

## Influenza Deaths in India - Whether Enough is Being Done?

We read with interest the recently published correspondence about the treatment guidelines for seasonal flu [1]. The re-emergence and deaths due to H<sub>1</sub>N<sub>1</sub> influenza in 2014-2015 in India is a cause for greater concern. The number of H<sub>1</sub>N<sub>1</sub> influenza deaths in 2015 has been reported to be 624 in comparison to 218 in 2014, probably due to a more virulent strain [2]. The lack of easy availability of testing and scarce availability of oseltamivir are still major issues in dealing with the situation. This often creates panic among the public, especially when H<sub>1</sub>N<sub>1</sub> tests are not done in all cases. The National guidelines given by Ministry of Health and Family Welfare (MOHFW) have not changed much between 2009 and 2015, and are reactive rather than proactive [3,4]. It raises a very important question whether enough is being done?

The primary objective of management of any epidemic is early detection and timely intervention, and unfortunately the present guidelines fail to address it adequately. As per the guidelines, influenza like illness (ILI) has been categorized as category A, B and C [4]. Category A includes milder symptoms and do not require oseltamivir and are not tested for H<sub>1</sub>N<sub>1</sub>. Category B is subdivided into B1 with moderate symptoms, and B2 with high risk category cases, where testing is not done but oseltamivir is given. Category C comprises of children with severe acute respiratory infection (SARI), shock, multi-organ failure, sepsis, and deterioration/exacerbation of underlying illness. Such patients are recommended to be immediately hospitalized, tested for H<sub>1</sub>N<sub>1</sub> and treated.

The guidelines appear evasive on certain issues. The new guidelines have done away with chemoprophylaxis for contacts but do not specify any guidelines for contacts. Children with category-A symptoms are advised home quarantine which is difficult to implement, especially when the H<sub>1</sub>N<sub>1</sub> status is not known and that is where the maximum spread of virus occurs in the

community. The health ministry has recommended vaccination and use of Personal Protective Equipment (N95 masks and triple layer surgical masks) for health care personnel, but there is lack of adequate vaccines and face masks. Another problem with these guidelines is that by the time H<sub>1</sub>N<sub>1</sub> tests are available, it is too late for the antivirals to have a meaningful effect on the course of the disease. The cases which are monitored, tested and treated are only the tip of the iceberg.

The approach towards tackling swine flu should be long term and pragmatic. It is true that all suspected cases do not need treatment. But it is vital to strengthen the screening methods for H<sub>1</sub>N<sub>1</sub> as symptoms of swine flu are non-specific. The empirical use and availability of oseltamivir needs to be expanded, especially in states where the case fatality rate is high. The preventive measures should be aggressively implemented which include home quarantine, hand hygiene, active vigilance in schools and work place, proper travel precautions, screening at airports, respiratory etiquette, liberal and proper use of facial masks and early referral to the hospitals, especially for those with severe symptoms. It is time pediatricians take an active role in creating awareness regarding screening, management and preventive measures to tackle H<sub>1</sub>N<sub>1</sub> influenza.

**SRIRAM POTHAPREGADA**

*Department of Pediatrics,  
Indira Gandhi Medical College and Research Institute,  
Puducherry, India.  
psriram\_ped@yahoo.co.in*

### REFERENCES

1. Sachdeva S, Gupta P. Treatment guidelines for 'seasonal influenza: Need for a Rethink. *Indian Pediatr.* 2015;52:259-60.
2. Swine Flu Kills 600 plus, Refuses to Die. *Times of India* 2015; New Delhi: Page15 (Col 1).
3. Ministry of Health and Family Welfare. Government of India. Influenza A [H<sub>1</sub>N<sub>1</sub>]. Status as on 17th August, 2009. Available from: <http://mohfw.nic.in>. Accessed May 13, 2015.
4. Pandemic influenza A H<sub>1</sub>N<sub>1</sub>. Clinical Management Protocol and Infection Control Guidelines. Available from: <http://mohfw-h1n1.nic.in/documents/pdf/5.%20Clinical%20Management%20Protocol-Pandemic%20Influenza%20A%20H1N1.pdf>. Accessed May 13, 2015.