



PEP management of close contacts of probable or confirmed cases

Interim guidance for post exposure prophylaxis.

Influenza A/H1N1 swine

27 April 2009 - 19.30 hours.

1. Situation

- 1.1. This guidance applies to the management of **contacts** of '**probable**' or '**confirmed**' cases of infection due to influenza 'A/H1N1 swine' in travellers who have returned to the UK.
- 1.2. This guidance will be reviewed when and if cases due to transmission within the UK are ascertained.

2. Definitions of a 'Probable' or 'Confirmed' case of infection due to influenza 'A/H1N1 swine'

2.1. Probable case

A patient meeting the clinical and epidemiological criteria (Algorithm S3 – see link at end) **AND** with a positive laboratory test for influenza A.

2.2. Confirmed case

A patient with laboratory confirmation of infection due to influenza 'A/H1N1 swine'.

3. Who should be categorised as close contacts?

3.1 Household:

In the relevant period (see Criteria for Eligibility, below):

- Individuals who have lived in the same household including those who stayed overnight,
- Individuals who have provided informal care for a probable or confirmed case, and who came within speaking distance (1 metre or less),
- Household visitors who have stayed longer than 1 hour at a time when the case was ill with symptoms.

3.2 Health and Social Care Workers:

- Health or Social Care Workers who provided direct clinical or personal care or who examined a suspect case **AND** who were not wearing full personal protective equipment (PPE) at the time.

Note: Most cases will have been clinically examined initially, usually by a health care worker wearing a facemask, plastic apron and gloves – rather than with full PPE - prior to their diagnosis becoming 'probable' or 'confirmed'(see Algorithm S3). Therefore, once laboratory results become available these workers may need PEP.

Full PPE is defined as correctly fitted high filtration mask (FFP3), gown, gloves and eye protection, and is recommended for isolation of 'probable' or 'confirmed' cases – i.e. only likely to be applicable after laboratory results have become available (see Algorithm S3).

3.3 Other individuals:

- Other individuals exposed to a probable or confirmed case within a distance of 1 metre or less and for longer than 1 hour.

4. Criteria for Eligibility for post-exposure prophylaxis

4.1. Post exposure prophylaxis is indicated for those who had close contact during the period when the case was symptomatic **AND** if the most recent exposure to the case occurred within the past 7 days.

5. Purpose and rationale of post-exposure prophylaxis (PEP)

5.1. To prevent disease in close contacts of probable and confirmed cases of infection due to,

5.2. To minimise the likelihood that transmission of influenza 'A/H1N1 swine' becomes established in the resident UK population,

5.3. There is a potential risk from large droplet spread (range approx 1 metre),

5.4. There is a potential risk through direct contact or indirect contact with commonly touched household surfaces,

5.5. The duration of exposure which carries a significant risk of infection is unknown, but is likely to be no less than 15 minutes and no greater than 4 hours.

Note: HPA 'Swine Influenza Information for Health Care Professionals' and an algorithm for the management of travellers and visitors from countries affected by swine influenza A (H1N1) are available at:

http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1240732818131?p=1240732817665