

**Ministry of Health and Family Welfare
Directorate General of Health Services
(Emergency Medical Relief)**

**Seasonal Influenza A (H1N1): Guidelines for Vaccination of Health
Care Workers
(Updated on 14th February 2015)**

1. World Health Organization recommends vaccination of high risk groups with Seasonal Influenza Vaccination.
2. In India, neither the actual disease burden of Influenza, nor differentials on the way influenza impacts high risk groups are known. Hence, evidence based decision is not possible for all high risk groups.
3. Health Care Workers working in close proximity to influenza patients are at higher risk of acquiring the disease. Hence, vaccination is recommended for them. Such category would include:
 - Health Care Workers working in casualty/ emergency department of identified hospitals treating Influenza cases
 - Health Care Workers working in ICU and Isolation Ward- managing influenza patients.
 - Health Care Workers identified to work in screening centres that would be set up for categorization of patients during Seasonal Influenza outbreak.
 - Health Care workers treating/managing the High Risk Group
 - Laboratory personnel working in virological laboratories testing Influenza samples.
 - Rapid Response Team members identified to investigate outbreaks of Influenza.
 - Drivers and staff of vehicles/ambulances involved in transfer of Influenza patients.

4. The vaccine should be used every year.
5. Influenza vaccination is most effective when circulating viruses are well-matched with vaccine viruses. Even with appropriate matching, efficacy of vaccine may be about 70% to 80%, especially in geriatric age group. In case the locally circulating virus is different from vaccine virus recommended by WHO, it may not be effective at all. Hence, vaccine should not give a false sense of security. Considering the risk perspective, the preventive modality of infection prevention and control practices like use of PPEs should be strictly adhered to. The available vaccine takes about 2-3 weeks for development of immunity. The use of chemoprophylaxis during this period may be considered.

Guidelines on categorization of Influenza A H1N1 cases during screening for home isolation, testing treatment, and hospitalization

(Revised on 05.10.09)

Category- A

Patients with mild fever plus cough / sore throat with or without body ache, headache, diarrhoea and vomiting will be categorized as **Category-A**.

They do not require Oseltamivir and should be treated for the symptoms mentioned above.

The patients should be monitored for their progress and reassessed at 24 to 48 hours by the doctor.

No testing of the patient for H1N1 is required.

Patients should confine themselves at home and avoid mixing up with public and high risk members in the family.

Category-B

(i) In addition to all the signs and symptoms mentioned under Category-A, if the patient has high grade fever and severe sore throat, may require home isolation and Oseltamivir;

(ii) In addition to all the signs and symptoms mentioned under Category-A, individuals having one or more of the following high risk conditions shall be treated with Oseltamivir:

Children with mild illness but with predisposing risk factors.

Pregnant women;

Persons aged 65 years or older;

Patients with lung diseases, heart disease, liver disease, kidney disease, blood disorders, diabetes, neurological disorders, cancer and HIV/AIDS;

Patients on long term cortisone therapy.

No tests for H1N1 is required for Category-B (i) and (ii).

□ All patients of Category-B (i) and (ii) should confine themselves at home and avoid mixing with public and high risk members in the family.

Category-C

In addition to the above signs and symptoms of Category-A and B, if the patient has one or more of the following:

- Breathlessness, chest pain, drowsiness, fall in blood pressure, sputum mixed with blood, bluish discolouration of nails;
- Children with influenza like illness who had a severe disease as manifested by the red flag signs (Somnolence, high and persistent fever, inability to feed well, convulsions, shortness of breath, difficulty in breathing, etc).
- Worsening of underlying chronic conditions.

All these patients mentioned above in Category-C require testing, immediate hospitalization and treatment.