Influenza Management Guideline for Emergency Departments and General Practice

Infection Control in ED or GP Clinic

Preferred location: isolation room (negative pressure room not required)

Patient: to wear surgical mask if not in isolation room

Staff: Personal Protective Equipment (PPE) required when within 1 metre of patient, including:

- surgical mask
- long sleeved gown
- eye protection
- gloves

When deep throat or nasal swab is being taken, use surgical mask and eye protection. A P2 or N95 mask is NOT needed for obtaining a swab.

If aerosol generating procedures are being undertaken, staff in the same room as the patient should wear a P2 or N95 mask.

- endotracheal intubation
- open airway suctioning
- non-invasive ventilation (CPAP or biPAP)
- nasopharyngeal aspirate collection
- diagnostic sputum induction

Nebulised medication is not considered an aerosol generating procedure, however spacer devices should be used whenever possible.

If isolation room cannot be used, cohort in a separate area with patient wearing surgical mask and at least 1 metre apart from other patients.

Infection Control in Hospital

Patient: arrange hospital admission to an isolation room or ICU if condition warrants. If isolation room unavailable, consider cohorting according to hospital infection control guidelines.

To remain isolated until:

a. plausible alternative diagnosis for the illness is confirmed
or
b. viral culture or PCR on nasal or throat swab is negative
or
c. until well and no fever for 24 hours (without fever-reducing medication) - usually 5 to 7 days after onset of illness. Infectious period may be longer in children and immunosuppressed people.

Screening on arrival at Emergency Department / General Practice

Influenza-like illness case definition

fever (>38°C or a good history of fever) AND

- cough or sore throat, in the absence of any other explanation for symptoms.

YES

NO

Medically assess, decide on clinical need for hospital admission.

- Is illness moderate/severe?
- Is patient pregnant?
- Does the patient have a chronic medical condition?
- Is the patient in a high risk setting (e.g. residential facility)?

YES

NO

NO

Manage as clinically indicated.

Consider ceasing antiviral medication if commenced.

Positive result for influenza (of any type).

YES

NO

Deep nasal (or throat) swab for diagnosis recommended. If patient has a productive cough, sputum is also a suitable specimen, and can be used for culture for other pathogens.

Consider starting antiviral treatment for case if clinically indicated and < 48 hours since onset of symptoms (or later if case is admitted to hospital).

Make usual arrangements to inform patient of test results (whether positive or negative) when available.

If patient does NOT require admission to hospital

- Encourage patient to stay at home and practice good hand hygiene and cough etiquette.
- If going outside house, strongly encourage patient to keep at least 1 metre away from other people and to use cough etiquette.

If patient DOES require admission to hospital,

- Follow usual procedures for inpatient management of influenza.

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