

Re-emergence of Swine flu in Central India, 2014

A 38-year-old, HIV-negative male plumber with no history of travel and no underlying illness succumbed to pneumonia as a complication of Swine flu in a private hospital in urban Nagpur, India in mid-September 2014. He had high fever and respiratory distress culminating into respiratory failure. He is one of the first few mortalities this season from the Orthomyxovirus Influenza A-H1N1, having human-to-human transmission by air-borne route and fomites [1]. His two male children, 7 and 9 years, presented to us with complaints of low grade fever, non-productive cough, stuffy nose and anorexia for 10-15 days. Sore throat, respiratory distress, cyanosis, rash, bleeding or other systemic manifestations were not reported. Both the children tested positive for Swine flu by Reverse Transcriptase Real Time-Polymerase Chain Reaction run on throat swab as per standard protocol from Centres for Disease Control and Prevention, US [2]. They received oral Oseltamivir 3 mg/kg/dose twice daily on ambulatory basis for 5 days, and kept under close telephonic follow-up.

Several adults and children in the extended family were exposed to the cases during their illness and during the rituals that follow death, which include congregation and communal dining which can amount to exposure to aerosols and fomites. Many individuals exposed in the family subsequently developed symptoms suggestive of swine flu and were successfully managed as per Clinical management protocol [3].

The case report is from Maharashtra, the state which had reported the maximum mortality from India in the 2009-10 pandemic amongst laboratory confirmed cases of Swine flu [4]. After the 2009-10 pandemic, the virus has been declared as a human seasonal flu virus. Since 2009, a significant number of patients are being reported in 2014 for the first time pointing towards resurgence. The drug Oseltamivir is to be administered orally within

48 hours of falling sick for best results [3]. Delay in diagnosis and lack of availability of drug in public sector can contribute to the adverse outcome. Public health measures need to be taken to increase awareness regarding preventing contact with the infected cases, especially during care-taking activities [3] and after death of an individual. Widespread vaccination of at-risk individuals with the tailor-made vaccine is an important mitigation strategy to curb the outbreaks [5].

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