

# Management of Pandemic (H1N1) 2009, [Swine Flu]

## 1. Management of Suspect/Probable cases (hospital/community)

- a. Any person who develops influenza like illness (ILI) should be strongly encouraged to self-isolate in their home for 10 days after the onset of illness;
- b. To instruct the suspect case(s) for home isolation or in isolation at hospital till the result of test is available;
- c. To designate single household/family member as caregiver;
- d. The case should be kept in a separate room; if not positive, to keep the patient in a separate bed partitioned by curtain;
- e. The care givers should maintain a minimum distance of 6 feet from the case;
- f. While in home isolation, case(s) and other household members should be given infection control instructions, including
  - i. frequent hand washing with soap and water;
  - ii. cover mouth and nose with mask;
  - iii. If a face mask is not available tissue/handkerchief/piece of clothe/'sari-anchol'/ 'gamcha'/ shirt's sleeve/scarf may be used to cover cough and sneeze;
  - iv. To practice spitting at defined places;
  - v. To avoid touching the eyes, nose, and mouth;
  - vi. If the case(s) needs to go outside home (e.g., to seek medical care), he or she should wear a face mask;
- g. Provide supportive treatment as necessary;
  - i. Supportive treatment consists of bed rest, increased fluid consumption, antihistamine, antipyretics and analgesics (e.g., paracetamol and non steroidal anti-inflammatory drugs) for fever and myalgia;
  - ii. If secondary bacterial infection is suspected, antibiotic may be added
  - iii. Severe cases may require hospitalization and other supportive measures;
- h. If test result is negative but symptoms do not subside to continue home isolation for up to 10 days after onset of symptoms;
- i. Case(s) should wear mask during transportation and hospital isolation.

## 2. Management of confirmed cases

- a. If the test result is positive, start antiviral therapy as soon as possible;
- b. Keep patient in home confinement or isolation at hospital for up to 10 days after onset of symptoms;
- c. Give supportive treatment when indicated;

- d. If severely ill and need emergency intervention refer patient to hospital having isolation facilities (National Institute for Disease of Chest and Hospital [NIDCH], Mohakhali, Dhaka, District Sadar Hospital and Medical College Hospital);

**3. Management of patient in health care setting: Hospital/ clinics**

- a. To manage the patient in the isolation unit /ward
- b. Suctioning or intubation should be performed in a procedure room with negative-pressure air handling;
- c. Patients should wear a surgical mask when outside their room;
- d. To encourage patients to wash their hands frequently and to follow respiratory hygiene practices;
- e. Glasses and Cups and other utensils used by the ill person should be washed with soap and water before use by other persons.
- f. Health care personnel should wash their hands with soap and water immediately after removing gloves and other equipment and after any contact with respiratory secretions;
- g. Personnel providing care to or collecting clinical specimens from patients should wear disposable nonsterile gloves, gowns, and eye protection (eg, goggles);
- h. Personnel engaged in aerosol-generating activities (eg, collection of clinical specimens, endotracheal intubation, nebulizer treatment, and bronchoscopy) and/or resuscitation involving emergency intubation or cardiac pulmonary resuscitation should wear a fit-tested disposable N95 respirator.
- i. To maintain infection control guidelines during patient management
- j. Frequent hand washing with soap by care givers (Health personnel and Family members). Alcohol based rub may be used if hands are dry and not soiled;

**4. Antiviral use for pandemic influenza**

- a. Drugs indicated for treatment of Pandemic Influenza include neuraminidase inhibitors (ie, oseltamivir and zanamivir). Currently, oseltamivir is the drug of choice;
- b. Oseltamivir is available as 75-mg oral capsules and as a oral powder for suspension that contains 12 mg/mL after reconstitution.
- c. Adult dose
  - i. Treatment for acute illness: 75 mg orally bid for 5 days
  - ii. Prophylaxis: 75 mg orally daily for 7 days (Please refer to duration of prophylaxis specific for specific situation)
- d. Pediatric dose
  - i. Treatment for children age <1 year
    - <3 months: 12 mg orally bid for 5 days
    - 3-5 months: 20 mg orally bid for 5 days
  - ii. Treatment for children age 6-11 months: 25 mg orally bid for 5 days
  - iii. Treatment for acute illness and age >1 year

- <15 kg: 30 mg orally bid for 5 d
  - 15-23 kg: 45 mg orally bid for 5 d
  - 23-40 kg: 60 mg orally Y bid for 5 d
  - >40 kg: Administer as in adults
- iv. Prophylaxis for children of age <1 year
- <3 months: Data limited; not recommended unless situation judged critical
  - 3-5 months: 20 mg orally once daily
  - 6-11 months: 25 mg orally once daily
  - Prophylaxis for children of age >1 year
  - <15 kg: 30 mg orally once daily
  - 15-23 kg: 45 mg orally once daily
  - 23-40 kg: 60 mg orally once daily
  - >40 kg: Administer as in adults
- e. Caution: Consider risk versus benefits for
- People with kidney disease
  - Pregnant or nursing females
- f. Common side effects
- Nausea and vomiting
  - Skin rash