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 $\geq 38 \, ^\circ\text{C} \, (\geq 100^{\circ}\text{F})$
- 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-supression due to drugs, radiation, etc.

- Age ≥ 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 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 (i.e., 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 postnatal 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.
• **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!

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