

FACTS ON PANDEMIC INFLUENZA A(H1N1) 2009

MITIGATION PHASE

1. Containment Phase

- a. Since WHO has declared Phase 6 @ 11 June 2009, we are in the Containment Phase where at this point of time, most of the cases are imported
- b. Clearly defined local cases (linked to imported cases)
- c. Aim of control strategies
 - i. To delay spread of disease in our community

2. Mitigation Phase

- a. There is sustained community spread and new cases have no defined epidemiological links with existing cases.
- b. Aim of control strategies are as below:
 - i. To reduce morbidity and mortality from the disease
 - ii. To slow the spread of disease
 - iii. To minimize disruption to essential services

3. Which groups at high risk for severe illness from Influenza A (H1N1) infection?

- a. Children younger than 5 years old
- b. Persons aged 65 years and older
- c. Children and adolescents (< 18 years) on long term aspirin therapy

- d. Pregnant women
- e. Adults and children with asthma, chronic obstructive pulmonary disease, organ failure, cardiovascular disease , hepatic, hematological, neurologic, neuromuscular or metabolic disorders such as Diabetes Mellitus
- f. Adults and children who have immunosuppression
- g. Residents of nursing homes and other chronic care facilities

4. Role of Public during Mitigation phase.

Public should be emphasized on the mode of transmission of the virus.

- The main route of human-to-human transmission of Influenza A (H1N1) virus is via respiratory droplets, (which are expelled by speaking, sneezing or coughing.)
- Any person in close contact (approximately 1 meter) with someone who has influenza-like symptoms (fever, sneezing, coughing, running nose, chills, muscle ache etc) is at risk of being exposed to potentially infective respiratory droplets.
- Therefore public need to take several measures as below:
 - a. Maintain personal hygiene and cough etiquette
 - b. Practice infection control – at home, workplace, public transport

c. The role of masks in the community

There is no established benefit of wearing masks esp. in open areas however it is used in enclosed spaces while in close contact with a person with influenza-like illness.

- i. People may wear a surgical mask in the home or community setting, particularly if they are in close contact with a person with influenza-like symptoms, e.g. while providing care to family members.
- ii. Using a mask can enable an individual with influenza-like symptoms to cover their mouth and nose to help contain respiratory droplets, a measure that is part of cough etiquette.
- iii. Surgical masks may also be recommended for those in who have co-morbid illness when in a crowded environment. The examples of co-morbid illness are:
 - Adults and children with asthma, chronic obstructive pulmonary disease, organ failure, cardiovascular disease, hepatic, hematological, neurologic, neuromuscular or metabolic disorders such as Diabetes Mellitus
 - Adults and children who have immunosuppression

- d. Home treatment – compliance, self monitoring. Those with illness need to stay at home and minimize contact with other family members, to reduce interaction outside the home and to maintain infection control among household care giver.

- e. If anyone who are in the high risk group and have symptom of influenza, he should seek early treatment from medical practitioner

- f. To implement social distancing i.e. class suspensions and adjust work patterns, reduce travel and avoid crowded places and cancellation/Restriction/modification of mass gathering if necessary.

- g. To get the updates on current situation from credible source
 - i. Regular update the public on the current situation

 - ii. Provide regular communication to address societal concern i.e. travel, border closure, school, economy

 - iii. Regular updates on emergency medical care and self care medication