بسم الله الرحمن الرحيم

MINISTRY OF TOURISM ARTS AND CULTURE
REPUBLIC OF MALDIVES

C I R C U L A R

Circular No: 88-QM/CIR/2009/21

Date: 4th May 2009

To: Resorts/ Hotels/ Guesthouses/ Safari Vessels/ Yacht Marinas and Picnic Islands

Subject: *Notice on Swine Influenza*

If transmission is not clear or incomplete, please inform us at Tel no: (332) 3224

Dear Sir/Madam,

We would like to bring to your notice that the government of Maldives is taking precautionary measures to control swine influenza from entering into the country.

In this respect all tourists arriving will be screened at the airport. If any symptom of the influenza is found on screening, such person will have to be quarantined

Symptoms of the influenza is the same as those of common cold, which are fever, coughing and difficulty to breathe

We are attaching herewith, the case definition and fact sheet received from the world health organization (WHO).

We also recommend you to refer to the official website of the ministry of health www.health.gov.mv for further and updated information on this influenza. The government hotline for assistance and reporting is 3304829

We request you to pass this information to all concern persons on your resort/hotel including resident doctors

Yours Sincerely

Hassan Zameel
Deputy Director

*This is a computer generated fax

Revised on 29th April 2009

Interim WHO guidance for the surveillance of human infections with swine influenza A (H1N1) virus

As of 30 April 2009

Introduction

This is an interim WHO guidance on the global surveillance of the emerging swine influenza A(H1N1) virus infection. This is a living document that will be reviewed on a weekly basis and modified in accordance with changes in the epidemiology of this virus.

New influenza virus sub-types and clusters of unknown and unusual disease are notifiable to WHO in accordance with the Annex 2 decision instrument of the IHR (2005).

At this early stage of the outbreak of swine influenza A (H1N1) virus, the main aims of surveillance are the early warning of virus spread and laboratory confirmation of virus circulating in new geographical areas and countries. Accordingly, WHO encourages all Member States and IHR States Parties to enhance their surveillance and diagnostic capacity for influenza and other acute respiratory infections, building on exiting structure and resources.

Objectives of enhanced global surveillance for human infections with swine influenza A (H1N1) virus

Specific objectives of this surveillance activity are to guide global prevention and control activities through the following actions:

1. Detect and confirm cases of swine influenza A(H1N1) virus infection
2. Establish the extent of international spread of swine influenza A(H1N1) virus infection
3. Assist in the early severity assessment of the disease

Case definitions for infections with swine influenza A (H1N1) Virus

In order to understand the spectrum of severity of the disease caused by swine influenza A (H1N1) virus infection, the clinical case description includes both mild form of influenza-like illness (ILI) and more severe forms (lower respiratory tract infections including pneumonia and severe acute respiratory illness (SARI)). In addition, asymptomatic laboratory-confirmed infections should be reported.

The following case definitions are for the purpose of reporting probable and confirmed cases of swine influenza A (H1N1) virus infection to WHO.

Clinical case description
Acute febrile respiratory illness (fever ≥38°C) with the spectrum of disease from influenza-like illness to pneumonia.

1- Suspected A/H1N1 case

A ***suspected case*** of swine influenza A (H1N1) virus infection is defined as a person with acute febrile respiratory illness with onset

- within 7 days of close contact with a person who is a confirmed case of swine influenza A (H1N1) virus infection, or
- within 7 days of travel to a community where there are one or more confirmed cases of swine influenza A (H1N1) cases, or
- resides in a community where there are one or more confirmed swine influenza cases.

Close contact is defined as: within about 6 feet of an ill person who is a confirmed or suspected case of swine influenza A (H1N1) virus infection during the case's infectious period.

Acute respiratory illness is defined as recent onset of at least two of the following: rhinorrhea or nasal congestion, sore throat, cough (with or without fever or feverishness)

High-risk groups: A person who is at high-risk for complications of swine influenza A (H1N1) virus infection is defined as the same for seasonal influenza

Clinicians should consider swine influenza A (H1N1) virus infection in the differential diagnosis of patients with febrile respiratory disease and who

- live in area with confirmed human cases of swine influenza A (H1N1) virus infection or
- who traveled recently to a country where human swine flu or were in contact with persons who has febrile respiratory illness and were in the areas with confirmed swine influenza cases in 7 days preceding their illness onset.

2- A **Confirmed case** of swine influenza A(H1N1) virus infection is defined as an individual with laboratory confirmed swine influenza A(H1N1) virus infection by one or more of the following tests*:
   - real-time RT-PCR
   - viral culture
   - four-fold rise in swine influenza A(H1N1) virus specific neutralizing antibodies.

3- A **Probable case** of swine influenza A(H1N1) virus infection is defined as an individual with an influenza test that is positive for influenza A, but is unsubtypable by reagents used to detect seasonal influenza virus infection **OR**

   A individual with a clinically compatible illness or who died of an unexplained acute respiratory illness who is considered to be epidemiologically linked to a probable or confirmed case.

* Note: The test(s) should be performed according to the most currently available guidance on testing (link to laboratory guidance).

Definition of cluster

A cluster is defined as two or more persons presenting with manifestations of unexplained, acute respiratory illness with fever ≥38ºC or who died of an unexplained respiratory illness that are detected with onset of illness within period of 14 days and in the same geographical area and/or are epidemiologically linked.

Triggers/signals for the investigation of possible cases of swine influenza A (H1N1)

The primary focus of early investigation is to trigger the initial investigation. Specific triggers include:

- Clusters of cases of unexplained ILI or acute lower respiratory disease
- Severe, unexplained respiratory illness occurring in one or more health care workers who provide care for patients with respiratory disease
- Changes in the epidemiology of mortality associated with the occurrence of ILI or lower respiratory tract illness, an increase in deaths observed from respiratory illness or an increase in the occurrence of severe respiratory disease in previously healthy adults or adolescents
- Persistent changes noted in the treatment response or outcome of severe lower respiratory illness.

Epidemiological risk factors that should raise suspicion of swine influenza A (H1N1) include:

- Close contact[#] to a confirmed case of swine influenza A (H1N1) virus infection while the case was ill
- Recent travel to an area where there are confirmed cases of swine influenza A (H1N1)

[#]Close contact: having cared for, lived with, or had direct contact with respiratory secretions or body fluids of a probable or confirmed case of swine influenza A (H1N1).

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Swine Flu: Fact Sheet & FAQs

What is swine influenza?

Swine influenza, or "swine flu", is a highly contagious acute respiratory disease of pigs, caused by one of several swine influenza A viruses. Morbidity tends to be high and mortality low (1-4%). The virus is spread among pigs by aerosols, direct and indirect contact, and asymptomatic carrier pigs. Outbreaks in pigs occur year round, with an increased incidence in the fall and winter in temperate zones. Many countries routinely vaccinate swine populations against swine influenza.

Swine influenza viruses are most commonly of the H1N1 subtype, but other subtypes are also circulating in pigs (e.g., H1N2, H3N1, H3N2). Pigs can also be infected with avian influenza viruses and human seasonal influenza viruses as well as swine influenza viruses. The H3N2 swine virus was thought to have been originally introduced into pigs by humans. Sometimes pigs can be infected with more than one virus type at a time, which can allow the genes from these viruses to mix. This can result in an influenza virus containing genes from a number of sources, called a "reassortant" virus. Although swine influenza viruses are normally species specific and only infect pigs, they do sometimes cross the species barrier to cause disease in humans.

What are the implications for human health?

Outbreaks and sporadic human infection with swine influenza have been occasionally reported. Generally clinical symptoms are similar to seasonal influenza but reported clinical presentation ranges broadly from asymptomatic infection to severe pneumonia resulting in death.

Since typical clinical presentation of swine influenza infection in humans resembles seasonal influenza and other acute upper respiratory tract infections, most of the cases have been detected by chance through seasonal influenza surveillance. Mild or asymptomatic cases may have escaped from recognition; therefore the true extent of this disease among humans is unknown.

Where have human cases occurred?

The current situation regarding the outbreak of swine influenza A(H1N1) is evolving rapidly. As of 27 April 2009, the United States Government has reported 40 laboratory

confirmed human cases of swine influenza A(H1N1), with no deaths. Mexico has reported 26 confirmed human cases of infection with the same virus, including seven deaths. Canada has reported six cases, with no deaths, while Spain has reported one case, with no deaths.

How do people become infected?

People usually get swine influenza from infected pigs, however, some human cases lack contact history with pigs or environments where pigs have been located. Human-to-human transmission has occurred in some instances but was limited to close contacts and closed groups of people.

Is it safe to eat pork and pork products?

Yes. Swine influenza has not been shown to be transmissible to people through eating properly handled and prepared pork (pig meat) or other products derived from pigs. The swine influenza virus is killed by cooking temperatures of 160_F/70_C, corresponding to the general guidance for the preparation of pork and other meat.

What about the pandemic risk?

It is likely that most of people, especially those who do not have regular contact with pigs, do not have immunity to swine influenza viruses that can prevent the virus infection. If a swine virus establishes efficient human-to human transmission, it can cause an influenza pandemic. The impact of a pandemic caused by such a virus is difficult to predict: it depends on virulence of the virus, existing immunity among people, cross protection by antibodies acquired from seasonal influenza infection and host factors.

Is there a human vaccine to protect from swine influenza?

There are no vaccines that contain the current swine influenza virus causing illness in humans. It is not known whether current human seasonal influenza vaccines can provide any protection. Influenza viruses change very quickly. It is important to develop a vaccine against the currently circulating virus strain for it to provide maximum

• Practice good health habits including adequate sleep, eating nutritious food, and keeping physically active.

Practice healthy habits to help stop the spread of influenza

- Wash your hands often with soap and water. This removes germs from your skin and helps prevent diseases from spreading.
    - Use waterless alcohol-based hand gels (containing at least 60% alcohol) when soap is not available and hands are not visibly dirty.
- Cover your mouth and nose with a tissue when you cough or sneeze and put your used tissue in a wastebasket.
- If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Wash your hands after coughing or sneezing, using soap and water or an alcohol-based hand gel.
- Follow all local health recommendations. For example, you may be asked to put on a surgical mask to protect others.

If there is an ill person at home:

• Try to provide the ill person a separate section in the house. If this is not possible, keep the patient at least 1 meter in distance from others.

• Cover mouth and nose when caring for the ill person. Masks can be bought commercially or made using the readily available materials as long as they are disposed of or cleaned properly.

• Wash your hands with soap and water thoroughly after each contact with the ill person.

• Try to improve the air flow in the area where the ill person stays. Use doors and windows to take advantage of breezes.

• Keep the environment clean with readily available household cleaning agents.

If you are living in a country where swine influenza has caused disease in humans, follow additional advice from national and local health authorities.

protection to the vaccinated people. This is why WHO needs access to as many viruses as possible in order to select the most appropriate candidate vaccine virus.

What drugs are available for treatment?

There are two classes of such medicines, 1) adamantanes (amantadine and remantadine), and 2) inhibitors of influenza neuraminidase (oseltamivir and zanamivir).

Most of the previously reported swine influenza cases recovered fully from the disease without requiring medical attention and without antiviral medicines.

Some influenza viruses develop resistance to the antiviral medicines, limiting the effectiveness of treatment. The viruses obtained from the recent human cases with swine influenza in the United States are sensitive to oselatmivir and zanamivir but resistant to amantadine and remantadine.

Information is insufficient to make recommendation on the use of the antivirals in treatment of swine influenza virus infection. Clinicians have to make decisions based on the clinical and epidemiological assessment and harms and benefit of the treatment of the patient[2]. For the ongoing outbreak of the swine influenza infection in the United States and Mexico, the national and the local authorities are recommending to use oseltamivir or zanamivir for treatment of the disease based on the virus's susceptibility profile.

[2] For benefits and harms of influenza-specific antivirals, see http://www.who.int/csr/disease/avian_influenza/guidelines/pharmamanagement/en/index.html

How can I protect myself from getting swine influenza from infected people?

In the past, human infection with swine influenza was generally mild but is known to have caused severe illness such as pneumonia For the current outbreaks in the United States and Mexico however, the clinical pictures have been different. None of the confirmed cases in the United States have had the severe form of the disease and the patients recovered from illness without requiring medical care. In Mexico, some patients reportedly had the severe form of the disease.

To protect yourself, practice general preventive measures for influenza:

- Avoid close contact with people who appear unwell and who have fever and cough.

What should I do if I think I have swine influenza?

If you feel unwell, have high fever, cough and/or sore throat:

• Stay at home and keep away from work, school or crowds as much as possible.
• Rest and take plenty of fluids.
• Cover your mouth and nose with disposable tissues when coughing and sneezing and dispose of the used tissues properly.
• Wash your hands with soap and water frequently and thoroughly, especially after coughing or sneezing.
• Inform family and friends about your illness and seek help for household chores that require contact with other people such as shopping.

Seek medical care if you feel sick

- If you become sick with a fever plus a cough and sore throat or have trouble breathing, seek medical care right away. Tell the doctor if you have had contact with a sick person or farm animals while traveling.
- Antiviral Medications: You may want to ask your doctor for prescription antiviral medications to take on your trip as a precaution since the seasonal influenza vaccine is not expected to protect against infection with swine flu viruses. CDC recommends two prescription influenza antiviral drugs to treat and/or prevent swine flu. The drugs are oseltamivir (brand name Tamiflu®) or zanamivir (brand name Relenza®). Both are prescription drugs that fight against swine flu by keeping flu viruses from reproducing in your body. These drugs can prevent infection if taken as a preventative. If you get sick, they can make your illness milder and make you feel better faster. They may also prevent serious health problems from developing. For treatment, the drugs work best if started within 2 days of getting sick. Talk to your doctor about correct indications for treatment or prevention. Always seek medical care if you are severely ill.
- You should avoid further travel until you are free of symptoms, unless traveling locally for medical care.

Returning travelers

- Please contact port health staff if any returning traveler have symptoms on arrival
- Pay close attention to your health for 7 days.

- If you become sick with a fever plus a cough, sore throat or have trouble breathing during this 10-day period, see a doctor. *When you make the appointment, tell the doctor—*
    1. your symptoms,
    2. where you traveled, and
    3. if you have had close contact with a sick person or farm animals. This way, he or she can be aware that you have traveled to an area reporting swine Influenza.
- Do not travel when you are sick, unless it is to get medical care. By limiting contact with others as much as possible, you can help prevent the spread of an infectious illness.

Source: World Health Organization

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