



RoodlaneMedical

Influenza A H1/N1 “Swine Flu” Update **Tuesday 21 July 2009**

Update for Employees – including latest pregnancy advice

H1N1 Infections Increase

Rates of new infection are increasing rapidly in London and are reported to be especially high in the City and Tower Hamlets due to population density and mobility. A crude estimate is that chances of getting the virus from an infected person are about 60% if you spend up to an hour within 1-2 metres of them.

The virus is easily spread by droplets in the air and from hand-to-hand by touching surfaces, objects and other people.

For the vast majority of people who contract H1N1 infection, the illness is a mild respiratory illness like a severe cold plus a temperature and sometimes stomach upset and diarrhoea. You generally feel unwell with tiredness for 2 or 3 days and make a quick recovery.

Key Messages if you think you have H1N1

If you have flu-like symptoms and are concerned that you may have swine flu:

Check your symptoms using the NHS symptom checker** or call the Swine Flu information line on 0800 1 513 513

** http://www.direct.gov.uk/en/Swineflu/DG_177831

If you believe that you have H1N1 then go home / stay at home and call your GP who can provide a diagnosis. The **National Flu Line 0800 1 513 100** will become active this week and will also be able to provide advice and direct you to supplies of antiviral medication.

If swine flu is diagnosed, you may be recommended to take a course of antiviral medication. This should be collected for you by a healthy friend or relative from a collection point advised by your GP / national Flu Advice Line.

What do I do about work if I get the H1N1 Flu?

- You should stay off work if you have been advised that you have the flu and seek appropriate advice as described throughout this update.
- You should follow your Company's sickness absence process which probably involves advising your line manager that you are sick.

In most cases it will be safe for you to return to the office when you are feeling better and your temperature has settled back to normal. As a minimum you should stay away from the office for **5 days** from when you first felt unwell – even if you feel better before then. This is because you might still be an infection risk to others until the 5 day point.

What about quarantine – the latest advice

Routine home quarantine is no longer recommended for people who have been exposed. Most companies have stopped advising quarantine for people who have been exposed but do not have symptoms and this is the advice of the Government and all key agencies involved in managing the current pandemic. This advice also applies to people who are living with a probable case of H1N1. All contacts should remain **especially vigilant of flu like symptoms** and remain home in the usual way if symptoms develop.

Protecting yourself from infection – simple measures are effective

General hygiene:

- Covering your nose and mouth when coughing or sneezing, using a tissue when possible
- Disposing of dirty tissues promptly and carefully
- Maintaining good basic hygiene, for example washing hands frequently with soap and water to reduce the spread of the virus from your hands to your face or to other people (washing for at least 20 seconds). An alcohol hand rub is also suitable for this.
- Cleaning hard surfaces (such as door handles) frequently using a normal cleaning product.

Special Groups

- People with lung disease e.g. severe (not mild or well controlled) asthma
- People with heart disease
- People with kidney disease
- People with diabetes – that is poorly controlled
- Those with immunosuppression problems either because of treatment or disease e.g. steroid and other drug treatments, some people with HIV infection.
- Pregnant women
- Children under five

People with underlying illnesses are more likely to get a severe form of H1N1 infection and are advised to seek the advice of their usual NHS GP or specialist if they are worried about the implications of this.

It is not current advice that these groups should remain on home quarantine or avoid coming to work in the current epidemic. This is not practical or clinically indicated, given that H1N1 infection is generally a mild and self limiting illness and given that the infection is likely to be circulating in the population for the next 6-18 months or longer

Pregnant Women – much confusion leads to anxiety

Media coverage of this has been muddled and sensationalist. The Department of Health remains the source of best advice on this subject at a national level and advice from other agencies is conflicting and inappropriate in some cases.

The **Department of Health** states that "Mums-to-be are more vulnerable to any type of flu. It is particularly important that anyone who has existing health problems and is thinking about starting a family should talk to their GP first, as they normally would."

Roodlane comment: for women who are in good physical health, the decision as to whether you conceive or not should be taken in the normal way and you should follow normal pre-conception advice which focuses on diet, alcohol, exercise and folic acid supplementation.

The **National Childbirth Trust** has also been quoted as suggesting that couples should delay having a family until the pandemic is over. Health Secretary **Alan Johnson** has called this advice "an overreaction" and **Louise Silverton** of the **Royal College of Midwives (RCM)**, said women could *not* be expected to wait for the first wave of the pandemic to end before trying for a baby.

Implications and advice for pregnant women:

- Pregnant women should be aware that they are at slightly increased risk of becoming more unwell with H1N1 and pay particular attention to hygiene measures.
- It is important that members of the general public "behave responsibly and if they are sick they don't go and put themselves close to a pregnant woman." (RCM)
- The advice of the Department of Health and the Royal College of GP's is that: Simple hygiene measures are effective at preventing spread. Staying at home and avoiding normal day-to-day activities is NOT appropriate or practical and is a disproportionate response to the current risk posed from H1N1.

Confusion around travel and crowds advice - Roodlane advice on commuting in pregnancy

As discussed in previous bulletins, most pregnant women who develop H1N1 will have a mild respiratory illness which should not pose a threat to their health or their pregnancy. Pregnant women are at theoretical risk of a more severe illness and uncontrolled high fevers in pregnancy can cause complications such as premature labour.

A joint statement by the **The Royal College of Obstetricians and Gynaecologists (RCOG)** and the **RCM** states”

- *“pregnant women should avoid unnecessary exposure to crowded areas but complete isolation at home would be regarded as extreme for most women.”*

This advice has led to much anxiety and uncertainty. Roodlane echoes the view of the Department of Health and the Royal College of GP's in advising pregnant women who are healthy to continue with their normal day to day life as before. Basic hygiene measures are essential and effective.

Women in this group should evaluate their personal risk of exposure due to e.g. travelling on crowded public transport, and discuss any concerns which they have with their Human Resources team. Where women have a long commute on crowded trains or tubes then travelling off peak may be sensible. Companies will have their own policies around managing this situation and you should discuss with your manager and HR department.

Staying at home for the remainder of your pregnancy has not been advised by any agency and is impractical and a disproportionate response to the health risk posed by H1N1. Simple risk reduction measures should enable you to continue normal day to day activities including travel to and from the office.

What about ‘underlying health issues’

Women who are pregnant *and* have underlying health problems (above) should be considered to be at highest risk from the complications of H1N1 and we advise an individual risk assessment conducted by a suitably qualified clinician. This may be a woman's GP, Midwife or Obstetrician or an Occupational Health clinician. These women should discuss the situation with their Human Resources team.