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CIRCULAR

To: All Doctors, Nurses, Pharmacists and Health Care Workers in the Health Centers, Public and Private Hospitals and clinics.

Subject: Management of Influenza a (H1N1) and Influenza like illness.

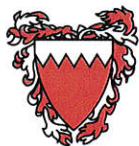
In reference to above subject, and in view of starting of influenza season, more cases of influenza like illness will be reported. Accordingly, you are kindly requested to follow the attached guidelines for Management of Influenza A(H1N1) and Influenza like illness.

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Kingdom of Bahrain
Ministry of Health

Management of Influenza A (H1N1) and Influenza like Illness (ILI)



Management of Influenza A (H1N1) and Influenza like Illness (ILI)

1- Case definitions of influenza like illness:

Fever (documented temperature of 38° or greater Or history of fever) with one or more of the following:

- Cough
- Sore throat

In the absence of a KNOWN cause other than influenza.

2- Diagnosis and Laboratory testing:

- Outpatient settings: the diagnosis and treatment based on the clinical diagnosis **ONLY** (no need for testing).
- Hospital setting: The test should be done **ONLY** for cases ***full filling*** the case definition of influenza like illness with severe clinical condition requiring admission.

3- Recommendations for use of antiviral therapy and prophylaxis:

a. Treatment

Treatment with antiviral is recommended as early as possible (preferably within 48 hours of the onset of symptoms) for any suspected or confirmed cases of influenza in the following categories:

- High risk for influenza complications*
- Hospitalized patients.
- Sick looking patient or progressive illness.

Individuals at high risk for influenza complications*:

- Children aged younger than 2 years*
- 65 years and older
- Patients with :
 - Chronic pulmonary diseases including (asthma)
 - Cardiovascular diseases (except hypertension alone)
 - Chronic renal diseases
 - chronic hepatic diseases
 - Chronic hematological conditions including (sickle cell disease)
 - Metabolic disorders including (diabetes mellitus)
 - Neurologic and neurodevelopment conditions including (disorders of the brain, spinal cord, peripheral nerves, and muscles such as cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability [mental retardation], moderate to severe developmental delay, muscular dystrophy, or spinal cord injury);



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- Immunosuppression conditions caused by medications or by disease conditions including (HIV infection);
- Pregnant women or women in postpartum period (within 2 weeks after delivery);
- Morbid obesity (i.e., body-mass index is equal to or greater than 40)

Dosing of Oseltamivir Treatment of Influenza		
Oseltamivir (Tamiflu)	Weight	Treatment (twice daily for 5 days)
Adults	-	75 mg
Children 1 year or more	15 kg or less	30 mg
	16 – 23 kg	45 mg
	24 – 40 kg	60 mg
	More than 40 kg	75 mg
Children less than 1 year	-	3mg/kg/dose

b. Prophylaxis for close contacts:

- Routine antiviral prophylaxis for close contacts is not recommended.
- Antiviral prophylaxis is currently recommended for high risk exposed contact. The need for antiviral prophylaxis for this category is determined by their vaccination status, immune status and exposure risk.
- The dose for those requiring antiviral prophylaxis determined based on above criteria and clinical judgment is:

Dosing of Oseltamivir chemoprophylaxis for Influenza		
Oseltamivir (Tamiflu)	Weight	Chemoprophylaxis (Once daily for 10 days)
Adults	-	75 mg
Children 1 year or more	15 kg or less	30 mg
	16 – 23 kg	45 mg
	24 – 40 kg	60 mg
	More than 40 kg	75 mg

- Contacts should be advised to adhere to personal hygiene measures and cough etiquette.
- Contacts should be instructed to seek medical advice if they develop respiratory symptoms.

4- Sick leave recommendations:



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- Cases with mild disease should be isolated at home with emphasis on adherence to personal hygiene and cough etiquette
- Patient with influenza-like illness advised to remain at home for at least 24 hours after being afebrile without the use of fever-reducing medications.

5- Notification and reporting

- Influenza like illness cases or confirmed influenza cases should be reported to disease control section at public health directorate through sending the communicable disease reporting form on weekly basis to the disease control section at public health directorate.
- For further information refer to communicable disease guidelines or contact Communicable Disease Group- Disease Control Section at Public Health Directorate on 17288888/ Ext: 2214.

6- Infection Control Precaution for inpatients with confirmed H1N1

- Isolation of Influenza cases in single room with implementation of contact & droplet precaution for the duration of illness (wearing gloves, gown and surgical mask upon entry to patient room)
- Usage of N95 mask while performing aerosol generating procedures (DTA collection, Suctioning, intubationetc)

7- Management of Exposed Healthcare workers

Any Healthcare workers (HCW) who develop influenza-like illness and had history of contact with H1N1 positive case should do the following:

1. Attend emergency room after working hour where the following should be done:
 - I. Nasopharyngeal swab to be collected & send for influenza testing
 - II. Antiviral medication(Oseltamivir) should be prescribed .
 - III. HCW should be restricted from work for at least 3 days till get the result of test.
2. Ensure notification of infection control department at each health facility. For SMC notify infection control department (Ext: 5215 \ Mobile: 33399495) TMagray@Health.gov.bh with the following details (Name & CPR of HCW, Treatment & Swab collection date, Name & CPR of the positive case who had the contact with)

8- Influenza Vaccination

The vaccine is recommended for the following at risk categories as priority to prevent serious influenza complications:

- Hajj pilgrims and travelers to holly places.



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- Children more than or at 6 months of age up to 5 years.
- Elderly (65 years of age or more) .
- Individuals of any age with certain chronic medical conditions such as:
 - a. Chronic pulmonary diseases
 - b. Cardiovascular diseases
 - c. Chronic renal diseases
 - d. chronic hepatic diseases
 - e. Chronic hematological conditions
 - f. Chronic metabolic disorders including diabetes mellitus
 - g. Chronic neurologic and neurodevelopment conditions
- Immune-suppressed individuals by medications or by disease condition.
- Pregnant women.
- Health care workers.
- Other categories at risk determine by treating physician.

Dosage recommendation:

Age	Dose	No. of doses (first vaccination)*	No. of doses (subsequent years)*
6 months to less than 3 years	0.25 mL	2 (at least 4 weeks apart)	1
3 years to 9 years	0.5 mL	2	1
More than 9 years	0.5 mL	1	1

*children 6 months to 9 years of age receiving influenza vaccine for the first time and if have not received the second dose within the same year, its recommended to receive 2 doses the following year separated by at least **1 month**.

Contraindication:

Influenza vaccination is generally safe, however there are certain contra-indications for influenza vaccination these includes the following:

- Severe allergic reaction to vaccine component including eggs or to previous influenza vaccination.
- Guillain-Barre syndrome (GBS) occurred within 6 weeks of previous influenza vaccination.
- Infants below 6 months of age.
- Individuals with moderate-to-severe illness to wait until they recover to receive the vaccine.

For further information refer to vaccine leaflet or contact Immunization Group- Disease Control Section at Public Health Directorate on 17288888/ Ext: 2296/ 2141/ 2143/ 2145 or call the immunization hot line between 7:00 am -10:00 pm on 38817484.



Suspected cases of H1N1 at SMC

Fever (documented temperature of 38 or greater), cough and /or sore throat in the absence of a KNOWN cause other than influenza.

Isolate the patient

1. D room for stable cases
2. Truma room for unstable cases

Notify infection control through online notification

Refer the case to Medical/ Pediatric on call

Arrange to collect DTA sample or nasopharyngeal swab in A/E

1. inform admitting consultant on call
2. arrange for admission in ward 12
(Patient should be transferred to ward 12 while awaiting for the result.)

1. Processing of samples is conducted at public health lab two runs per day during working day (10am & 4 pm) and once at 4 pm during holidays
2. Samples should be send to emergency lab in SMC
3. SMC lab will arrange for transport of sample (regular transport at 7am, 12 pm)
4. Samples need to be received to P.H.lab one hour before the time of processing
5. To ensure receiving the specimen to P.H.lab check the RFW system if the data entered , if no entry call 2241/2288 during working hours or hotline 66399868 after working hours.