



Management of cases with Influenza like Illness presenting to all Health Care Facilities

I. ILI Definition

Influenza like Illness (ILI) is defined as fever $>100^{\circ}\text{F}$ (37.8°C) and cough and/or sore throat in the absence of a KNOWN cause other than influenza.

Clinical presentation

Presentation of influenza virus infection can vary from asymptomatic infection through to serious complicated illness that may include exacerbation of other underlying conditions and severe viral pneumonia with multi-organ failure. However, on an individual patient basis, initial treatment decisions should be based on clinical presentation and epidemiological data and should not be delayed pending laboratory confirmation.

- Influenza-like illness symptoms: fever, cough, sore throat, rhinorrhea, headache, muscle pain, malaise, but no shortness of breath, no dyspnoea. Patients may present with some or all of these symptoms.
- Gastrointestinal illness may also be present, such as diarrhoea and/or vomiting, especially in children, but without evidence of dehydration

Risk factors

1. Risk factors are defined as: infants and children aged less than 5, the elderly (>65 years), nursing home residents, pregnant women, patients with chronic co-morbid conditions such as cardiovascular, respiratory or liver disease, diabetes, and those with immunosuppression related to malignancy, HIV infection or other diseases. There is concern about the increased risk of severe complications or death from influenza in this patient group. There for special consideration should be taken through the management of these groups when presented with Influenza like Illness.

Management Pathway according to the presentation and risk groups:

A. Recommendation for cases with mild symptoms, Not in the risk factors.

- Manage at home; counsel to avoid unnecessary contact and stay indoors



- No Laboratory investigation for pandemic H1N1 confirmation is required
- Antiviral treatment is not recommended.
- Report to HAAD using Diseases Notification Form (Appendix 3)
- Provide sick leave for 7 days from the date of onset of symptoms.
- Advise to drink plenty of fluids, and reinforce cough etiquette

B. Recommendation for cases with mild symptoms, with risk factors

- Physician decision on need for admission according to the presentation and risk .
- Laboratory investigation for pandemic H1N1 confirmation is not required unless admitted or deteriorated.
- Antiviral treatment currently recommended.
- Report to HAAD using Diseases Notification Form (Appendix 3)
- Provide sick leave for 7 days from the date of onset of symptoms.
- For cases managed at home; consider phone follow up or regular home care visit
- pregnant ladies with ILI are recommended to be admitted for close monitoring

II. Definition of Confirmed Case of Pandemic (H1N1)

Confirmed case of Pandemic (H1N1) 2009 is defined as a person with an influenza-like illness with laboratory confirmed pandemic (H1N1) 2009 virus infection by one or more of the following tests:

1. Viral culture
2. Real-time RT-PCR

Currently tests are available at public hospitals.

C. Recommendation for cases with severe or progressive clinical illness:

- signs of severe or progressive illness might include:
 - a. Hypotension
 - b. Dyspnoea



- c. Tachypnoea
- d. Hypoxia
- e. Chest x-ray abnormality
- f. Confusion/disorientation

- Admission and isolation is required
- Laboratory investigation is required and confirmation using PCR for Pandemic (H1N1) 2009; samples should be sent for active surveillance of virulent strains
- Antiviral treatment currently recommended.

Note 1:

- Laboratory diagnosis used only for confirmation of severe and admitted cases not required routinely for clinical care decisions.
- Screenings for pandemic H1N1 using test other than RT-PCR or viral culture are not recommended.

Note 2:

- Treatment for ILI will be covered by health Insurance
- Treatment of confirmed cases of pandemic H1N1 is available at governmental health care providers