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திகதி) 27th December 2010
Date)

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

The Technical Expert Group on Pandemic A H1N1 Influenza which met on 23rd December 2010 reviewed the existing clinical management guidelines on the disease and decided to release this summary document. The objective of this document was to minimize delays in initiating antiviral treatment for these patients. This document **DOES NOT replace** 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 only highlights salient points on policies for hospital admission, antiviral therapy, laboratory investigation and chemoprophylaxis. It also summarizes the infection control guidelines. The existing circular should be referred to for details and guidance on all other sections.

For standard case definitions, 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. All patients attending hospitals with suspected H1N1 influenza should be screened to assess the severity of the illness
2. 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
3. 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 for prompt treatment with anti virals.
4. Patients in high risk groups (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
5. All patients should be instructed to seek medical attention immediately, if they develop any signs or symptoms of progressive disease or danger signs (please see Circular no: 01-37/2009 dated 17th November 2009, www.epid.gov.lk) or if they fail to improve with treatment taken within 72 hours of the onset of symptoms.

Anti Viral Therapy

1. All admitted patients should be treated with the anti viral oseltamivir without waiting for lab investigations.
2. Treatment should be initiated as soon as possible. Influenza diagnostic testing should not delay antiviral treatment under any circumstances.
3. Those in high risk groups should be carefully assessed for admission and anti viral therapy even with uncomplicated illness.
4. Anti viral therapy should be limited for admitted patients.

Guidance for Laboratory Diagnosis for Confirmation of Cases

Pandemic Influenza A H1N1 viral strain had been identified as the predominant virus causing influenza presently in the country and therefore each individual case need not be tested.

1. Diagnostic samples should be collected only from admitted patients
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 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

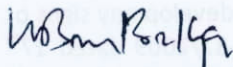
Chemoprophylaxis with oseltamivir can only be considered for health care personnel who have had a recognized, unprotected close contact exposure, if the healthcare worker has not already been vaccinated with H1N1 vaccine.

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 H1N1 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 Influenza A/H1N1

1. Standard precautions should be used when handling deceased individuals from this infection and when preparing bodies for autopsy or transfer to mortuary services.
2. Direct contact with the body is discouraged during funeral proceedings; however, necessary contact may occur as long as hands are washed immediately with soap and water.



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