Dear Colleague,

IMA and Ministry of Health and Family Welfare, Govt. of India has come out with certain guidelines regarding the Swine Flu. Kindly go through them and make sure that when any one of you addresses the Local Press, the IMA guidelines are adhered too and there is uniformity in IMA statements.

With kind regards,

Prof Dr A Marthanda Pillai
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IMA-Ministry of Health & Family Welfare (MoH) Advisory for General Public on Vaccination with Seasonal Influenza A; (H1N1) Vaccine

We are in the middle of an outbreak of Seasonal Influenza A H1NI. Government has recommended Influenza vaccine for High Risk Group of Health Care Workers working in close proximity to influenza patients. This includes Health Care Workers working in casualty/ emergency department of identified hospitals treating Influenza cases; those working in ICU and Isolation Wards managing influenza patients; those identified to work in screening centres set up for categorization of patients, etc. as they are liable to constant exposure to the virus.

The vaccine is not recommended for the general public, at this juncture, as a public health strategy and the Government is keeping a close watch on the situation.

Public is encouraged to take precautions for prevention such as frequent washing of hands, covering up your coughs and sneezes with tissue paper staying away from crowded places and from those showing symptoms of influenza, avoiding contact greetings are all appropriate measures. If one is having symptoms of Influenza, he should immediately attend the interest health facility for early diagnosis and treatment.

Patients on reaching hospital should be provided Three Layered Surgical Mask to prevent spread of infection to others. Three layered surgical mask or N-95 Respirator Masks are is not required for the patient's relatives.
IMA-MoH Guidelines on Chemoprophylaxis

Chemoprophylaxis with oseltamivir either for short duration (10 days) or of long duration (42 days) protect the individual till such time he is on Chemoprophylaxis. In a community where there is rampant spread of pandemic Influenza A H1N1, the risk of getting the infection exists the moment a person is taken off Chemoprophylaxis. As prophylaxis cannot be continued in perpetuity, the following recommended:

- If the States qualify the criteria for community spread, then Chemoprophylaxis would only be provided to family contacts that are at high risk and especially those with comorbid condition.
- The prophylaxis to the high risk family contact would be provided irrespective of laboratory testing i.e. any high risk contact of patients in category A, B or C would be provided Chemoprophylaxis.
- The doctors screening the patients and categorizing them as A,B,C would invariably take the history of high risk contacts among the family members of these suspect cases and persuade them to attend screening centres.
- Irrespective of whether there is a community spread or not medical personnel attending to influenza A H1N1 cases in dedicated treatment facilities would be put on Chemoprophylaxis to a maximum of 42 days.

IMA- MoH Guidelines on categorization of Seasonal Influenza A H1N1 cases during screening for home isolation, testing, treatment and hospitalization (Revised on 11.02.2015)

In order to prevent and contain outbreak of Influenza-A H1N1 virus for screening, testing and isolation following guidelines are to be followed:

At first all individuals seeking consultations for flu like symptoms should be screened at healthcare facilities both Government and private of examined by a doctor and these will be categorized as under:

**Category-A**

- Patient with mild fever plus cough / sore throat with or without bodyache, headache, diarrhea and vomiting will be categorized as Category-A. They do not require Oseltamivir and should be treated for the symptoms mentioned above. The patients should be monitored for their progress and reassessed at 24 to 28 hours by the doctor.
- **No test of the patient for H1NO is required.**
- Patients should confine themselves at hom and avoid mixing up with public and high risk members in the family.
**Category-B**

1. In addition to all the signs and symptoms mentioned under Category-A, if the patient has high grade fever and severe sore throat, may require home isolation and Oseltamivir;

2. In addition to all the signs and symptoms mentioned under Category-A, individuals having one or more of the following high risk conditions shall be treated with Oseltamivir:
   - Children with mild illness but with predisposing risk factors.
   - Pregnant women;
   - Persons aged 65 years or older;
   - Patients with lung diseases, heart disease, liver disease, kidney disease, blood disorders, diabetes, neurological disorders, cancer and HIV/AIDS;
   - Patients on long term cortisone therapy.
   - No tests for H1N1 is required for Category-B i) and (ii).
   - All patients of Category-B (i) and (ii) should confine themselves at home and avoid mixing with public and high risk members in the family.
   - Broad Spectrum antibiotics as per the Guidelines for Community-acquired pneumonia (CAP) may be prescribed.

**Category-C**

In Addition to the above signs and symptoms of Category-A and B, if the patient has one or more of the following:

- Breathlessness, chest pain, drowsiness, fall in blood pressure, sputum mixed with blood, bluish discolouration of nails;
- Children with influenza like illness who had a severe disease as manifested by the red flag signs (Somnolence, high and persistent fever, inability to feed well, convulsions, shortness of breath, difficulty in breathing, etc.)
- Worsening of underlying chronic conditions.

All these patients mentioned above in Category-C require testing, immediate hospitalization and treatment.
1. World Health Organization recommends vaccination of high risk groups with Seasonal Influenza Vaccination.

2. In India, neither the actual disease burden of Influenza, nor differentials on the way influenza impacts high risk groups are known. Hence, evidence based decision is not possible for all high risk groups.

3. Health Care Workers working in close proximity to influenza patients are at higher risk of acquiring the disease. Hence, vaccination is recommended for them. Such category world include:
   - Health Care Workers working in casualty/ emergency department of identified hospitals treating Influenza cases.
   - Health Care Workers working in ICU and isolation wards managing influenza patients.
   - Health Care Workers identified to work in screening centres that would be set up for categorization of patients during seasonal Influenza outbreak.
   - Health Care workers treating/managing the High Risk Group.
   - Laboratory personnel working in virological laboratories testing Influenza samples.
   - Rapid Response Team members identified to investigate outbreaks of Influenza.
   - Drivers and staff of vehicles/ambulances involved in transfer of influenza patients.

4. The vaccine should be used every year.

5. Influenza vaccination is most effective when circulating viruses are well-matched with vaccine viruses. Even with appropriate matching, efficacy of vaccine may be about 70% to 80%, especially in geriatric age group. In case the locally circulating virus is different from vaccine virus recommended by WHO, it may not be effective at all. Hence, vaccine should not give a false sense of security. Considering the risk perspective, the preventive modality of infection prevention and control practices like use of PPEs should be strictly adhered to. The available vaccine takes about 2-3 weeks for development of immunity. The use of chemoprophylaxis during this period may be considered.
Dear Colleagues

There is shortage of flu vaccine in the country. It’s expected in any outbreak. Every country has faced the same.

We should be careful while recommending the same to our patients or making a statement to the press.

We had a meeting with the ministry and the current stand was to limit its indications to the health care provider at risk of H1N1 and not recommend it to the general public.

Most important are precautions. Those exposed and at high risk should be given chemoprophylaxis and not vaccine.

Vaccine in any way will take up to three weeks to provide protection.

Also debate the international literature about Half-Dose Influenza Vaccine in view of the shortage of the vaccine. It is not IMA recommendation at the moment but can be considered on a case to case basis.

Some facts

1. From a public health standpoint, it would be better to vaccinate many people with lower doses than fewer people with full doses when vaccine supplies are scarce.

2. A study published in 2009 in Archives of Internal Medicine has shown that half-dose flu shots are effective in adults, especially in women and those younger than 50, and offer a viable way to stretch supplies during vaccine shortages.

3. Earlier in June 2000, a NIAID conducted trial, published in journal Vaccine concluded that the immune responses to the full dose were higher, on average, than immune responses to the half-dose vaccine but should a public health emergency arise, half-dose influenza vaccines for healthy adults might be an acceptable strategy if the vaccine supply is substantially limited.

With Kind and warm regards

Dr A. Marthanda Pillai and Dr K. K. Aggarwal