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Management Guideline for Seasonal Influenza A/H1N1 pdm 2009 infection

Version (03)

(As of 7-8-2017)

YGH Management Guidelines for Influenza A(H1N1)pdm09 Infection 2017

In triage area:

If symptoms suggestive of ILI present → send the patient to screening room and continue as follow; Screening MO should wear surgical mask, glove and apron.

A. History Taking

Name: ---------- Age: ----------

Sex: ---------- R/N: ----------

Address: ----------

Complaints

Symptoms suggestive of **ILI** within 10 days

Fever ..... Cough ..... Sore-throat..... Aches and pain..... Vomiting ..... Diarrhoea .....

Symptoms suggestive of **SARI**

Dyspnoea ..... Chest pain ..... Hemoptysis ..... Confusion ..... Syncope .....
Fits..... Myositis ..... Myocarditis..... Co-morbidity..... Complications.....

B. On Examination

Vital signs: GCS: ..... BP: .... HR: ..... SPO_2: .....

RR: ..... Lungs: .....

CP: U&E: RBS: ECG:

ESR: Creatinine: LFT: ALT, AST (optional) CXR(PA):

C. Categorize the Patient A, B, C

Category A:

Mild fever plus cough/sore throat with or without body ache, headache, diarrhoea and vomiting

Category B:

i. Category A **plus** high grade fever, and severe sore throat
ii. Category – Any mild **ILI** in people with co-morbidities like
   a. Pregnancy
   b. Lung/ heart/liver/kidney/neurological disease/blood disorders/diabetes/cancer/ HIV-AIDS
   c. Long-term steroids, or immunosuppression due to drugs, radiation or HIV, etc.

Category C: Cat A **plus** any 3 or more of the following;

- Breathlessness
- Chest pain
- Drowsiness
- Fall in blood pressure (<90/60 mmHg)
- Cyanosis
- Tachypnoea (RR >30/min)
- Decreased oxygen saturation (SPO_2 <90 on air)
- CXR: patchy opacities

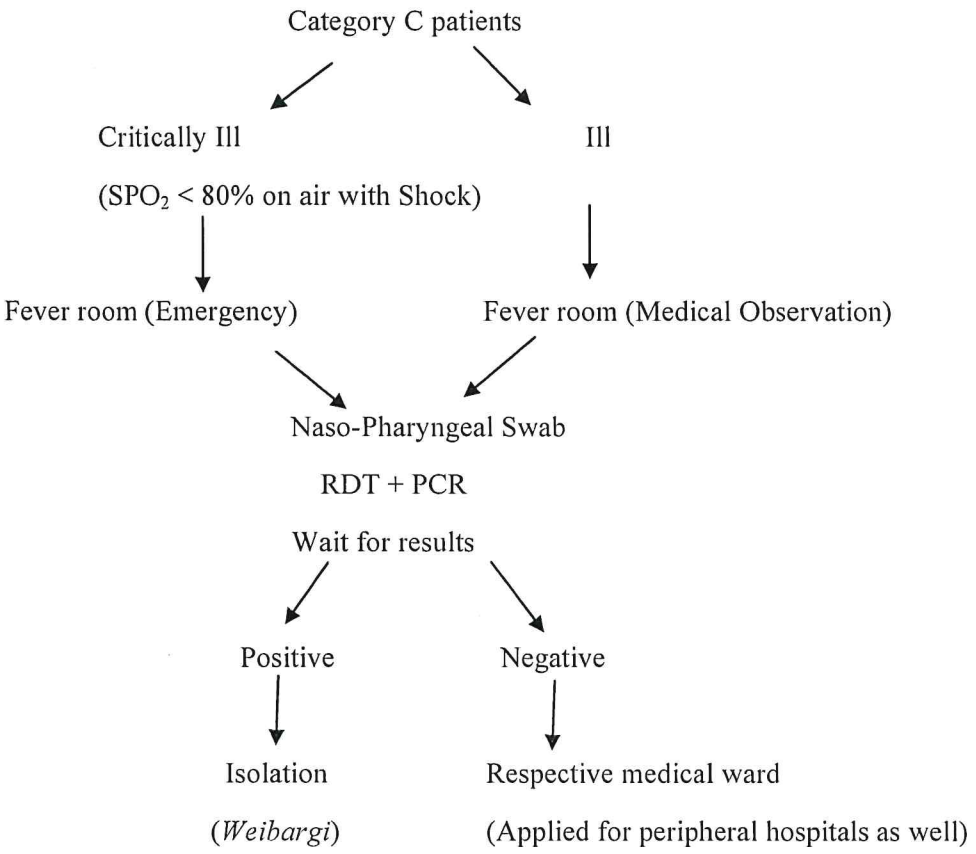
D. H1N1 Testing and Treatment

Category	Test	Treatment
Cat A*	No testing	No admission Self-isolation at home Symptomatic treatment (Paracetamol + Vitamin C + adequate fluid) Any deterioration / failure to improve → Report in person immediately to treating doctor
Cat B (i)*	No testing	No admission Observe at home Treatment as above + Antibiotics Any deterioration / failure to improve → Report in person immediately to treating doctor
Cat B (ii)**	RDT, PCR	Admit and treat if worsening of underlying co-morbid condition. In case of pregnancy, treat with antiviral as soon as possible.
Cat C	RDT, PCR	Admit and follow the (H1N1) flow

*Cat A and Cat B (i) patients should be handled by screening team EMO

** Cat B (ii) patients should be seen by MO team leader / Physicians

E. (H1N1) Flow



(i) Antiviral Treatment

For Cat B (ii) pregnancy, Cat B (ii) worsening co-morbid conditions, and Cat C patients, antiviral treatment should be considered. If decided to treat with antiviral drug, no need to wait for confirmation result. Oseltamivir 75mg bd for 5 days.

Dose adjustment in renal impairment

- eGFR >60 - no adjustment
- eGFR 30-60 – 30mg OD
- eGFR 10-30 – 30mg alternate day
- ESRD – not recommended

Contraindication: hypersensitivity to the antiviral drug

(ii) Treatment for Pneumonia

According to the treatment guideline in "Therapeutic Manual Internal Medicine 1st Edition, 2016"

(iii) Chemoprophylaxis for Contact Persons

Antiviral chemoprophylaxis for individuals at high risk of severe disease who have been exposed to a patient with influenza may benefit from presumptive treatment with a full twice daily 5 days course of antiviral.

OR

Such patients can be monitored closely for early signs of possible influenza infection and given antiviral treatment if they occur.

F. Duration of Isolation and Discharge Criteria

(i) Duration of Isolation

7 days after illness onset

OR

24 hours after the resolution of fever and respiratory symptoms (cough only may not be the indicator for viral shedding, cough may be prolonged).

(In case of immune-compromised patients, isolation might need longer duration)

(ii) Discharge Criteria

Patients should be discharged from medical care based on the followings:

1. Clinically appropriate:

- **No more confusion**
- **Afebrile for 48 hours**
- **Respiratory rate < 24min**
- **SPO_2 >92% on air (except COPD)**

2. Beyond the isolation period

References

1. WHO guideline for pharmacological management of pandemic influenza A (H1N1) 2009.
2. NICD recommendation for diagnosis, prevention and management (2017).
3. Therapeutic Manual Internal Medicine 1st edition, 2016.
4. H1N1 Influenza guideline, Directorate of Health Services, Kerala.
5. Centers for Disease Control and Prevention, Interim guidance on infection control measures for 2009 H1N1 influenza in health care setting, including protection of healthcare personnel.