

Advisory for GPs



MINISTRY OF HEALTH
SINGAPORE

College of Family Physicians of Singapore

2009 May 02



CLINIC SWINE VIRUS INFLUENZA (SVI) PREVENTIVE MEASURES

Standard Operating Procedures

(Issued 2 May 2009)

Outline

CLINICAL: How should I manage my patients?

- Background information
- Triage and patient declaration on registration
- Referral & notification of suspect SVI cases
- Attending to suspect SVI cases & disinfection

LOGISTICS: How should I prepare my clinics?

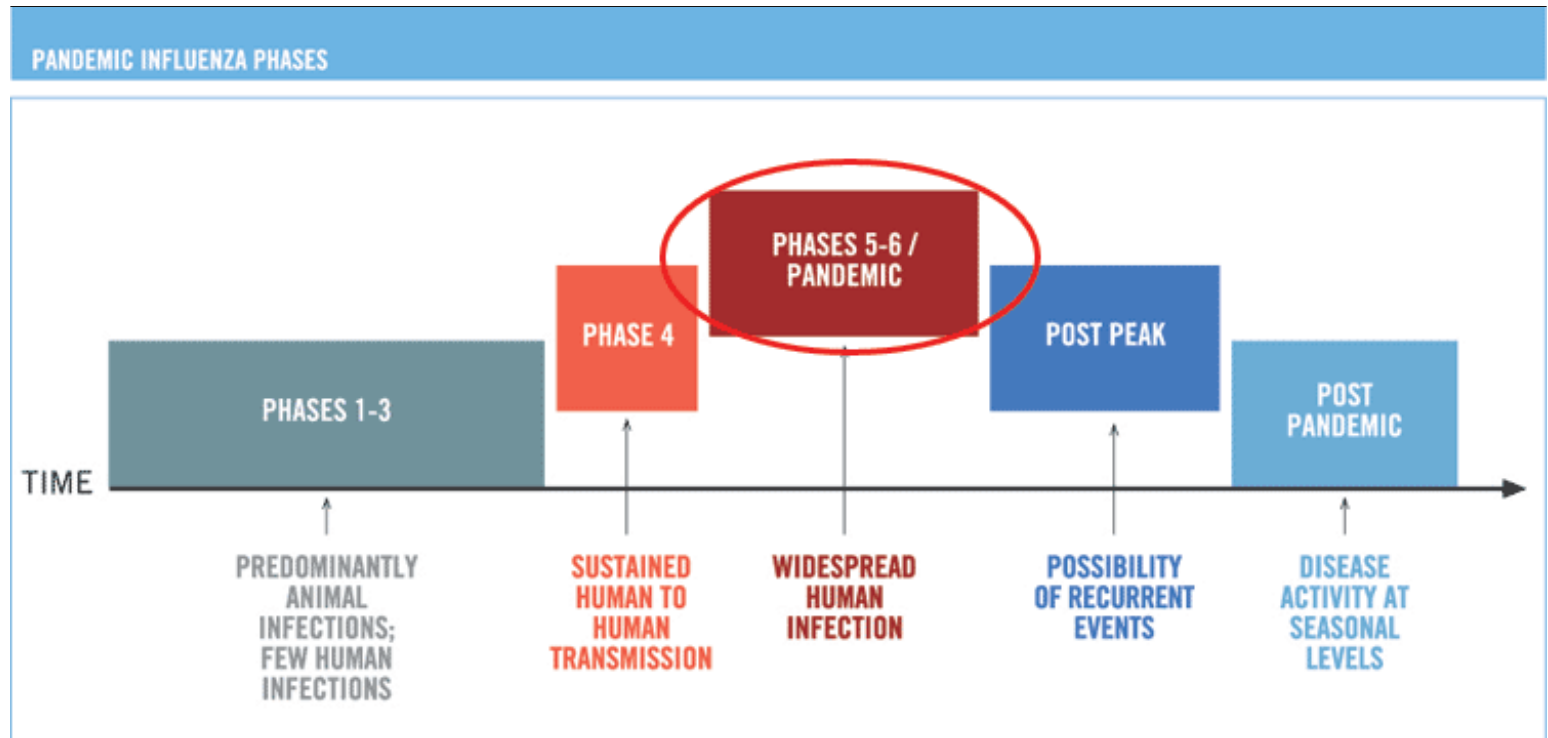
- Administrative surveillance of healthcare workers
- Infection control measures

SUPPORT & FEEDBACK: Where can I get help?

- Doctors' information hotlines

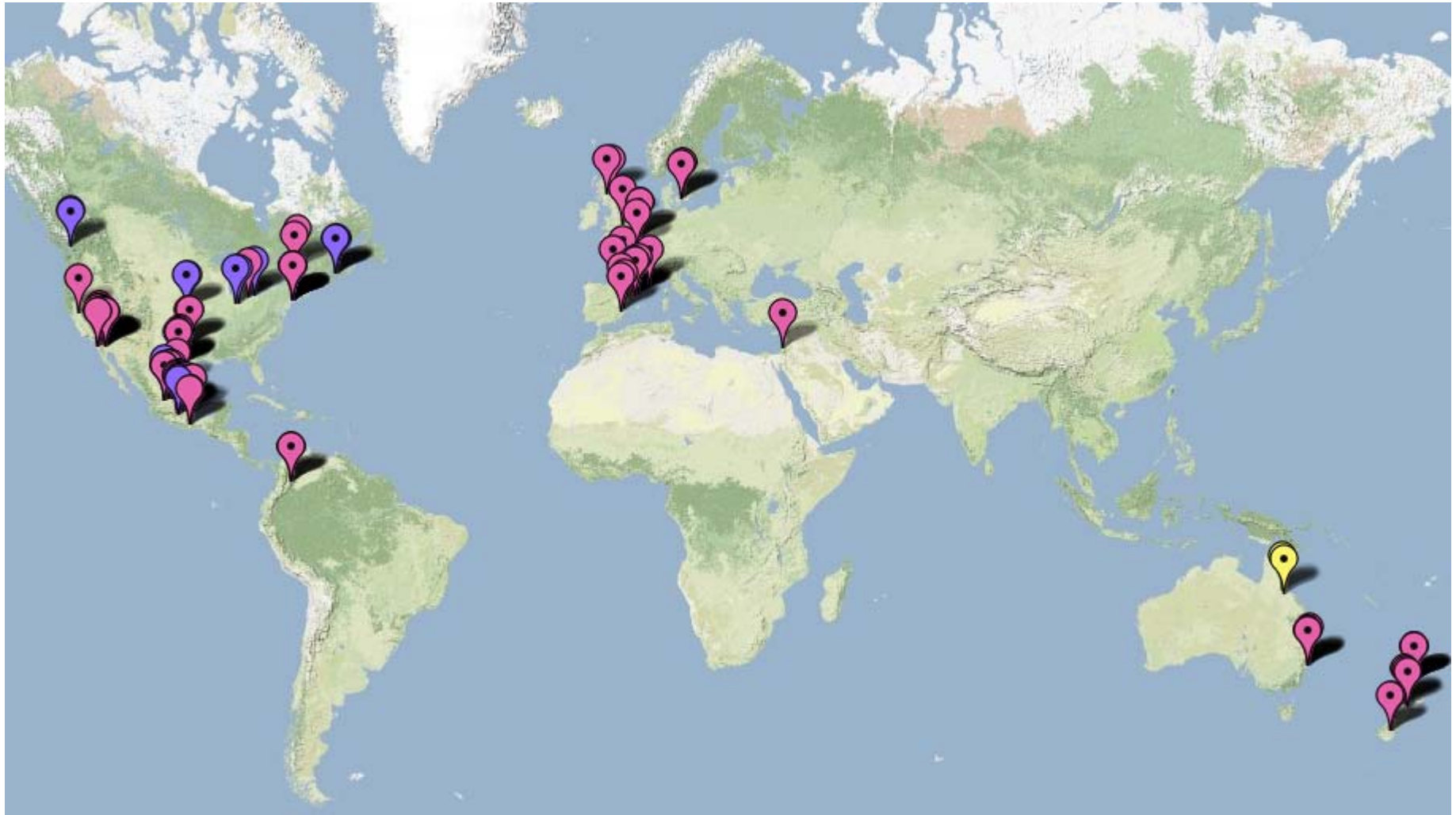
Situation 2009 April 30

WHO – Alert 5



Phase 5 – human-to-human spread in at least 2 countries in 1 WHO region. Pandemic imminent

Phase 6 – in addition, community level spread in one other country in different WHO region. Global pandemic is under way.



1 May 2009

2009 May 1

Countries with possible H1N1 cases

- Americas
Mexico, USA, Canada, Brazil, Chile, Colombia, Argentina, Guatemala, Honduras, Venezuela, Uruguay, El Salvador, Bolivia, Dominican Republic, Bolivia, Panama
- Europe
UK, Spain, France, Chile, Switzerland, Norway, Poland, Germany, Iceland, Italy, Austria, Finland, Croatia, Greece, Lithuania, Russia, Slovakia
- Middle East
Israel
- Asia
Hong Kong, South Korea
- Australia
Australia, New Zealand
- Africa
South Africa

U.S. declares public health emergency

A swine flu outbreak has sickened more than 1,600 people in North America. While the strain is suspected to have killed up to 103 people in Mexico, the 20 cases in the United States and six in Canada have been mild.



As of 11 p.m. EDT Sunday



Sunday 26 April 2009

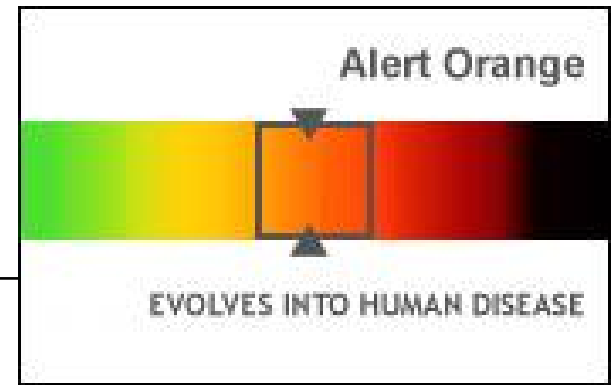
WHO Alert Level 4

Tuesday 28 April 2009

Singapore
DORSCON Yellow

Singapore – 30 April

DORSCON Orange



Larger clusters appear in one or two places outside Singapore but a pandemic has not yet been declared. A cluster of cases may also occur in Singapore but human-to-human spread remains localized.

SINGAPORE TO DATE HAVE NO CASES BUT ENHANCED SURVEILLANCE IS NEEDED

Public health measures such as isolation and quarantine will be effective to break the chain of transmission. Strategy is to contain spread arising from any local cases and break the chain of transmission, while preserving essential services and resources.

Healthcare Institutions

Source: <http://www.hpp.moh.gov.sg/HPP/1116996856019.html>

- Temperature screening and screening for flu like symptoms for visitors to clinical care areas would be implemented
- Hospital staff are required to don PPE in all areas with patient contact
- The number of visitors would also be restricted to one visitor per patient



Enhanced surveillance

- Those with a travel history to Mexico over the past seven days will be quarantined for seven days on their return to Singapore and undergo phone surveillance for symptoms for Mexican Swine Influenza .

Those who develop symptoms will be referred to the CDC for a thorough assessment. A dedicated ambulance service (tel 993) has been activated to convey such patients to CDC. Should evidence arise that other countries besides Mexico are exporting cases, MOH will also consider imposing similar conditions for travelers returning from those areas.

Enhanced surveillance (2)

- Members of the public who are returning from other affected areas (ie states of New York, California, Kansas and Texas in the United States and the state of Nova Scotia in Canada) are advised to stay at home for seven days upon return and check themselves for symptoms for Mexican swine flu. They should practice social distancing and refrain from joining mass gatherings, e.g. going to the cinemas, shopping malls, or supermarkets etc. →

Enhanced surveillance (3)

- Those who develop respiratory illness with fever (Temperature > 38C) within seven days after their return should put on a surgical mask, call 993 for an ambulance. They should also disclose their travel histories to their doctors.



CLINICAL:

How should I manage my patients?



Background information

Clinical symptoms

- Similar to human seasonal influenza – fever, sorethroat, cough, rhinorrhoea
- Some have nausea, vomiting, diarrhoea, myalgia, headache
- Pneumonia as a complication

Laboratory confirmation

- Naso-pharyngeal swabs – identification of “A” influenza, untypeable by reagents used to detect seasonal strains

Notes on antiviral treatment (1)

- Recommendations for the use of antiviral medications may change depending on the situation and data on antiviral susceptibilities. Currently, swine influenza (H1N1) is susceptible to oseltamivir and zanamivir (neuraminidase inhibitors). **It is resistant to amantadine and rimantadine.**
- Antiviral treatment should be considered for confirmed or probable cases of swine influenza (H1N1) infection. Treatment should be prioritized for hospitalized patients and those who are at increased risk for complications of influenza.

Notes on antiviral treatment (2)

- The treatment dose for ill adult cases is oseltamivir 75 mg po q12hrs x 5 days. Treatment should be started as soon as possible from onset of illness, with clinical benefit if started within 48 hours from illness onset (data from seasonal influenza).
- Antiviral treatment should be used in pregnant women only if the potential benefit justifies the potential risk to the fetus. Oseltamivir and zanamavir are pregnancy Category C medications, but no adverse effects have been reported in pregnant women who had received these in pregnancy.
- Note again that both amantadine and rimatadine are not effective for this H1N1 infection. Also note that they have been demonstrated in animal studies to be teratogenic and embryotoxic.



Antiviral prophylaxis

- Antiviral medications should be prioritized for treatment



#1 TRIAGE AND PATIENT DECLARATION ON REGISTRATION

- Triage of patients at Reception to separate Flu/Febrile patients from other patients by checking symptoms and taking body temperature.
- Instruct patients to declare symptoms, contact and travel history in Patient Declaration Form.
- Instruct Flu/Febrile patients to wear surgical masks.
- Ensure Flu/Febrile patients are separated from other patients while in clinic.
- Keep list of all patients in clinic namely all healthcare workers, patients, & accompanying persons for contact tracing should suspect SVI case be diagnosed.

Suspected case – case definition

2009 April 29

- Swine influenza A (H1N1) – acute febrile respiratory illness (fever > 38 C)* with onset of symptoms:
 - Within 7 days of travel history to affected areas, or;
 - Within 7 days of close contact with a person who is a probable case or a confirmed case of Swine Influenza A (H1N1)

MOH Circular 27/2009 MH34:85 2009 04 29

* Fever, Cough, Sore throat, rhinorrhea

Probable case – case definition

2009 April 29

- an individual with an acute febrile respiratory illness (fever $>38^{\circ}\text{C}$) with an influenza test that is positive for Influenza A but is **un-subtypeable** by reagents used to detect seasonal influenza virus, **OR**;
- an individual with a clinically compatible illness or who died of an unexplained acute respiratory illness who is considered to be epidemiologically linked to a probable or a confirmed case.

Confirmed case – case definition

2009 April 29

- defined as an individual with laboratory confirmed Swine Influenza A (H1N1) virus infection by one or more of the following tests:
 - Real-time RT-PCR;
 - Viral culture;
 - Four-fold rise in Swine Influenza A (H1N1) virus specific neutralizing antibodies.



Advice on contacts of suspected cases

- Physicians should advise family members and other close contacts of suspected cases to be vigilant for early symptoms of influenza, and to seek medical advice as early as possible if unwell.

#2 REFERRAL AND NOTIFICATION OF SUSPECT SVI CASES

- Send suspect SVI patient to Emergency Medicine Department at TTSH by **dedicated ambulance service at 993 or 65860237** (24 hours)
- Designate the route for patient to go from clinic to SVI ambulance pick-up point.
- **Notify MOH immediately** by contacting the Communicable Diseases Division at **98171463** (24 hours).
- MOH will inform the notifying doctor of the need for contact tracing and prophylaxis for close contacts of the case once the diagnosis has been established.



Notifiable disease in Infectious Disease Act (IDA) – 28 April 2009 (1)


- Swine influenza notifiable Part 1 of Schedule in the IDA wef 28 April 2009. To be done within 24 hours of diagnosis
- Death notification (by medical practitioners only) also required. To be done within 24 hours of death
- Notificaton preferably through the Communicable Diseases Live & Enhanced Surveillance System (CDLENS) at <http://www.cdLens.moh.gov.sg>.

Notifiable disease in Infectious Disease Act (IDA) – 28 April 2009 (2)

- **The system will include Swine Influenza with effect from 1 May 2009.**
- Medical practitioners can access CD-LENS by using their MCR No. as 'User Name' and SMC-CME password as 'password'.
- In the interim, Swine Influenza cases can be notified via fax to the Director, Communicable Diseases Division, Ministry of Health (Fax: 62215528) using the revised MD131 form (enclosed). The revised MD 131 can also be downloaded from the MOH website at <http://www.moh.gov.sg> with effect from 30 April 2009.

#3 ATTENDING TO SUSPECT SVI CASES AND DISINFECTION

- Keep number of staff attending to suspect or probably SVI cases to minimum.
- Wear N95 masks or its equivalent, gloves and disposable gowns.
- Wear visors or goggles when examining patient, performing procedures or resuscitation.
- Avoid use of nebulisers.

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- Perform proper hand washing after contact with these patients.
 - Disinfect instruments used for examination or procedures.
 - Disinfect all surfaces, objects, furniture, and fixtures that potentially contaminated.



FLU

GUARD ITS SPREAD.
TAKE COVER!

PRACTISE GOOD PERSONAL HYGIENE

- Wear a surgical mask if you are unwell.
- Cover your mouth and nose with a tissue when coughing or sneezing.
- Never spit in public places.



For more information on how you can stay fly free, visit www.hpb.gov.sg or call HealthLine at 1800 223 1313

HPB 1-800-223-1313



FLU

CONTROL ITS SPREAD.

PRACTISE GOOD PERSONAL HYGIENE

- Wash your hands thoroughly and regularly with soap and water, especially before touching your eyes, nose or mouth and after going to the toilet.



For more information on how you can stay fly free, visit www.hpb.gov.sg or call HealthLine at 1800 223 1313

HPB 1-800-223-1313



LOGISTICS:

How should I prepare my clinics?

#4 ADMINISTRATIVE SURVEILLANCE OF HEALTHCARE WORKERS

- Monitor flu symptoms and temperature of all staff for at least twice a day – before work and at least once more during the day.
- All staff in the clinic who have fever (oral temperature more than 37.5 deg C are not allowed to work.

#5 INFECTION CONTROL MEASURES

- Ensure staff are trained to use personal protective equipment (PPE), including N95 mask, hand washing, cleaning of clinic and disposal of PPE.
- Practise hand washing or alcohol rub after each consultation to prevent transmission from doctor to patient.
- Clean contact surfaces of instruments used for examining patient e.g. stethoscope, with alcohol wipes after each use.
- Dispose of sharps, biohazard waste including PPE masks and sheaths, properly.



SUPPORT & FEEDBACK:

Where can I get help?

#6 DOCTORS' HOTLINES

- **Hotline for GPs –**

To speak to doctor colleagues for clarification and assistance when faced with perplexing situations on the ground.

- **CFPS: 6221-8608** (CFPS, effective 5 May, open 8:30am to 6:00pm daily)
- **SMA: 6223 1264** (open 8:30am to 6pm Mon to Fri)

Health Professional's Portal –

URL: http://www.hpp.moh.gov.sg/HPP/HPP_Home.html to check out for latest updates.

- **Email Enquiry –**

- **CFPS: gpflu@cfps.org.sg**
- **SMA : swineflu@sma.org.sg**
- **MOH : MOH_conversations@moh.gov.sg**

Doctors' hotlines (2)

- For updates on this evolving situation, please refer to the MOH website www.moh.gov.sg.
- To receive timely dissemination of alerts and information sources from MedAlert, all medical practitioners are strongly advised to login to the Health Professionals Portal website (<http://www.hpp.moh.gov.sg>) to update their contact information (i.e. email address & handphone number).