



Directorate of Health Services, Kerala

H1N1 Influenza

(adapted from the GoI- MoHFW guidelines)

Clinical features of an ILI (Influenza Like Illness)

(Any combination of the following is suggestive)

- Fever > 100 deg F,
- Upper respiratory symptoms
- Cough
- Sore throat.
- Head ache, body ache, fatigue diarrhea and vomiting have also been observed

ABC GUIDELINES

1. Categorization

Category A- mild fever plus cough / sore throat with or without body ache, headache, diarrhoea and vomiting

Category-B (Bi) Category-A **plus** high grade fever and severe sore throat

(Bii) Category- Any **mild ILI** in people with co-morbidities

- Pregnant women ★ ★ ★
- Lung/ heart / liver/ kidney / neurological disease, blood disorders/ diabetes/ cancer /HIV- AIDS
- On long term steroids
- Children -- **mild illness** but **with predisposing risk factors**.
- Age 65 years+.

Category-C

- . Breathlessness, chest pain, drowsiness, fall in blood pressure, haemoptysis, cyanosis
- . Children with ILI (influenza like illness) with **red flag signs**
 - (Somnolence, high/persistent fever, inability to feed well, convulsions, dyspnoea /respiratory distress, etc).
- . Worsening of underlying chronic conditions.

2. H1N1 Testing

ILI- Cat- A- No testing needed

ILI -Cat-B- No testing for Category-B (i) and (ii)

Cat-C- Test may be needed**, **but do not wait for test results** .

** (Sentinel type *Testing now needs to be done **only for epidemiological purposes**, eg.- unusual in presentation, failure to respond even after 5 days extension of Oseltamivir therapy, institutional spread, etc)*

If **testing is indicated** -

Contact your hospital Nodal MO, DSO / Nodal MO of District Hospital

Specimen required - 1 throat swab and 1 nasal swab, using Dacron swab, and immersed in VTM (Viral Transport Medium) tube, immediately put in cold chain/ refrigerated till dispatch at 2-8 deg C .

Specimen should be dispatched through the DMO/DSO of the district. Never send parcels directly/ through bystanders.

Testing centres – *Three** authorized testing centres for Kerala,*

1. Rajiv Gandhi Centre for Biotechnology, Thiruvananthapuram,
2. Virology Division, MCVR, KMC Hospital, Manipal, Karnataka State.
3. NIV Unit, Medical College, Alappuzha

** At any point in time some 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
- Complete rest

--Monitor progress

--Reassess , at **24 to 48 hours**

--Self isolation at home, and telephone follow up for the next 2-3 days

--Any suggestion of deterioration/ failure to improve?-- report in person stat.

ILI Category-B

(Bi) ----- Home isolation

---Oseltamivir to be started as per clinical assessment;

(Bii) -----Start Oseltamivir immediately

-----Self isolation at home, and telephone follow up for the next 2-3 days

--Any suggestion of deterioration/ failure to improve?-- report in person stat.

ILI Category-C

Hospitalization stat

Start Oseltamivir immediately, without waiting for test results

Intensive supportive management is usually necessary.

4. H1N1 in Pregnancy (Ante natal and early Post natal)

Pregnancy is an extreme high risk category

Any Influenza Like Illness (ILI) in pregnancy (*both antenatal and post natal*) – **suspect H1N1, START OSELTAMIVIR IMMEDIATELY**

Early referral to appropriate centre to start Oseltamivir / If any delay in transit expected, **start Oseltamivir, then refer.**

Oseltamivir in pregnancy is considered safe

“Counseled prescription” should be given.

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 is also available as syrup (12mg per ml)
 - If needed dose & duration can be modified as per clinical condition.
 - In case suspension is not in stock, the contents of the capsule can be divided and administered in powdered sugar, sugar syrup, or honey.
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***Dose by weight for chemoprophylaxis (only in special circumstances-see section 2) is similar, except that it is Once daily, for 10 days (see section 6)

6.Community spread- MOHFW guidelines...

“If there is 25 or more epidemiologically linked suspect cases of Pandemic Influenza A H1N1 of which at least one or more are laboratory confirmed for Pandemic Influenza A H1N1, in two or more cities, over a period of two weeks, then the State would be considered to be having community spread”.

Kerala already has community spread

Implications

- (i) To assess Influenza like illness in the patient
- (ii) Categorization into A, B and C categories,
- (iii) home isolation for category A and B
- (iv) hospitalization for Category C.
- (v) Treatment with Oseltamivir indicated for Category B and Category C (refer to patient categorization guidelines).

Chemoprophylaxis to family, school and social **contacts** of a positive case-

- No mass contact prophylaxis advised
- For those with high risk Eg. pregnancy/ diabetes/ Asthma/immuno-suppressed/ very low or high age-- Start OD dose Oseltamivir x 10 days
- Others – assess category, if and when symptomatic, then treat as per ABC guidelines

7. General Guidelines for schools / educational institutions

1. Assembly to be limited to once a week or preferably less, if there is an outbreak
2. Screening of students in the class by class teachers for symptoms of flu.
3. Home isolation for teachers and other employees if they develop flu like symptoms
4. No Medical certificate to be insisted on from preventive absentees.
5. Promote frequent hand wash with soap and water.
6. All to observe strict cough / sneeze etiquette
7. regular cleaning with the cleaning agent they ordinarily use
8. Closure of schools has not routinely recommended . Contact DSO/DMO for advice
9. hostels need not be closed But monitor the health of students and staff
10. Display “DO’S AND DON’TS” for H1N1 infection at all important places.
11. All the schools should circulate pamphlets containing “DO’S AND DONT’S” for H1N1 infection and answers to frequently asked questions (FAQ) to the students.

If in doubt, ask the patient to report to District Hospital / THQH of your district. To get the locations and phone numbers of these centres, or any related advice, please contact your DMO/ Dist. Surveillance Officer, or call DISHA Helpline 1056 / 0471-2552056

Please visit www.dhs.kerala.gov.in or www.aogyakeralam.gov.in to update your general knowledge comprehensively. It will help save many a life! -----

**** STATE CONTROL ROOM - H1N1****