



## RoodlaneMedical

### **Client Update H1/N1**

**May 5<sup>th</sup> 2009**

#### **New cases of H1/N1 increase slowly**

Mexico has reported 590 laboratory confirmed human cases of infection, including 25 deaths. The United States has reported 226 laboratory confirmed human cases, including one death. Spain has reported 40 cases and in the UK there are now 27 confirmed cases with 400 cases awaiting lab confirmation. Five cases were confirmed yesterday in a school in South-East London, the index case for this cluster having returned from a holiday in the US.

#### **Travel**

The WHO has not suggested travel bans and all borders remain open. Travel bans are largely ineffective in this scenario, as was demonstrated by previous outbreaks such as SARS. The most effective way to reduce the spread of new infections such as this is case containment through isolation and good infection control measures.

Individuals can also contribute by not travelling if they feel unwell and by observing a 5- to 7-day home quarantine upon return from high-risk destinations such as Mexico, New York City, California and Vancouver. Spain may also be considered a high-risk destination. For precise duration of quarantine you should check your company policy.

#### **H1/N1 in pregnancy and breastfeeding**

We have had a number of enquiries about the effects of H1/N1 and anti-viral treatments in pregnancy. We do know that pregnant women who develop normal seasonal flu are more likely to have complications such as pneumonia or early labour. These effects are rare and what we already know about H1/N1 suggests that it is not a severe infection and appears to be on a par with normal seasonal flu infection.

*Should I take any special precautions if I am pregnant?*

Standard hygiene measures as described in our earlier bulletins should be observed:

- Cover your nose and mouth with a tissue when you cough or sneeze and use disposable tissues which can be thrown away after use
- Wash your hands often with soap and warm water, especially after you cough or sneeze. You should wash your hands for 20 seconds. Alcohol-based gel hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Avoid close contact with sick people. If you are pregnant and you live or have close contact with someone who has H1N1 flu then you should consider taking antiviral medication and you should discuss this with your doctor.

There is no data to suggest that breast feeding should be stopped if you have flu or if you are taking antiviral medication.

## **A reminder of the symptoms of H1/N1 (same as seasonal flu):**

- Fever ( $\geq 38$ )
- Cough
- Sore throat
- Body aches
- Headaches
- Chills and fatigue
- Sometimes, diarrhoea and vomiting

## **How is H1/N1 treated?**

Treatment is as for seasonal flu and the infection seems no more severe based on available data.

- Fever can be treated with paracetamol or ibuprofen (read instructions as ibuprofen is not suitable for everyone). Ibuprofen cannot be used in pregnancy and paracetamol is the best treatment of fever in pregnancy.
- Drink plenty of fluids to replace those you lose due to fever / vomiting
- Consult your GP / NHS Direct and discuss whether you need antiviral drugs such as Tamiflu® (oseltamivir) or Relenza® (zanamivir). Antiviral drugs are prescription pills, liquids or inhalers that fight against the flu.
- These medicines work best when started soon after symptoms begin (within two 2 days), but they may also be given to very sick or high risk people (like pregnant women) even after 48 hours. Antiviral treatment is taken for 5 days.
- Tamiflu® and Relenza® are also used to prevent H1N1 flu and are taken for 10 days. This is indicated when someone has been in contact with a proven or highly probable case of H1/N1.
- There is little information about the effect of antiviral drugs in pregnant women or their babies as it is not ethical to conduct trials specially to look at this! However, no serious side effects have been reported. You should discuss the pros and cons' of taking antivirals with the person who is prescribing these to you.

## **How do I get Tamiflu and Relenza if I need them?**

As discussed in our FAQ last week, if you need Tamiflu® or Relenza® this will be made available via your GP or the Health Protection Agency who supplies this direct to your GP. At present this is only where a case is proven by viral analysis. If the infection becomes more widespread in the community then antivirals would be provided based on symptoms alone.

## **If I have been diagnosed with H1/N1 when can I safely come back to work?**

Most people stop being infectious to others after 3-5 days, at which point the fever has settled and they are feeling generally better. In children this period can be longer – up to 7 days. An appropriate safety margin would be to say that you are safe to return to the office 5 days after your fever has settled and when you feel physically well enough to return to work.

## **Helping clients to manage the impact of flu on their business**

H1/N1 influenza is very likely to wax and wane over the coming months. We anticipate that levels of infection will increase significantly in the winter. Roodlane is able to support and advise you in a number of areas:

### ***Vaccination campaigns***

An H1/N1 vaccine is unlikely to be widely available for another 5-6 months at the earliest. When it becomes available we will be happy to discuss a vaccination campaign for your business.

### ***Absence tracking***

Roodlane has a system that can help you to track absence across the business and to provide assessments of fitness to return to work. If you would like to know more for future planning please contact Hannah Hawkins ([Hannah.Hawkins@roodlane.co.uk](mailto:Hannah.Hawkins@roodlane.co.uk)).

### ***Antiviral medication management***

Antiviral medications are currently being controlled centrally by the Department of Health in the event that the Health Protection Agency will need to co-ordinate their use in a pandemic. Roodlane manages dedicated reserves of antiviral medications for clients who have requested this as part of their pandemic preparedness. Once Department of Health stockpiling is complete, Roodlane will be able to procure, store and co-ordinate the use of antiviral medications for clients as part of their pandemic preparedness / business continuity planning. We can also provide flu line advice to support staff when deciding on the appropriateness of using medication (particularly important for travellers) and advice and support on quarantine and return to work. For further information contact Hannah Hawkins ([Hannah.Hawkins@roodlane.co.uk](mailto:Hannah.Hawkins@roodlane.co.uk)).

Please contact Hannah Hawkins ([Hannah.Hawkins@roodlane.co.uk](mailto:Hannah.Hawkins@roodlane.co.uk)) if you have any queries.