

Directorate of Health Services, Kerala
(Public Health Divn.)

Influenza A H1N1

A B C Guidelines

(adapted from the GoI- MoHFW guidelines, and updated 2017 July)

Case definition of ILI *(Influenza Like Illness)*

An acute respiratory infection with:-

- Measured fever of $\geq 38\text{ C}^\circ$ ($\geq 100^\circ\text{F}$)*
- And any of the respiratory symptoms including coryza, sore throat, cough with onset within the last 10 days.*

1. Categorization

- **Category A-** An ILI case not requiring hospitalization.
- **Category-B (Bi)** An ILI case which might require hospitalization, due to comparatively severe onset
- (Bii) **Cat A** ILI cases **with any of the following physiological or co-morbid condition irrespective of hospitalisation --**
- **Pregnancy or post natal period**
- Pre-existing Diabetes / lung/ heart / liver/ kidney / neurological disease, blood disorders/ / cancer / HIV-AIDS etc
- On long term steroids, or those with immuno-suppression due to drugs, radiation, etc .
- Age \geq 65 years.

- **Category-C**
- ILI cases with **ANY ONE** of the following conditions--
 1. **breathlessness,**
 2. **chest pain**
 3. **drowsiness**
 4. **fall in blood pressure,**
 5. **haemoptysis**
 6. **cyanosis**
- ILI cases in children with with **ANY ONE** of the **red flag signs**
 1. **somnolence,**
 2. **high / persistent fever,**
 3. **inability to feed,**
 4. **convulsions,**
 5. **dyspnoea /respiratory distress, etc.**

2. Influenza A H1N1 Testing:

- *Only Sentinel type testing --for epidemiological purposes (,ie, for a constant monitoring of the prevalence in a District / region, keeping watch on swab positivity rates etc)*
- supervised by respective District Surveillance Officers (DSO)
- *Other than this, testing may sometimes be indicated in-*
 - *unusual clinical presentations,*
 - *for retrospective confirmation in such a death,*
 - *failure to respond even after 5 days **extension** of conventional Oseltamivir therapy,*
 - *localised outbreak-like situation in an institution like a school, hostel, campus, etc*
- **Testing SHOULD NOT be used for clinical management decision to initiate Oseltamivir treatment. Do NOT wait for test results on any occasion, to initiate Oseltamivir treatment.**
- *If testing is felt indicated, contact your DSO for guidance.*

Influenza A H1N1 Testing...contd

Specimens required -

- 1 throat swab and 1 nasal swab, -- Dacron swab, --immersed together in single VTM (Viral Transport Medium) tube, immediately -cold chain/ refrigerated till dispatch at 2-8 degrees C .
- Endo tracheal aspirate in VTM tube , if the patient is ventilated.
- Specimen --Triple layer packed -- despatched through the DSO -- reverse cold chain. *Never send parcels directly/ through bystanders.*
- Testing centres – *Two authorized testing centres for Kerala**---*
 - Manipal Centre for Virus Research (MCVR), KMC, Manipal University Manipal, Udupi , Karnataka State.
 - NIV Unit, Medical College, Alappuzha
- ** At any point in time either lab may not be active due to materials /supplies issues. Details from time to time will be available with DSO/DMO of your district

3. Management:

- ILI- Category- A- --No Oseltamivir required
- --Symptomatic treatment
- --Good supportive measures
 - Plenty of warm nourishing oral fluids,
 - Good food intake including locally available Vit A rich fruits and green leafy vegetables
 - Complete rest
- --Monitor progress , and reassess , at 24 to 48 hours
- Any suggestion of deterioration / failure to improve?-- report in person immediately to treating doctor.

- **ILI Category-B**
- **(B-i and B-ii)**
- (B-i) ----- Home isolation / rest
- ---Oseltamivir may very often need to be started as per clinical assessment and the availability of patient for direct follow up ;
- (B-ii) -----**Start Oseltamivir immediately**
- If any suggestion of deterioration/ failure to improve, patient is to report in person immediately to treating doctor.

- **ILI Category-C**

- **Start Oseltamivir immediately, WITHOUT WAITING FOR TEST RESULTS if testing already done. This has to be given as co prescription along with all other intensive measures and drugs being used.**

- Hospitalization immediately
- Intensive supportive management as necessary.

4. IMPORTANT NOTES:

- Pregnancy and antenatal period, & immediate post natal period → extremely high risk periods
- So, --ILI related with pregnancy → ***suspect H1N1, START OSELTAMIVIR IMMEDIATELY at standard dose.***
- ***If referring to a higher centre then IT IS MANDATORY TO START OSELTAMIVIR before referral and the drug should be continued at higher centre also.***
- Oseltamivir in pregnancy is considered safe
- “Counseled prescription” should be given.

IMPORTANT NOTES contd...

- NEGATIVE Real Time PCR for Influenza A H1N1 DOES NOT RULE OUT Influenza A H1N1 infection.
- Irrespective of any Influenza A H1N1 Real Time PCR test result, Oseltamivir therapy full course should be completed once started .
- Influenza A H1N1 is a seasonal virus and it is prevalent in the community.
- Best infection control practices include regular and frequent hand-washing / hand hygiene also.

5. Oseltamivir dosage schedule

- Dose for treatment is as follows:

- By Weight:

- For weight <15kg 30 mg BD for 5 days

- 15-23kg 45 mg BD for 5 days

- 24-<40kg 60 mg BD for 5 days

- >40kg 75 mg BD for 5 days

- For infants:

- < 3 months 12 mg BD for 5 days

- 3-5 months 20 mg BD for 5 days

- 6-11 months 25 mg BD for 5 days

- It may also be available as syrup (12mg per ml) -->administered in powdered sugar, sugar syrup, or honey.

- **SPECIAL DOSE**---If needed dose & duration can be modified as per clinical condition Eg, in Cat C cases only, where the response is assessed as 'not enough' by the treating team, dose may be increased to 150 mg BD one a one to one basis.

- *****Dose for chemoprophylaxis (only in special circumstances-see section 6) is similar, except that it is **Once** daily, for 10 days (see section 6)**

6. Chemo prophylaxis

- ***Widespread Chemoprophylaxis*** to family/school/social contacts of a positive case NOT NEEDED- But --
 - For those contacts of a documented case of H1N1 with high risk Eg. pregnancy/ diabetes / liver / kidney disease, Asthma / immuno-suppressed / very low or high age etc etc as in Cat B-ii, Oseltamivir 1 OD x 10 days may be given
 - Other contacts – reassure, recommend watchfulness, assess category. **If and when they show any symptoms, , then treat as per ABC guidelines**

7. General Guidelines for schools / educational institutions if outbreak escalates

- **Medical certificate should not be insisted on from preventive absentees.**
- Promote frequent hand wash with soap and water.
- All to observe strict cough / sneeze etiquette, teachers to continuously educate and mentor students in this regard
- Regular cleaning with the regular cleaning agent they ordinarily use
- Hostels need not be closed down, but monitor the health of resident students and staff regularly

HELP!

- ***For any clarifications or any related advice, please contact your DMO / DSO (Dist. Surveillance Officer), or call DISHA Helpline on 0471-2552056, or 1056 toll free***
- Please visit www.dhs.kerala.gov.in or www.arogyakeralam.gov.in

Thank you!

Dr Amar Fettle

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