

Seasonal Influenza

2015

What is influenza?

- An acute flu like illness resulting from infection by an influenza virus
- Characterized by; Fever, Cough, runny nose, Headache, Muscle pain, Diarrhea, vomiting
- Three Influenza virus types –A ,B and C
- Influenza A (H₁N₁,H₃N₂) and influenza B are currently in circulation causing human infections.
- Can spread rapidly from person to person
- Majority are self limiting and recovers fully
- Can cause complications in high risk individuals

Mode of transmission

- Influenza virus may be transmitted among humans in three ways:
 - (1) by direct contact with infected individuals
 - (2) by contact with contaminated objects (called fomites, such as toys, doorknobs)
 - (3) by inhalation of virus-laden aerosols.

Working Case definition

- **An Individual presenting with acute febrile illness (fever ≥ 38 °C) with the spectrum of respiratory symptoms ranging from influenza-like illness (cough, sore throat, rhinorrhoea) to pneumonia**

High risk groups

- < 2 years
- > 65 years
- Pregnant women
- People with chronic illnesses;

chronic lung, heart (excluding hypertension), metabolic, renal, liver or neurological disease

- Immuno-compromized patients



Global Scenario – More type B

As of 28 May 2015

- From 3rd to 16th May 2015;
 - influenza A 35⁰% (H₁N₁-46.6%, H₃N₂- 53.4⁰%)
 - influenza B 65 %

(Source: FluNet -the World Health Organization global tool for influenza virological surveillance)

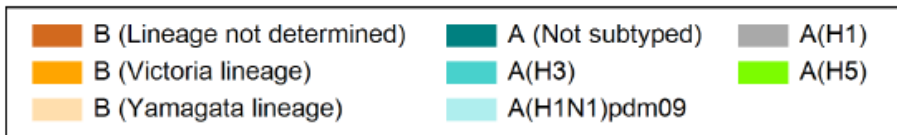
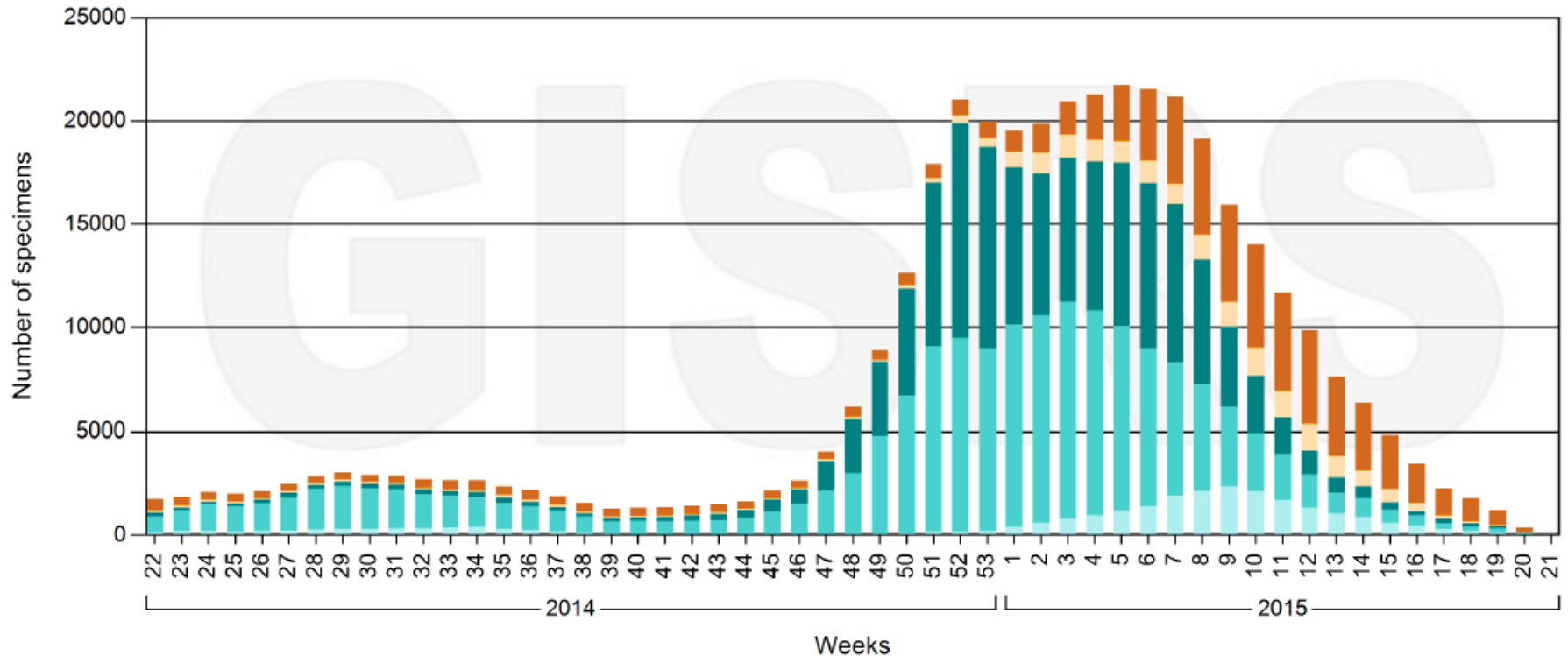
Influenza Laboratory Surveillance Information

by the Global Influenza Surveillance and Response System (GISRS)

generated on 28/05/2015 12:00:04 UTC

Global circulation of influenza viruses

Number of specimens positive for influenza by subtype

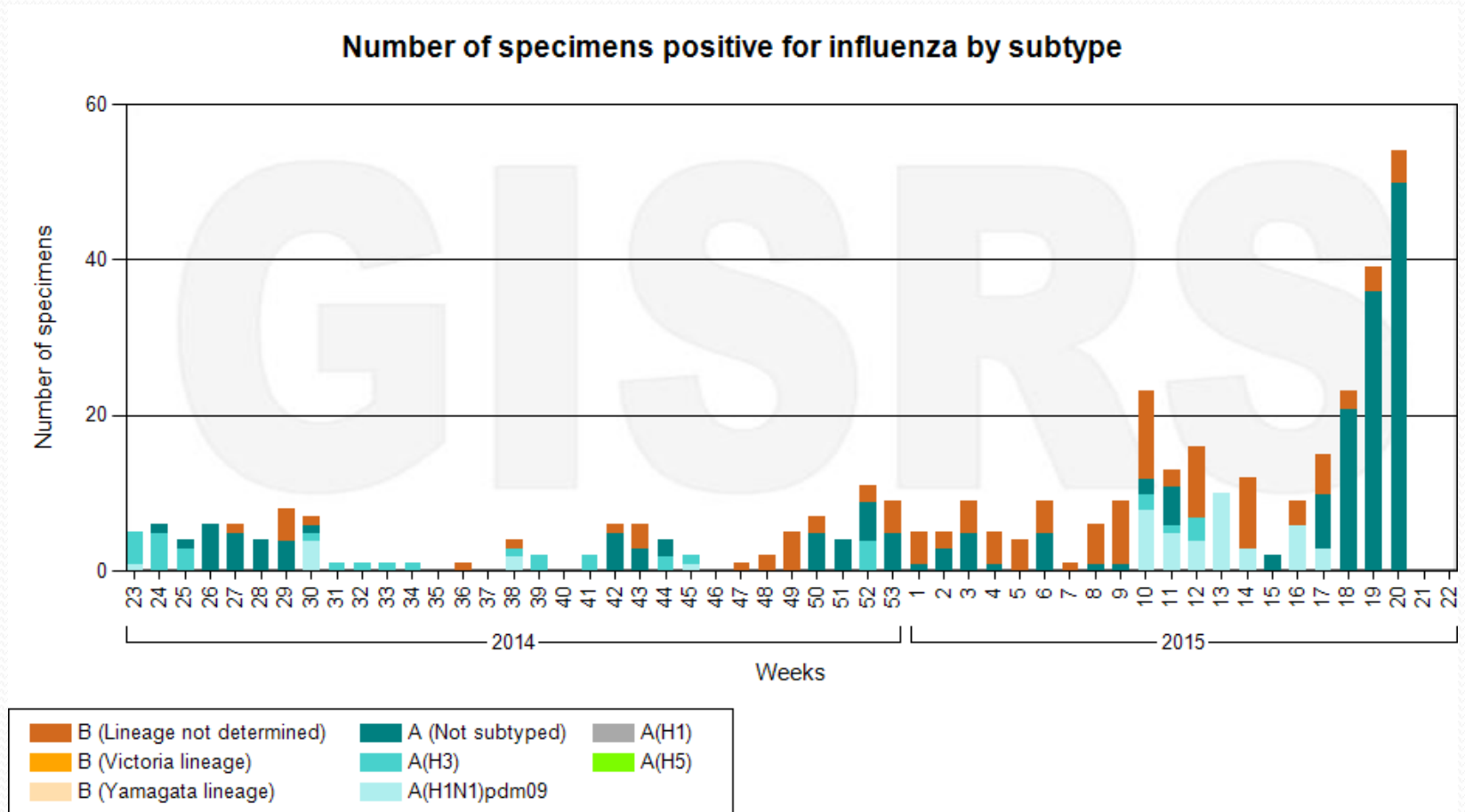


Sri Lankan Situation

- Influenza is seen throughout the year
- Two peaks-
 - May/June/July
 - November/December/January
- Predominant virus type may differ from season to season
- Influenza A H₁N₁ is the predominantly circulating virus this season
- Spreads from human to human -Not from animals
- Bird flu - never reported in Sri Lanka
- Up to third week of May 2015 - 252 lab confirmed cases of influenza (Influenza A – 170, Influenza B 82)
- From March to end of May 2015– Six deaths among pregnant women

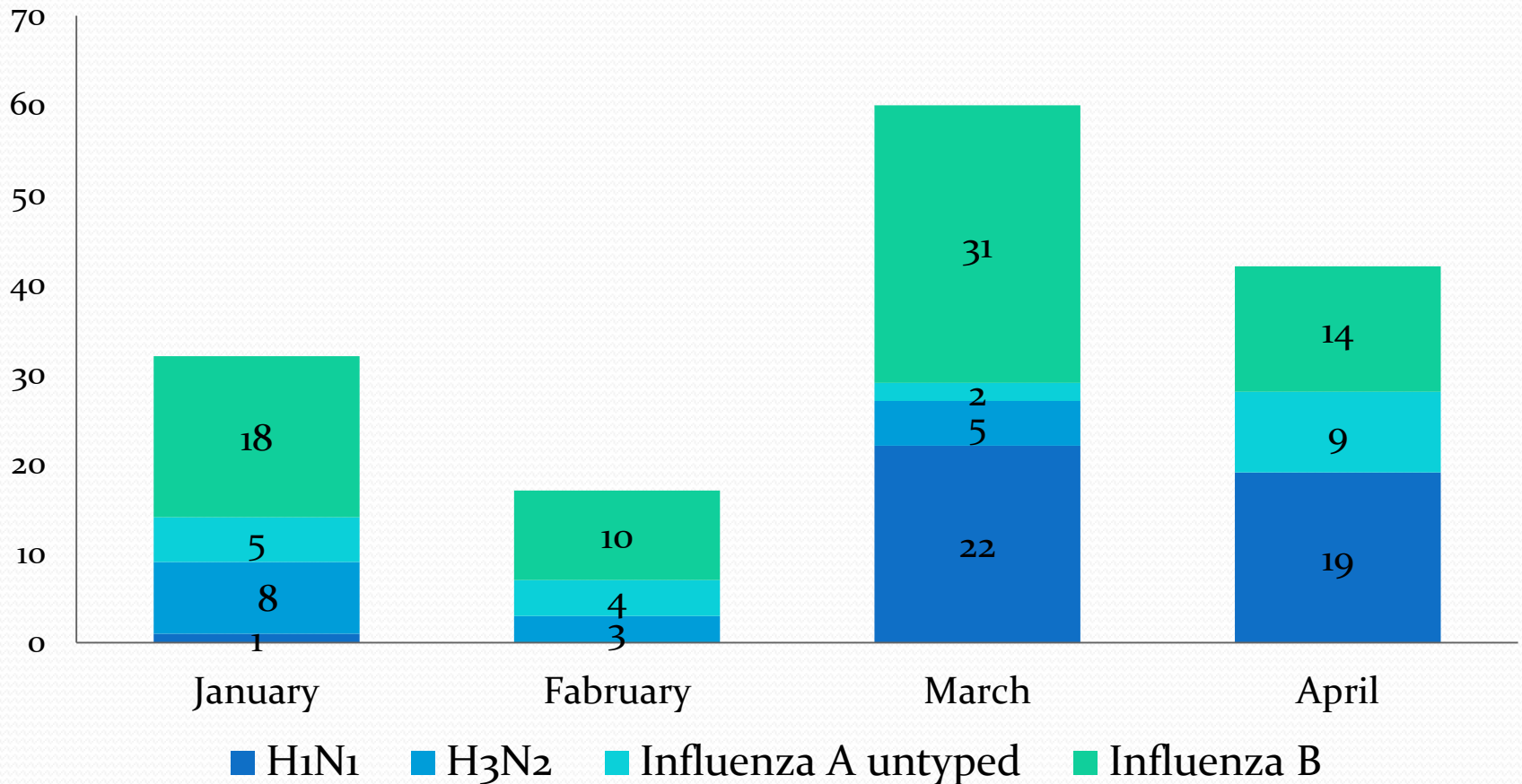
Influenza reporting from Sri Lanka

(Source: FluNet -the World Health Organization global tool for influenza virological surveillance)



Influenza confirmed samples-2015

(Source; National Influenza Center, MRI)



Precautions

- **Avoid close contact with the sick**
- **Avoid crowded places**
- **Wash hands after touching surfaces that could be contaminated**
- **Use a handkerchief / tissue when sneezing and coughing**
- **Proper disposal of body secretions of the infected**

Treatment guidelines - Hospital admission

- Patients with symptoms and signs of complicated or progressive illness should be admitted.
- All pregnant women presenting with symptoms of influenza should be referred for specialist care.
- Others in high risk groups with uncomplicated illness could be directed for home care after thorough assessment and instructions to review in 24 hours even in the absence of worsening of the disease.
- All the other patients should be reviewed in 72 hours.

Laboratory diagnosis

- Samples to be collected from admitted patients only
 - A combination of a nasal swab from both nostrils and a deep throat swab and/or naso-pharyngeal aspirate
 - A bronchoalveolar aspirate is preferable from patients with pneumonia
- In Viral Transport medium (VTM), properly labeled and packed in ice
- To MRI within 24 hours
- With a detailed clinical history
- VTM to be obtained from MRI

Antiviral therapy - Oseltamivir (Tamiflu)

- Not for prophylaxis
- For hospital admitted patients only
- Based on clinical judgment
- Need not wait for lab confirmation

Infection control and waste disposal

- Limit use of N95 masks only for aerosol-generating procedures
- Hand hygiene
- Respiratory hygiene and cough etiquette
- Routine infection control practices for cleaning and waste disposal
- Minimize contact with dead bodies

If suspected.....

- Consult a qualified medical practitioner
- Take precautions to avoid further spread
 - Use a handkerchief / tissue when sneezing and coughing
 - Dispose used tissue safely
 - Avoid crowded places
 - Avoid contact with high risk groups
- Special attention to the high risk groups



Thank You