



Australian Government
Department of Health and Ageing

Dear Directors of Nursing and Care Managers

H1N1 Influenza 09: Updated Guidance for Residential Aged Care Homes

Last month I wrote to you with information on the outbreak of H1N1 Influenza 09 and how to limit transmission of the virus in residential aged care homes.

Information available from outbreaks throughout the world suggests that the H1N1 Influenza 09 virus is very contagious and of particular concern when people are living in close proximity to one another.

Updated information is attached to inform you of ways to manage an outbreak of the virus for residents, staff and visitors. Please review your management plans for an outbreak of influenza and refer to the department's website at www.healthemergency.gov.au for information as the current situation develops.

Yours sincerely

A handwritten signature in black ink that reads 'Susan Hunt'.

Susan Hunt RN, PhD, FRCNA
Senior Nurse Advisor
Office of Aged Care Quality and Compliance
11 June 2009



Australian Government
Department of Health and Ageing

H1N1 Influenza 09 Guidance for Residential Aged Care

11 June 2009

As knowledge about H1N1 Influenza 09 develops, further advice will be provided. Please check www.healthemergency.gov.au for the latest information.

This updated information sheet is designed to assist you to manage any outbreaks that may occur in residential aged care homes.

Outbreak prevention and control measures for H1N1 influenza 09 are similar to those required for seasonal flu outbreaks. Aged care homes should make themselves familiar with the guidance provided in the *Influ-Info Kit* from <http://health.gov.au/internet/main/publishing.nsf/Content/ageing-publicatinfluinfo.htm> and the recently updated *Communicable Diseases Network Australia 'A Practical Guide to Assist in the Prevention and Management of Influenza Outbreaks in Residential Care Facilities.'* <http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-cdna.htm>

Residents of aged care homes are identified as a high risk group for influenza infections and complications during outbreaks.

PART 1: Background Information on H1N1 Influenza 09

The H1N1 Influenza 09 virus strain causing the current outbreaks is a new virus that has not been seen previously in either humans or animals. Current information suggests that the H1N1 Influenza 09 virus is more contagious than seasonal influenza, so that each new case is more likely to spread the infection to others. A large number of cases have been reported to occur in children and young adults. That is similar to the age distribution that occurs with seasonal influenza. Nevertheless, there have been cases reported in all age groups.

When people are living in close proximity to one another, infection can spread rapidly and more widely. Staff and visitors moving between residents can make the situation worse unless strict infection control measures are in place. An outbreak of influenza may cause rapid and significant illness and death and possible outbreaks should therefore be investigated and managed promptly. This is true during the normal seasonal influenza season but is especially so during the present H1N1 influenza 09 outbreaks.

It should be noted that Public Health Units (PHUs) will work closely with residential aged care homes that have confirmed cases of H1N1 influenza 09 to provide advice regarding case management. Specific advice provided by PHUs should be followed.

Symptoms

The symptoms of H1N1 Influenza 09 infection are similar to the symptoms of human seasonal influenza and include

- Fever.
- Cough.
- Sore throat.
- Headache.
- Tiredness.
- Runny or stuffy nose.
- Body aches.
- Diarrhoea, and vomiting.

Like seasonal flu, H1N1 Influenza 09 infection in humans can vary in severity from mild to severe. When severe, pneumonia, respiratory failure and death are possible. Dehydration has also been a feature of some hospitalised patients and should be monitored in the elderly.

Transmission

This new influenza virus is thought to be transmitted in the same way as seasonal influenza which is through respiratory and contact spread.

Respiratory spread – When an infected person coughs, their contaminated respiratory droplets can spread into the eyes, nose and mouth of an uninfected person. The uninfected person needs to be relatively close by—usually at a distance of less than a metre.

Contact spread – if an uninfected person has virus on their hands and they touch their own eyes, nose or mouth they can infect themselves. Contamination of hands is most likely to occur following contact with freshly soiled items and hard surfaces.

PART 2: Preventing Influenza Outbreaks (including H1N1 Influenza 09)

The key to preventing influenza outbreaks is to prevent introduction of the disease to a residential aged care home and to ensure good infection control. Prevention measures include:

- **Screening measures in place to prevent entry of the virus into the home**
 - Services should have signage at entry points explaining to visitors about the need to restrict entry to people who have been exposed to or have symptoms of influenza-like illness.
 - Have clear communication guidelines prepared to ensure consistent, timely communication with:
 - State & Territory Public Health Units.
 - Residents and families.
 - Care staff.
 - Cleaners, kitchen staff and volunteers.
 - Screen all new admissions for influenza symptoms.
 - Monitor residents and visitors for influenza symptoms.
 - All staff and volunteers should report to their supervisor if they have influenza symptoms.
 - Residential aged care homes should establish clear expectations with staff about not coming to work when ill with influenza symptoms.
 - In areas where there has been community spread of the virus request that school age children avoid visiting the home.

- **Everyone should be made aware of the need to practise good hand and respiratory hygiene**
 - This includes hand washing with either plain or antimicrobial soap and hot water, or the use of alcohol based hand products (gels, rinses, foams) that do not require water.
 - Good cough and sneeze etiquette - covering nose and mouth when coughing and sneezing, and disposing of tissues in the nearest bin, then washing hands.
 - A very simple way of reducing the chance of being infected with influenza or passing the infection on is to maintain a one metre distance from other people in public or in the workplace.

Surveillance and Detection

Early recognition of suspected outbreaks and swift action, including the notification to Public Health Units in a timely manner, is crucial. The earlier an infection is identified and confirmed the quicker an outbreak can be contained and further spread prevented. Homes should monitor all residents and staff for new respiratory symptoms daily.

Usually three new cases or febrile respiratory disease in three days suggest an outbreak of seasonal influenza and should be reported to a Public Health Unit. In addition, in the current situation **residential aged care homes should report any confirmed influenza cases as soon as possible to their local Public Health Unit.**

The CDNA guideline '*A Practical Guide to Assist in the Prevention and Management of Influenza Outbreaks in Residential Care Facilities* provides recommendations regarding collection of specimens and influenza screening.

Advice on Influenza Vaccination

The current seasonal flu vaccine is designed to protect against seasonal H1N1 and other seasonal influenza viruses that are likely to circulate at the same time as H1N1 influenza 09. There are no vaccines currently available that are able to protect against H1N1 influenza 09.

It continues to be strongly recommended that pneumococcal and seasonal influenza vaccination be given to all residents in accordance with advice in the Australian Immunisation Handbook. Most residents will have received or be receiving seasonal influenza vaccine containing a seasonal H1N1 strain but this should NOT be confused with the current Influenza A H1N1 Influenza 09.

It is also strongly recommended that all staff in residential care homes receive seasonal influenza vaccine annually for their own protection, to protect residents, and to help the home retain a fit workforce.

PART 3: Outbreak management

Once a confirmed H1N1 influenza 09 case or a cluster of cases with influenza-like illness is identified and the Public Health Unit has been contacted, it is important to review infection control and follow outbreak management plans. The Influenza-Info Kit provides advice regarding management of an outbreak of influenza.

Residents – general advice

- **Enhanced surveillance:**
 - All residents should be monitored for elevated temperatures, respiratory symptoms and dehydration.
- **Infection control:**
 - Residents should be provided with appropriate infection control equipment, such as tissues, soap and/or alcohol-based hand rub.
 - Residents should be educated in cough and sneeze etiquette.
 - Thorough cleaning with detergent of surfaces which may be contaminated.
- **Review the management plan for infected care recipients:**
 - Isolate residents who have an influenza-like illness to reduce the spread of infection.
 - Consider if it is possible to isolate infected individuals in single rooms.
 - If isolation in single rooms is not possible, symptomatic residents should be cared for in areas well away from residents without symptoms. If the design of the home and the numbers of symptomatic residents involved permits, it is preferable to isolate residents into separate floors or wings of the home.
 - Movement of symptomatic residents should be minimised.
 - Use of facemasks by affected residents (if this can be tolerated) when they are within one metre of other people.
 - New admissions or transfers should be stopped. Whether this is the whole establishment or a unit or wing will depend on the feasibility of establishing self-contained areas for symptomatic and exposed residents and the staff caring for them. The length of closure to new admissions and transfers is largely dependent on the incubation period of influenza and so should be for 7 days in the first instance. The local Public Health Unit will provide guidance.
 - Spatial separation should be promoted in common areas to limit contact between symptomatic and asymptomatic people. Closing common areas should be considered.
 - More frequent cleaning of surfaces such as tables, chairs, telephones should be considered, especially those items located within one metre of a symptomatic person.
 - Inform residents about the reasons for restrictions on visitors, and the measures to limit contact with infected care recipients that have been put in place.

Influenza Antiviral treatment

The Public Health Unit will liaise with the facility concerning the provision of antiviral medication to cases and close contacts. It is important that these antivirals are used exactly as directed and documented accordingly. Antivirals have been shown to be most effective when administered within 24–48 hours of a person showing symptoms, and the entire course must be taken.

Staff – general advice

The facility should have clear communication protocols to make sure that all staff are quickly informed. Staff should be reminded that good infection control practices can effectively stop the virus spreading.

- Staff should be monitored daily for the symptoms of influenza and advise their supervisor if they develop symptoms while at work.
- Staff should clean their hands thoroughly with soap and water or an alcohol base handrub. Consideration should also be given to placing handrub dispensers at the residents' bedsides for use by visitors and staff.
- Staff should undertake appropriate cough and sneeze etiquette as routine practice.

- Symptomatic staff should be excluded from work until they are no longer symptomatic, or until released from periods of isolation defined by the PHU. The local PHU should also be contacted with the details of these individuals.
- The local Public Health Unit will liaise concerning the treatment and management of affected staff and periods of exclusion from work.
- If possible, aged care staff should work either with symptomatic or asymptomatic residents - but not both - and this arrangement should be continued for the duration of the outbreak.
- Nursing Agency and temporary staff who are exposed during the outbreak should be advised not to work elsewhere.
- Staff should wear single-use surgical facemasks, gown and gloves when in close contact (within 1 metre) with a person with an influenza-like illness, whether or not confirmed as being influenza.
- Any healthcare worker identified as a close contact of a confirmed case of H1N1 Influenza 09 should remain in home quarantine for the prescribed period (3 days if taking antiviral medication; 7 days if not). If well with no symptoms, the healthcare worker can then return to work.

Visitors – general advice

- Visitors should clean their hands thoroughly with soap and water or an alcohol based hand rub.
- Visitors with influenza-like symptoms should be excluded from the homes until they are no longer symptomatic.
- Visits should be discouraged during an influenza outbreak where this is feasible.
- If visitors do need to enter the home, visitors should avoid all physical contact and be at least at a one metre distance from residents thought to have influenza and wear a single use face mask.

Vaccination

It is recommended that pneumococcal and seasonal influenza vaccination be given to all aged care residents in accordance with the Australian Immunisation Handbook. Most residents will have received or be receiving seasonal influenza vaccine containing a seasonal H1N1 strain (this should **NOT** be confused with the current Influenza A H1N1 Influenza 09). The current seasonal flu vaccine is designed to protect against seasonal H1N1 and seasonal influenza viruses that are likely to circulate at the same time as Influenza A H1N1 Influenza 09.

Further information can be obtained from:

Aged Care Inlu-Info Kit

[http://www.health.gov.au/internet/main/publishing.nsf/Content/F954A8BBC7BD2231CA25701A0004E724/\\$File/influinfo.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/F954A8BBC7BD2231CA25701A0004E724/$File/influinfo.pdf)

‘A practical guide to assist in the prevention and management of influenza outbreaks in residential care facilities’ April 2009 (soon to be posted)

<http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-cdna.htm>

Current Department of Health and Ageing advice regarding H1N1 Influenza 09

http://www.healthemergency.gov.au/internet/healthemergency/publishing.nsf/Content/health-swine_influenza-index.htm

Interim recommendations for facemask use.

<http://www.healthemergency.gov.au/internet/healthemergency/publishing.nsf/Content/healthprof>