

## Directorate of Health Services, Kerala

# H1N1 Influenza- ABC Guidelines

(adapted from the GoI- MoHFW guidelines)

### Clinical features

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

### ABC categorization, management, and chemoprophylaxis guidelines

#### Categorization guidelines

**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-A,plus one or more of the following

- 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.

#### Testing Recommendations

**Cat- A-** No testing needed

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

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

## **If testing is indicated in your patient-**

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 2-8deg C in thermocol box with i-2 icepacks

Despatch is recorded, and should be only through the DMO/DSO of the district. Never send parcels directly/ through bystanders

The only authorized testing centres for Kerala are Rajiv Gandhi Centre for Biotechnology, Thiruvananthapuram, and Virology Division, KMC Hospital, Manipal, Karnataka State. Specimens directly sent by individuals/hospitals will not be accepted at either of these centres.

## **Management Recommendations**

### **Category- A- No Oseltamivir**

--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.

### **Category-B**

(i) home isolation

Oseltamivir may be needed;

(ii) --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.

## Category-C

### Hospitalization stat

**Start Oseltamivir immediately, *without waiting for test results***

**Intensive supportive management is usually necessary.**

### **Pregnancy and H1N1**

Externe high risk category

14 out of the 48 deaths in Kerala from the beginning of the pandemic, till 29 May 2010 are pregnancy related

Any Influenza Like Illness (ILI) in a pregnant female – suspect H1N1.

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

Oseltamivir in pregnancy so far is considered safe

“Counseled prescription” should be given.

### **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 upwards as per clinical condition in exceptional situations.

**\*\*\*Dose by weight for chemoprophylaxis is similar, except that it is **once daily, for 10 days****

### **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 has community spread

### **Application**

The *curative approach*

- (i) To screen Influenza like illness in designated health facilities
- (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

### **Broad guidelines for schools / educational institutions**

1. No Assembly
2. Screening of each student 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 cleaner they ordinarily use
8. Closure of schools has not routinely recommended . Contact DSO/DMO for advice
9. hostels should 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 DON’T’S” for H1N1 infection and answers to frequently asked questions (FAQ) to the students.

*If in doubt, ask the patient to report to a screening centre in your district. To get the locations and phone numbers of these centres, please contact your DMO/ Dist. Surveillance Officer.*

**Please do refer to the website [www.mohfw.nic.in](http://www.mohfw.nic.in) , and the link to H1N1 influenza, *TODAY itself* to update your general knowledge comprehensively. It will help save many a life!**

**State Nodal Officer-H1N1**

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