

# ***H1N1 Kerala 2017***

Dr Amar Fettle

SNO-H1N1 & other PHEICS

# Kerala situation evolving

- Swabs taken 530
- 90 positive cases
- Swab positivity-17%
  - 2015 -----26%
  - 2016-----0.1%
- 7 deaths 4 co-morbid+ (Tvm1 Pkd 3 Mpm1 Ksd 1)
- Average time lag to Oseltamvir --**6 days** -- incl for those with co-morbid conditions
- Therefore a refresher on H1N1 is indicated.....

Gol data 19<sup>th</sup> February, 2017) Dated: 20.02.2017, 06.30 PM

<b>Sr. No.</b>	<b>State/UT</b>	<b>Cumulative Cases since 1<sup>st</sup> Jan, 2017</b>	<b>Cumulative Deaths since 1<sup>st</sup> Jan, 2017</b>
1. 1	Andhra Pradesh	<b>75</b>	<b>10*</b>
1. 2	Delhi	<b>11</b>	<b>0</b>
1. 3	Gujarat	<b>8</b>	<b>1</b>
1. 4	Karnataka	<b>309</b>	<b>2</b>
1. 5	Kerala	<b>55</b>	<b>6</b>
1. 6	Maharashtra <sup>^</sup>	<b>33</b>	<b>7</b>
1. 7	Puducherry	<b>79</b>	<b>8</b>
1. 8	Tamil Nadu	<b>1289</b>	<b>9</b>
1. 9	Telangana <sup>^</sup>	<b>528</b>	<b>15</b>

# Press release by DHS



## DIRECTORATE OF HEALTH SERVICES

Vanchiyoor.P.O., Thiruvananthapuram. Pin - 695035  
Ph:0471-2302490 Fax:0471-2303025/2303080  
Email : dhskerala@gmail.com, Website: www.dhs.kcrda.gov.in

Date : 22.02.2017

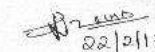
പ്രസിദ്ധീകരണത്തിന്

### എച്ച് 1 എൻ 1 പനിക്ക് തിരിച്ചടയ്ക്കലിന്റെ ആവേശകരമായ ഘട്ടം

ശ്വാസകോശത്തെ ബാധിക്കുന്ന ഒരു വൈറസ് രോഗമാണ് എച്ച് 1 എൻ 1. ജലദാശര്യനികൾ പോലെ തുണിപ്പുരയ്ക്കും ചുമച്ചിലുകളിലൂടെയാണ് ഇത് പകരുന്നത്. 2009 മുതൽ 2012, 2015 എന്ന് കാലഘട്ടങ്ങളിൽ ഇത് രോഗമുടക്കും ഭാരതത്തിലെ എല്ലാ സംസ്ഥാനങ്ങളിലും വ്യാപകമായി പകർന്നിരുന്നുവാണ്. 2017 ആരംഭം മുതൽ നേരിടേണ്ട വർദ്ധനവ് ആരോഗ്യവകുപ്പിന്റെ കണക്കുകൾ സൂചിപ്പിക്കുന്നു. എല്ലാ ദക്ഷിണേന്ത്യൻ സംസ്ഥാനങ്ങളിലും സമാനമായ വർദ്ധനവ് ഉണ്ടെന്നും തീർന്നു. ആന്തരികമായി ഡോക്ടർമാർ ഇതിനെതിരായുള്ള ഔദ്യോഗികമായിട്ടുള്ള ആവേശകരമായ ഘട്ടം നിലവിലുള്ള മാർച്ച് മാസം ( എ. ബി. സി മൈഡ്ലൈറ്റ് ) പകാരം മിക്കവാറും പരിശോധിക്കേണ്ടതുമാണെന്ന് ആരോഗ്യവകുപ്പ് ഡയറക്ടർ അറിയിക്കുന്നു.

ജനങ്ങൾക്കിടയിൽ പരിശോധനയുടെ സാഹചര്യം ഇപ്പോൾ നിലവിലില്ല. അതേ സമയം വൈറോളജിസ്റ്റുകൾ, ചുമ, തൊണ്ടരോഗം, ശ്വാസോച്ഛ്വാസം മുതലായ ലക്ഷണങ്ങൾ ഉള്ള രോഗികൾ, ഈ ലക്ഷണങ്ങൾ സാധാരണ സമയം കൊണ്ട് കുറയുന്നില്ലെങ്കിലും, പ്രമേഹരോഗി ചികിത്സകൾ ഉണ്ടെങ്കിൽ, ഡോക്ടറുടെ സേവനം ഉറപ്പ് വരുത്തേണ്ടതാണ്. ഗർഭിണികൾ ഈ രോഗലക്ഷണങ്ങൾ പ്രത്യേകം ശ്രദ്ധിക്കണം. പ്രായം, ഹൃദയം, ബി.പി, കരൾ-വൃക്കരോഗം മുതലായ ആരോഗ്യ പ്രശ്നങ്ങൾ ഉള്ളവർ ഈ രോഗത്തിൽ കൂടുതൽ ശ്രദ്ധാലുക്കായിരിക്കണം എന്നും ആരോഗ്യവകുപ്പ് ഡയറക്ടർ നിർദ്ദേശിക്കുന്നു.

ഇത്തരം രോഗലക്ഷണങ്ങൾ ഉള്ളവർ അസുഖം മറ്റുള്ളവരിലേക്ക് പകരാതിരിക്കാൻ, തൃക്കുന്നൂർ ചുമച്ചിലുകളും ചെറിയ രോഗികൾക്ക് മൂക്കും വായയും മൂക്കും, രോഗികൾ ഇടയ്ക്കിടയ്ക്കും രോഗവും രോഗവും ഒഴിച്ച് കഴുകുക, ആവശ്യത്തിന് വിശ്രമം, ചൂട് പാനീയങ്ങൾ, ദഹനോപാഹാരം എന്നിവയും നിലവിലുണ്ടാകണം.

  
22/02/17  
Dr. REENA. K. J, MBBS, MD, DFM  
Addl. Director (PH)  
Reg. No: 18647  
DHS Office, Thiruvananthapuram

# An ILI with 3 categories

- **Cat A-----mild, self limiting----- no Oseltam**
- **Cat B –**
  - **B1-----significantly ill ----- Rx Oseltam**
  - **B2-----mild, but Comorbid-----Rx Oseltam**
- **Cat C -----Very ill -----Rx Oseltam**

# H1N1 Testing

- **Cat- A,Cat-B-** *No testing* needed routinely , but only for district's **sentinel surveillance\*\***
- **Cat-C-** Test may be needed in some circumstances\*\*, **but do not wait for test results .**
- ***Sentinel testing***
  - *now needs to be done regularly for epidemiological purpose*
  - *For constant monitoring of prevalence in a District / region*
  - *Swab positivity rate*
- **Testing centres – 2**
  - Virology Division, MCVR, KMC Hospital, Manipal, Karnataka State.
  - NIV Unit, Medical College, Alappuzha

# Gen advice reg Rx

- Home isolation
- Reassessment of cases on home Rx- Cat A, Cat B
- Supportive care

# 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 )



- 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.




# Chemoprophylaxis

- ***Widespread Chemoprophylaxis*** to family/school/social contacts of a positive case **NOT NEEDED-**
- But --
  - For those contacts with high risk –YES
  - Other contacts – reassure →, recommend watchfulness, → assess category if and when they become symptomatic, → then treat as per ABC guidelines


## General Guidelines for schools / educational institutions if outbreak develops

- 
- Assembly to be limited to once a week or preferably less,
- Screening of students in the class by class teachers for symptoms of flu.
- Leave for teachers and other employees if they develop flu like symptoms
- **No Medical certificate to be insisted on from preventive absentees.**
- Promote frequent hand wash with soap and water.
- All to observe strict cough / sneeze etiquette
- Regular cleaning with the cleaning agent they ordinarily use
- Closure of schools not routinely recommended . Contact DSO/DMO for advice
- Display “DO’S AND DON’TS” for ILIs ,H1N1 infection at all important places.

# Malayalam 10 point bit notice



**കേരള സർക്കാർ**  
**ആരോഗ്യ കുടുംബക്ഷേമ വകുപ്പ്**

 **പനി!**

- 1) പനി ഒരു രോഗമല്ല, രോഗ ലക്ഷണമാണ്. പനിയെ യേശുടേണ്ട, രോഗിയെ ജാഗ്രതയോടെ പരിചരിക്കൂ.
- 2) പനികൾ പൊതുവെ 'വൈറൽ പനികളാണ്', അവയ്ക്ക് മിക്കപ്പോഴും പലതരം പരിശോധനകളും, നിരവധി ഔഷധങ്ങളും വേണ്ട.
- 3) സാധാരണ വൈറൽ പനികൾ സുഖമാവാൻ മൂന്ന് മുതൽ അഞ്ചു ദിവസം വരെ വേണ്ടി വരാം.
- 4) പനിക്കെതിരെയുള്ള എല്ലാ മരുന്നുകളും - ഏറ്റവും ലളിതമായ പാരസെറ്റമോൾ പോലും - ഡോക്ടറുടെ നിർദ്ദേശ പ്രകാരം കഴിക്കുന്നതാണ് നല്ലത്.
- 5) ആശുപത്രിയിലായാലും വീട്ടിലായാലും ശരീരത്തിന് വേണ്ടത്ര ശ്രദ്ധയും പരിചരണവും നൽകേണ്ടതാണ്. രോഗം വേഗം മാറാനും പനിവിട്ടുപോയശേഷമുള്ള ക്ഷീണം കുറയ്ക്കാനും താഴെ പറയുന്ന കാര്യങ്ങൾ ചെയ്യുക.
  - എ) ചൂടുള്ള പാനീയങ്ങൾ ക്രമമായി നിരന്തരം കുടിയ്ക്കുക. ഉപ്പുചേർത്ത കട്ടിയുള്ള കഞ്ഞിവെള്ളം, നാരങ്ങാവെള്ളം, ഇളനീർ എന്നിവ കട്ടൻചായ, കട്ടൻകാപ്പി, ജീരക വെള്ളം, വെറും ചൂടുവെള്ളം എന്നിവയേക്കാൾ നല്ലതാണ്.
  - ബി) നന്നായി വേവിച്ച മുദുവായ, പോഷക പ്രധാനമായ ഭക്ഷണവും, ചുറ്റുവട്ടത്ത് ലഭ്യമായ പഴങ്ങളും ചെറിയ അളവിൽ ഇടവിട്ട് തുടർച്ചയായി കഴിക്കുക.

(തുടരും)

# Other relevant IEC

- Refer to website of DHS and NHM for Updated Guidelines

**DIRECTORATE OF HEALTH SERVICES, KERALA**  
**H1N1 INFLUENZA**  
*prevents but the best health guidelines*

**Chiefed feature of an H1N1 (Influenza Like Illness) :**  
 Upper respiratory symptoms, Cough, sore throat, Fever, Head ache, body ache, Fatigue, diarrhea and vomiting have also been observed

**ABC GUIDELINES**

**1. Categorization**

Category A: Adult fever plus cough / sore throat with or without body ache, headache, diarrhea or vomiting.

Category B: Category A plus 2-3 days fever and sore throat or cough / vomiting / diarrhea.

Category C: Category A plus 2-3 days fever and sore throat or cough / vomiting / diarrhea plus 1-2 days of body ache, headache, fatigue, respiratory distress, etc.

Category D: Feverishness, Chest pain, Head ache, 10-15 days of persistent cough, etc.

Category E: Category A plus 2-3 days fever and sore throat or cough / vomiting / diarrhea, plus 1-2 days of body ache, headache, fatigue, respiratory distress, etc.

Category F: Category A plus 2-3 days fever and sore throat or cough / vomiting / diarrhea, plus 1-2 days of body ache, headache, fatigue, respiratory distress, etc.

**2. Management**

A1 Category A: No treatment.

A2 Category B: Supportive treatment (fluid intake, rest, etc.).

A3 Category C: Supportive treatment (fluid intake, rest, etc.).

A4 Category D: Supportive treatment (fluid intake, rest, etc.).

A5 Category E: Supportive treatment (fluid intake, rest, etc.).

A6 Category F: Supportive treatment (fluid intake, rest, etc.).

**3. Disinfectant dosage schedule**

Disinfectant to be used in all facilities.

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**4. H1N1 in Pregnancy (AN and PN)**

Any influenza like illness (ILI) during pregnancy should be treated as H1N1.

Antibiotics should be given if indicated.

Caution in pregnancy in treatment with antiviral drugs should be given.

**5. H1N1 Testing**

Test only if indicated.

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**6. Community spread-MOHFW guidelines**

When a H1N1 influenza outbreak is reported, the following guidelines should be followed.

The cluster approach.

1. Identify the cluster.

2. Identify the source of infection.

3. Identify the mode of transmission.

4. Identify the persons who are likely to be infected.

5. Identify the persons who are likely to be exposed.

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**7. Guidelines for schools / educational institutions**

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**How to use the guidelines:**

1. Read the guidelines carefully.

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 Thiruvananthapuram

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**H1N1 INFLUENZA**  
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(adapted from the GoI-MoHFW guidelines)

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**Contact Information:**

Directorate of Health Services, Kerala  
 Thiruvananthapuram

**Department of Health Services**  
**Kerala State**

**Short Febrile Illness (ILI) Management Guidelines**

**Public Health Division**  
**Directorate of Health Services**  
**Thiruvananthapuram**

# PH Management checklist

- Regular Surveillance –1-2 sentinel swabs per day/per dist mandatory ( “from where?” )

District	TVM	KLM	PTA	ALPY	KTM	IDK	EKM	TSR	PLKD	MLPM	WYND	KKD	KNR	KSRD	Total
Throat swab today	0	0	0	0	0	0	13	4	4	0	8	0	0	0	<b>29</b>
Cumul from 01- 1- 2017	28	1	0	0	11	0	51	12	11	18	157	121	7	4	<b>421</b>
Swab positivity %	4	0	####	0	46	0	24	42	91	28	10	4	43	0	16

- ANC thrice weekly surveillance

# PH Management checklist

- Dist database-Category wise-Govt, Pvt hosps and doctors
  - Name, mobile no, email
- Meeting of IMA, KFOG, IAP QPMPA –by Jilla Panchayat president, Dist Collector-- Similar at Block CHC level -- readiness to convene...
- IEC flooding – Professional material for docs, Bit notice and poster for public, Cinema slides –make ready...
- Stocks accurate assessment
  - Ready for inter institution shifting
  - Inform KMSCL when level drops to 25-30%
  - CMOs to be also sensitised, keep night stock at Casualty

# PH Management checklist

- Stocks accurate assessment
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District	TVM	KLM	PTA	ALPY	KTM	IDK	EKM	TSR	PLKD	MLPM	WYND	KKD	KNR	KSRD	Total
Oseltamivir 75 mg	57,912	14342	0	200	500	340	6950	200	1200	1640	23190	1,050	14948	16550	<b>139022</b>
Oseltamivir 30 mg	0	0	0	1800	200	0	0	0	0	0	0	0	0	0	<b>2000</b>
VTM with Swabs	80	0	20	0	35	0	60	0	0	0	0	0	10	40	<b>245</b>
PPE Kits	160	175	10	0	0	0	232	0	0	50	0	500	25	0	<b>1152</b>
3 Layer Mask	0	0	35	0	0	0	0	0	0	0	0	190	1500	0	<b>1725</b>
N95 Mask	16	1175	20	0	0	0	500	0	0	15	0	0	750	0	<b>2476</b>



# KMSCL data

## KERALA MEDICAL SERVICES CORPORATION LTD

### Staewide Institution Stock Details of Oseltamivir

SL NO	District	Total Institution Stock
1	Thiruvananthapuram	58100
2	Kollam	26730
3	Pathanamthitta	12460
4	Idukki	10268
5	Kottayam	16790
6	Alappuzha	24840
7	Ernakulam	18850
8	Thrissur	41480
9	Palakkad	13370
10	Malappuram- Tirur	17885
11	Malappuram- Manjeri	8040
12	Kozhikode	16150
13	Kannur	7950
14	Wayanad	22690
15	Kasaragod	9300
<b>Total</b>		<b>304903</b>

## PH Management checklist.....

- Isolation ward --directly see
- Sick care beds list availability
- Liaison with tertiary care centres
- Personal protection materials
- Doctors, nurses and other staff assess trg load and retrain fast
- Req of vaccine -- reply to mail from Directorate ?

# H1N1 death report

<b>NAME:</b> Age, sex	
<b>ADDRESS with DIST</b>	
<b>Date of ONSET OF SYMPTOMS</b>	
<b>CLINICAL HISTORY</b>	
<b>TREATED FINALLY AT</b>	
<b>DATE OF ADMISSION</b>	
<b>SWAB TAKEN ON</b>	
<b>OSELTAMIVIR STARTED ON</b>	
<b>H1N1 RESULT</b>	
<b>Expired on:</b>	
<b>Date of report</b>	

# State Control Room

- SNO----- 9946123995
- JHI (Sri Harish)- 9447027276
- Email-----h1n1kerala@gmail.com

## State websites

[www.dhs.kerala.gov.in](http://www.dhs.kerala.gov.in)

[www.arogyakeralam.gov.in](http://www.arogyakeralam.gov.in)

Thank you... Pl be alert..  
Prevent all avoidable deaths