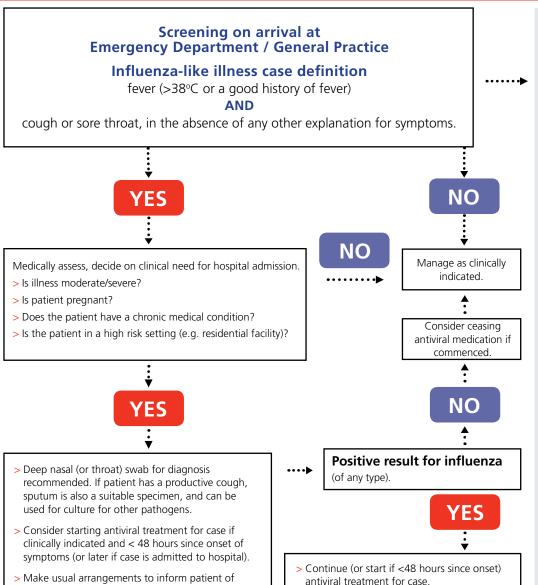
Influenza Management Guideline for Emergency Departments and **General Practice**





- > Select antiviral medication based on sensitivity (if known).
- > Vulnerable household and similar contacts of a confirmed case (pregnant women, people with morbid obesity or chronic medical conditions) should be advised to seek early medical attention if they develop flu-like symptoms.
- Consider influenza vaccination for unvaccinated vulnerable contacts (but it will be 10-14 days before protective antibodies form)
- > Antiviral prophylaxis should only be considered for contacts assessed to have a very high risk of severe disease.
- Complete Report of Notifiable Disease or Related Death form for influenza and fax to (08) 8226 71 87 or post to Communicable Disease Control Branch (CDCB) SA Health, PO Box 6 Rundle Mall Adelaide 5000
- > URGENT telephone notification to CDCB on 1300 232 272, if case resides in a high risk setting (e.g. residential care).

Infection Control in ED or GP Clinic

Preferred location: isolation room (negative pressure room **not** required)

Patient: to wear surgical mask if not in isolation room

Staff: Personal Protective Equipment (PPE) required when within 1 metre of patient, including:

- > surgical mask
- > long sleeved gown
- > eye protection
- > gloves

When deep throat or nasal swab is being taken, use surgical mask and eye protection. A P2 or N95 mask is NOT needed for obtaining a swab.

If aerosol generating procedures are being undertaken, staff in the same room as the patient should wear a P2 or N95

- > endotracheal intubation
- > open airway suctioning
- > non-invasive ventilation (CPAP or biPAP)
- > nasopharyngeal aspirate collection
- > diagnostic sputum induction

Nebulised medication is not considered an aerosol generating procedure, however spacer devices should be used whenever possible.

If isolation room cannot be used, cohort in a separate area with patient wearing surgical mask and at least 1 metre apart from other patients.

Infection Control in Hospital

Patient: arrange hospital admission to an isolation room or ICU if condition warrants. If isolation room unavailable, consider cohorting according to hospital infection control guidelines.

To remain isolated until:

a. plausible alternative diagnosis for the illness is confirmed

b. viral culture or PCR on nasal or throat swab is negative

c. until well **and** no fever for 24 hours (without fever-reducing medication) usually 5 to 7 days after onset of illness. Infectious period may be longer in children and immunosuppressed people.



test results (whether positive or negative)

- > Encourage patient to stay at home and practice good hand hygiene and cough etiquette.
- > If going outside house, strongly encourage patient to keep at least 1 metre away from other people and to use cough etiquette.

If patient DOES require admission to hospital,

> Follow usual procedures for inpatient management of influenza.





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