

A GP work plan for pandemic flu

The possibility of an influenza pandemic is real – and while it is impossible to predict when such a pandemic might occur, general practitioners must be prepared.

Pandemic influenza has an alarming potential for death and disruption over a prolonged period. In the 1918–1919 pandemic, young, fit adults were more likely to be infected and 99% of those who died were aged less than 65 years.¹

Current influenza plans emphasise the role of hospitals and fever clinics, with GPs often mentioned in a supporting capacity. The reality is likely to be very different, with many sick and anxious people turning first to their GP as their primary contact.²

Structure

Three key issues – clinical work, infection control and communication – run through the work plan. The work plan advances through the phases outlined in the Australian Influenza Pandemic Plan,³ from the current situation of avian influenza overseas with only very limited human-to-human transmission, through to a growing epidemic and finally a pandemic in Australia.

Clinical work

Avian influenza in humans has a high mortality rate (up to 50%)¹ and presents with the usual influenza symptoms of fever, myalgia and headache but with high rates of gastrointestinal and pulmonary symptoms including viral pneumonia.¹ Most patients have acquired avian flu through contact with sick birds, but limited human-to-human transmission has occurred. The highest incidence and mortality rates from avian flu have been in young adults or children. Do you know where avian flu is infecting humans at the moment? Good maps can be found at the World Health Organisation website (see *Resources*).

Modelling of a pandemic phase suggests a rapid surge of infections in which up to 33–54% of the population may be infected within 2–4 months.⁴ A combination of measures such as targeted antiviral prophylaxis, school closures and social distancing, combined with a rapid upscaling of vaccine production, might slow the spread of the epidemic.⁴ It is possible, however, that there could be more than one wave.

Sick patients will be managed in designated hospitals – but to avoid hospital services becoming overwhelmed,

special flu clinics and GP home management of milder cases will be necessary. All general practice staff including doctors, nurses and administrative staff need to know how to recognise and respond to avian or pandemic flu. Do your team members know what to do?

General practitioners must plan how they will deal with the added demands of the sick, the anxious and the bereaved on top of their normal busy workloads. Patients will of course still need to be seen for other acute problems and for continuing management of chronic disease. People with influenza may be too unwell to leave home, so there may be an increase in the number of requests for home visits.

These demands can be alleviated through triaging, task sharing, or otherwise changing the way we work through greater use of telephone or online consultations, including for regular repeat prescriptions. It is likely that Medicare Australia would have to introduce an item number for telephone or internet contact to manage nonflu patients.

Absenteeism due to GPs or family members becoming ill, and the need to care for children at home due to school closure, will reduce the number of GPs at work in the community. As absenteeism begins to affect staffing levels at hospitals, GPs may be asked to work in flu clinics. Having discussions about who might and might not be able to work in the event of a pandemic can allow practices to be realistic about their capacity to respond. Ethical dilemmas between duty of care and self preservation require careful thought and debate. Some GPs might decide to close shop and work with colleagues in a nearby practice. Would you be able to remain open? Is it time to talk to your local colleagues? What will your patients expect?

General practitioners might decide to establish an influenza roster with targeted prophylactic antivirals, or make plans to stay away from their own homes to avoid infecting family members. Supermarkets may run out of food and fuel may be scarce. Some GPs have already purchased antivirals – but the pandemic may have multiple waves over more than a few months. How much Tamiflu or Relenza should a practice stockpile? And should you also buy some for your children, your siblings, your parents and your close friends? The answer should be 'no'. Hoarding may prevent access for people who are sick and is impractical for a pandemic which may last months.

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Current policies on the use of antivirals and vaccines are not clear and will probably change as a pandemic unfolds. Current Australian plans do propose the use of antivirals and vaccines as prophylaxis for health workers dealing with influenza patients, but decisions about their availability and supply are likely to be contentious.

Infection control

Infections in staff may lead to further infections in close contacts such as patients, family and friends. Start your infection control habits today. Wash your hands before and after every patient. Try to avoid touching your face without washing your hands first.

Staff working with patients who have avian or pandemic flu must be made conscious of the risks involved and should be given the opportunity to make informed choices about working in a potentially dangerous environment. By the time cases of avian or pandemic flu start appearing in Australian general practice, it will be too late to respond rationally. What would you and your staff do? How would it reflect on your practice if your staff panicked?

In the transition phase from avian flu outbreak to pandemic flu, contacts will be offered antivirals and be quarantined. Systems to monitor and support healthy contacts who may be scared, isolated and worried will be vital. Doctors and their staff will also have to face the possibility of being quarantined. How would you manage?

Using personal protective equipment (PPE) – including a N95/P2 mask, goggles, gloves and gown – can reduce the risk of infection. Training in the use of PPE saved lives during the SARS outbreak in 2003; health care workers who followed strict infection control measures were much less likely to become sick.^{5,6} Do you know how to use PPE?

An influenza plan for your practice includes deciding where to buy the N95/P2 masks, deciding how many you need during any particular phase, and training staff in their use. While the Australian government has made promises to provide PPE to GPs 'when the time comes', buy some now for that suspected avian flu patient you may see tomorrow. Have you bought any masks?

Table 1. What you can do now?

- Using the pandemic work plan (see *Resources*) try to prepare your practice and staff for the threat of both avian flu now and a potential pandemic
- Contact your state or territory health department if you suspect you have a patient with avian flu recently returned from overseas
- Buy and learn how to use personal protective equipment in case a patient with avian flu presents tomorrow
- Redouble infection control efforts for your clinic
- Vaccination
 - flu vaccination for usual groups
 - immunisation with pneumococcal vaccine to prevent a major complication: pneumococcal pneumonia
- Train staff in:
 - clinical features, management and epidemiology of avian/pandemic flu
 - triage procedures
 - use of personal protective equipment
 - communication with patients

Triage

Telephone triage of patients may help reduce the chance of mixing of flu and nonflu patients and may reduce unnecessary visits. General practices will have to handle requests for consultations and direct possible influenza patients toward appropriate care, ie. home, clinic, emergency care centre, hospital.

Some decisions to be made now include:

- how do we triage patients
- what are our geographical limits for home visits
- what do we take with us on home visits
- how do we handle patients we cannot visit at home?

Once a pandemic starts, front desk staff will need new protocols for triage. Developing a clinic influenza plan now, will improve the chances that your practice staff will feel confident in their new role. What would they say if asked a question about pandemic flu today?

Communication

Government chief medical officers will provide GPs with updated advice on epidemiology, clinical features, management and antivirals/vaccines. Do you know who to contact at your state or territory health department if you have a suspected case of avian flu today?

Your local division of general practice, The Royal Australian College of General Practitioners, Australian Medical Association

and other professional organisations will also be important conduits of information between GPs and government. Are your contact details, including your clinic and mobile phone numbers and email address, all correct with your local division and each member organisation that you belong to? Update your contact details today.

People trust GPs for advice during a crisis. General practitioners may struggle to field calls and manage requests for consultations. Work out how you will prioritise your work, including demands for reassurance. How will you deal with 'special patients' – those people who will consider that their years of loyalty to you will warrant special levels of access? General practitioners may need to set up different times to see flu and nonflu patients, or use an alternative waiting room. How can you separate flu and nonflu patients with minimum distress?

Put up posters in the waiting room on hand washing and cough etiquette and include information in patient newsletters now. When a pandemic arrives, it will not be possible to reuse toys, newspapers, magazines and pamphlets because of the risk of contamination with nasal secretions. Work out now how you will explain this to patients.

Anxious patients may behave aggressively or be driven by fear to make demands on clinical and nonclinical staff. Consider organising training

for your staff on strategies for dealing with these behaviours. The State Emergency Service or similar appropriate volunteer may be required for security for the clinic and for staff. Do you know about the preparations being made by your local council and the local municipal disaster plans?

Next steps

Table 1 outlines measures that GPs can take now in order to be prepared later.

Resources

- Australian Government Department of Health and Ageing. Pandemic influenza guidelines: www.health.gov.au/internet/wcms/publishing.nsf/Content/Pandemic+Influenza-1
- Victorian GP pandemic flu information kit and workplan: www.health.vic.gov.au – follow links to pandemic influenza
- World Health Organisation: www.who.int/csr/disease/avian_influenza/en/.

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