



MINISTRY OF HEALTH
SINGAPORE

MH 34:85

12 July 2009

All Registered Medical Practitioners
Licensees of Healthcare Establishments

MOH CIRCULAR 81/2009
RECOMMENDATIONS ON THE MANAGEMENT OF INFLUENZA A (H1N1-2009)
DURING SUSTAINED COMMUNITY TRANSMISSION

1. Current data from the Ministry of Health's influenza bio-surveillance, shows that the prevalence of Influenza A (H1N1-2009) is now 28% amongst patients with influenza-like illness in the community. Having studied the evolution of Influenza A (H1N1-2009) in other countries, this is an expected development. The percentage will continue to rise and MOH will update you regularly. Please use this information in the management of patients presenting with influenza-like illness.

CHANGES TO THE INFLUENZA A (H1N1-2009) CONTROL MEASURES

2. In view of the increasing transmission of Influenza A (H1N1-2009) locally and internationally, the following changes have been effected:

List of affected areas

- a) On 7 July 09, the World Health Organisation (WHO) informed that countries are no longer required to submit regular reports of laboratory-confirmed cases and deaths to WHO. This is because the reporting of such numbers is no longer a useful monitoring tool. WHO has also decided that it will no longer publish the global tables showing the number of confirmed cases for all countries. With this decision by the WHO, MOH will not be able to compile an accurate list of Influenza A (H1N1-2009) affected countries. As such, the list of affected countries has been removed from the MOH website.

Contact tracing and quarantine of close contacts

- b) Contact tracing and Quarantine Orders are generally no longer required. They will however be initiated by the Ministry under specific situations, based on risk stratification and assessment by public health specialists.



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GUIDELINES FOR MANAGEMENT OF INFLUENZA A (H1N1-2009) DURING SUSTAINED COMMUNITY TRANSMISSION

3. As stated in the MOH Circular 79/2009 on Updates on Management of Influenza A (H1N1-2009) dated 1 July 2009, suspected cases of Influenza A (H1N1-2009) can be clinically assessed by GPs, risk stratified and managed accordingly. Diagnostic tests to confirm the diagnosis of Influenza A (H1N1-2009) infection would only be required in patients where the result is necessary for clinical management and/or in situations where it will be of significant public health importance.

4. The guidelines for management of Influenza A (H1N1-2009) at Annex A of the MOH Circular 79/2009 on Updates on Management of Influenza A (H1N1-2009) dated 1 July 2009 can also be used in the management of suspected cases of Influenza A (H1N1-2009) during sustained community transmission. New guidance on the management of pregnant women and immunosuppressed persons are at Annex A and B, respectively. **Please note that these recommendations only serve as a guide in the clinical management of your patients. Doctors should exercise clinical judgment in prescribing treatment on a case by case basis for patients, taking into account their respective risk profile and clinical presentation.**

NOTIFICATION INSTRUCTIONS

5. Medical practitioners are required to notify (i) clinically suspected cases who are seriously ill and who need to be referred to hospitals and (ii) laboratory confirmed Influenza A (H1N1-2009) cases within 24 hours of referral or diagnosis, respectively. Medical practitioners are also required to submit the Notification of Death from Influenza A (H1N1-2009) within 24 hours of death (for confirmed cases, and for deaths in which influenza A (H1N1-2009) is strongly suspected and cannot be excluded). Notifications should be done via the Communicable Diseases Live & Enhanced Surveillance System (CDLENS) at <http://www.cdLens.moh.gov.sg> or by fax to 62215538. The MD131 can also be downloaded from the MOH website at <http://www.moh.gov.sg>.

FOR DISSEMINATION TO RELEVANT STAFF

6. Please bring this circular to the attention of relevant staff in your institution. For further clarifications on this circular, please email moh_info@moh.gov.sg.



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ANNEX A

MANAGEMENT OF INFLUENZA (H1N1-2009) IN PREGNANT WOMEN DURING SUSTAINED COMMUNITY TRANSMISSION

Preventive measures	<p>Social distancing measures: Avoidance of crowded places. Offer redeployment of pregnant women who are working in high risk community settings (e.g. manning of thermal scanners) as well as pregnant HCWs working in high risk areas, to lower risk areas/responsibilities.</p> <p>Good personal and environmental hygiene; Wear surgical masks if they need to visit public places.</p>
Treatment indications	<p>It is recommended that for all suspected cases, GPs should contact the patient's primary specialist for advice on further management. Antiviral therapy can be considered for those with confirmed laboratory diagnosis of Influenza A (H1N1-2009).</p> <p>Those who are very ill should have antiviral & other appropriate treatment started before laboratory results are available.</p>
Antiviral & Dose	Oseltamivir 75mg bd for 5 days, or Zanamivir 10mg bd for 5 days
Where treated	<p>As an outpatient. Admit into hospital¹ if:</p> <p>a) Displaying signs/symptoms of severe illness:</p> <ul style="list-style-type: none"> • Dyspnoea or chest pain • Severe & persistent vomiting • Deterioration of symptoms since onset of illness • Flu-like symptoms seemingly improved but then regressed with worsening cough • Altered mental status <p style="text-align: center;">OR</p> <p>b) Physical examination findings consistent with pneumonia</p> <p style="text-align: center;">OR</p> <p>c) Signs of non-reassuring fetal status</p>
Chemoprophylaxis	<p>Can be considered for pregnant women who are close contacts of confirmed cases of Influenza A (H1N1-2009):</p> <p>Oseltamivir 75mg om for 10 days, or Zanamivir 10mg om for 10 days</p>

¹ Includes KKH, SGH, NUH and private hospitals.

ANNEX B

MANAGEMENT OF INFLUENZA (H1N1-2009) IN IMMUNOSUPPRESSED PERSONS² DURING SUSTAINED COMMUNITY TRANSMISSION

Preventive measures	<p>Social distancing measures: Avoidance of crowded places. Offer redeployment of immunosuppressed persons who are working in high risk community settings (e.g. manning of thermal scanners) as well as immunosuppressed HCWs working in high risk areas, to lower risk areas/responsibilities.</p> <p>Good personal and environmental hygiene; Wear surgical masks if they need to visit public places.</p>
Treatment indications	<p>It is recommended that for all suspected cases, GPs should contact the patient's primary specialist for advice on further management. Antiviral therapy can be considered for those with confirmed laboratory diagnosis of Influenza A (H1N1-2009).</p> <p>Those who are very ill should have antiviral & other appropriate treatment started before laboratory results are available.</p> <p>NB: Fever might not manifest in immunosuppressed persons.</p>
Antiviral & Dose	<p>Oseltamivir 75mg bd for 5 days, or Zanamivir 10mg bd for 5 days</p> <p>Clinicians can consider the need to extend therapy based on the course of illness</p>
Where treated	<p>As an outpatient. Admit into hospital if:</p> <p>a) Displaying signs/symptoms of severe illness:</p> <ul style="list-style-type: none"> ▪ Dyspnoea or chest pain ▪ Severe & persistent vomiting ▪ Deterioration of symptoms since the onset of illness ▪ Flu-like symptoms seemingly improved but then regressed with worsening cough ▪ Altered mental status <p style="text-align: center;">OR</p> <p>b) Physical examination or chest x-ray findings consistent with pneumonia</p>
Chemoprophylaxis	<p>Can be considered for immunosuppressed persons who are close contacts of confirmed cases of Influenza A (H1N1). Prescribe:</p> <p>Oseltamivir 75mg om for 10 days, or Zanamivir 10mg om for 10 days</p>

² Immunosuppressed persons include those with immunosuppression caused by medication (corticosteroids, immunosuppressant and cytotoxic drugs) or by diseases such as malignancies and HIV