



# Department of Human Services

Incorporating: Health, Children, Community Services, Mental Health  
and Housing

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Our Ref: ADD/07/18704  
Your Ref:

Dear Doctor

## **RE: CLUSTER OF DEATHS ASSOCIATED WITH INFLUENZA IN WESTERN AUSTRALIA**

You will have heard about the deaths of three young children in Western Australia associated with influenza A infection. As you are aware, influenza is most severe in young children and the elderly.

In Victoria, seasonal activity for influenza has just begun to increase, but is only just above baseline levels, and is lower than for the year to date last year. 68 notifications of laboratory confirmed influenza have been received in 2007 up to 8 July. Of these, 63 have been influenza A. Four notifications of influenza A and one of influenza B have been received for children aged 0-4 years. One notification has been received of a death associated with influenza in an adult with medical risk factors.

### **Clinical features of influenza**

Fever, headache, myalgia, lethargy, coryza, sore throat and cough. Infections in children can be associated with gastrointestinal symptoms such as nausea, vomiting and diarrhoea.

### **Diagnosis**

#### **Collection of nasal and throat swabs**

Use dry sterile swabs, one for each nostril and one for the throat. Place all swab heads into the same tube of viral transport medium (VTM). Specimens can be stored in the fridge, but not in the freezer. Specimens should be transported in an esky with a cooler block, but ensure that samples do not come into contact with the cooler block. The usual pathology service providers can be used.

### **Case management**

Symptomatic treatment alone is sufficient for most cases. A neuraminidase inhibitor, if commenced within the first 48 hours of the onset of illness, can decrease the severity and duration of the illness. However, if the patient is significantly unwell refer the patient to an Emergency Department for assessment and management

### **Influenza vaccination**

Influenza vaccine does not offer post exposure protection, but can be given as a preventive measure. Influenza vaccine is not recommended by the National Health and Medical Research Council (NHMRC) as a universal vaccination program for children, however it can be given to any person >6 months of age who wishes to reduce the likelihood of becoming ill with influenza.



**Free vaccine** is available under the National Immunisation Program for:

- All people aged 65 years and older
- Aboriginal and Torres Strait Islander people aged 50 years and older
- Aboriginal and Torres Strait Islander people aged 15 to 49 years with chronic medical conditions

Vaccine is also **recommended for people** (although not available free under the National Immunisation Program) in the following groups:

- Children (>6 months of age) and adults with chronic illnesses
- Residents of nursing homes and other long term care facilities
- Health care workers

**Two doses** of vaccine at least one month apart are required for children aged < 9 years receiving influenza vaccine for the first time. Children aged **6 months to < 3 years** are recommended to receive **0.25 ml**, and those **aged 3 – 9 years to receive 0.5 ml**. Further vaccine information can be found in the NHMRC Australian Immunisation Handbook. Note that the dose schedule provided here for children comes from the new draft 9<sup>th</sup> Edition Handbook which can be found on line at [www.immunise.health.gov.au](http://www.immunise.health.gov.au).

Remember that laboratory confirmed influenza is a notifiable disease under the *Health (Infectious Diseases) Regulations 2001*. Doctors and laboratories are required to notify cases within 5 days to DHS. Notifications can be completed by post, by fax to 1300 651 170 or telephoned to 1300 651 160.

If you require any further information, please call the Communicable Disease Control Unit on 1300 651 160.

Yours sincerely

A handwritten signature in black ink, appearing to read 'John Carnie', with a stylized flourish at the end.

DR JOHN CARNIE  
Chief Health Officer