

Knowledge, Attitude and Practices Regarding Novel H1N1 (swine) Flu Among Pediatricians of Chandigarh

A questionnaire based survey related to Novel H1N1 swine origin influenza virus (S-OIV, swine flu) was administered to 134 pediatricians of Chandigarh city, to assess their knowledge (10 questions), attitudes (4 questions) and practices (4 questions). Of 134, 94 (70%) responded. Thirty percent ($n=28$) were in private practice and 70% ($n=66$) were in public sector. Forty six percent were registered with Indian Academy of Pediatrics. Only 52% ($n=49$) were aware that swine flu predominantly occurs in young healthy individuals. Ninety percent ($n=85$) were familiar with clinical symptoms and 70% ($n=66$) with incubation period. Current WHO phase-6 of pandemic alert was known to a few (14%).

Regarding management practices, only 33% ($n=31$) knew that Oseltamivir and Zanamivir both could be safely used in children, while 63% ($n=59$) pediatricians knew of only Oseltamivir. Eighteen percent ($n=17$) believed that breastfeeding should be

stopped for mothers receiving pharmacotherapy. The possibility of reinfection with S-OIV even after successful therapy was known to 43% ($n=40$).

Hand washing and special masks were suggested as best methods of prevention for the physicians [27.7% ($n=26$) and 65% ($n=61$), respectively]. N95 masks utility was known to 78%. The state of mind as regards to the pandemic was cautious and careful (91%), alarmed and panicky (5%) and not bothered (4%). Most pediatricians (94%) agreed that more efforts are needed to spread awareness regarding this pandemic. Internet was the most popular means of acquiring information about swine flu (84%), followed by newspaper and media (46%), senior health professionals (19%) and books (10%).

The survey's results suggest that there is a mixed response in the preparedness of pediatricians towards swine flu. On an encouraging note, majority of the physicians had tried to educate themselves about this pandemic. There is need to scale up the efforts to spread awareness about swine flu.

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H1N1 Guidelines

I am working as Senior Pediatrician in Corporation hospital with indoor capacity of 750 beds out of which 90 beds are for pediatric patients, including NICU and PICU. At present we are coming across many patients receiving fluvir (oseltamivir) for ILI (Influenza like illness) and then referred to our hospital. Most of these patients suffer from cough, coryza, breathlessness and bronchospasm.

According to government guidelines, fluvir is to be given for Category A, which include ILI with seriously ill patients requiring life saving measures and Category B, children with fever $>38^{\circ}\text{C}$, tachypnea, cough and coryza, breathlessness with or without loose motions and vomiting. We come across similar complaints very often and we treat them as bronchiolitis/reactive airway disease. Are we justified in using oseltamivir so often, knowing the limitations and side effects of oseltamivir. Should there not be separate guidelines for starting oseltamivir in children, especially <2 years of age?