



# National Institutes of Health - Pakistan

(Center for Disease Control-(CDC-NIH))

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National Focal Point for IHR



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## **Advisory for the Prevention and Control of Seasonal Influenza**

### **Background:**

Flu viruses are continuously changing with a likelihood of emergence of new flu viruses every year. This makes Influenza an unpredictable disease with varying extent of spread, timing, severity, and length of the season. However, an upsurge of cases in Pakistan is usually been observed in winter season. The flu cases increase as temperature falls during December and February. A rise in Influenza like illness (ILI) can be observed with increased flu-associated hospitalization, and afterward deaths reported in young and old age groups.

### **Objectives of the Advisory:**

The objective of this advisory is to alert and facilitate the health authorities and other stakeholders for ensuring timely preventive and control measures encompassing preparedness to deal with increased workload expected in the outpatient and in-patient departments during next few months.

### **The Disease:**

Seasonal influenza viruses may present with mild symptoms but may progress to severe illness, particularly in the high-risk individuals. Transmission of pathogen is through aerosols and droplet like Virus spread from person to person through sneezing, coughing or touching contaminated surfaces. Prompt detection of suspected Influenza like illness (ILI) and severe acute respiratory Infection (SARI) in an area precedes reporting of serious and complicated cases with fatal outcomes particularly among elderly, young children, over-weight/ obese, immuno-compromised and people with chronic health problems like asthma, diabetes, cardiac and respiratory diseases and pregnant women.

### **Prevention and Control Measures:**

If someone is sick or has been in close-contact with persons having flu-like illness, following preventive measures are recommended for limiting the Influenza transmission:

- Frequent and thorough hand washing with soap and water and use of hand sanitizer if soap and water are unavailable
- To opt for respiratory etiquettes through covering mouth and nose while sneezing or coughing with elbow
- Sick patients to stay at home, take rest and avoid crowds
- Taking social distancing measures until recovery

**Vaccination:** It is most effective way to prevent infection and its severe outcomes particularly in high risk groups. World Health Organization (WHO) recommends seasonal influenza vaccination for pregnant women (highest priority), children, elderly people, individuals with chronic medical conditions and health-care workers.

For 2022-2023, the WHO recommends quadrivalent vaccines with following composition for the use in northern hemisphere:

- An A/Wisconsin/67/2022 (H1N1)pdm09-like virus;
- An A/Darwin/6/2021 (H3N2)-like virus;
- A B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and
- A B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

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### **Cases Management:**

As the disease is self-limiting, therefore treatment is mainly supportive. However, in hospitalized patients, early antiviral treatment may shorten the duration of illness. Antiviral treatment (Oseltamivir/ Tamiflu) is recommended for hospitalized with severe, complicated, or progressive illness. In general, 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 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
- Patients with chronic medical conditions (such as chronic cardiac, pulmonary, renal, metabolic, neurodevelopmental, liver or hematologic diseases)

### **Required Surveillance Measures:**

Enhanced surveillance for ILI and SARI from November onwards may provide the best chance to detect earlier with prompt response in preventing outbreaks afterwards. To ensure standardized surveillance across Pakistan, NIH proposes the following cases definitions:

### **Case Definitions:**

**Influenza Like Illness (ILI):** An acute respiratory infection with fever of  $\geq 38^{\circ}\text{C}$  with cough **AND** onset within last 10 days.

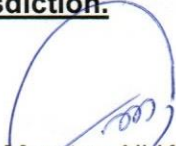
**Severe Acute Respiratory Illness (SARI):** An acute respiratory infection with history of fever of  $>38^{\circ}\text{C}$  and cough with onset within last 10 days **AND** requires Hospitalization.

### **Sample Collection:**

- Respiratory specimens including throat or nasal/ nasopharyngeal swabs and nasopharyngeal aspirates/ broncho-alveolar lavage fluid from intubated patients may be collected and placed immediately in Viral Transport Medium (VTM)
- The samples should be transported to Influenza sentinel labs at identified provincial facilities (list available on NIH website) or to the National Institutes of Health Islamabad under intimation to the Center for Disease Control (CDC-NIH) contact on Tel: 051-9255566 and Fax No. 051-9255099
- The samples may be transported to lab at  $4^{\circ}\text{C}$  within 4 days, or frozen at  $-20^{\circ}\text{C}$  in case of prolonged storage. All referred samples must be accompanied by the completed epidemiological data forms

**Note:** *The 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](http://www.nih.org.pk)) which may be filled and sent to NIH along with the samples of the suspected patients.*

**This advisory may please be widely distributed among all concerned and NIH may please be kept informed of the measures undertaken in respective areas of jurisdiction.**

  
(Dr. Mumtaz Ali Khan)  
Chief, CDC-NIH

**Distribution overleaf**



**Distribution:**

1. Secretary, Health Department, Government of the Punjab, Lahore
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27. Director General, NESCOM Hospital, Islamabad
28. Director, Border Health Services-Pakistan, Islamabad
29. District Health Officer, ICT, Islamabad
30. Director, Nuclear Oncology & Radiotherapy Institute (NORI), Islamabad
31. Commandant, PAF Hospital, Islamabad
32. Commandant, Naval Complex Hospital, (PNS Hafeez), Islamabad
33. Medical Superintendent, Social Security Hospital, Islamabad
34. Director, Federal General Hospital, Park Road, Islamabad
35. Executive Director, Shifa International Hospital, Islamabad
36. Executive Director, Quaid-e-Azam International Hospital, Islamabad
37. Executive Director, Maroof International Hospital, Islamabad
38. Commandant, Combined Military Hospital (CMH), Rawalpindi
39. Commandant, Military Hospital (MH), Rawalpindi
40. Medical Superintendent, Cantonment General Hospital, Rawalpindi
41. Medical Superintendent, District Headquarter Hospital, Rawalpindi
42. Medical Superintendent, Fauji Foundation Hospital, Rawalpindi
43. Medical Superintendent, Holy Family Teaching Hospital, Rawalpindi
44. Medical Superintendent, Benazir Bhutto Hospital, Rawalpindi
45. Medical Superintendent, WAPDA Hospital, Rawalpindi
46. Medical Superintendent, Railway Hospital, Rawalpindi
47. In-charge, Federal Disease Surveillance Unit (FDSRU), NIH Islamabad
48. Officer In-charge, Provincial Disease Surveillance Unit (PDSRU) at Provincial Health Directorates, Lahore, Hyderabad, Peshawar, Quetta, Gilgit and Muzaffarabad
49. Deputy Commissioners with the request to direct all concerned departments at district level.

**Copies to:**

1. Chief Secretary, Govt of Punjab, Sindh, KPK, Balochistan, GB and AJK.
2. Surgeon General Pakistan Army, GHQ Rawalpindi
3. Chief Commissioner, ICT Administration Islamabad
4. WHO Country Representative, Islamabad
5. SPS to Federal Minister of Health, M/o NHR&C, Islamabad
6. SPS to Secretary, M/o NHR&C, Islamabad
7. PS to Director General Health, M/o NHR&C, Islamabad