



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

National Office Health Protection

Health Service Executive

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To :

All Medical Practitioners

CC- All health care professionals

All health managers

Re: Management of Influenza A(H1N1)v during the treatment phase

Dear Doctor,

The purpose of this letter is to provide further information on the management of cases of A(H1N1)v in Ireland during the treatment phase. This letter provides information on changes to the testing policy, to the policy for whom to treat, and to the policy for chemoprophylaxis of contacts. It also provides clarification regarding the use of antivirals in pregnancy and in children aged less than one year of age.

Background

On 16th July 2009, Dr Tony Holohan, Chief Medical Officer (DoHC), and Dr Patrick Doorley, National Director, Population Health (HSE), announced that management of influenza A(H1N1)v should move to the treatment phase on the advice of the Pandemic Influenza Expert Group (PIEG).

As the pandemic has progressed, the PIEG has advised further necessary changes in the management of this illness and these are outlined below.

Testing policy

The current swabbing policy is amended so that testing is only necessary in the following circumstances:

- Cases hospitalised for influenza.
- Cases identified via the GP sentinel surveillance scheme.
- Other situations, following discussion with local public health – for example:
 - Cases of influenza like illness (ILI) in an institution.
 - Unusual clusters of serious illness.
 - Influenza like illness (ILI) or unexplained illness occurring in a hospitalised patient.
 - Development of influenza like illness (ILI) in a person on chemoprophylaxis.

Treatment

For clinical cases of influenza like illness (ILI), clinical judgment should be used in making a decision about whether to prescribe antiviral treatment for individual patients. It is recommended that only the following groups receive antiviral treatment:

- Patients who have severe symptoms,
- Patients in defined risk groups. These include patients in the following categories: Chronic respiratory, heart, kidney, liver, neurological disease; immunosuppression (whether caused by disease or treatment); diabetes mellitus; haemoglobinopathies; people aged 65 years and older; children <5 (children <2 are at particular risk of influenza); people on medication for asthma, severely obese people (BMI ≥ 40) and pregnant women.

Anecdotal comments from GPs and Pharmacists would suggest that there is a pressure from the public to obtain antiviral drugs for those going on holidays or for those with minor illness. This is inappropriate and needs to be resisted.

Antiviral drugs are a valuable resource and need to be used judiciously so as to avoid the development of resistance and to ensure that those who need them can avail of them.

Chemoprophylaxis

Chemoprophylaxis is no longer generally recommended for contacts. However, doctors may exercise clinical judgment in individual cases in exceptional circumstances where they may consider it appropriate to prescribe chemoprophylaxis. In addition, it may be appropriate to consider chemoprophylaxis in some settings such as nursing homes or special education residential centres – following discussion with local public health.

Treatment of children aged < 1 year

The Pandemic Influenza Expert Group has advised that hospitalisation of children below 1 year of age, including children below 3 months of age, should be based on an assessment of the clinical condition and any particular circumstances of the individual children. On the basis of the current knowledge of the safety profile of oseltamivir (Tamiflu), there are no specific, identified risks that warrant automatic hospitalisation for all infants less than 3 months of age, bearing in mind that experience of use in this population is very limited to date.

Treatment with antivirals in pregnancy

The Pandemic Influenza Expert Group advice is that:

- Chemoprophylaxis is no longer routinely recommended in pregnancy.
- Pregnant women with severe symptoms in the first trimester should receive oseltamivir (Tamiflu).
- Oseltamivir (Tamiflu) should be considered for pregnant women with mild symptoms in the first trimester if they have other co-morbidities.

- Pregnant women with mild symptoms of influenza like illness and no co-morbidities in the first trimester should be observed and oseltamivir (Tamiflu) withheld unless clinically indicated.
- Pregnant women with influenza like illness in the second and third trimesters should receive oseltamivir (Tamiflu).

Algorithms

Separate algorithms for primary care and for adult and paediatric Emergency Departments have been developed. These are included for your information.

Please discard the algorithm, dated 16th July, as it is no longer current.

More detailed information and guidance will continue to be available through the following websites:

Health Protection Surveillance Centre www.hpsc.ie

Health Service Executive www.hse.ie

Department of Health and Children www.dohc.ie

Yours sincerely,



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