



Epidemiology Unit

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EPID/34/IV/B/2006

Summary Guidelines for Clinical Management and Laboratory Investigation of Patients with Seasonal Influenza A (H1N1 pdm) 2009 Virus Infection

Influenza cases caused by Influenza A(H1N1 pdm) 2009 virus strain have been reported and this guideline is aimed to direct case management principles for patients with this infection. This virus strain presently acts as a seasonal influenza virus globally and causes a general influenza infection.

This document may differ from the existing detailed guidelines which were issued as a department General Circular (no: 01-37/2009 dated 17th November 2009) (please see www.epid.gov.lk) and the newer Summary Guidelines dated 27th December 2010 (please see www.epid.gov.lk) which catered to guide management of patients in the first and the second waves of H1N1 pandemic. This is because this infection caused by this virus strain now causes seasonal influenza disease.

This document highlights salient points on policies for hospital admission, antiviral therapy, laboratory investigation and chemoprophylaxis for H1N1 seasonal influenza patients. It also summarizes the infection control guidelines.

For signs and symptoms of uncomplicated influenza, complicated/severe influenza, progressive disease and danger signs in adults and children refer the above circular (no: 01-37/2009 dated 17th November 2009).

Hospital Admission

1. Patients with uncomplicated illness (i.e. those with fever, cough, sore throat, runny nose, headache, muscle pain and malaise but no shortness of breath or difficulty in breathing) could be directed for home care with supportive therapy and health education advice
2. Patients with symptoms and signs of severe/complicated or progressive illness (i.e. those with shortness of breath or difficulty in breathing, clinical or radiological signs of pneumonia, CNS involvement, severe dehydration, signs of other organ failure, worsening of underlying chronic disease conditions should be admitted to hospitals to consider treatment with anti virals.
3. Patients in high risk groups to develop severe influenza (i.e. those <2years and >65 years old, pregnant women, those with chronic lung disease, heart (excluding hypertension), metabolic, renal, liver or neurological disease and immunosuppressed patients) with uncomplicated illness could be directed for home care with supportive therapy and health education advice with instructions on a compulsory follow up visit within 72 hours even in the absence of worsening of the disease
4. All patients should be instructed to seek medical attention if they develop any signs or symptoms of progressive disease or if they fail to improve with treatment taken within 72 hours of the onset of symptoms.

Anti Viral Therapy

1. Anti viral therapy should be limited for admitted patients with severe disease.
2. These patients should be treated with the anti viral oseltamivir without waiting for lab investigations. This decision should be taken by the treating physician on his/her clinical judgment.

3. Treatment should be initiated as soon as possible. Influenza diagnostic testing should not delay antiviral treatment.
4. Those in high risk groups should be carefully assessed for admission and anti viral therapy even with uncomplicated illness.

Guidance for Laboratory Diagnosis for Confirmation of Cases

Influenza A (H1N1 pdm) 2009 viral strain had been identified as one of the virus strains causing influenza presently in the country and therefore each individual case need not be tested.

1. Diagnostic samples should be collected on clinical judgment from admitted patients only
2. All diagnostic samples should include a detailed clinical history indicating the justification for doing the investigation in the request form and the special request form developed by the MRI should be used.
3. All sentinel hospitals* should continue to send up to 6 ILI surveillance samples from OPD per week under stipulated surveillance criteria
4. For all requests from private hospitals a special authorization from the head of the institution or a similar authorizing officer will be required by the MRI.
5. MRI would be open to receive specimen for 24 hours. It would direct the test results within 24 hours to the respective hospital and to the Epidemiology Unit by telephone/fax.
6. Patients presenting to the GPs who may require laboratory investigations should be directed to a government or private hospital where treatment facilities are available.

(* All 20 sentinel hospitals designated for ILI surveillance)

Chemoprophylaxis with Antivirals

Chemoprophylaxis with oseltamivir is NOT INDICATED for seasonal influenza.

Infection Control and Waste Management

1. Practice respiratory and hand hygiene at all times
2. Apply Standard and Droplet precautions at all times on triaging, transporting or managing patients
3. Limit use of N95 masks only for aerosol-generating procedures which include aspiration of respiratory tract, intubation, resuscitation, bronchoscopy and autopsy using power saws.
4. Standard Precautions should be used for disposal of contaminated items and sharps.
5. Routine detergents and procedures should be used for cleaning of patient care equipment, environment cleaning, linen and utensils.

In the Event of a Death from seasonal Influenza A (H1N1pdm) 2009

1. Standard precautions should be used when handling deceased individuals from seasonal influenza infection and when preparing bodies for autopsy or transfer to mortuary services.
2. It is advised that proper hand washing with soap and water is done when direct contact with the body occur during funeral proceedings.

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06/06/2012