

GOVERNMENT OF WEST BENGAL
Directorate of Health services
Swasthyabhavan
GN 29, Sector V, Salt Lake, Kolkata 700 091

Memo No. HF/SPSRC/42/2013/45

Dated – the 18th April 2013

To

1 – 25) CMOH of all districts (including health districts)
26 – 37) MSVP of all Medical Colleges.

Three confirmed cases of Influenza A H₁N₁ is reported in the state in last 10 days. As a part of preparedness the undersigned has issued a letter on 08/04/13. Now a comprehensive guideline is forwarded for your ready reference.

A report on action taken is to be sent to the undersigned with a copy to Addl DHS (PH&CD).

Enclosure – Guideline for preparedness on H₁N₁ influenza in govt sector

B. Satpau 18/04/2013
Director of Health services &
Ex Officio Secretary, West Bengal

Memo No. HF/SPSRC/42/2013/45 .

Dated – the 18th April 2013

Copy forwarded to

1. Principal Secretary, Dept of Health & Family Welfare, Govt of West Bengal
2. DME, West Bengal
3. Secretary (PHP)
4. Director EMR Ministry of Health, Govt of India
5. Director, NICED, Kolkata
6. Addl DHS (PH&CD) & SPO, IDSP
7. JS (PHP)
8. Regional Director, ROHFW, Kolkata
9. MSVP, ID&BG Hospital, Kolkata
10. DDHS (E&S)
11. ADHS (EC, NS & ES)
12. Dr Asit Biswas, TO SPSRC & Nodal Officer, Influenza

✓ 13. IT, Coordinator For website posting ,

B. Satpau 18/04/2013
Director of Health services &
Ex Officio Secretary, West Bengal

Guideline for preparedness on H₁N₁ influenza in govt sector

Screening:

At present there is no need to start separate influenza OPD for screening of patients. The screening is to be done at general OPD till further direction.

Patient who need to undergo swab collection

- Patient with high fever (101.4⁰) & severe sore throat. There may or may not be other associated symptoms like diarrhoea, vomiting, head ache, body ache etc.
- Symptom of fever and sore throat in a patient of following categories
 - a) Age <5 years
 - b) Age > 60 years
 - c) Pregnancy
 - d) Patient having other co morbidity like lung disease, heart disease, liver disease, kidney disease, blood disorder, diabetes, cancer, HIV/AIDS.
 - e) Patient on long term steroid therapy.
- Patient with features of fever, sore throat along with one or more of the following
 - Breathing difficulty
 - Drowsiness
 - Chest pain
 - Low pressure
- Children having influenza like illness with drowsiness, inability to drink & feed, breathing difficulty, increased rate of breathing, persistent fever, convulsion.

Throat & Nasopharyngeal swab collection

- Swab collection arrangement is to be developed at OPD of ID&BG hospital, all district hospitals including those of new health districts & Medical Colleges.
- Separate space at OPD to be earmarked for sample collection.

Transportation of sample, laboratory testing and reporting

- Throat swab in VTM (virus transport media) with properly filled lab request form to be sent to ID&BG hospital (**Sister in charge, IB-6, 3rd floor isolation ward**) preferably during working hours. Lab request form should mention name, age, sex, address, contact no (mobile), date of onset of fever and clinical features of the patient. Sample to be transported maintaining cold chain (vaccine carrier).
- NICED is the designated laboratory for testing sample.
- NICED will send report only to Nodal Officer & State IDSP cell. Institutes will get information on lab test result from Nodal Officer/ IDSP Cell through e mail or SMS.

No sample is to be sent directly to NICED, Kolkata.
All samples from periphery are to be sent to ID&BG hospital (**Sister in charge, IB-6, 2nd floor isolation ward**)

Procurement of drugs, logistics & transport media

Drug & logistics

- CMS is the nodal agency for supply drugs & logistics.
- All DH & MCH to collect the followings from CMS
 - Tamiflu (75 mg) 1000 tablets
 - Tamiflu (45 mg) 100 tablet
 - Tamiflu (30 mg) 100 tablet
 - N95 mask 50 pcs
 - PPE kit & overall 10 pcs

VTM collection

- VTM will be supplied by NICED, which is to be collected, maintaining cold chain and to be kept between 2^o to 8^o temperature.
- Each DH & MCH to collect 10 VTM from NICED as initially.
- Requisition of VTM to be signed by CMOH/ Deputy CMOH II or MSVP of Medical Colleges and forwarded to **Dr Mamata Cahwla Sarkar, Scientist –C, Virology, NICED, Kolkata.**

Management:

Categorization of patients.

Category A:

- Patient with mild fever and sore throat and with or without other symptoms like diarrhoea, vomiting, head ache, body ache etc.

Category B:

- Patient of with clinical features of category A but having high fever and severe sore throat.
- Symptom of fever and sore throat in a patient of following groups
 - f) Age <5 years
 - g) Age > 60 years
 - h) Pregnancy
 - i) Patient having other co morbidity like lung disease, heart disease, liver disease, kidney disease, blood disorder, diabetes, cancer, HIV/AIDS.
 - j) Patient on long term steroid therapy.

Category C:

- Children having influenza like illness with drowsiness, inability to drink & feed, breathing difficulty, increased rate of breathing, persistent fever, convulsion.
- Patient with features of fever, sore throat along with one or more of the following
 - Breathing difficulty
 - Drowsiness
 - Chest pain
 - Low pressure

Treatment protocol

- Patients of Category A need no diagnostics or specific treatment. Patients should confine themselves at home and avoid mixing up with public and high risk members in the family during the period of illness.
- Patients of category B & C need diagnostic test and specific treatment.
- Patient tested positive for H₁N₁ should be kept in isolation ward.

Oseltamivir therapy

Doses (based on body weight):

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|---------------|------------------------|
| ➤ > 40 Kg | - 75 mg BD for 5 days. |
| ➤ 24 - <40 kg | - 60 mg BD for 5 days. |
| ➤ 15 – 23 kg | - 45 mg BD for 5 days. |
| ➤ <15 kg | - 30 mg BD for 5 days. |

For infants:

- | | |
|---------------|-----------------------|
| ➤ < 3 months | - 12 mg BD for 5 days |
| ➤ 3-5 months | - 20 mg BD for 5 days |
| ➤ 6-11 months | - 25 mg BD for 5 days |

Chemoprophylaxis

- Half of the above mentioned dose for 10 days
(e.g. for adult weighing >45 kg will need 75 mg Tamiflu OD for 10 days.)
- Health care providers and family members who come in close contact with confirmed patients of H₁N₁ should have prophylaxis treatment

Preventive measures

- Hygienic practices relating Respiration and cough.
- Repeated hand wash

Isolation ward

- All District Hospitals (including new health districts) and Medical Colleges should prepare to have isolation ward with 5 – 10 beds for treatment of H₁N₁ patients. Patient tested positive for H₁N₁ is to be admitted in isolation ward for treatment. These are to be made operational on need.
- ID&BG Hospital is identified for management of H₁N₁ patient in Kolkata except for management of H₁N₁ patient in 3rd trimester of pregnancy, who will be treated at NRSMCH

Guideline for using protective equipments (may change as per situation):

- OPD – No mask.
- Isolation ward when functional – 3 layer mask.
- N95 mask when one has to come in close contact with patient (clinical examination).
- Sample collection – PPE kit.

Critical care support

ID&BG hospital will provide critical care support to H₁N₁ patients for both adult and child.