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**Field Epidemiology & Disease Surveillance Division
Focal Point for International Health Regulations
National Institute of Health**

Ministry of National Health Services, Regulations & Coordination

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WHO Collaborating Center for Research and Training in Viral Diagnostics

26th December 2017

Subject: Advisory for Prevention and Control of Influenza A/H1N1 Infections

WHO declared outbreak of human cases of Influenza A/H1N1 Influenza a Public Health Emergency of International Concern (PHEIC) under IHR 2005. During August 2010, WHO affirmed H1N1 post pandemic phase and declared it as a seasonal flu virus. It has also been observed that the virus activity is continuously enhancing in South East Asia including Pakistan, with all seasonal influenza subtypes present in the region. Influenza viruses belong to Orthomyxoviridae family of viruses. There are 3 influenza virus types (A, B, C) in which types A and B are important for humans. Type A viruses cause highest morbidity and mortality. Seasonal influenza is caused by a number of circulating Influenza viruses such as Influenza-A (H1N1, H3N2, H2N2) and influenza B etc. The Pandemic Influenza A (H1N1) pdm 2009 virus continues to circulate causing outbreaks of seasonal influenza in neighboring countries of Pakistan.

In the wake of upsurge of influenza A, H1N1 pdm09 cases in the different parts of country especially southern Punjab where localized outbreak have been reported, it is imperative to be vigilant in the detection of any suspected Influenza Like Illness (ILI) and Severe Acute Respiratory Infection (SARI) cases especially in **elders, very young, overweight/ obese, immune-compromised and people with chronic health problems like asthma, diabetes, cardiac & lungs diseases and pregnant women who are at high risk** for developing complications due to H1N1 infection.

Objective of this advisory is to sensitize the health-care authorities and facilities to strengthen and improve the level of preparedness in prevention, control and management of influenza. If someone is sick or have been in close-contact with persons having flu-like illness, following preventing measures are recommended to be disseminated for awareness and thereby limiting the H1N1 transmission:

- Frequent and thorough hand washing with soap and water or hand sanitizer.
- Avoid touching your nose, mouth or eyes as the virus survives on common surfaces, etc.
- Take rest, avoid crowds and take other social distancing measures.
- Staying home for young children from school if he/ she is sick and avoid mixing and playing with other children.
- Cover your mouth and nose when you sneeze or cough. Avoid contaminating your hands, cough or sneeze into a tissue or the inner crook of your elbow.

Vaccination is the most effective way to prevent infection and severe outcomes caused by influenza viruses particularly in high risk groups. WHO recommends seasonal influenza vaccination for pregnant women (highest priority), children aged 6-59 months, elderly people, individuals with chronic medical conditions and health-care workers.

Contd...on P/2

WHO recommends trivalent/ quadrivalent seasonal vaccines for use during 2017-18 in northern hemisphere influenza season with the following composition:

A. Trivalent vaccine:

- An A/Michigan/45/2015 (H1N1)pdm09-like virus;
- An A/Hong Kong/4801/2014 (H3N2)-like virus;
- A B/Brisbane/60/2008-like virus.

B. Quadrivalent vaccine:

- Containing two influenza B viruses contain the above three viruses and a B/Phuket/3073/2013-like virus.

Treatment is mainly supportive, however in hospitalized patients, early antiviral treatment has been shown to shorten the duration of illness. Antiviral treatment (**Oseltamivir/ Tamiflu**) is recommended for any patient with confirmed or suspected influenza who is hospitalized; has severe, complicated, or progressive illness; or is at higher risk for influenza complications. Moreover; persons at higher risk for influenza complications recommended for antiviral treatment include:

- children aged younger than 2 years
- adults aged 65 years and older
- persons with chronic comorbidities
- persons with immunosuppression, including that caused by medications or by HIV infection;
- women who are pregnant or postpartum (within 2 weeks after delivery);
- persons aged younger than 19 years who are receiving long-term aspirin therapy;
- persons who are morbidly obese
- Residents of nursing homes and other chronic care facilities.

The throat swab sample of any suspected patient should be collected earlier in the course of illness and transported in viral transport medium (VTM) to Influenza sentinel labs at provincial sentinel labs or to the National Institute of Health Islamabad under intimation to the Field Epidemiology and Disease Surveillance Division (FE&DSD). Contact Tel: 051-9255237 and Fax No. 051-9255575. Updated guidelines on prevention, control and management of Influenza along with patient history form for ILI/SARI are available at NIH website (www.nih.org.pk).

NIH recommends that this advisory be widely distributed among all concerned.


Brig. Dr. Aamer Ikram, SI(M)
Executive Director

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