

## Actions and post exposure prophylaxis for close contacts of confirmed human case(s) of Influenza A/H1N1

Center for Community Health and Disease Control, Maldives

**Prophylaxis should not ordinarily be given to the contact of a case of H1N1 infection. However, clinical judgment should be used where risk is identified to particularly vulnerable individuals. In particular prophylaxis may be considered in the following circumstances:**

### Category of Contact

#### Household settings

Where there is close prolonged contact with a case of H1N1 infected case in a household setting and belonging to a higher risk group

#### Institutional settings

Where people live in close proximity to each other sharing common facilities, living in close prolonged contact with a case of H1N1 infected case and belonging to a higher risk group

### 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.<sup>4</sup>

-Provide **information leaflets** and coordinate passive follow up for 7 days after last exposure to the case.<sup>5</sup>

-**Isolation/exclusion** is **not** required for asymptomatic contacts.

-**Serology:** Paired blood specimens for serology (10ml clotted blood) should be obtained *whenever possible* from close contacts of **confirmed** cases. First specimen as soon as possible after confirmation of the case; second specimen 14 days after last exposure to the case. Specimens should be sent to IGMH Laboratory.

#### Prophylaxis in household settings

The decision to provide prophylaxis to a close contact of a case of influenza in a household setting should be considered if the contact is at particularly high risk of complications from influenza and the likelihood of exposure to the case while infectious is high. The decision should be taken by the primary care clinician, with the assistance of technical health team at NEOC.

#### Close prolonged contact

A prolonged contact would be individuals exposed to a confirmed case at a distance of less than one metre with continuous exposure for greater than 1 hour such as persons living and/or sleeping in the same household, pupils in the same dormitory, and boy/girlfriends.

#### Higher-risk groups

These higher-risk groups should be considered for prophylaxis if they are a close prolonged contact with a case of H1N1 influenza.

*Long-term lung disease, Long-term kidney disease, Long-term neurological disease, Long-term liver disease, Long-term heart disease, People over 65, Immunosuppressed (whether caused by disease or treatment), Diabetes mellitus, Patients who have had drug treatment for asthma within the past three year, Pregnant women, Children under 5 years of age.*

It is recommended that prophylaxis should only be given to a child under one year of age when another significant health condition is also present.

#### Prophylaxis in institutional settings

Prophylaxis for the prevention or control of infection in an institutional setting where people live in close proximity to each other sharing common facilities, such as nursing homes may be considered, where at least some of the people who share the facility belong to one, or more, of the higher risk groups. The decision to provide prophylaxis for control of disease in an institutional setting should be made on a case-by case basis and should usually be made by the technical health team at NEOC.