

# Letter-to-Editor

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Dear editor,

## **H1N1 Infection: The Current Pandemic**

Evidence suggests that the receipt of seasonal influenza live attenuated vaccines is unlikely to elicit a protective antibody response to novel H1N1 virus. Evidence suggests an increase in maternal mortality following infection with H1N1. Current recommendations are all pregnant women to be vaccinated against H1N1 strain and facilitate early access to antiviral treatment for pregnant women with symptoms of flu. Adjuvanted vaccines, Focetria and Pandemrix, were used during the 2009 influenza pandemic. Most studies reported no association between fetal death or preterm birth and influenza vaccination during pregnancy. Vaccination during pregnancy in all trimesters not associated with adverse pregnancy outcomes (Cleary BJ, 2014). Vaccination during pregnancy is associated with significantly reduced likelihood of stillbirths, prematurity, low birth weight and SGA birth in women who received vaccination at 6 to 19 weeks (Huang WT et al 2014). Vaccinated women had less chance of preterm delivery than unvaccinated women (European Journal of Obstetric and Gynaecology and Reproductive Biology 2014). Dunstan HJ (2014) concluded that maternal exposure to zanamivir or oseltamivir at any gestation is not associated with adverse pregnancy outcomes, like preterm birth, low birth weight or major congenital malformations, but more data are required to state conclusively that there is no increased risk. These neuraminidase inhibitors are nonteratogenic.

## **RCH Case Definition**

- Adults with temperature  $>38.5^{\circ}\text{C}$  or
- Significant history of fever (with rigors, sweating and chills)
- Plus two or more of
- Cough
- Sore throat
- Body aches
- Fatigue
- Shortness of breath

## **Risk Factors for more Serious Diseases**

- Chronic illness
- Pulmonary
- Cardiovascular
- Renal
- Hepatic
- Hematological
- Neurologic
- Neuromuscular
- Metabolic
- Immunosuppression

## **Management**

- For patients well enough to be discharged home
- No viral investigations are needed
- Recommend patients stay at home until symptoms have resolved
- Most patients do not require oseltamivir
- Give oseltamivir if patient has risk factors for more severe diseases
- Oseltamivir bd for 5 days to treat
- Once daily for 10 days for prophylaxis

### **For Unwell Patients being admitted at Hospital**

- Take nose and throat swab using flock swabs
- Isolate patients fulfilling case definition
- Give oseltamivir to patients fulfilling case definition or if subsequently shown to have influenza
- Consider oseltamivir to unwell patients with risk factors for more serious disease even if they do not fulfil strict case definition

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