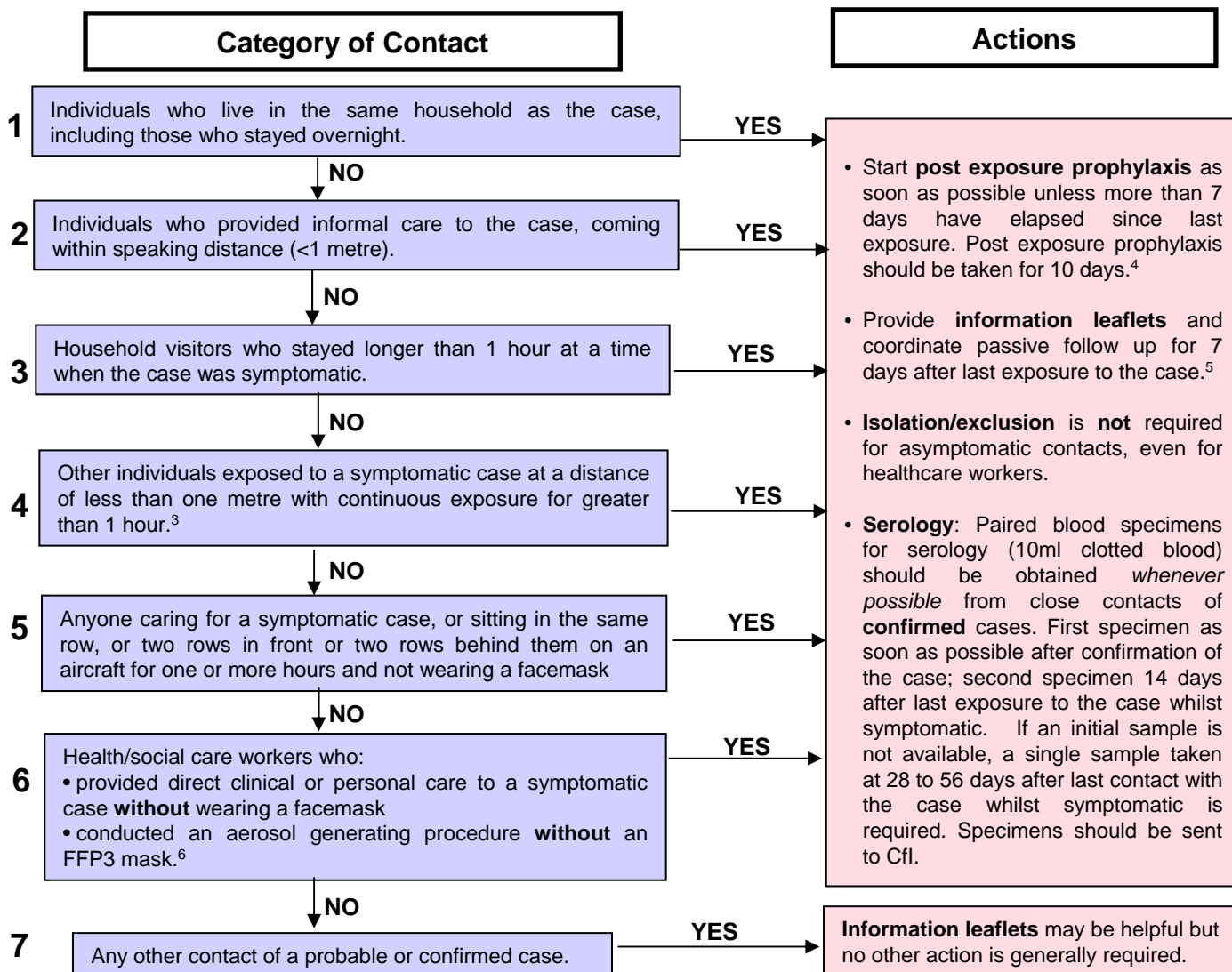


WHO PANDEMIC ALERT PHASE 6: Actions and post exposure prophylaxis for close contacts of probable¹ or confirmed² human case(s) of swine influenza A/H1N1

Post exposure prophylaxis for close contacts of probable and confirmed cases is a control measure to be applied before there is widespread sustained transmission within the UK. Therefore this policy may be modified as the situation changes.

Post exposure prophylaxis is indicated for close contacts who were exposed to a probable or confirmed case during the period when the case was symptomatic **AND** the contact's last exposure occurred no more than **seven** days previously.



Contacts of confirmed cases who are identified **more than 7 days after last exposure**: check their current health status and arrange for a blood sample for serology to be taken 14 or more days after last exposure.

If a contact becomes unwell, follow the same approach as the recommended management of suspected cases of swine influenza (returning travellers and visitors from countries affected by swine influenza A/H1N1 or contacts) (Algorithm S6a).

Footnotes:

1 Probable case: Any person meeting the clinical and epidemiological criteria AND with a positive test for influenza A (see Algorithm S6a).

2 Confirmed case: Any person with laboratory confirmation of swine influenza A/H1N1.

3 Emerging evidence from school clusters in the UK suggests pre-symptomatic transmission may be occurring in children. School pupils should therefore be considered infectious from 12 hours before the onset of symptoms.

4 Standard prophylaxis dose of oseltamivir in adults (age >13 years old) is 75mg od for 10 days. Standard prophylaxis dose of zanamivir is 10mg od for 10 days. (<http://www.medicines.org.uk/>) Follow guidelines unless expert advice is to increase dose.

5 Passive follow up: provision of information to individual (or responsible carer) and request that any febrile respiratory or other unexplained illness within 7 days of last contact be reported (24 hour reporting).

6 Includes patients requiring Level 3 intensive care. See guidance for infection control in critical care at <http://www.hpa.org.uk/webw/HPAweb&Page&HPAwebAutoListName/Page/1191942171190?p=1191942171190>.

FFP3 standard masks, see HSE guidelines: <http://www.hse.gov.uk/biosafety/diseases/pandemic.htm>.

In case of uncertainty, discuss with local Health Protection Unit.

Notes

Since the last update on 16 May the following changes have been made:

1. Serology instructions for paired sera have been made clearer and if an initial sample is not available, the request is that a single sample be taken at 28 to 56 days after last contact with the case whilst symptomatic is required.
2. To bring box 6 in line with protective guidance in Algorithm S5.
3. Renamed algorithm to reflect move to Phase 6.