



Influenza Advisory

This document has been prepared to assist athletes and team managers in making the decision to travel to Australia for the World Transplant Games in August 2009.

The decision to travel to the transplant games rests with the individual athlete based on advice from their treating physician. If you are in any doubt we strongly recommend that you consult your doctor.

This advisory has been prepared from information released by the World Health Organisation, the Australian Department of Health & Ageing, Queensland Health and several other recognized international health organizations.

H1N1 Flu, Transplant Recipients, and the Current Situation in Australia

Influenza and transplant recipients

H1N1 (swine) flu is a mild disease in most people, and this is likely to be the case in people with transplants as well. In general, the risk ranges from a slightly higher risk compared to the general population to a significantly increased risk. People with organ transplants who are otherwise healthy and whose immunosuppression is long standing and stable are likely to be at a slightly higher risk of serious illness due to the H1N1 flu. However, because of drugs taken to suppress the immune system, anyone with a transplant does have a higher risk of developing complications from this illness than someone who is completely healthy.

People who have had a lung transplant are at high risk of severe illness from influenza. This is because influenza mostly attacks the lungs, and transplanted lungs are particularly vulnerable to infection. Lung transplant recipients generally also need larger doses of immunosuppressant drugs than other transplant recipients, and the higher level of immunosuppression also increases the risk.

Children who are organ transplant recipients are at high risk of serious illness. Generally children require relatively high levels of immunosuppression.

The Situation in Australia

Australia is at the height of its flu season, so the incidence in Australia is higher than is presently seen in the countries of the Northern Hemisphere. As the Northern Hemisphere moves into winter, the incidence of flu is certain to increase.

As of 26 July, Australia counted 16768 confirmed cases, and unfortunately 47 deaths allotted to the H1N1 Influenza. There are currently 377 people hospitalized in Australia because of this virus, including 107 in units of intensive care.

The World Transplant Games Federation and the Local Organising Committee have held extensive discussions with Australian health authorities in relation to the staging of the World Transplant Games. Clearly the timing of the games, the current world-wide pandemic and the current lack of a vaccine, has placed the World Transplant Games Federation and the Local Organising Committee in a position never experienced in the history of the Games. Nevertheless there is no restriction on international travel, events have not been cancelled, mass gatherings have not been curtailed and there is significant evidence to suggest the majority of recipients attending the Games would face similar chances of being exposed to the virus by going about their daily routines in their home country as they could be by participating in the transplant games.

Therefore the transplant community—the WTGF, the LOC, participating countries, team managers, athletes and participants—share a common responsibility to reduce the chance for this strain of influenza, or indeed seasonal influenza in all its forms, to have an adverse impact upon the Games and its participants. The successful staging of the British Transplant Games this past weekend in an area of high flu incidence demonstrates that this can be safely accomplished.

Advice for Games Participants

The World Health Organization (WHO) and Australian health authorities report that there are a number of steps that can be undertaken to reduce exposure when travelling. Based on the available medical advice, the WTGF and LOC are recommending the following steps for all participants travelling to the games:

1 – Vaccination against Seasonal Influenza. Vaccination against seasonal influenza two weeks prior to travel is recommended, although the degree of protection against H1N1 Influenza 09 is not clear. Consult your health care provider to see if he or she agrees that a vaccination is right for you and for travel medical advice. **If you have the flu or flu-like symptoms you should not travel; you are putting yourself and anyone who comes in contact with you at risk.**

2 – Anti-viral Medication. Most medical authorities recommend that all participants (athletes and supporters) should begin a course of prophylactic anti-viral therapy prior to their departure from their home country (or home state for Australian participants) and should remain on that therapy for the duration of the games. Again, consult your doctor or healthcare provider to see if this is right for you. This therapy, such as Tamiflu or Relenza should only be taken following confirmation from your physician or treating doctor that it is suitable for you.

2 – Face Masks. All participants should review the attached WHO advice on the Use of Masks in the Community Setting. It is recommended that participants travelling to the games by public transport,

including air travel, should consider the use of a mask during transit. Also, please note that incorrectly using a mask can actually lead to increase chance of transmission.

Be sure that the mask is effective against the H1N1 virus—ratings differ in different parts of the world but common designations are N-95 or higher, FFP2, F550G, NT-V2 Nano, etc. The duration of effectiveness varies from 2 to 24 hours—be sure you have enough for the duration of your trip.

3 – **Bring Tissues with You.** Use them when coughing or sneezing and be sure to dispose of them properly.

4 – **Monitor Your Temperature.** It is recommended that you monitor your temperature on a regular basis. Bring your own thermometer. Take your temperature when you are comfortable and in a quiet place. Should you notice an increase, contact medical authorities as explained elsewhere in this document.

While Traveling

The Australian Government's www.smartraveller.gov.au and other sources recommend that while travelling, you should:

- practice hand hygiene (washing and drying of hands). This can easily be done with an alcohol-based hand cleaner (no water necessary) at any time.
- practice respiratory etiquette (covering mouth and nose when sneezing and coughing).
- don't share items such as cigarettes, glasses, or cups, lipstick, toys or anything which could be contaminated with respiratory secretions
- consult a doctor or the nearest hospital immediately in the event of flu-like symptoms developing.
- follow the instructions of local authorities

Flu—Prevention and Control

The H1N1 Influenza is contagious and spreads from one person to another. Being in close contact with an infected person while they are talking, coughing or sneezing puts you at risk. The virus may also spread through hand contact with an infected person or contaminated objects and surfaces. **The symptoms of the H1N1 flu are:**

- 1) Sudden fever (over 38°C) or sudden cough
- 2) Tiredness and chills
- 3) Headache, sore throat, runny nose
- 4) Stomach upset, diarrhoea, loss of appetite
- 5) Aching muscles, limb or joint pain

(H1N1) 2009 is spread through three main ways:

- Droplet transmission: droplets may be spread by coughing, sneezing, or talking.
- Direct contact transmission: this occurs during skin-to-skin or oral contact.
- Indirect contact transmission: takes place when a person has contact with a contaminated object, such as bedding, furniture or utensils, which has previously been contaminated by an infectious person.

What to do if you develop these symptoms and think you might have flu

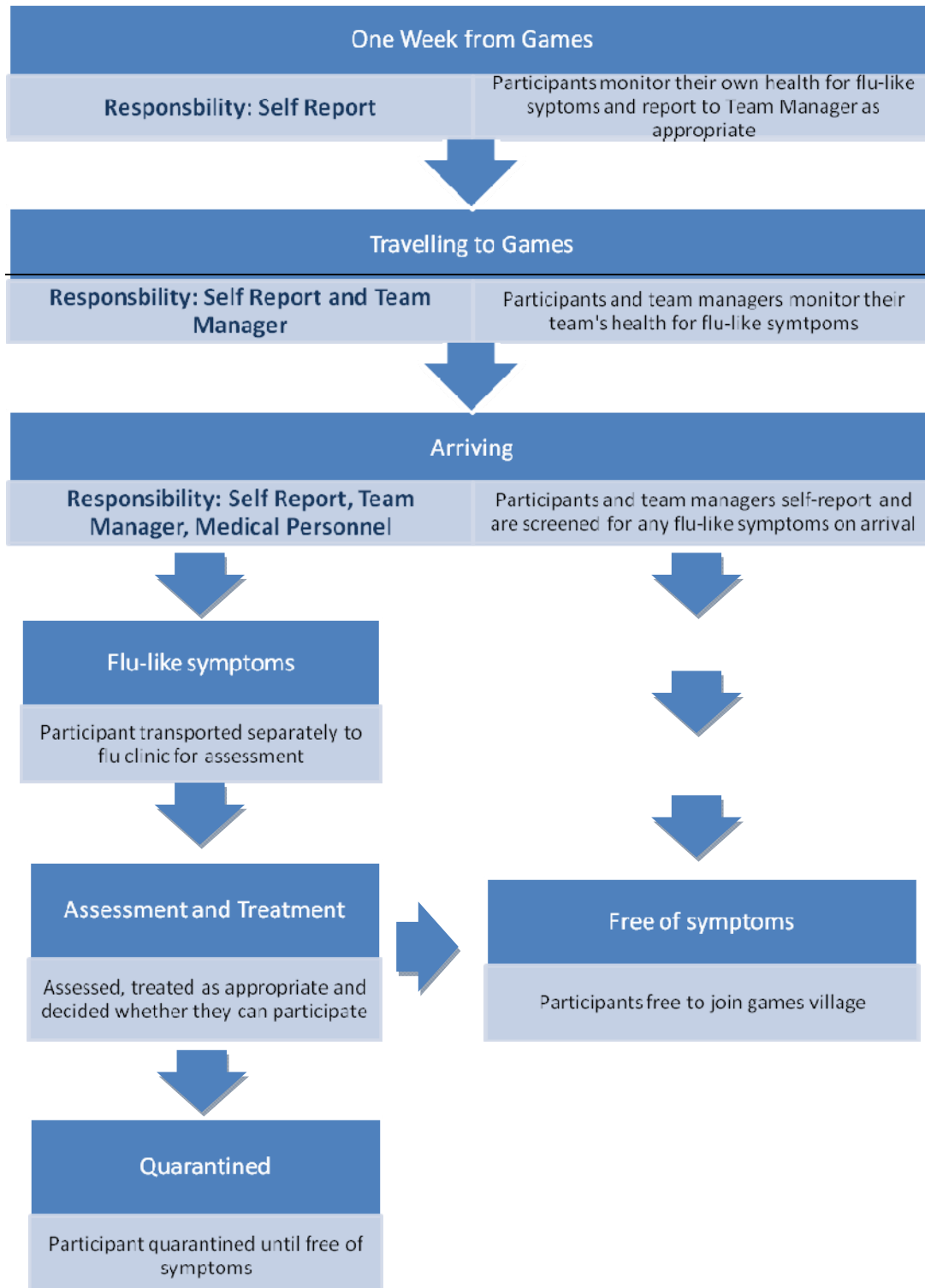
- 1) If you develop these symptoms before the Games, **DO NOT COME TO THE GAMES**. Get medical advice locally and inform your team manager that you are not coming.
- 2) If you develop possible flu symptoms while at the Games, to protect yourself and others, it is important that you **avoid contact with others**. Go to your accommodation straight away and inform your team manager. The medical team will then be contacted and they will get in touch and give advice.
- 3) The medical team will advise people with possible flu to go home as soon as practicable, and issue and advise on the use of antivirals. Unless you have supplies of this medication, this will be at your expense.

What to do if you have been in contact with some who might have developed flu at the Games

- 1) So long as you are well yourself, you can continue to take part as normal.
- 2) The medical team, as well as advising treatment to someone with possible flu, will be asking that person about the extent of any possible exposure to family, friends, team members, and other people at the Games. Anyone who is judged to benefit from antiviral drugs, or who might need other advice, will be approached and offered treatment.

Arriving in Australia

Individual participants, team managers, and medical and nursing personnel all need to play a role in the following flow chart:



Keeping Participants Healthy

Primary Care Clinic

The purpose of the Primary Care Clinic is to provide a regular opportunity for athletes and participants to consult a medical practitioner or nurse as required to discuss a range of health care issues including:

- Specific medication questions relating to the transplant
- Sporting aches and sprains associated with their chosen activity
- Stomach upsets etc associated with travelling and change in diet and eating habits
- General questions around their own health care such as asthma and diabetes medication, etc.

The Clinic will be open between 7.00am and 8.00am and 5.00pm and 6.00pm each day of the games. In addition a nurse will be on call between 7.00am and 6.00pm each day and available for assistance at the Convention Centre. Nursing staff will be on call each night for assistance.

Influenza Clinic

The purpose of the Influenza Clinic will be to screen, monitor, diagnose and treat any patients with flu-like symptoms. The doctors in charge of the Clinic will have the authority to dispense anti-viral medications, admit patients to hospital, and quarantine patients with H1N1 Influenza.

The Influenza Clinic will operate leading up to and at the commencement of the games and then on an 'as needs' basis.

Venue/Outreach Teams

The purpose of the venue teams is to provide both paramedic emergency cover and sports injury assistance at moderate to high risk sports. Low risk sports will be covered by nursing staff.

Hygiene

A guide on how to practise good hygiene etiquette will be issued upon arrival to all participants

The Role of Team Managers and Team Doctors

While the WTGF and LOC will be taking significant measures to keep participants healthy, team managers and teams with team doctors must also play a role in watching out for participants with flu-like symptoms and ensuring they do not infect others. In addition to the measures in this pack we recommend the following steps should be undertaken by team managers:

- A daily roll call. Each team is staying in their own apartment block/s. Hold a daily meeting to check team members off a roll call. While the apartments will be wonderful for all participants and will in fact provide the type of protection that dormitory-style accommodation would not, we need to be vigilant about participants who go to bed to get over their cold or flu-like symptoms without disclosing their condition.
- Appoint a buddy system. Ensure that single participants are regularly followed up for their health.

- Closely monitor all children. Ensure parents pay particular attention to the health of their children, both recipients and non-recipients. We need to reduce the chance of a non-recipient child infecting others and the flu spreading throughout the games village.
- Issue hygiene items to your team members. Make sure all team members have a regular supply of tissues, hand wipes, alcohol-based soap gel (no water), etc.
- Telephone the clinic. If any of your team members come down with an obvious case of flu-like symptoms, telephone the games primary care clinic and we will send a doctor to see them in their room rather than have them visit the games village.

Participants suffering Complications from H1N1 Influenza

The LOC is advised that participants suffering from H1N1 Influenza will in all likelihood experience only a mild to moderate illness. Those participants who suffer a more severe form of the illness will be immediately taken to hospital for a thorough assessment.

Further Readings

The WTGF and LOC recommend reviewing the following documents and websites:

WHO "Advice on the Use of Masks in the Community Setting in Influenza A (H1N1) Outbreaks" (attached)

www.smarttraveller.gov.au

Individual team managers should consult their own national health authorities for specific advice concerning their team before departing for Australia.

Questions and Answers and Factsheets:

World Health Organization <http://www.who.int/csr/disease/swineflu/en/>

Queensland Health <http://www.health.qld.gov.au/swineflu/>

This site also contains information in other languages.

2009 World Transplant Games <http://www.worldtransplantgames09.com>

Also contains facts sheets on the flu.

In the end, the decision to attend the World Transplant Games is yours, in consultation with your medical team. Please be sure that you are in good health and flu symptom-free, and that you discuss the situation with your doctor, before beginning your journey to Australia.

Advice on the use of masks¹ in the community setting in Influenza A (H1N1) outbreaks

Interim guidance

3 May 2009

This document provides interim guidance on the use of masks in communities that have reported community-level outbreaks caused by the new Influenza A(H1N1) virus. It will be revised as more data become available.

Background

At present, evidence suggests that the main route of human-to-human transmission of the new Influenza A (H1N1) virus is via respiratory droplets, which are expelled by speaking, sneezing or coughing.

Any person who is in close contact (approximately 1 metre) with someone who has influenza-like symptoms (fever, sneezing, coughing, running nose, chills, muscle ache etc) is at risk of being exposed to potentially infective respiratory droplets.

In health-care settings, studies evaluating measures to reduce the spread of respiratory viruses suggest that the use of masks could reduce the transmission of influenza.² Advice on the use of masks in health-care settings is accompanied by information on additional measures that may have impact on its effectiveness, such as training on correct use, regular supplies and proper disposal facilities. In the community, however, the benefits of wearing masks has not been established, especially in open areas, as opposed to enclosed spaces while in close contact with a person with influenza-like symptoms.

Nonetheless, many individuals may wish to wear masks in the home or community setting, particularly if they are in close contact with a person with influenza-like symptoms, for example while providing care to family members. Furthermore, using a mask can enable an individual with influenza-like symptoms to cover their mouth and nose to help contain respiratory droplets, a measure that is part of cough etiquette.

Using a mask incorrectly however, may actually increase the risk of transmission, rather than reduce it. If masks are to be used, this measure should be combined with other general measures to help prevent the human-to-human transmission of influenza, training on the correct use of masks and consideration of cultural and personal values.

¹ The term "mask" is used here to include home-made or improvised masks, dust masks and surgical masks (sometimes called "medical masks"). Masks have several designs. They are often single use and labelled as either surgical, dental, medical procedure, isolation, dust or laser masks. Masks frequently used outside health-care settings may also be made out of cloth, or paper or similar material. Masks, names and standards differ among countries.

² Jefferson T, Foxlee R, Del Mar C et al. Physical interventions to interrupt or reduce the spread of respiratory viruses: systematic review. *BMJ* 2008; 336:77-80.

General advice

It is important to remember that in the community setting the following general measures may be more important than wearing a mask in preventing the spread of influenza.

For individuals who are well:

Maintain distance of at least 1 metre from any individual with influenza-like symptoms, and:

- refrain from touching mouth and nose;
- perform hand hygiene frequently, by washing with soap and water or using an alcohol-based handrub³, especially if touching the mouth and nose and surfaces that are potentially contaminated;
- reduce as much as possible the time spent in close contact with people who might be ill;
- reduce as much as possible the time spent in crowded settings;
- improve airflow in your living space by opening windows as much as possible.

For individuals with influenza-like symptoms:

- stay at home if you feel unwell and follow the local public health recommendations;
- keep distance from well individuals as much as possible (at least 1 metre);
- cover your mouth and nose when coughing or sneezing, with tissues or other suitable materials, to contain respiratory secretions. Dispose of the material immediately after use or wash it. Clean hands immediately after contact with respiratory secretions!
- improve airflow in your living space by opening windows as much as possible.

If masks are worn, proper use and disposal is essential to ensure they are potentially effective and to avoid any increase in risk of transmission associated with the incorrect use of masks. The following information on correct use of masks derives from the practices in health-care settings⁴:

- place mask carefully to cover **mouth and nose** and tie securely to minimise any gaps between the face and the mask
- while in use, avoid touching the mask
 - whenever you touch a used mask, for example when removing or washing, clean hands by washing with soap and water or using an alcohol-based handrub
- replace masks with a new clean, dry mask as soon as they become damp/humid
- do not re-use single-use masks
 - discard single-use masks after each use and dispose of them immediately upon removing.

Although some alternative barriers to standard medical masks are frequently used (e.g. cloth mask, scarf, paper masks, rags tied over the nose and mouth), there is insufficient information available on their effectiveness. If such alternative barriers are used, they should only be used once or, in the case of cloth masks, should be cleaned thoroughly between each use (i.e. wash with normal household detergent at normal temperature). They should be removed immediately after caring for the ill. Hands should be washed immediately after removal of the mask.

³ In settings where alcohol-based hand rubs are available and the safety concerns (such as fire hazards and accidental ingestion) are adequately addressed, their proper use (rubbing hands for 20–30 seconds) could be promoted as a means of disinfection.

⁴ Infection prevention and control of epidemic- and pandemic-prone acute respiratory diseases in health care WHO Interim Guidelines (Jul 2007) available at http://www.who.int/csr/resources/publications/WHO_CD_EPR_2007_6/en/index.html.