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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 constantly 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 observed in winter months. The flu activity peaks as temperatures go low during December and February. Typically, a rise in Influenza like illness (ILI) is observed first followed by an increase in flu-associated hospitalizations and afterwards deaths especially in young children as well as the older ages.

The NIH Pakistan has therefore, put Influenza on high alert in 46th issue of Seasonal Awareness and Alert Letter (SAAL) which is available at: (<https://www.nih.org.pk/wp-content/uploads/2019/10/46th-Issue-SAAL-final-for-Web.pdf>).

Objectives of the Advisory:

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

The Disease:

Seasonal influenza viruses can cause mild to severe illness, particularly in the high-risk individuals. Viruses spread from person to person through sneezing, coughing, or touching contaminated surfaces. Vigilant 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 using hand sanitizer when away from hand washing facility.
- Covering mouth and nose while sneezing or coughing.
- Sick patients to take rest, and avoid crowds
- Taking social distancing measures

Vaccination: It is the most effective way to prevent infection and severe outcomes caused by influenza viruses particularly in high risk groups. The WHO therefore, 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.

For 2019-2020, the WHO recommends the following composition of seasonal influenza vaccine for the northern hemisphere:

- *A/Kansas/14/2017 (H3N2)-like virus*
- *A/Brisbane/02/2018 (H1N1)pdm09-like virus*
- *B/Colorado/06/2017-like virus (Victoria lineage)*
- *B/Phuket/3073/2013-like virus (Yamagata lineage)*

Cases Management:

Treatment is mainly supportive, as it is a self-limiting disease. 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.

Required Surveillance Measures:

Enhanced surveillance for ILI and SARI from November onwards therefore, provides the best chance for early detection and prompt response to alerts for preventing outbreaks afterwards. To ensure standardized surveillance across Pakistan, the NIH proposes following cases definitions:

Case Definitions:

Influenza Like Illness (ILI): An acute respiratory infection with measured 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 or to the National Institute of Health Islamabad under intimation to the Field Epidemiology and Disease Surveillance Division (FE&DSD), contact on Tel: 051-9255566 and Fax No. 051-9255575.
- The samples may be transported to lab at 4°C within 4 days, or frozen at -20°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) 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.