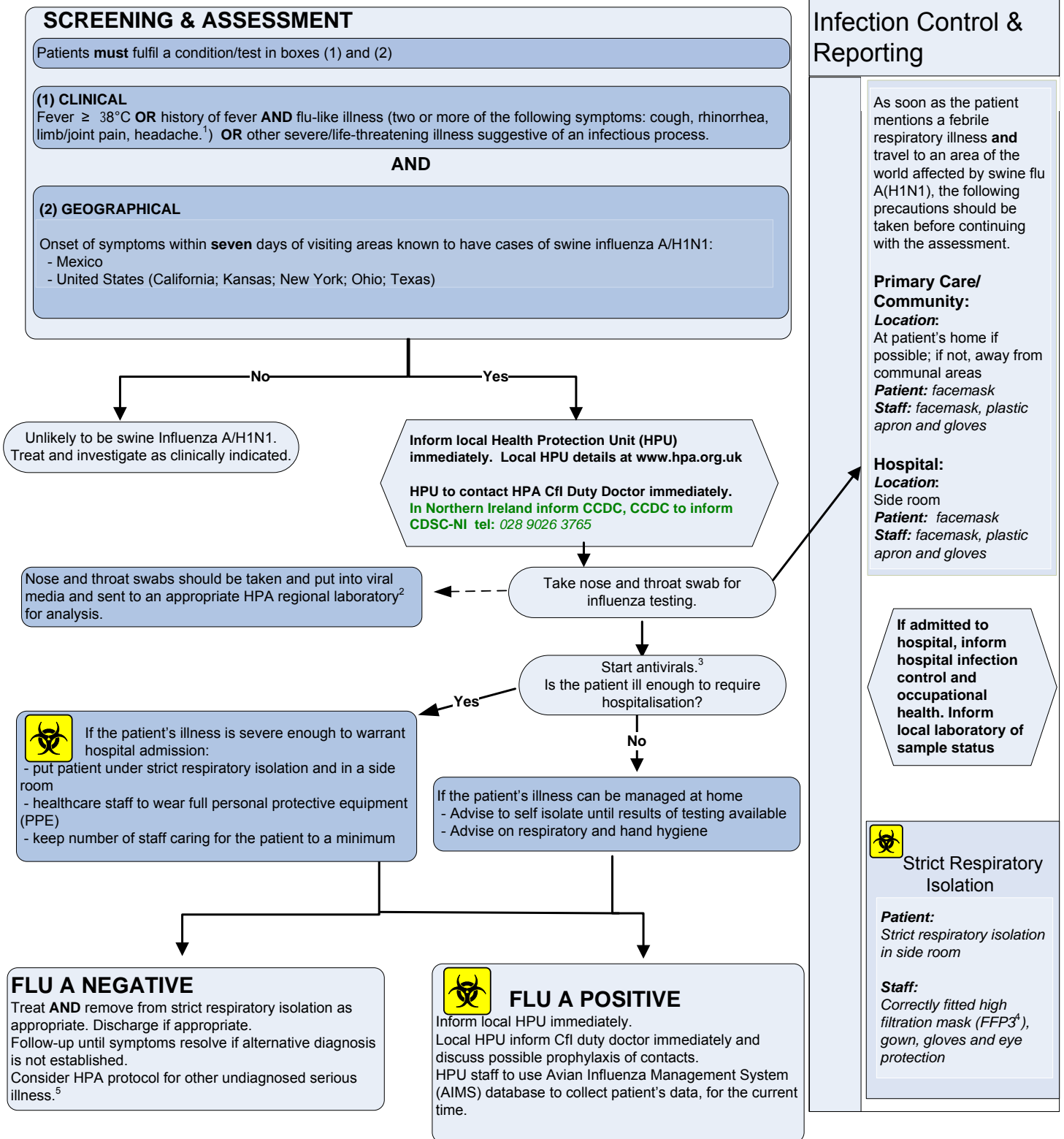


S3 WHO PANDEMIC ALERT PHASE 3: Algorithm for the management of returning travellers and visitors from countries affected by swine influenza A/H1N1 presenting with febrile respiratory illness: recognition, investigation and initial management



Updated on 27 April 2009. Please check HPA website for updates.



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), 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

Strict Respiratory Isolation

Patient: Strict respiratory isolation in side room

Staff: Correctly fitted high filtration mask (FFP3⁴), gown, gloves and eye protection

Footnotes:
 1 Vomiting and diarrhoea have been a feature of some of the confirmed US cases.
 2 HPA regional laboratories can be found at <http://www.hpa.org.uk/webw/HPAweb&Page&HPAwebAutoListName/Page/1153846674206?p=1153846674206>.
 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>) 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>
 5 Refer to HPA protocol for undiagnosed serious illness: a microbiological approach to investigation (http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1202115613395?p=1160495617061)

In case of uncertainty, discuss with local Health Protection Unit.