SARS and influenza A (H5N1)

Interim guidance for recognition, investigation and infection control, May 2005


1 Screening

Screening
(e.g. at triage station, by telephone or a GP surgery)

AND

CLINICAL: Fever and respiratory symptoms
EPIDEMIOLOGICAL: Travel to China or South East Asia in the last month².

NO

YES

2 Assessment

Initial medical/nursing assessment
(e.g. in side room, by telephone, at a GP surgery or at home)

CLINICAL: Fever ≥ 38°C OR history of fever
AND respiratory symptom (cough or shortness of breath)³.

AND

EPIDEMIOLOGICAL: Travel to SARS-affected area⁴ within 10 days of onset of symptoms.
OR
Travel to avian influenza A (H5N1)-affected area of South East Asia and close contact with poultry or poultry houses.⁵
OR
Close contact with other case(s) of severe respiratory illness or unexplained death from above areas.
OR
Part of Health Care Worker cluster of severe respiratory illness.
OR
Laboratory worker with potential exposure to either agent.

NO

YES

Clinical severity warrants hospitalisation

NO

YES

3 Reassessment

Specialist assessment / reassessment at 48 hours

AND

No alternative diagnosis within 48 hours.
AND
CXR consistent with SARS and/or influenza A (H5N1)
AND
Clinical course consistent with SARS and/or influenza A (H5N1)

NO

YES

NO

YES

Treat as appropriate AND remove from strict respiratory isolation if agreed by Consultant.

CONFIRM SPECIAL INVESTIGATIONS FOR SARS AND/OR INFLUENZA A (H5N1) WITH LOCAL LABORATORY.

INVESTIGATIONS

Phone On-Call Microbiologist immediately to organise laboratory tests and specimen handling and transport


Collect routine specimens (e.g. FBC) plus:
♦ PNA or nose/throat swabs
♦ Sputum specimen
♦ Blood cultures and 30mls of serum for serology (including atypical pneumonia pathogens)

Inform local Public Health Unit

Inform hospital infection control and Infectious Diseases Physician

INFECTION CONTROL & REPORTING

HOSPITAL

Location: Side room
Patient to wear mask (N95 preferred)
Staff to wear mask (N95 preferred), gown and gloves.
Primary Care/Community:
Location: At patient’s home if possible.
Patient to wear mask (N95 preferred).
Staff to wear mask, gown and gloves.

INFECTIOUS DISEASES PHYSICIAN

Strict Standard, Contact and Respiratory Precautions

Patient: Strict respiratory isolation preferably in negative pressure room.
Staff: Correctly fitted high filtration mask (N95), long sleeve gown, gloves and full eye protection.

LIAISE WITH LOCAL PUBLIC HEALTH UNIT

Adapted by Communicable Diseases Network of Australia with permission from the UK Health Protection Agency

3. Includes the possibility of a long incubation and late presentation
5. Current avian influenza A H5N1 affected areas: www.oie.int/downld/AVIAN%20INFLUENZA/A_Asia.htm