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Guidelines for Clinical Management and Laboratory Investigation of Patients with Pandemic Influenza A (H1N1) 2009 Virus Infection in a Setting with Sustained Community Transmission (Part II)

All patients should be instructed to seek medical attention immediately, if they develop any signs or symptoms of progressive disease or danger signs listed above or if they fail to improve within 72 hours of the onset of symptoms.

Measures to be taken at the Out-Patient Department (OPD) of a Government or Private Hospital

As the infection is spreading in the community widely, there may be a large influx of patients to hospitals and therefore hospital authorities should be geared to handle this situation. A system most suitable and practical for an individual institution should be in place in the Out Patient Departments in government and private hospitals so that persons with symptoms/signs suggestive of Pandemic Influenza A/H1N1 2009 infection could be directed to special counters/ rooms where medical officer/s with appropriate 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
- Provide necessary medical attention and assess the patient carefully and decide on the course of management
- If the patient has uncomplicated disease and can be managed as an outpatient according to management criteria listed in page 3:
- Provide him/her with necessary supportive therapy and medication (e.g. antipyretics, antihistamines, rehydration etc) before sending him or her home
- Aspirin or aspirin-containing products should not be administered to young patients due to the risk of Reye syndrome. Non Steroidal Anti Inflammatory Drugs (NSAIDs) should also be avoided. For relief of fever, other anti-pyretic medications such as paracetamol are recommended.
- Advise the patient to stay away from work/ school/crowded places and take bed rest, plenty of liquids, good diet and seek medical attention immediately if symptoms worsen or any of the danger signs develop or if they fail to improve within 72 hours of the onset of symptoms.
- Advise the patient to avoid contact with others and also limit the movements of his/her family members who would be his/her close contacts.
- Patients should be advised to stay home for at least 24 hours after the fever has subsided without the use of antipyretic medicine.
- If the patient belongs to one of the high risk groups listed above:
- Follow the above steps of action
- Instruct him/her to make a compulsory follow up visit in 3 days time even in the absence of worsening of the disease
- If the patient has severe/complicated disease that requires admission:
- If the present institution is not a sentinel hospital identified under the Pandemic Influenza Preparedness Programme (Annex I) or a hospital at or above Base Hospital level which stocks the specified anti viral drug, oseltamivir, the patient needs to be transferred to one of those institutions for admission, isolation and clinical management. This should be done after obtaining contact details of the patient. Apply necessary infection control measures during transport of the patient.
- The referring hospital should contact the hospital to which the patient is being directed to

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and alert on his/her arrival there

- If the present institution is a sentinel hospital or a hospital which stocks oseltamivir, the patient should be managed in its own isolation ward. Attending clinicians may decide on anti viral therapy/laboratory investigations for the patient based on the severity of the illness, his/her clinical judgment and given guidelines.

Measures to be taken at a General Practitioner's (GP) Setting/ Specialist in Private Sector

- If a patient presents to a GP/Specialist in the private sector the following actions should be taken. The same assessment criteria listed above would apply here as well.
- Provide a disposable/surgical face mask to the patient.
- Assess the patient carefully to decide on the course of management.
- If the patient has uncomplicated disease and can be managed as an outpatient according to management criteria listed in page 3:
- provide him/her with necessary supportive therapy and medication (eg antipyretics, anti histamines, rehydration etc) before sending him or her home.
- Aspirin or aspirin-containing products should not be administered to young patients due to the risk of Reye syndrome. Non steroidal anti inflammatory drugs (NSAIDs) should also be avoided. For relief of fever, other anti-pyretic medications such as paracetamol are recommended.
- 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 above mentioned danger signs develop or if they fail to improve within 72 hours of the onset of symptoms.
- 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.
- Patients should be advised to stay home for at least 24 hours after the fever has subsided without the use of anti pyretic medicine.
- If the patient belongs to one of the high risk groups listed above:
- Follow the above steps of action.
- Instruct him/her to make a compulsory follow up visit in 3 days time even in the absence of worsening of the disease
- If the patient has severe/complicated disease that requires admission:
- The patient could be managed in a private hospital where treatment facilities are available or he/she could be directed to the closest sentinel hospital or a hospital which stocks oseltamivir for clinical management.

The GP/Specialist should contact the hospital to which the patient is being directed to and alert on his/her arrival there

Management of cases in hospital setting

Anti Viral Therapy

This disease is known to be mostly self limiting and most patients ill with this disease will recover without complications and do not need antiviral medications for treatment. However, it may progress to more severe disease in some people and this progression can be rapid (i.e. within 24 hours). All patients with severe/complicated disease or signs of progression of the disease should be treated with the anti viral oseltamivir. Treatment should be initiated as soon as possible. Under no circumstances should influenza diagnostic testing delay antiviral treatment. *Those in high risk groups with uncomplicated disease should be carefully followed up for worsening of disease.*

Clinicians should harbor high degree of suspicion for patients with varying clinical presentations which may be pandemic H1N1 2009 influenza and initiate antiviral therapy empirically. Treatment may be discontinued if the laboratory tests become negative.

The recommended antiviral Oseltamivir is available mainly through identified sentinel hospitals under the Pandemic Influenza Preparedness Programme (Annex I), other government hospitals at or above Base Hospital level and also in the private sector in a limited capacity. Anti viral therapy should be essentially limited for hospitalized patients.

Treatment Recommendations

For Adolescents over 13 years of age and Adults: Oseltamivir 75mg twice a day for 5 days

For children over 1 year of age to 12 years of age: Oseltamivir to be given twice a day for 5 days, dosage based on child's weight.

15 kg	→	30 mg twice daily
15 - 23 kg	→	45 mg twice daily
24 - 40 kg	→	60 mg twice daily
> 40 kg	→	75 mg twice daily

For children less than 1 year of age:

Newborns and very young children often present with less typical ILI symptoms, such as apnoea, low grade fever, fast breathing, cyanosis, excessive sleeping, lethargy, feeding poorly, and dehydration. Diagnosis based on these non specific signs alone may be difficult. Clinicians should exercise a high index of suspicion during H1N1 2009 influenza outbreak and should be aware of the occurrence of ILI in contacts of the child to assist diagnosis and to avoid delay in antiviral treatment.

To be given for 5 days with dosage based on body weight:

>3 months of age to 12 months	- 3mg/kg twice daily
3 months to 1 month of age	- 2.5mg/kg twice daily
<1 month of age*	- 2mg/kg twice daily

(No data is available on administration of oseltamivir to this age group)*

Pregnant Women and Breast Feeding Mothers

Pregnant women, especially those with co-morbidities, are at increased risk for complications from H1N1 2009 influenza virus infection. Influenza in pregnancy is associated with an increased risk of adverse pregnancy outcomes, such as spontaneous abortion, preterm birth, and fetal distress. Consequently, pregnant women with suspected or confirmed pandemic (H1N1) 2009 virus infection should be closely observed to initiate early antiviral treatment.

Guidelines for Clinical Management and Laboratory Investigation of Patients with Pandemic Influenza A (H1N1) 2009, is available at the Epidemiology Unit website www.epid.gov.lk.

to be continued in volume 43 & 45

Table 1: Vaccine-preventable Diseases & AFP

17th—23rd October 2009 (43rd Week)

Disease	No. of Cases by Province									Number of cases during current week in 2009	Number of cases during same week in 2008	Total number of cases to date in 2009	Total number of cases to date in 2008	Difference between the number of cases to date in 2009 & 2008
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	00	00	00	00	00	00	00	00	00	00	01	57	83	-31.3%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	-
Measles	00	02	00	00	00	00	01	00	00	03	00	157	100	+57.0%
Tetanus	00	00	00	00	00	00	00	00	00	00	01	23	33	-30.3%
Whooping Cough	01	00	00	00	00	00	00	00	00	01	01	57	44	+29.5%
Tuberculosis	118	01	04	27	05	34	05	01	08	203	184	8542	6972	+22.5%

Table 2: Newly Introduced Notifiable Disease

17th—23rd October 2009 (43rd Week)

Disease	No. of Cases by Province									Number of cases during current week in 2009	Number of cases during same week in 2008	Total number of cases to date in 2009	Total number of cases to date in 2008	Difference between the number of cases to date in 2009 & 2008
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	13	10	10	02	04	06	01	02	07	55	90	13641	4576	+198.1%
Meningitis	28 CB=8 KT=10 GM=8	04 KN=1 ML=2 NE=1	03 HB=2 MT=1	00	02 AM=1 MU=5	23 KR=20 PU=3	05 PO=2 AP=3	02 MO=2	11 RP=10 KG=1	76	14	1190	1102	7.9%
Mumps	05	03	00	00	02	00	00	00	02	12	31	1548	1116	38.7%
Leishmaniasis	00	00	03 MT=3	00	00	00	03 AP=3	00	01 RP=1	07	Not available*	581	Not available*	-

Key to Table 1 & 2

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

DPDHS Divisions: **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps.

Table 4: Surveillance of Communicable diseases among IDP's

17th—23rd October 2009 (43rd Week)

Area / Disease	Dysentery	Enteric fever	Viral Hepatitis	Chicken Pox	Watery Diarrhoea
Vavunia	1	3	1	1	-
Chendikulam	1	3	12	62	270
Total	**2**	**6**	**13**	**63**	**270**

Table 4: Selected notifiable diseases reported by Medical Officers of Health

17th–23rd October 2009 (43rd Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received Timely**
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	54	37	4	202	0	12	5	195	0	87	10	971	0	5	5	128	0	4	**85**
Gampaha	50	3702	3	141	0	20	0	43	0	36	28	373	0	8	7	226	0	5	**53**
Kalutara	20	1398	5	318	0	13	0	50	0	44	11	439	0	1	2	81	0	2	**83**
Kandy	45	3845	7	257	0	7	1	27	0	58	9	188	3	155	6	122	0	0	**88**
Matale	48	1696	3	124	0	4	0	27	0	15	3	309	0	5	0	85	0	2	**75**
Nuwara Eliya	4	237	3	385	0	2	0	167	10	801	3	42	2	69	2	78	0	0	**100**
Galle	7	556	4	222	0	10	0	4	34	80	2	189	0	15	1	29	0	4	**100**
Hambantota	18	860	2	83	0	8	0	7	0	15	12	78	3	81	1	47	0	0	**82**
Matara	14	1093	7	253	0	6	0	6	0	20	13	187	2	134	2	60	0	1	**94**
Jaffna	1	26	0	116	0	3	1	237	0	30	0	0	0	124	0	176	0	2	**25**
Kilinochchi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Mannar	0	5	1	96	0	1	0	107	0	4	0	0	0	0	0	66	0	0	**75**
Vavuniya	21	148	1	1626	0	25	3	669	0	2	0	6	0	5	1	3765	0	0	**50**
Mullaitivu	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	**0**
Batticaloa	2	551	2	264	0	12	0	16	2	54	0	9	0	5	0	20	0	5	**82**
Ampara	3	217	4	74	0	1	0	12	0	8	3	14	0	2	0	35	0	0	**71**
Trincomalee	1	327	3	144	0	4	0	13	0	1	0	17	0	19	0	51	0	1	**90**
Kurunegala	33	2657	7	225	1	12	2	75	0	15	11	121	3	77	6	152	0	4	**85**
Puttalam	12	568	3	146	0	7	1	69	2	4	8	88	0	31	2	44	0	1	**89**
Anuradhapura	4	526	4	118	0	6	0	7	0	40	1	83	0	29	3	184	0	4	**63**
Polonnaruwa	1	168	5	101	0	4	0	21	0	9	1	61	0	9	4	93	0	0	**86**
Badulla	3	310	11	323	0	5	0	48	5	32	1	89	3	125	1	300	0	1	**87**
Monaragala	2	155	3	134	0	2	0	23	0	20	1	15	0	62	2	88	0	1	**91**
Ratnapura	5	1967	14	462	0	20	1	49	5	37	13	291	0	36	3	194	0	1	**61**
Kegalle	17	3614	1	168	0	9	2	46	0	7	7	255	2	33	2	238	0	1	**73**
Kalmunai	3	215	4	104	0	1	0	14	0	74	0	7	0	3	0	21	0	0	**54**
SRI LANKA	**368**	**28623**	**101**	**6088**	**1**	**194**	**16**	**1933**	**58**	**1423**	**137**	**3832**	**18**	**1033**	**50**	**6283**	**00**	**39**	**76**

Source: Weekly Returns of Communicable Diseases WRCD).
*Dengue Fever / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever.
**Timely refers to returns received on or before 23rd October, 2009 Total number of reporting units =311. Number of reporting units data provided for the current week: 238
A = Cases reported during the current week. **B** = Cumulative cases for the year.

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