

Ministry of Healthcare & Nutrition

Epidemiology Unit

231, de Saram Place, Colombo 01000, Sri Lanka
Telephone: Epidemiologist :(+94-11-)2681548, Epid unit: (+94-11-)2695112 Fax: (+94-11-)2696583,
E-mail: chepid@sltnet.lk and epidunit@sltnet.lk

EPID/34/XB/2008

27th April 2009

To All Heads of Government and Private Health Institutions, Provincial and Regional Directors of Health Services, Regional Epidemiologists

Health Alert on Swine Influenza

An outbreak of swine influenza has been reported from Mexico and USA. Twenty confirmed cases had been reported from USA and there had been around 80 deaths and over 1000 suspected cases in Mexico to date. This disease is clinically an acute febrile respiratory illness with reportedly higher morbidity. The causative organism has been identified as a new strain of Influenza subtype A/H1N1. Influenza A H1N1 is known to cause influenza among pigs (swine) and swine influenza has been occasionally reported in humans. However it has been established that this new virus strain has the potential for human to human transmission. Since humans may not have protective immunity against this new virus strain there is opportunity for a potential influenza pandemic.

In the face of these developments, World Health Organization has declared a public health emergency of international concern on 26th April 2009. Therefore please consider this as an urgent health alert and make sure that following guidelines are adhered to within your institutions. The main aim of this exercise is to identify the virus spread in the country as early as possible.

The fact sheet on the disease is attached.

1. Alert the clinicians (specially physicians and paediatricians) on the situation and motivate them to maintain a high degree of suspicion for cases with febrile respiratory illnesses. Inform them to notify all suspected cases based on the surveillance case definition cited below, immediately to the administrative authorities of the institution, regional epidemiologist, relevant medical officer of health and the Epidemiology Unit. This has to be done through telephone/fax/email.

In the institutions which have already been identified as sentinel sites for influenza surveillance under the avian influenza preparedness programme, routine influenza surveillance activities carried out in the out patient departments and wards should be strengthened along with specimen collection and all relevant staff should be updated on the surveillance guidelines already established.

2. Please ensure that your clinicians are aware of the following triggers that may signal possible cases of swine influenza
 - Clusters of cases of unexplained ILI or acute lower respiratory disease

- Severe, unexplained respiratory illness occurring in one or more health care workers who provide care for patients with respiratory disease
- Changes in the epidemiology of mortality associated with the occurrence of ILI or lower respiratory tract illness, an increase in deaths observed from respiratory illness or an increase in the occurrence of severe respiratory disease in previously healthy adults or adolescents
- Persistent changes noted in the treatment response or outcome of severe lower respiratory illness.

Also make sure that your clinicians are aware of clusters of patients presenting with the disease (please see the definition of a cluster of cases below).

3. Make arrangements to collect respiratory samples (throat swabs, nasal swabs and/or naso pharyngeal aspirates) from all suspected patients for laboratory diagnosis and to promptly transport them to the National Influenza Centre, the Medical Research Institute (MRI). Please refer to the guidelines specified on general circulars issued on the subject; [Gen. Circular No.02-164/2005](#) 'Guidelines for the Preparedness and Response to an Avian Influenza Pandemic Threat' dated 30/11/2005 on and [01-19/2006](#) 'Joint Circular on Guidelines on Collection and Transport of Specimens' dated 15/03/2006 (please note that certain sections of these circulars on avian influenza could be adopted for swine influenza as well).
4. Infection control, case management and waste disposal should be along the same specifications cited for avian influenza in the above circulars.

Please be kind enough to cooperate with these instructions in this globally significant event. More specific instructions will follow and you may contact me for further details if needed.

Thank you,

Dr Paba Palihawadana
Chief Epidemiologist
Epidemiology Unit

Cc. Director General of Health Services
Deputy Director General – Public Health Services

Case definitions for infections with swine influenza A(H1N1) Virus

The clinical case description includes both mild form of influenza-like illness (ILI) and more severe forms (lower respiratory tract infections including pneumonia and severe acute respiratory illness (SARI)).

Surveillance Case Definitions

Suspected case of Swine Influenza

Individuals 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

AND

One of the following epidemiological risk factors:

- Close contact* to a suspected case of swine influenza A(H1N1) virus infection while the case was ill
- Recent travel to an area where there are confirmed cases of swine influenza A (H1N1)
-

(*Close contact: having cared for, lived with, or had direct contact with respiratory secretions or body fluids of a probable or confirmed case of swine influenza A(H1N1)).

Probable case of swine influenza

A **Probable case** of swine influenza A (H1N1) virus infection is defined as an individual with an influenza test that is positive for influenza A, but is unsubtypable by reagents used to detect seasonal influenza virus infection

OR

An individual with a clinically compatible illness or who died of an unexplained acute respiratory illness who is considered to be epidemiologically linked to a probable or confirmed case.

Confirmed case of swine influenza

A **Confirmed case** of swine influenza A(H1N1) virus infection is defined as an individual with laboratory confirmed swine influenza A(H1N1) virus infection by one or more of the following tests:

- real-time RT-PCR
- viral culture
- four-fold rise in swine influenza A(H1N1) virus specific neutralizing antibodies

Definition of cluster

A cluster is defined as two or more persons presenting with manifestations of unexplained, acute respiratory illness with fever $\geq 38^{\circ}\text{C}$ or who died of an unexplained respiratory illness that are detected with onset of illness within period of 14 days and in the same geographical area and/or are epidemiologically linked.