

Standard practical advice for investigating individuals with possible swine influenza infection



1. Which patients should be tested?

To be considered for testing a patient should have:

- Fever greater or equal to 38°C **OR** history of fever **AND** EITHER flu-like illness (two or more of the following symptoms: cough, sore throat, rhinorrhea, limb/joint pain, headache^a) **OR** other severe/life-threatening illness suggestive of an infectious process

AND

- Onset within **seven** days of visiting areas where sustained human-to-human transmission of swine influenza A/H1N1 is occurring (details are available at the HPA website) **OR** contact with a probable or confirmed case.

2. Who do I contact for advice and access to testing service?

If the patient meets the criteria as a possible case of swine influenza, contact your regional flu response centre (FRC).

The FRC will review case details with you and make an assessment as to whether the case needs testing for swine influenza A.

The FRC will advise you on the local arrangements for testing including, how to obtain a sampling kit, the samples to take and transport of samples to the testing laboratory.

Usually you will be asked to take the test swabs. The FRC will advise you on the personal protective equipment if this is contained in the pack provided, see section 5. (Currently a facemask, gloves and plastic apron are provided.)

3. Where should the patient be assessed?

Preferably at home. If at your surgery, then assessment should be undertaken away from communal areas. Please ensure all staff are aware of these arrangements.

Once assessed, if the patient is well enough to be at home then they should be advised to stay there.

Give advice about:

- Seeking help if their clinical condition worsens.
- Avoiding contact with other people until results of the tests are known.
- Respiratory and hand hygiene.
- Cleaning surfaces regularly with a standard cleaning preparation.

If the patient needs hospital admission then please arrange this, ensuring the admitting team and any ambulance staff are informed of the potential diagnosis, as the patient must go into side-room isolation.

4. Which specimens should I take?

If viral transport medium (VTM) available, then one set of combined nose and throat swabs in VTM should be sent to your regional swine-lineage A H1N1 testing laboratory. (See point 5).

If VTM not available, then two dry swabs in their original (unbroken) tubes should be sent to your local regional swine-lineage A H1N1 testing laboratory.

- Preferably use swabs with plastic shafts.
- Please use the materials provided and do not use charcoal swabs or other bacteriological transport media.

5. How do I take the specimens?

The patient should wear a facemask (except while having samples taken). The person taking the swabs should wear a face mask, plastic apron and gloves.

Eye protection is not included in the kit, however, when undertaking any procedure, a risk assessment should be undertaken, as part of standard infection control measures. Eye protection should be worn if the patient is coughing violently and you consider that it is likely that you may receive droplet splash on you face and eyes when taking the swabs.

The FRC will provide you with a pack where you will find:

- A request form
- One bottle of VTM, if available
- Two swabs
- Two sticky labels
- The packaging (sealable plastic bag, screw-top plastic canister, pre-labelled box) for the samples once taken.
- And the following PPE: facemask gloves and apron.

Due to national shortages your pack may include slightly different components, please follow the advice on your pack inserts.

Taking the swab

• [Nose swab collection:](#)

- Tilt the patient's head back slightly and gently insert the swab along the medial part of the septum, as far as possible.
- Rotate the swab slightly several times and then remove the swab.

If VTM available then

- Insert the swab into the VTM (you may need to break the swab to fit inside the tube).

If VTM is not available re-insert the dry swab into the swab tube (unbroken).

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• Throat swab collection:

- Using the swab provided, vigorously swab only the posterior pharyngeal wall.
- If VTM available then insert the swab into the VTM, along with the nose swab, and break off the shaft so that it does not protrude above the rim of the container. Firmly secure the cap.
If VTM not available then re-insert the dry swab into the swab tube (unbroken).
- Label the VTM bottle or the swab tube with the sticky label (name, address, date of birth).
- Check that the request form is completed including the contact details for receipt of the results (the FRC may have already done this for you).
- Place the bottle of VTM or tubes containing dry swabs in the plastic bag and seal.
- Place the sealed bag in the plastic canister and screw shut.
- Place the request form and the canister in the cardboard box and close.
- Ensure the box is correctly labelled with the delivery address and contact numbers.

6. What should I do once I have taken specimens?

- Dispose of PPE as routine clinical waste.
- Wash hands thoroughly.
- Call your local FRC to inform them that the sample has been taken and the precise location for collection by the courier company.
- The specimen should be given to the courier by the healthcare professional, not the patient.
- Specimens will be collected by the HPA courier and delivered to your regional swine-lineage A H1N1 testing laboratory.

7. Should I start the patient on antivirals?

If patient fulfils criteria for sampling then they should also start antivirals.

Please contact your local FRC for the current advice on treatment and prophylaxis:

- for adults and children (>1y)
- for children under one year of age
- pregnant women

The FRC will also provide advice on the local arrangements for the supply of antivirals for the patient in the current situation.

8. Do I, or any of my staff, need antivirals?

You do not need to take antivirals ahead of the sample result. If the patient becomes a probable or confirmed case, you will not need antiviral prophylaxis provided you were wearing a face mask and no aerosol-generating procedure was conducted. Your local FRC will assist you in assessing your need for antiviral prophylaxis.

9. What should I do about the close contacts of the patient?

If the case meets the criteria for testing for swine influenza A, then you should advise the patient to inform their close contacts and for these individuals to be vigilant for flu-like symptoms.

The FRC will also take information about close contacts but further action will only be required if the index case samples prove positive for influenza A.

10. Advice to frontline staff about interpretation

The laboratories will be performing the assays daily and the results will be notified to you. You should note that all tests results are affected by the quality of the sample, the time of sampling in relation to the natural history of disease and the materials used in sampling. Thus tests can be falsely negative if:

- Tests are taken on asymptomatic subjects, e.g. screening contacts of a positive case when the contacts are still well.
- Samples that are taken with incorrect swabs or transport medium.
- Samples have been taken poorly (see sampling guidelines for the correct sampling method).
- Samples have been taken too early in the incubation phase or too late in the recovery phase.

You need to consider these factors when deciding management/health protection responses and when you are explaining negative results. For example if a potential swine H1N1 case with risk factors has a negative result reported and continues to be ill it may be appropriate to continue treatment and to collect another sample to reinvestigate. Advice is available from the consultant virologist at the regional swine-lineage A H1N1 testing laboratory.

^a Vomiting and diarrhoea have been a feature of some of the confirmed US cases.

Flu Response Centre contact details



Flu response centres (FRCs) have been established in each region of England to receive calls from health professionals regarding patients with flu-like illness and their contacts.

FRCs undertake the assessment of patients, arrange with GPs and others for samples to be taken for laboratory diagnosis, identify and follow up contacts and arrange for prophylaxis to be given where appropriate.

Regional FRC name	Contact number
North West Flu Response Centre	0845 4251727
London Flu Response Centre	0845 4251752
West Midlands Flu Response Centre	0845 4251753
South West Flu Response Centre	0845 4251754
East of England Flu Response Centre	0845 4251755
East Midlands Flu Response Centre	0845 4251756
Yorkshire and the Humber Flu Response Centre	0845 2700899
North East Flu Response Centre	0191 202 3978
South East Coast Flu Response Centre	0845 4251757
South East - South Central Flu Response Centre	0845 4251758

