WHO PANDEMIC ALERT PHASE 5: Actions and post exposure prophylaxis for close contacts of probable\(^1\) or confirmed\(^2\) human case(s) of swine influenza A/H1N

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 two days previously. \((1)\) The morbidity and mortality of this current novel H1N1 influenza is not different than that of seasonal influenza.

### Category of Contact

1. HCW’s who live in the same household as a case, including those who stayed the night

   **Actions**
   - **Start post exposure prophylaxis** as soon as possible unless more than 7 days have elapsed since last exposure. Post exposure prophylaxis should be taken for 10 days.\(^4\)
   - **Provide information leaflets** and coordinate passive follow up for 7 days after last exposure to the case.\(^5\)
   - Isolation/exclusion is not required for asymptomatic contacts, even for healthcare workers.

2. Health or social care workers who provided direct clinical or personal care or who examined a symptomatic patient without wearing appropriate personal protective equipment (PPE).\(^3\)

3. Anyone caring for a case, or sitting in the same row, or two rows in front or two rows behind case on an aircraft for one or more hours.

4. Any other contact of a probable or confirmed case

   **Actions**
   - **Information leaflets** may be helpful but no other action is generally required.

### Footnotes:

1. Probable case: Any person meeting the clinical and epidemiological criteria AND with a positive test for influenza A.
2. Confirmed Case: Any person with laboratory confirmation of swine influenza A/H1N1.
3. Please refer to your organization's guidelines and plans for the appropriate PPE requirements.
4. Standard treatment dose of oseltamivir in adults (age > 13 years old) is 75mg bid for 5 days. Standard treatment dose of zanamivir is 10mg bid for 5 days. (http://www.cdc.gov/h1n1flu/recommendations.htm) Treatment should be started as soon as possible and at any point that the patient is symptomatic and continue until the patient has recovered. Follow guidelines unless expert advice is to increase dose.
5. Standard prophylaxis dose of oseltamivir in adults (age > 13 years old) is 75mg qd for ten days. (http://www.cdc.gov/h1n1flu/recommendations.htm)
6. 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)

In case of uncertainty, please contact local health department.