No13 COMMUNITY CARE PATHWAY FOR RESPIRATORY TRACT INFECTION / STREP A IN PREGNANCY/FLU

**History Of Flu**
- Influenza presenting with fever, coryza, generalised symptoms, (headache, malaise, myalgia, arthralgia) and sometimes gastrointestinal symptoms, but without any features of complicated influenza.

**Complicated Flu or Swine (H1N1) Flu**
- Influenza requiring hospital admission and/ or symptoms and signs of lower respiratory tract infection (hypoxaemia, dyspnoea, lung infiltrate, central nervous system involvement and/ or a significant exacerbation of an underlying medical condition.

Check for recent vaccination

**Management**
- Community Care unless complications of flu are present
- Reassure most flus including Swine Flu are mild & self-limiting within a week / they do not infect the fetus
- Advise paracetamol / avoid NSAIDs (e.g. Ibuprofen)
- Advise rest / plenty of fluids / codeine & antihistamine containing preparations including cough syrups / advise to eat little & frequently
- Antiviral: Relenza inhaler (not suitable for asthmatics or COPD),
- **Antivirals have been recommended for pregnant women due to the adverse clinical outcomes that have been observed from influenza infection in this group. Oseltamivir remains the first line option for the vast majority of pregnant women with influenza, including during seasons that are dominated by influenza A(H1N1). Oseltamivir (Tamiflu) orally remains the first line of treatment**
- Prevention/ limiting spread: Advise women to prevent/ limit spread
  - Seasonal flu vaccine (also protects against swine flu) vaccine is recommended for all pregnant women at any stage of pregnancy. It is safe and usually offered by GP and Maternity from October each year. It is also advisable to vaccinate any children aged 2-10 years in the household & aged 2-18 years with a long-term health conditions & the elderly. Ensure flu information leaflet available.
  - Signpost to NHS advice:

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References

This guidance does not replace the need for application of clinical judgment by clinicians to each individual presentation and specifics of the situation. Pathways current at time of Publication.