



CASE STUDY 19:

HealthPathways Melbourne assistance with influenza

A woman, 45, has booked telehealth appointments for her mother, 70, and her daughter, 10. They all live in the same house.

The woman did so because she remembered seeing signs in her regular clinic asking people with respiratory symptoms not to come in.

Her mum and daughter have both developed flu-like symptoms. She remains asymptomatic.

In the morning, before making the telehealth bookings, she gave each a combination rapid antigen test. Both tested positive for influenza A. She reports the whole household had their influenza vaccines three weeks prior.

The day before the appointment her mother developed a fever, sore throat and general muscle aches. The daughter developed symptoms three or four days prior to that. She is starting to improve, but still has a mild sore throat and cough.

On the phone, the GP decides to review the child first.

The GP notes that she has no significant past medical history, and is symptomatically improving. Her cough appears to be mild. Her breathing normal, she is eating and drinking well, and her energy seems to be slightly better today.

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The GP encourages her mum to provide symptomatic treatment with simple analgesia for the sore throat, continued rest, fluids and also advises about when to seek further medical assessment.

The GP then moves on to the woman's mother, who takes the phone and goes into her own bedroom. The GP opens the [HealthPathways Melbourne Influenza page](#) to help with the assessment.

It is noted that the patient is at high risk of severe illness, being over 65, and is within the 48-hour window for antiviral therapy. She has no other significant medical history.

Take a history:

- Ask about [symptoms of influenza](#). Note that influenza may occur without respiratory symptoms, especially in children and the elderly.
- Consider if symptom onset is within the 48-hour window for antiviral therapy.
- Consider if there is a [high risk of severe illness](#). Note the risk may vary with the strain of influenza.

High risk of severe illness

People at high risk of severe influenza include:

- People aged ≥ 65 years
- People with co-morbidities at any age, including:
 - Heart disease
 - Obesity
 - Chronic respiratory conditions
 - Severe neurological conditions
 - Neurodevelopmental disorders

Symptomatically, she has a fever and muscle aches, both of which improve somewhat with paracetamol. She has a sore throat, but is still able to maintain her hydration. She was able to speak in full sentences during the consult, and sounds alert and comfortable over the phone.

On review of the management section of the [HealthPathways Melbourne page](#), the GP notes that the antiviral oseltamivir (Tamiflu) would be appropriate, and, after a discussion with her about the reasons for prescribing and likely side effects, sends an e-script to the patient.

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4. Consider [prescribing an antiviral agent](#) if the patient meets the [indications](#) and is within 48 hours of illness onset.

Prescribing an antiviral agent

Check doses before prescribing depending on renal function and weight (see MIMS, [TG](#), or [AMH](#)) and see [RCH antiviral fact sheet](#) for paediatric dosing.

Consider the following agent recommendations for:

- treatment of:
 - non-severe influenza: oseltamivir, zanamivir, baloxavir.
 - severe influenza: oseltamivir.
- post-exposure prophylaxis: oseltamivir, zanamivir, baloxavir.

Further detail about antivirals:

- [Oseltamivir \(Tamiflu\)](#)
 - Can be used for treatment and prevention.
 - Treatment courses are for 5 days.
 - Courses for prophylaxis are generally for 10 days. If ongoing risk, seek [infectious disease advice](#).

The GP makes a follow-up appointment for two days hence.

Both patients are advised of isolation periods.

5. Advise patient regarding [infectivity](#) and [prevention of transmission](#) of influenza. Advise to avoid people at risk of severe infection or complications e.g., pregnant, elderly, infants, and the immunocompromised.

Infectivity

- Inform the patient that immunocompetent adult patients are no longer infectious if afebrile for 24 hours and either:
 - have received 72 hours of antivirals, or
 - 5 days have elapsed since onset of respiratory symptoms.

The GP checks that there are no other people in the house who might be at risk of severe illness.

If needed and appropriate, the GP is aware of the post-exposure prophylaxis advice also available on the page.