



Communicable Diseases Network Australia Case definitions for H1N1 09

3 June 2009

Revision history

Version	Date	Revised by	Changes
1.0		CDNA	
2.0		CDNA	
3.0	30 April 2009	Katrina Knope	Case definition revised as per CDNA meeting 30 April 2009
3.0A	1 May 2009	Rhonda Owen	Case definition revised as per CDNA meeting 1 May 2009
3.0B	3 May 2009	Vicki Krause	Revised by CDNA TC 3May 09 1PM
3.0B	4 May 2009	CDNA	Endorsed 4 May 2009 12.00 pm
4.0	15 May	CDNA	Endorsed 15 May 2009 12.00 pm
5.0	22 May	Jenean Spencer	Case definition revised as per CDNA meeting 23 May 2009
5.0A	25 May	Rhonda Owen	Case definition revised as per CDNA meeting 25 May 2009
6.0	1 June	Rhonda Owen	Case definition revised as per CDNA meeting 1 June 2009
6.0A	2 June	Jenean Spencer	Include words from Jeremy re testing in areas with and without community transmission
6.0B	3 June	Rhonda Owen	Case definition revised as per CDNA meeting 3 June 2009
6.0C	3 June	Rhonda Owen	Case definition revised as per CDNA meeting 3 June 2009

Communicable Diseases Network Australia

CASE DEFINITIONS – H1N1 09

The following case definitions have been agreed for use within Australia by the CDNA. These case definitions will be effective from Wednesday 3 June 2009.

Cases definitions are subject to regular review.

Enhancing case ascertainment

In Australian areas without community transmission clinicians should prioritise taking nose and throat swabs for influenza testing from people who present with an acute respiratory illness (history of fever and either cough, sore throat, runny or blocked nose) and who:

- have travelled to an area with community transmission (anywhere overseas or to an Australian area of high prevalence) in the previous 7 days, OR
- are at risk of severe complications following human swine flu infection (pregnant women, people with diabetes or other chronic underlying illnesses, morbidly obese).

Any *Influenza virus A* positive specimen should be subtyped and tested for H1N1 09.

In Australian areas with community transmission, clinicians should prioritise taking nose and throat swabs for influenza testing from people who present with an acute respiratory illness (a history of fever and either cough, sore throat, runny or blocked nose) and who:

- are at risk of severe complications following human swine flu infection (pregnant women, people with diabetes or other chronic underlying illnesses, morbidly obese).

Once the first case in a cluster tests positive for H1N1 09 the remaining members of the cluster do not need to be tested routinely.

Case definitions

A probable case is a person who has a household or intimate epidemiological link to a confirmed case during that case's infectious period, and who has an acute respiratory illness (defined as recent onset of at least one of the following symptoms: rhinorrhoea, nasal congestion, sore throat or cough, with or without fever) for which no other cause is identified.

A confirmed case of H1N1 09 virus is defined as a person with laboratory confirmed H1N1 09 virus infection by one or more of the following tests:

- viral sequencing
- H1N1 09 specific-PCR
- H1N1 09 virus