

Managing cases and contacts of swine flu in Surrey schools

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It has become apparent over the last few weeks that swine flu – so far, at least – is no worse than ordinary seasonal flu. There is, therefore, no need to be particularly alarmed about it, or to take any steps that would not normally be taken during the routine, winter, influenza season. We are therefore recommending that we act almost exactly as if seasonal flu were circulating. Our advice is as follows (summarised as a flow-chart on page 3).

1 For individuals who have had flu-like symptoms in the previous 7 days.

1.1 If there is no member of an 'at risk group' in the individual's household (or if their symptoms started more than 7 days ago).

If neither the pupil, nor any member of their close household contacts is in an 'at risk' group for flu, those with flu symptoms should stay at home, avoid contact with others until 7 days from the onset of symptoms, and self-medicate with paracetamol as with normal flu-like illness.

They do not need to be swabbed, or to contact their doctor, any more than with ordinary seasonal flu, unless they become seriously ill.

1.2 If somebody in the individual's household is in an 'at risk' group.

If the individual is the only member of the household in an 'at risk' group for flu, they should be offered antiviral medication (treatment dose). Nobody else in the household needs antiviral treatment.

If any other member of the individual's household is in an 'at risk' group for flu, all the household contacts should be given a preventive dose of antiviral medication (or a treatment dose if they have become ill, and if this can be done within 48 hours of the onset of their symptoms)*.

Similarly, if the individual's symptoms came on less than 48 hours previously*, they should be started on antiviral treatment.

* The evidence shows that treatment is most effective the sooner it is started, and that there is little benefit if it is started after 48 hours. If a patient's symptoms started more than 48 hours previously, however, and they remain seriously ill, or are deteriorating, antiviral treatment may be considered.

2 For individuals who have NOT had flu-like symptoms in the previous 7 days.

2.1 Significant exposure

It may be possible to identify a group within the school who have had significant exposure, and others whose risk is very low. If this cannot be done, everybody should be treated as if they have had significant exposure.

2.2 If the individual is not a member of an 'at risk group', or has not had significant exposure.

They should be aware that they may have been exposed to swine flu, and that if they develop flu-like symptoms, they be treated as in section 1.1 above.

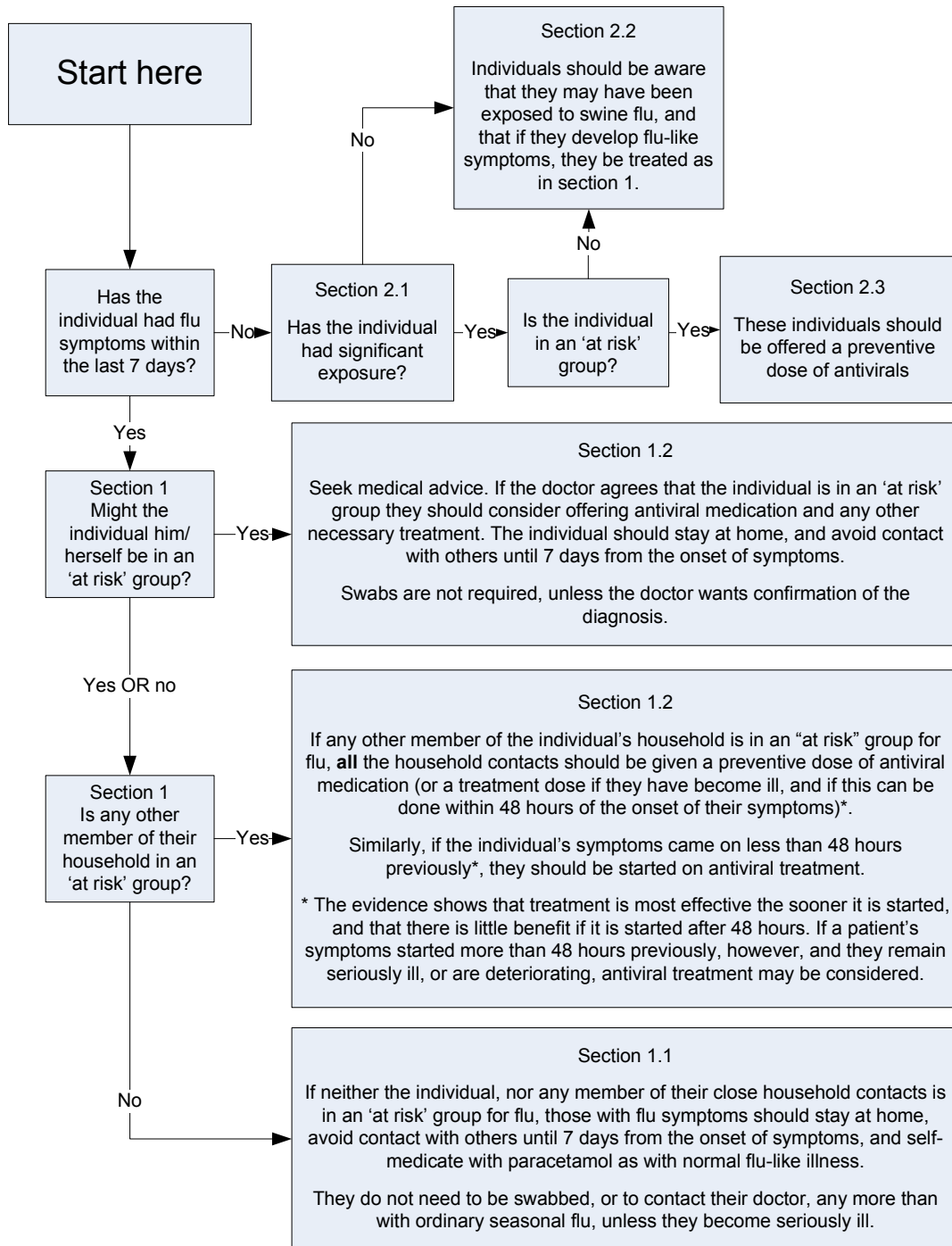
2.3 If the individual is a member of an 'at risk group' AND has had significant exposure.

Individuals who:

- are in one of the 'at risk groups'; **and**
- have had significant exposure; but
- have not developed symptoms...

...should be offered a preventive dose of antivirals, as in section 1.2 above.

3 Summary of guidance in algorithm format



4 'At risk' groups and background information

For the purpose of this guidance, people 'at risk' are defined as those who have one of more of the following:

- chronic respiratory disease (including asthma and chronic obstructive pulmonary disease)
- chronic heart disease
- chronic renal disease
- chronic liver disease
- chronic neurological conditions
- diabetes mellitus.

In addition to the above risk categories (which are taken directly from the NICE guidance), the following circumstances should also be considered to count as 'at risk':

- pregnancy
- immunosuppression (including e.g. treatment for cancer)

If there is any uncertainty about whether somebody should be considered to be 'at risk', please contact their GP.

For more information see NICE guidance on the use of antivirals for the treatment¹ and prevention² of influenza, and/or the HPA web site (www.hpa.org.uk).

5 References

1. National Institute for Health and Clinical Excellence. *Amantadine, oseltamivir and zanamivir for the treatment of influenza (review of NICE technology appraisal guidance 58)*. London: National Institute for Health and Clinical Excellence, 2009 (February 2009); 1-2 (<http://guidance.nice.org.uk/TA168/QuickRefGuide/pdf/English>).
2. National Institute for Health and Clinical Excellence. *Oseltamivir, amantadine and zanamivir for the prophylaxis of influenza (including a review of NICE technology appraisal guidance 67)*. London: National Institute for Health and Clinical Excellence, 2009 (February 2009); 1-2 (<http://guidance.nice.org.uk/TA158/QuickRefGuide/pdf/English>).