



GOVERNMENT OF KHYBER PAKHTUNKHWA  
HEALTH DEPARTMENT

Peshawar, 16<sup>th</sup> November, 2022

**Advisory for the Prevention and Control of Seasonal Influenza**

**Background:**

Flu viruses are continuously changing with a likelihood of emergence of new flu viruses every year. This makes Influenza an unpredictable disease with varying extent of spread, timing, severity, and length of the season. However, an upsurge of cases in Pakistan is usually been observed in winter season. The flu cases increase as temperature falls during December and February. A rise in Influenza like illness (ILI) can be observed with increased flu-associated hospitalization, and afterward deaths reported in young and old age groups. A total of 29424 Influenza tests were conducted in Pakistan from September 2021 to October 2022 in which 985 turned positive. There were 325289 suspected cases of influenza like diseases recorded from January 2022 to November 2022 in Khyber Pakhtunkhwa.

Months	Suspected Influenza-Like Illness (New Cases) in Khyber Pakhtunkhwa
January 2022	42370
February 2022	41662
March 2022	46508
April 2022	25480
May 2022	24639
June 2022	35168
July 2022	21261
August 2022	27507
September 2022	22365
October 2022	25021
November 2022	13308
<b>Total</b>	<b>325289</b>

**Objectives of the Advisory:**

The objective of this advisory is to alert and facilitate the health authorities and other stakeholders for ensuring timely preventive and control measures encompassing preparedness to deal with increased workload expected in the outpatient and in-patient departments during next few months.

**The Disease:**

Seasonal influenza viruses can cause mild to severe illness, particularly in the high-risk individuals. Viruses spread from person to person through sneezing, coughing or touching contaminated surfaces. Vigilant detection of suspected ILI and severe acute respiratory Infection (SARI) in an area precedes reporting of serious and complicated cases with fatal outcomes particularly among elderly, young children, over-weight/obese, immuno-compromised and people with chronic health problems like asthma, diabetes, cardiac and respiratory diseases and pregnant women.

**Prevention and Control Measures:**

If someone is sick or has been in close-contact with persons having flu-like illness, following preventive measures are recommended for limiting the Influenza transmission:

- Frequent and thorough hand washing with soap and water and use of hand sanitizer when away from hand washing facility
- Covering mouth and nose while sneezing or coughing
- Sick patients to take rest, and avoid crowds
- Taking social distancing measures

**Vaccination:** It is the most effective way to prevent infection and severe outcomes caused by influenza viruses particularly in high risk groups. The WHO therefore, recommends seasonal influenza vaccination for pregnant women (highest priority), children aged 6-59 months, elderly people, individuals with chronic medical conditions and health-care workers. For 2022-2023, the WHO recommends quadrivalent vaccines for use in the northern hemisphere influenza season contain the following:

- An A/Wisconsin/588/2019 (H1N1) pdm09-like virus
- An A/Darwin/6/2021 (H3N2)-like virus
- A B/Austria/1359417/2021 (B/Victoria lineage)-Like virus
- An A/Sydney/5/2021 (H1N1) pdm09-like virus

**Cases Management:**

Treatment is mainly supportive, as it is a self-limiting disease. However, in hospitalized patients, early antiviral treatment may shorten the duration of illness. Antiviral treatment (Oseltamivir/ Tamiflu) is recommended for hospitalized with severe, complicated, or progressive illness. In general, persons at higher risk for influenza complications recommended for antiviral treatment include:

- Children aged younger than 2 years
- Adults aged 65 years and older
- Persons with comorbidities
- Persons with immunosuppression including that caused by medications or by HIV infection
- Women who are pregnant or postpartum (within 2 weeks after delivery)
- Persons aged younger than 19 years who are receiving long-term aspirin therapy
- Persons who are morbidly obese
- Residents of nursing homes and other chronic care facilities
- Patients with chronic medical conditions (such as chronic cardiac, pulmonary, renal, metabolic, neurodevelopmental, liver or hematologic diseases)

**Required Surveillance Measures:**

Enhanced surveillance for ILI and SARI from November onwards therefore, provides the best chance for early detection and prompt response to alerts for preventing outbreaks afterwards. To ensure standardized surveillance across Pakistan, the NIH proposes following cases definitions:

**Case Definitions:**

**Influenza Like Illness (ILI):** An acute respiratory infection with fever of  $\geq 38^{\circ}\text{C}$  with cough AND onset within last 10 days.

**Severe Acute Respiratory Illness (SARI):** An acute respiratory infection with history of fever of  $>38^{\circ}\text{C}$  and cough with onset within last 10 days AND requires Hospitalization.

**Sample Collection:**

- Respiratory specimens including throat or nasal/ nasopharyngeal swabs and nasopharyngeal aspirates/ broncho-alveolar lavage fluid from intubated patients may be collected and placed immediately in Viral Transport Medium (VTM)
- The samples should be transported to Influenza sentinel labs at identified provincial facilities i.e. Public Health Reference Lab at Khyber Medical University, Peshawar, Khyber Teaching Hospital, Peshawar and Saidu Teaching Hospital, Swat.
- The samples may be transported to lab at  $4^{\circ}\text{C}$  within 4 days, or frozen at  $-20^{\circ}\text{C}$  in case of prolonged storage. All referred samples must be accompanied by the completed epidemiological data forms.

**This advisory may please be widely distributed among all concerned and Health Department may please be kept informed of the measures undertaken in respective areas of jurisdiction.**

  
(Dr. Muhammad Akram Shah)  
Chief HSRU

**Distribution:**

1. All Medical Superintends in Khyber Pakhtunkhwa
2. All Medical Directors of MTIs in Khyber Pakhtunkhwa
3. All District Health Officers in Khyber Pakhtunkhwa

**Copies to:**

1. Executive Director NIH, Islamabad
2. Director General Health Services Khyber Pakhtunkhwa
3. Vice Chancellor Khyber Medical University
4. PS to Minister Health
5. PS to Secretary Health
6. Head of WHO Sub-Office Peshawar