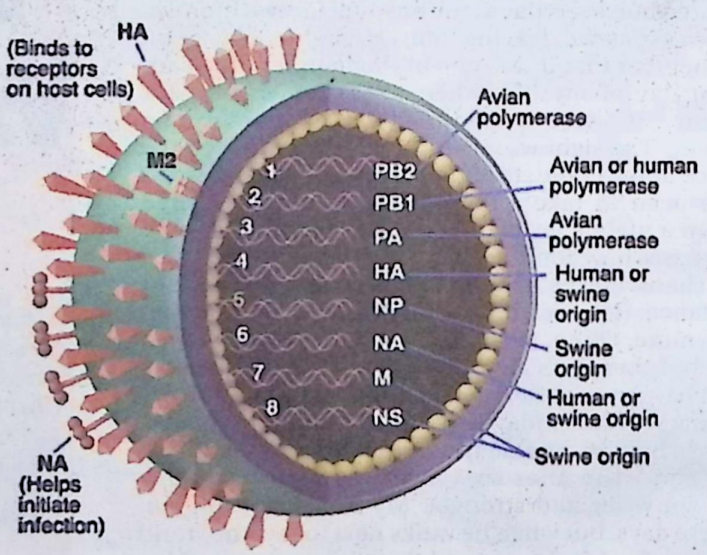
The Swine Flu Syndrome

The swine influenza A (H1N1) virus that has infected humans in many countries has not previously been identified anywhere. This virus is resistant to the antiviral medications amantadine (Symmetrel) and rimantadine (Flumadine), but is sensitive to oseltamivir (Tamiflu) and zanamivir (Relenza). Investigations of these cases suggest that on-going human-to-human swine influenza A (H1N1) virus is occurring. Although uncomplicated influenza-like illness (fever, cough or sore throat) has been reported in many cases, mild respiratory illness (nasal congestion, rhinorrhea) without fever and occasional severe disease also has been reported. Other symptoms reported with swine influenza infection include vomiting, diarrhoea, myalgia, headache, chills, fatigue, and dyspnoea. Conjunctivitis is rare, but has been reported. Severe disease (pneumonia, respiratory failure) and fatal outcomes have been reported with swine influenza. Persons with swine influenza A (H1N1) virus infection should be considered potentially contagious for up to 7 days following illness onset. Persons who continue to be ill longer than 7 days after illness onset should be considered potentially contagious until symptoms have resolved. Children, especially younger children, might potentially be contagious for longer periods.



Antiviral chemoprophylaxis (pre-exposure or post-exposure) with either oseltamivir or zanamivir is recommended for the following individuals:

1. Household close contacts who are at high-risk for complications of influenza (persons with certain chronic medical conditions, elderly) of a confirmed or suspected case.
2. School children who are at high-risk for complications of influenza (persons with certain chronic medical conditions) who had close contact (face-to-face) with a confirmed or suspected case.
3. Health care workers or public health workers who had unprotected close contact with an ill confirmed case of swine influenza A (H1N1) virus infection during the case's infectious period.