

Sector Update on Pandemic H1N1



Version:	4.2
Effective Date:	9 August 2010
Issued by:	Steve Brazier, Director Emergency Management
Status:	Final

Purpose

New Zealand is currently experiencing a second wave of Pandemic A (H1N1) 2009, with influenza activity continuing to increase through the winter. There is no indication that rates are decreasing.

To date there have been 256 hospitalisations, at least 15 of these have required admission to ICU. ICU clinicians are seeing cases from recognised risk groups, particularly pregnant or recent post-partum women where they have not been initially treated as if they may have Pandemic Influenza A (H1N1) 2009.

Any patient admitted to hospital with ILI symptoms **needs** to be tested for influenza (Refer: *Guidance on the Diagnosis and Management of Pandemic Influenza H1N1*), this is available at:

[http://www.moh.govt.nz/moh.nsf/pagesmh/9171/\\$File/diagnosis-and-mgmt-h1n1-v5-19apr10.doc](http://www.moh.govt.nz/moh.nsf/pagesmh/9171/$File/diagnosis-and-mgmt-h1n1-v5-19apr10.doc)

It is important that:

- ***Those presenting with ILI from an “at risk” population; particularly those with underlying health conditions, pregnant or post-partum women or the severely obese; are treated as if they have Pandemic Influenza A (H1N1) 2009.***
- ***Patients admitted with ILI symptoms need to be tested to ensure that any change in the virus is detected.***

Use of Antivirals

The eligibility for national reserve antivirals has been widened to make them available through standard prescribing processes. The revised antiviral policy (see link above) aims to minimise barriers to access to national reserve antivirals for patients with influenza-like illness and does not affect commercial or privately held supplies.

Additional Information

All documents relating to Pandemic H1N1 to can be access at the Ministry’s website

See:

<http://www.moh.govt.nz/influenza-a-h1n1> (for the Public) or
<http://www.moh.govt.nz/moh.nsf/indexmh/influenza-a-h1n1-healthsector> (for Health Professionals)

Further information will be circulated as necessary.

This has been circulated to:

1. DHB Chief Executives
2. Chief Medical Advisors
3. Directors of Nursing
4. DHB Emergency Planners – please circulate to primary care contacts.
5. MoH Regional Emergency Management Advisors