

**National Pandemic Alert level 4 and 5
National Emergency Operations Centre**

Quick reference guide for practitioners

Criteria for influenza A testing

1. Testing is indicated if the patient has the following in addition to the general flu symptoms
 - a. High grade fever (>102 ° F) for more than 2days
 - b. Persistent vomiting
 - c. Diarrhoea
 - d. Dyspnoea/tachypnoea
 - e. Altered sensorium
 - f. Cyanosis
 - g. Haemoptysis
 - h. Persistent pleuritic chest pain
 - i. Decreased urine output
 - j. Poor oral intake/ difficulty in feeding
 - k. De-saturation
 - l. Associated co-morbidities (asthma, COPD, hypertension, coronary artery disease, chronic renal disease, diabetes, chronic liver disease, seizure disorders, immune-compromised)
2. Special attention should be given to pregnant patients with the above mentioned symptoms, signs and conditions
3. Testing is **not indicated** in cases with general flu symptoms of fever, cough, runny nose, sneezing, headache, sore throat, generalized malaise

Criteria for H1N1 testing

1. H1N1 confirmatory testing is indicated for the first Influenza A positive case in that island community only.
2. Once a case is confirmed for H1N1 in an island community further testing is not required in that island

**National Pandemic Alert level 4 and 5
National Emergency Operations Centre**

Quick reference guide for practitioners

Treatment

1. Treatment of influenza A H1N1 with Oseltamivir is indicated in:
 - a. Patients who have severe or progressive influenza like clinical illnesses
 - Dyspnoea/tachypnoea
 - Altered sensorium
 - Cyanosis
 - Haemoptysis
 - Persistent pleuritic chest pain
 - Decreased urine output
 - Poor oral intake/ difficulty in feeding
 - De-saturation
 - Seizures in children
 - b. At risk groups
 - Pregnant women
 - Young children <5 years, including neonates
 - The elderly (>65 years)
 - Patients who have had drug treatment for asthma within the past three years
 - Patients with chronic co-morbid conditions such as cardiovascular, respiratory, renal or liver disease, diabetes, and those with immunosuppression related to malignancy, HIV infection or other diseases.

2. Patients not in at risk groups who have uncomplicated illness due to confirmed, probable or strongly suspected influenza virus infection **need not be treated** with anti-virals. Symptomatic treatment is advised.