



## Swine Flu Update and FAQ

There have now been in excess of 3000 laboratory proven cases of A/H1N1 in the UK. At Roodlane we are aware of increasing numbers of cases in our client group and many of those affected have reported mild symptoms. In several cases individuals have felt well enough to come in to the office whilst unwell. Current estimates suggest that there may be as many as 10 or even 20 times as many unconfirmed cases as confirmed ones. What is emerging is a picture of a highly transmissible yet mild illness.

We have had many enquiries about how to manage confirmed cases from a Health and Safety point of view and there have been many enquiries about specific groups such as those who are pregnant. We have attempted to address some of these FAQ's here and will post further responses on request.

### **Sources of information on the developing A/H1N1 situation:**

Updates and FAQs issued by Roodlane. These are also stored on our website at <http://www.roodlane.co.uk/information-1.htm>. Other useful sources of information are the World Health Organisation ([www.who.int](http://www.who.int)) and the Department of Health ([www.dh.gov.uk](http://www.dh.gov.uk)), plus the US Centre for Communicable Disease website: <http://www.cdc.gov/h1n1flu/>.

### **What is the government's current containment policy?**

The UK containment strategy remains in place for now, although this is constantly under review. The Department of Health's objective is to slow the disease down as much as possible and the rationale for following a containment policy at present is that it allows time to better understand the effects and characteristics of the virus. Some parts of the UK have already abandoned the containment policy and are basing diagnosis on symptoms alone. Stocks of Tamiflu are high and those who have symptoms and wish to take the drug have access to it via the NHS.

### **Vaccination**

An H1N1 vaccine is unlikely to be widely available for another 5-6 months at the earliest. When supplies are available it is anticipated that the Department of Health will recommend a dual vaccination strategy with H1N1 vaccine plus the standard seasonal vaccine as well.

### **I have a flu vaccine every year, will that protect me?**

There appears to be no protective effect. Older people seem to have acquired some immunity based on past exposures and this probably explains low rates of infection in those over 60.

### **Are there any special precautions if I am travelling overseas?**

We would direct you to the Foreign and Commonwealth Office website:

<http://www.fco.gov.uk/en/travelling-and-living-overseas/swine-flu>

### **What is the incubation period of H1N1?**

The incubation is same as seasonal H1N1 i.e. as low as 1, typically 3-5, up to 7 - and generally longer in children and those taking immunosuppressive drugs like high dose steroids - i.e. maximally 7.

### **When do people become infectious?**

The duration of shedding with novel influenza A/H1N1 virus is unknown. Therefore, until data are available, the estimated duration of viral shedding is based upon seasonal influenza virus infection. Infected persons are assumed to be shedding virus and potentially infectious from the day prior to illness onset until resolution of fever. Infected persons should be assumed to be contagious up to 7 days from illness onset. Some persons who are infected might potentially shed virus and be contagious for longer periods (e.g. young infants, immunosuppressed, and immunocompromised persons).

### **A reminder of the symptoms of H1N1 (same as seasonal flu):**

The symptoms of H1N1 are broadly the same as those of ordinary flu:

- Fever ( $\geq 37.5$ )
- Cough
- Sore throat
- Body aches
- Headaches
- Chills and fatigue
- Sometimes, diarrhoea and vomiting

All associates should be encouraged to follow good hygiene practices such as hand washing.

If cases have been identified in a specific business area or as cases increase in the community, then transmission risk should be minimised through:

- avoidance of face to face meetings - use technological solutions
- avoidance of hot desking
- remote working where appropriate
- avoid unnecessary travel by tube etc

The onus to identify symptoms / respond accordingly and observe good hygiene will inevitably need to reside to a large extent with associates and this can be supported through good information and information displayed in appropriate places such as rest rooms / common areas

### **What should I do if I feel that I have a flu like illness?**

You should speak to your usual doctor by telephone or discuss with NHS Direct / National Flu Line.

NHS Direct 0845 4647, Flu Information Line 0800 1513513

### **How long does it take a GP or a hospital to test positive / negative for H1N1?**

Testing for Influenza A takes less than 24 hours in theory and confirmation of novel A/H1N1 takes 4 days or so. Confirmation of novel strain is ONLY through HPA labs and is not available to GPs directly. In the event that cases become more common then testing will not be recommended and cases will be managed as presumptive A/H1N1. This is in fact now happening in some areas of the UK.

### **How is H1N1 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 H1N1.
- 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 pro's and con's of taking antivirals with the person who is prescribing these to you.

### **What are the antiviral drugs Relenza and Tamiflu / Tamivir and how are they given?**

These drugs are *neuraminidase inhibitors* which means they block the neuraminidase enzyme (chemical) which is an important way in which the virus infects its host. The "N" in H1N1 stands for neuraminidase. Tamiflu / Tamivir is administered in capsule form (or as an oral suspension for children) which is taken once or twice a day depending on the required dose. Relenza is administered as dry powder via an inhaler device which is used once or twice a day depending on the required dose. They are generally very safe and well tolerated although people with severe asthma may have to exercise caution when they start to take these drugs.

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

If you need Tamiflu® or Relenza® this will be made available via your NHS GP or the Health Protection Agency who supplies this direct to your GP. At present this is still mainly where a case is proven by viral analysis although certain areas of the UK have moved to a clinical definition of cases and will issue antivirals on this basis.

### **When can I return to work if I have had H1N1 or flu-like symptoms?**

You will be safe to return when your fever has settled and you have started to feel better or 7 days after the onset of the symptoms – *whichever is longer*.

### **What do we do if we have a confirmed case of H1N1 in the office?**

If there is a case in the office then to contain the spread it would be necessary to identify all the people who may have had direct or indirect contact with the suspected case in the 1-2 days before the symptoms

appeared. In practice this means sitting in the immediate vicinity of a case or sharing a meeting room or desk space or other close physical contact like shaking hands. These people should be identified and advised of their exposure. You should then follow your company's policy on management of cases in the workplace which may include a 7 day quarantine period away from the office. Individuals should also be advised to seek medical advice if they develop flu like symptoms – by calling their NHS GP.

### **What infection control measures should be in place?**

You should refer to your Health and Safety department and standard operating policies for your organization. In general terms you should ensure that all associates are aware of the symptoms and mode of transmission of Flu and have an understanding of hygiene measures – as described in previous Flu Updates and national websites such as NHS Direct:

[www.nhs.uk/Conditions/Pandemic-flu/Pages/QA.aspx](http://www.nhs.uk/Conditions/Pandemic-flu/Pages/QA.aspx)

### **Should we be disinfecting the building or operating special cleaning processes?**

Again you should refer to your Health and Safety department. You should consider putting in place enhanced building disinfection regimes for areas of the business where there have been established cases. For example, 3 cycles per day after the morning, lunch & evening rush-hours plus an initial clean-up of the area where the a confirmed case works. The virus survives for a maximal period of 3-6 hours outside of the body - particularly on hard surfaces such as door handles / keyboards and phones. Provided that associates in the vicinity of a case do not share desks / shake hands then the likelihood of transmission through this route is low.

### **Should I wear a face mask?**

There is no evidence to suggest that wearing a face mask offers any additional protection. The best way to combat transmission of flu virus is scrupulous hand hygiene - this means washing your hands or using a proprietary antiviral hand cleanser (e.g. alcohol-based wipe or gel) after touching hard surfaces such as door handles and "hot desks" / travelling on public transport.

### **H1N1 in Pregnancy and breastfeeding**

We have had a number of enquiries about the effects of H1N1 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 H1N1 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.

**Can I take antiviral drugs if I am pregnant?**

Yes, on the advice of a doctor. The Department of Health has purchased Relenza, an inhaled antiviral drug that treats flu without reaching the developing foetus.

An expert group reviewed the risk of antiviral treatment in pregnancy, which is extremely small - much smaller than the risk posed by the symptoms of swine flu.

**Will pregnant women get preference for a swine flu vaccine?**

It will be months before a swine flu vaccine becomes available. When it is available, there will be guidelines on which groups of people are a greater priority for vaccination

**Should I stop breastfeeding if I need to take antiviral drugs?**

Women who are breastfeeding should continue to do so while receiving antiviral treatment, as this is not contraindicated. If a mother is ill, she should continue breastfeeding and increase feeding frequency. If she becomes too ill to feed, then expressing milk may still be possible. Antiviral drugs are excreted into breast milk in very small (insignificant) amounts.

Last updated: 24 June 2009