Seasonal influenza management guideline
for Emergency Departments and General Practice

Government of South Australia
SA Health

Screening on arrival at Emergency Department / General Practice: is influenza-like illness present?

fever (>38°C or a good history of fever)
AND
cough or sore throat, in the absence of any other explanation for symptoms.

NO → **Manage as clinically indicated**

YES

Clinical assessment and management in ED or GP Clinic

Undertake diagnostic testing, where clinical concern for seasonal influenza

The preferred specimen is a combined throat and deep nasal swab using a Viral Transport Swab*.

Request PCR for respiratory pathogens.

Make usual arrangements to inform patient of test results (whether positive or negative) when available.

Commence antiviral therapy as clinically indicated

General indications might include**: influenza with established complications; influenza requiring hospitalisation for management of the patient; moderate or high severity community acquired pneumonia occurring during the influenza season; influenza in patients at higher risk of poor outcomes.

Does the patient require hospital admission?

Consider the following:

> Is illness moderate/severe?
> Is patient pregnant?
> Does the patient have a chronic medical condition?
> Is the patient in a high risk setting (e.g. residential facility)?

Infection Prevention and Control (IPC) in ED or GP Clinic

Standard and transmission-based precautions apply.***

Preferred location: isolation/single room (negative pressure room not required)

Patient: to wear surgical mask (if tolerated) if not in isolation/single room. If an isolation/single room is not available, cohort in a separate area with patients wearing surgical masks (if tolerated) and at least 1 metre apart from other patients

Staff: Hand hygiene and personal protective equipment (PPE) required, including:

> surgical mask > eye protection > gown > gloves

When nose and throat swabs are taken, use surgical mask (or for a higher level of protection consider using a P2/N95) and eye protection.

If aerosol generating procedures (AGP) are being undertaken, staff in the same room as the patient should wear a P2 or N95 mask. Examples of AGPs include:

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

Administration of medication via nebulisation should be avoided, unless there is no alternative (e.g. nebulised adrenaline for croup). Administer in a single room with door closed if possible.

Environmental cleaning (including patient equipment) required, using detergent & disinfectant.

Negative result for influenza

Consider ceasing antiviral medication if commenced. **Manage as clinically indicated**.

Positive result for influenza

Commence antiviral therapy, for the individual benefit of the patient, if clinically indicated.

Antiviral treatment with neuraminidase inhibitors can also be considered for the purpose of reducing the risk of transmission to others by reducing viral shedding from the patient; this could be considered in a hospital or aged-care facility setting, or where there are household contacts at higher risk of poor outcomes from influenza**.

Consider postexposure prophylaxis of contacts with neuraminidase inhibitors, within 48 hours of exposure, where the contact/s are at higher risk of poor outcomes from influenza, or where the contacts are at risk of spreading infection to others (e.g. hospital patients).**

Vulnerable household and similar contacts of the patient should be advised to seek early medical attention if they develop flu-like symptoms.

Patient does **NOT** require admission

Where there is clinical concern for seasonal influenza, 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 m away from other people and to use cough etiquette.

Adult influenza patients are considered no longer infectious 24 hours after the resolution of fever without anti-pyretic medication provided either (1) 72 hours have elapsed since commencing antiviral medication, or (2) 5 days have elapsed from onset of respiratory symptoms. IPC measures should be maintained for longer periods for children and immunocompromised persons with influenza.****

Residential care facilities (RCF) should be informed that the patient has respiratory symptoms prior to returning to the RCF so **IPC measures can be implemented as per local policy**.

Patient requires hospital admission

Follow usual procedures for inpatient management including accommodation type and IPC including standard and transmission-based precautions.

Medical practitioners are only required to notify seasonal influenza to the Communicable Disease Control Branch if (a) they suspect a person has died from the condition, or (b) they have conducted a point of care test that has returned a positive result which is not also reported by a pathology service. If one or both of these scenarios apply, notify online at extapps2.sahealth.sa.gov.au/CDCB-Notify/ or download and fax the notification form to (08) 7425 6696.

*SA Pathology Test Information: Collection of Respiratory Virus Specimen. Published 2/9/20. Accessed online at https://www.sapathology.sa.gov.au/genericfiles/PUB-0712.pdf.
**Therapeutic guidelines > Antibiotic > Influenza. Therapeutic Guidelines Limited, 2023. Accessed online.
***SA Health internet pages for more information: Staff protection from infections and Prevention and management of infection in healthcare settings.
****Seasonal Influenza Infection: CDNA National Guidelines for Public Health Units. Version 2.1, December 2017. Accessed online.

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