



Epidemiology Unit

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To Medical Officers in Charge of All District Hospitals, Peripheral Units, Rural Hospitals & Central Dispensaries

Response to a Community Pandemic Influenza A/H1N1 Outbreak in the Country

The first confirmed case of pandemic influenza A/H1N1 in the country was reported in June 2009 and there had been 110 confirmed cases by 15th October. The majority of these either had contracted the disease from overseas or has had contact with confirmed cases. However a number of students from a few schools in the country had been confirmed as positive for Pandemic H1N1 Influenza in the last week of October indicating wide spread community transmission among the general public. With the onset of community transmission, the strategies that had been earlier adopted to delay the disease from establishing within the community have now been changed to strategies to minimize the impact of the disease similar to those adopted in other countries affected.

Therefore the following key strategies have been adopted:

- 1. All patients with suspected H1N1 influenza** (any Individual presenting with acute febrile respiratory illness (fever ≥ 38 °C) with the spectrum of disease from influenza-like illness (cough, sore throat, shortness of breath) to pneumonia) **attending to hospitals will be screened to assess their illness and only patients with severe or progressive symptoms will be admitted to designated hospitals for laboratory diagnosis and treatment with anti virals.**
- 2. Those with mild illness would be managed as out patients with supportive medication and proper advice.**
- 3. Medical Research Institute (MRI) will continue to process the samples for laboratory diagnosis on requests by physicians attending to hospitalized patients.**

The anti viral agent oseltamivir is available in sentinel hospitals (Annex I) and all other Teaching, General and Base hospitals where specialists are in place. Suspected H1N1 patients from schools or other institutions will be attending to your institution and your institution should be geared to respond readily by being prepared to receive and assess these patients for management.

Therefore your institution should have the following areas covered.

1. A separate area in the OPD to assess all patients with flu like symptoms and to keep those that need admission till they are transferred to a hospital with treatment facilities
2. Adequate staff (medical officers, nursing officers, attendants, labourers and ambulance drivers) trained in basic infection control to attend to these patients within the OPD and during transport if required. (guidelines on these subjects are specified in the circulars No.02-164/2005 'Guidelines for the Preparedness and Response to an Avian Influenza Pandemic Threat' dated 30/11/2005 and No. 01-19/2006 'Joint Circular on Guidelines on Collection and Transport of Specimens' dated 15/03/2006. Above circulars and guidelines are available at the Epidemiology Unit website www.epid.gov.lk).
3. Adequate stocks of basic Personal Protective Equipment (PPE) e.g disposable face masks and disposable gloves
4. An established system in the OPD** to receive and assess the patients presenting with flu like symptoms to OPD
5. Transport facilities organized to transfer these patients if required

**A system most suitable and practical for the individual institution should be in place in the Out Patient Department of your hospital so that persons who are harbouring symptoms/signs suggestive of Pandemic Influenza A/H1N1 infection could be directed to a special counter/room where medical officer/s with basic infection control measures would assess them to decide on the course of management (if he/she would be admitted).

- Provide a disposable/surgical face mask to the patient
- Make arrangements to provide him/her with medical attention and to medically assess the patient to decide on the course of management
- If it has been decided to treat the patient as an outpatient, provide him/her with necessary supportive therapy and medication (eg antipyretics, anti histamines, rehydration etc) before sending home
- Aspirin or aspirin-containing products and non steroidal anti inflammatory drugs (NSAIDs) should be avoided. For relief of fever, other anti-pyretic medications such as paracetamol are recommended.
- Give necessary advise to the patient to avoid contact with others and also to limit the movements of his/her family members who would be his/her close contacts
- Give necessary advice to the patient to stay away from work/school/crowded places and to take bed rest, plenty of liquids, good diet and seek medical attention if symptoms worsen or any of the following danger signs develop.

In Adults: Difficulty in breathing or shortness of breath, severe or persistent vomiting, pain or pressure in the chest or abdomen, sudden dizziness, confusion, symptoms improving to return with fever and worse cough

In Children: Fast breathing or trouble breathing, cyanosis, reduced fluid intake, reduced urine output, severe or persistent vomiting, lack of interactions, irritability, symptoms improving to return with fever and worse cough

- Advise patients to stay home for at least 24 hours after the fever has subsided without the use of anti pyretic medicine.
- If the patient has severe disease which warrants inward care make arrangements to obtain the contact details of the patient and to transfer the patient with necessary infection control measures to the closest sentinel hospital or a hospital which stocks oseltamivir. This is for admission, sample collection for laboratory diagnosis, isolation and clinical management.
- The referring hospital should contact the hospital to which the patient is being directed to and alert on his/her arrival there

Please make arrangements to get the assistance of the medical officers, nursing officers and other staff for the activity and the regional epidemiologist of your district would be available to provide you with necessary instructions and advice. Please do not hesitate to contact me if you need further clarifications regarding the issue.

Guidenes on case management is attached to this letter and all the communiques on H1N1 are available on our website www.epid.gov.lk

Thank you,

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Cc Regional Epidemiologist