



GARIS PANDUAN PENGENDALIAN INFLUENZA DI KLINIK KESIHATAN

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GARIS PANDUAN PENGENDALIAN INFLUENZA DI KLINIK KESIHATAN

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GARISPANDUAN PENGENDALIAN INFLUENZA DI KLINIK KESIHATAN

1. POLISI OPERASI:

i. Di Pintu Masuk Klinik

- a. Sediakan **Kaunter Triage** di pintu masuk bangunan klinik. Kaunter Triage hendaklah di kendalikan oleh anggota kesihatan terlatih.
- b. Anggota kesihatan yang mengendalikan kaunter triage mesti memakai sekurang-kurangnya **mask 3-Ply** (*'3-Ply surgical mask'*) dan sarung tangan pakai buang.
- c. Anggota mesti membasuh tangan dengan hand rub sebelum dan selepas menyentuh pesakit.
- d. **Tanya** setiap pesakit yang datang tentang simptom dan tanda-tanda 'Influenza-like Illness' (ILI).
- e. **Asingkan** pesakit yang mempunyai simptom atau tanda-tanda ILI untuk mengurangkan risiko jangkitan kepada pesakit lain.
- f. **Beri pelitup muka** kepada pesakit yang mempunyai simptom ILI untuk dipakai sekiranya pesakit belum memakai pelitup muka.
- g. Saringan untuk tahap keterukan (Home Assessment Tool for Influenza). Sekiranya tahap serius, terus rujuk ke bilik konsultasi.
- h. Paparkan poster berkaitan Influenza di semua pintu masuk.
- i. Paparkan arahan seperti:
 - *Sentiasa memakai mask sekiranya anda batuk/bersin.*
 - *Tutup mulut dan hidung apabila batuk atau bersin dengan tisu.*
 - *Buangkan tisu ke dalam bakul sampah.*

ii. Ruang Menunggu

- a. **Asingkan** ruang menunggu pesakit ILI diruang/bilik khusus.
- b. Ruang/bilik pengasingan mestilah mempunyai ventilasi udara yang baik.
- c. Jarak antara pesakit sekurang-kurangnya satu meter, sekiranya boleh.
- d. Pesakit dikehendaki sentiasa memakai mask 3-ply.

Peralatan di ruang menunggu:

- a. Kertas Tisu
- b. 'Hand rub'
- c. 'Pedal bin' (Clinical Waste Bin)

Pengendalian Khas Ibu Hamil dan Kanak-kanak bagi Pemeriksaan Rutin

Golongan ibu hamil dan kanak-kanak merupakan golongan berisiko dan mudah dijangkiti. Antara langkah-langkah yang boleh diambil untuk mengurangkan risiko jangkitan adalah seperti berikut:

- a. Tempatkan ibu hamil dan kanak-kanak di ruang yang berasingan dengan pesakit-pesakit lain.
- b. Sekiranya klinik merupakan klinik dua tingkat, aras atas boleh dikhaskan untuk ibu hamil dan kanak-kanak.
- c. Pihak JKN Negeri juga boleh tempatkan klinik untuk ibu hamil dan kanak-kanak di lokasi yang lain sebagai langkah sementara seperti Klinik Desa.
- d. Bagi Klinik Desa, Pasukan Klinik Bergerak, Klinik Kesihatan Ibu dan Anak dan Pasukan Kesihatan Sekolah, kawalan infeksi mesti dipatuhi sama seperti di atas.

iii. Pendaftaran pesakit ILI

- a. Pendaftaran pesakit ILI hendaklah dibuat secara berasingan dengan pesakit-pesakit lain.
- b. Anggota kesihatan yang mengendalikan kaunter pendaftaran mesti memakai sekurang-kurangnya **mask 3-Ply** ('3-Ply surgical mask').

iv. Pengendalian Pesakit ILI Di Bilik Konsultasi

- i. Pergerakan pesakit ILI di klinik mesti dihadkan bagi mengurangkan penularan jangkitan bersilang.
- ii. Pesakit ILI hendaklah diperiksa di bilik konsultasi yang berasingan dengan pesakit-pesakit lain.
- iii. Anggota yang bertugas di bilik konsultasi hendaklah memakai **mask N95** dan sarung tangan pakai buang.
- iv. Pengambilan sampel bagi pemeriksaan makmal dan pemberian ubat adalah melalui bilik konsultasi.
- v. Lantai mesti dibersihkan menggunakan *disinfectant* sekurang-kurangnya 3 kali sehari.
- vi. Semua permukaan mesti dibersihkan menggunakan *disinfectant tissue* (seperti permukaan meja, kaunter, tombol pintu).
- vii. Cadar dan sarung bantal ditukar setiap hari.
- viii. Peralatan seperti 'hand sanitizers' dan tong sampah bertutup mestilah mencukupi.

v. Pengendalian Pesakit ILI Di Bilik Rawatan

- a. Anggota yang bertugas di bilik rawatan hendaklah memakai **mask N95** dan sarung tangan pakai buang.
- b. Lantai mesti dibersihkan menggunakan *disinfectant* sekurang-kurangnya 3 kali sehari.

- c. Semua permukaan mesti dibersihkan menggunakan disinfectant tissue (seperti permukaan meja, kaunter, tombol pintu).
- d. Cadar dan sarung bantal ditukar setiap hari.
- e. Peralatan seperti 'hand sanitizers' dan tong sampah bertutup mestilah mencukupi.

vi. Panduan Rujukan dan Mengangkut Pesakit

- a. Ikuti mekanisma sedia ada untuk rujukan pesakit ke hospital dan pastikan langkah kawalan jangkitan diambil semasa pengangkutan pesakit ke hospital.

vii. Pendidikan dan Informasi Kesihatan

Sediakan maklumat dan pendidikan kesihatan mengenai Influenza di klinik kesihatan:

- a. Poster, risalah mengenai Influenza.
- b. Video, risalah etika batuk, kebersihan diri, kaedah membasuh tangan dan kaedah pemakaian mask dengan betul.
- c. Menyediakan bahan-bahan maklumat dan pendidikan kesihatan di bilik konsultasi, ruang-ruang menunggu termasuk farmasi dan kaunter pendaftaran.

2. PENCEGAHAN AWAL UNTUK ANGGOTA KESIHATAN

Selain daripada langkah-langkah di bawah 'Universal Precaution', semua anggota di kehendaki mematuhi langkah-langkah pencegahan berikut:

- a. Kebersihan diri
 - Membasuh tangan dengan betul sebelum dan selepas mengendalikan pesakit ILI.
 - Gunakan 'hand rub' sebelum dan selepas mengendalikan pesakit.
 - Elakkan menyentuh permukaan mukosa seperti hidung, mulut dan mata.
 - Basuh tangan sebelum dan selepas menyentuh permukaan mukosa.
 - Basuh tangan sekerap mungkin.
- b. Mandi dan tukar pakaian sebelum pulang ke rumah, jika boleh.
- c. Perlindungan diri
 - Pakai alat perlindungan diri bila mengendalikan pesakit ILI:
 - sarung tangan pakai buang
 - Mask N95
 - gaun pakai buang

3. KAWALAN INFEKSI DI KLINIK KESIHATAN

i. Kawalan Infeksi di kalangan Anggota Klinik Kesihatan.

- a. Semua anggota klinik kesihatan perlu mendapat suntikan vaksin Influenza.
- b. Semua anggota klinik kesihatan mesti memakai mask (3-Ply) sepanjang waktu bekerja.
- c. Pihak Pejabat Kesihatan Daerah (PKD) mesti menjalankan latihan dalam perkhidmatan kepada anggota klinik kesihatan, dalam aspek berkaitan:
 - Epidemiologi Influenza
 - Kawalan Infeksi:
 - Basuh Tangan
 - Mask
 - Pelupusan bahan
- d. Anggota klinik kesihatan yang mempunyai co-morbidity berikut tidak digalakkan mengendali kes-kes ILI:
 - Asthma
 - Pregnancy
 - Diabetes
 - Obes
 - Kurang DayaTahan
- e. Kenalpasti anggota yang bertugas barisan hadapan ('frontliners'):
 - Penyelia hendaklah sentiasa memantau anggota supaya mematuhi langkah-langkah pencegahan dan kawalan infeksi sepanjang masa.
 - Penyelia hendaklah memantau tahap kesihatan anggota bagi mengesan anggota frontliners yang tidak sihat.
 - Anggota melakukan pemeriksaan suhu badan sendiri setiap hari.
 - Anggota kesihatan yang mengalami simptom seperti demam, batuk dan kesukaran bernafas perlu dirujuk kehospital.

f. 'Business Continuity Planning'

Pegawai bertanggungjawab perlu merancang dan mengatur semua aktiviti klinik mengambil kira kemungkinan bilangan anggota yang bekerja berkurangan sehingga tahap yang kritikal.

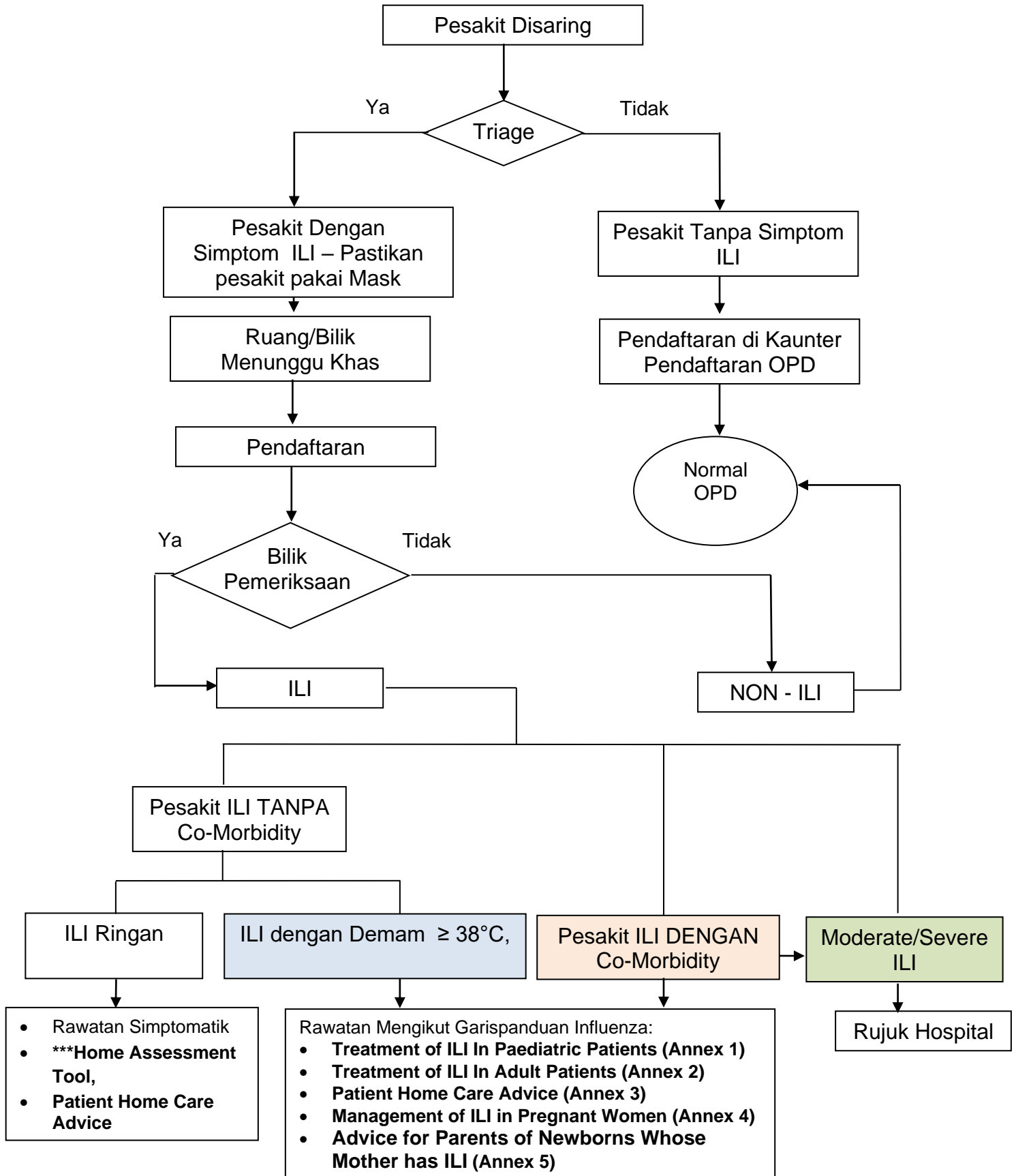
ii. **Keperluan Stok Peralatan/Ubatan bagi Pandemik Influenza di Klinik Kesihatan**

a. Pastikan stok peralatan berikut mesti mencukupi pada setiap masa:

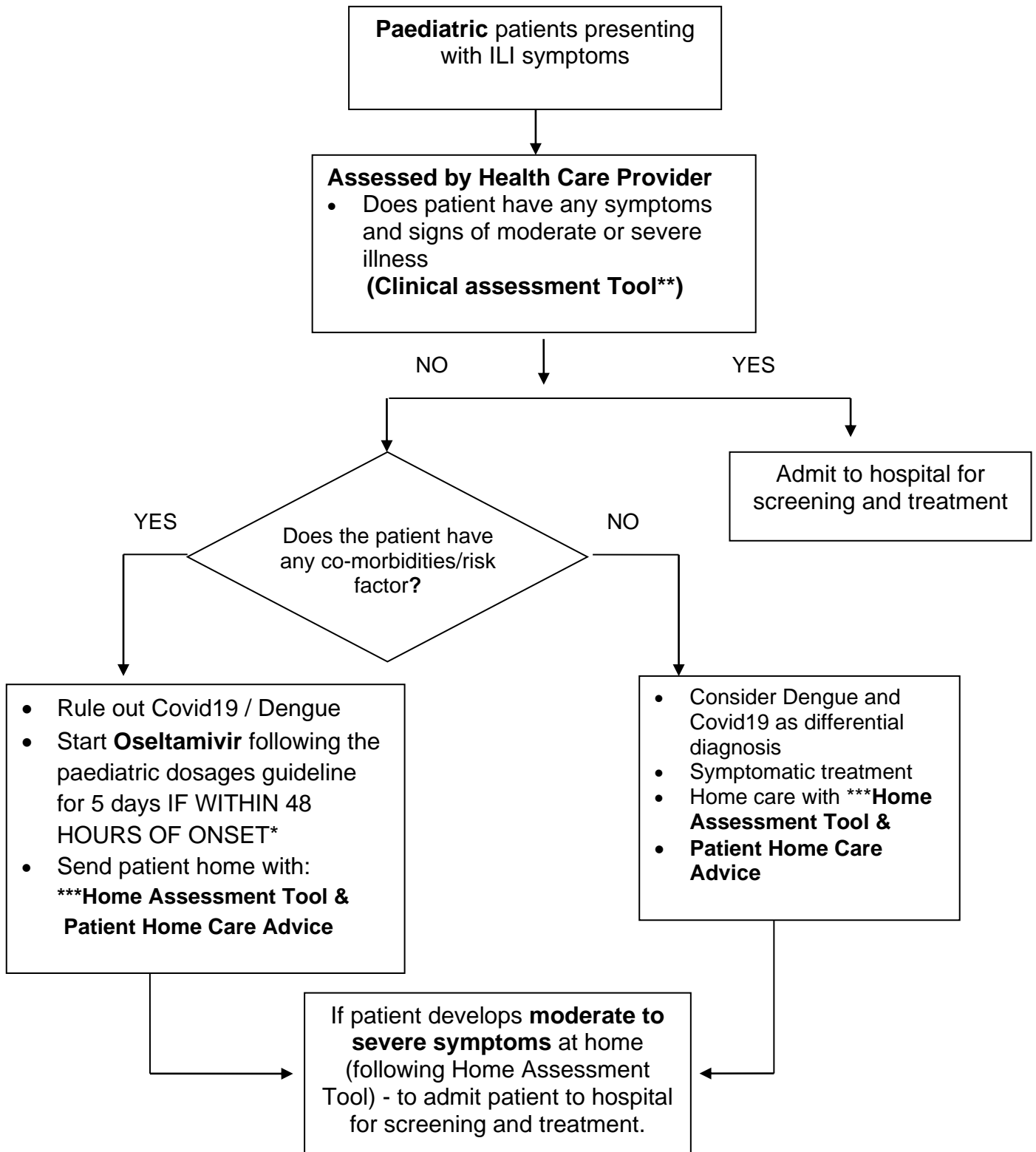
- Mask (3-Ply)
- Mask N95
- Glove
- Apron
- Gaun
- Disinfectant
- Hand sanitiser
- Covered dustbin
- Paper hand towel
- Liquid soap
- Thermal scan
- Anti viral: Oseltamivir
- Risalah pendidikan kesihatan

CARTA ALIR PENGENDALIAN

‘Influenza-like Illness (ILI)’ DI KLINIK KESIHATAN



Algorithm for Treatment of ILI in Paediatric Patients In An Outpatient Setting



*Studies have shown clinical benefit only when given within 48 hours of onset. However, oseltamivir can be initiated even after 48 hours in selected high-risk patients

Definition of Influenza-like Illness (ILI)

History of high fever with temperature $\geq 38^{\circ}\text{C}$ and cough with onset within the last ten (10) days

* Treatment with influenza antivirals

Treatment with the antiviral drugs should be started as soon as possible after symptom onset. As the benefits are greatest when administered within 48 hours after symptom onset, clinicians should initiate treatment immediately and not wait for the results of laboratory tests.

While treatment within 48 hours of symptom onset brings the greatest benefits, later initiation of treatment may also be beneficial. This decision should be made on a case-by-case basis. If the symptoms are improving beyond the first 48 hours, treatment may not be necessary. Clinical benefits associated with oseltamivir treatment include a reduced risk of pneumonia (one of the most frequently reported causes of death in infected people) and a reduced need for hospitalization.

**Clinical Assessment Tool for Moderate to Severe Symptoms

- 1. Severe respiratory distress**
Lower chest wall indrawing, sternal recession, grunting or noisy breathing when calm.
- 2. Increased respiratory rate**
Measured over at least 30 seconds. ≥ 50 breaths per minute if under 1 year, or ≥ 40 breaths per minute if ≥ 1 year.
- 3. Oxygen saturation $\leq 95\%$ on pulse oximetry, breathing air or on oxygen**
Absence of cyanosis is a poor discriminator for severe illness.
- 4. Respiratory exhaustion or apnoeic episode**
Apnoea defined as a ≥ 20 second pause in breathing.
- 5. Evidence of severe clinical dehydration or clinical shock**
Sternal capillary refill time > 2 seconds, reduced skin turgor, sunken eyes or fontanelle.
- 6. Altered conscious level**
Strikingly agitated or irritable, seizures, or floppy infant.

@ List of Co-Morbidities/risk factors In Paediatric Patients

1. Cardiac disease
2. Chronic respiratory disease (e.g. asthma, bronchopulmonary dysplasia)
3. Other chronic diseases (e.g., diabetes mellitus, chronic metabolic diseases, chronic renal failure, haemoglobinopathies)
4. Chronic neurological disorders e.g. muscular dystrophies
5. Impaired immunity, including HIV infection, child with malignancy or immunosuppressive therapy
6. Children aged 6 months
7. Malnourished or obesity

***** Home Assessment Tool for Parents and Caregivers**

Children should be brought to the nearest hospital for further assessment if they developed the following symptoms and signs:

1. Lethargy or poor oral intake
2. Change in mental status or behavior eg. drowsiness , irritability
3. Signs of dehydration: sunken eyes, dry tongue, absence of tears during crying or poor urine output.
4. Increasing respiratory rate: fast breathing, noisy breathing, presence of chest recession (chest in-drawing)
5. Fits.
6. Cyanosis.
7. Persistent fever.

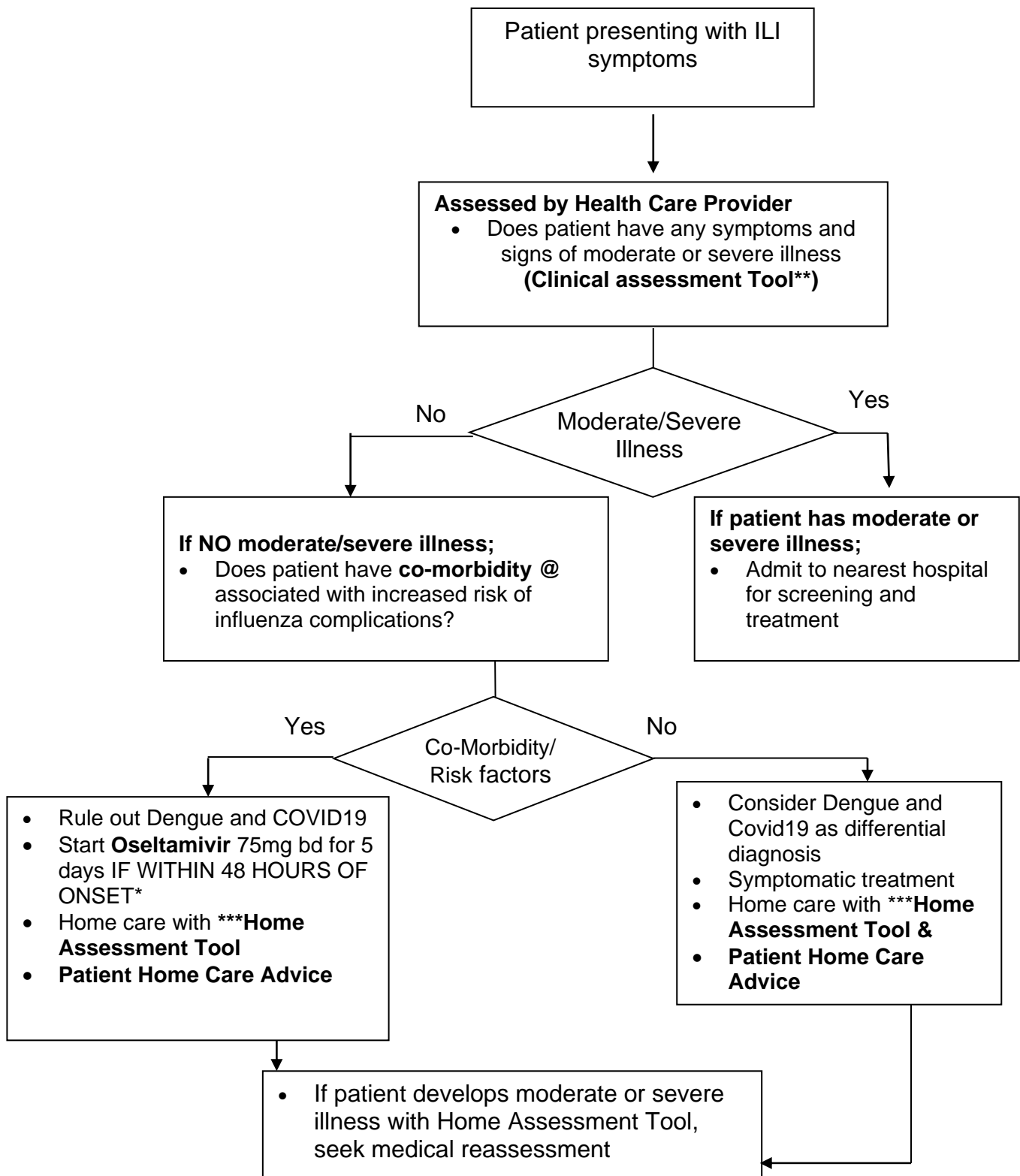
**Antiviral Medication Dosing Recommendations
for Treatment Of Influenza Infection.**

| Agent, Group | | Treatment |
|-----------------------------|---------------|-------------------|
| Oseltamivir | | |
| Children ≥ 12 months | 15 kg or less | 30 mg twice daily |
| | 16-23 kg | 45 mg twice daily |
| | 24-40 kg | 60 mg twice daily |
| | >40 kg | 75 mg twice daily |

Dosing recommendations for antiviral treatment of children younger than 1 year using Oseltamivir.

| Age | Recommended treatment dose for 5 days |
|-------------|---------------------------------------|
| <3 months | 12 mg twice daily |
| 3-5 months | 20 mg twice daily |
| 6-11 months | 25 mg twice daily |

Algorithm for Treatment of ILI In Adult Patients Presenting with ILI Symptoms in an Outpatient Setting



*Studies have shown clinical benefit only when given within 48 hours of onset. However, oseltamivir can be initiated even after 48 hours in selected high-risk patients

Notes:**# Definition of Influenza-like Illness (ILI):**

History of high fever with temperature $\geq 38^{\circ}\text{C}$ and cough with onset within the last ten (10) days.

*** Treatment with influenza antivirals:**

Treatment with the antiviral drugs should be administered as soon as possible after symptom onset. As the benefits are greatest when administered within 48 hours after symptom onset, clinicians should initiate treatment immediately and not wait for the results of laboratory tests.

While treatment within 48 hours of symptom onset brings the greatest benefits, later initiation of treatment may also be beneficial. This decision should be made on a case-by-case basis. If the symptoms are improving beyond the first 48 hours, treatment may not be necessary. Clinical benefits associated with oseltamivir treatment include a reduced risk of pneumonia (one of the most frequently reported causes of death in infected people) and a reduced need for hospitalization.

**** Clinical assessment Tool:**

Patients with ILI and any of the following parameters should be considered for admission to the of nearest hospital

Respiratory impairment: any of the following

- Tachypnoea, respiratory rate $> 24/\text{min}$
- Inability to complete sentence in one breath
- Use of accessory muscles of respiration, supraclavicular recession
- Oxygen saturation $\leq 95\%$ on pulse oximetry
- Decreased effort tolerance since onset of ILI
- Respiratory exhaustion
- Chest pains

Evidence of clinical dehydration or clinical shock

- Systolic BP $< 90\text{mmHg}$ and/or diastolic BP $< 60\text{mmHg}$
- Capillary refill time > 2 seconds, reduced skin turgor

Altered Conscious level (esp. in extremes of age)

- New confusion, striking agitation or seizures

Other clinical concerns:

- Rapidly progressive (esp. high fever > 3 days) or serious atypical illness
- Severe & persistent vomiting

@ **Co-morbidities / Risk factors:**

Patients who are considered vulnerable to severe outcomes and should be a focus of early identification, assessment and treatment, include the following:

- Chronic respiratory conditions, including asthma, COPD, Obstructive sleep apnoea
- Pregnancy (including up to 2 weeks post-partum)
- Morbid obesity (BMI \geq 40)
- Other possible predisposing conditions, such as chronic cardiac disease (not simple hypertension), and chronic illnesses including diabetes mellitus, renal failure, haemoglobinopathies, immunosuppression (including cancer, HIV/AIDS, chemotherapy, long term steroids).
- Adults \geq 65 years of age esp. those with other chronic diseases

As more epidemiologic and clinical data become available, these risk groups might be revised.

*** **Home Assessment Tool:**

- 1 Respiratory Difficulties:
Shortness of breath, rapid breathing or purple or blue discoloration of lips
- 2 Coughing out blood or blood streaked sputum
- 3 Persistent chest pains
- 4 Persistent diarrhoea and / or vomiting
- 5 Fever persisting beyond 3 days or recurring after 3 days
- 6 Abnormal behaviour , confusion, less responsive , convulsion
- 7 Dizziness when standing and/or reduced urine production

Influenza : Patient Home Care Advice

1. Home self-care:

- If fever is uncomfortable, take paracetamol at standard recommended doses.
- Lowering the fever will not make your illness go away faster, but it may make you more comfortable.

Follow instructions on the label. Talk to your health-care provider about what product to use, dosage, possible side effects, and conditions when you should not use the remedy.

- Get adequate rest. Bed rest can help you feel better.
- Drink plenty of fluids (such as water, broth, sports drinks, juice, soup) to keep from being dehydrated.
- Be watchful for emergency warning signs (refer to home monitoring tool *) which will indicate when you need to seek medical attention.
- If possible, consideration should be given to maintaining good ventilation in shared household areas (e.g. keeping windows open in restrooms, kitchen, bathroom, etc.).

2. Patient Advice for Infection Control at Home

- i. Practice Cough Etiquette:
 - Patients must cover their mouth and nose when coughing or sneezing with tissues and clean their hands with soap and water or an alcohol-based hand rub after that. Used tissues should be disposed appropriately in disposal bins.
- ii. Improve Personal Hygiene for All:
 - Everyone in the household must clean their hands often, using soap and water or an alcohol-based hand rub.
 - Use paper towels for drying hands after hand washing or dedicate cloth towels to each person in the household.
 - Clean commonly used utensils or frequent touched surfaces regularly with household detergents.
- iii. Do not share personal utensils:
 - Linen, eating utensils and dishes belonging to those who are sick do not need to be cleaned separately, but importantly these items should not be shared without washing thoroughly first
 - Used linen, eating utensils should be washed with water and soap.

3. Social Distancing:

- Persons with flu are advised not to leave their home when they have fever or during the time they are most likely to spread their infection to others (Patients are likely to spread the virus from one day before they develop symptoms to up to 7 days after they get sick).
- It is preferable for the sick individual to stay in a room separate from other household members, whenever possible.
- Household contacts especially those who have co-morbidities (including pregnant women) are advised to stay at least 1 meter away from the patient, whenever possible.
- If a person with the flu needs to leave the home (eg. for medical care), they should wear a surgical mask and practice cough etiquette and good hand hygiene.

4. Patient Home Assessment Tool

You are advised to seek medical care should you developed any of the symptoms and signs listed below:

Signs and symptoms of moderate to severe influenza

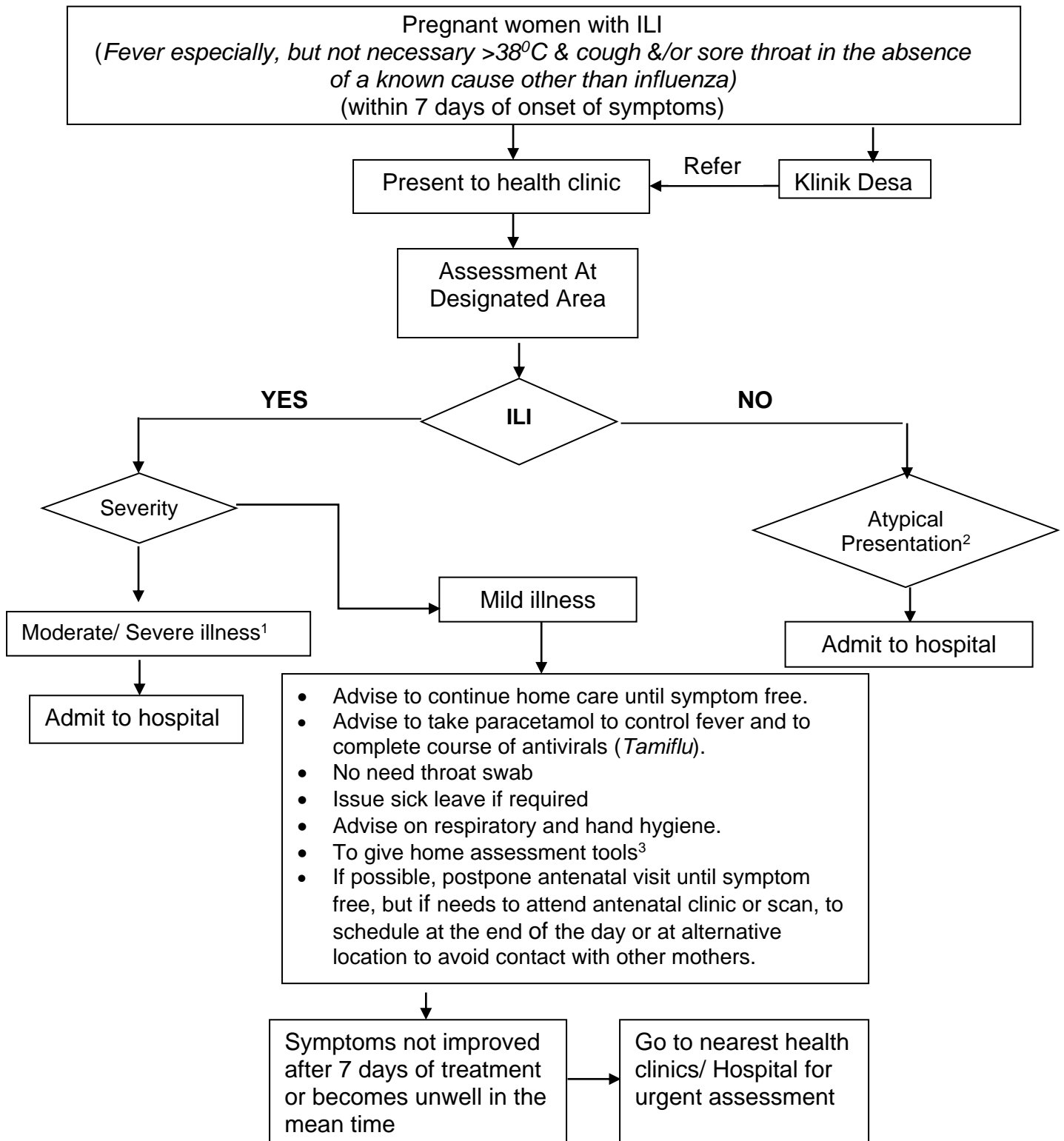
1. Respiratory difficulty:
Shortness of breath, rapid breathing or purple or blue discoloration of lips
2. Coughing out blood or blood streaked sputum
3. Persistent chest pains
4. Persistent diarrhoea and /or vomiting
5. Fever persisting beyond 3 days or recurring after 3 days
6. Abnormal behaviour, confusion , less responsive , convulsion
7. Dizziness when standing and/ or reduced urine production

Tanda –tanda bahaya penyakit influenza (Dewasa)

1. Masalah Pernafasan
Sesak nafas,pernafasan laju, bibir kelihatan biru-biruan
2. Batuk/ kahak berdarah
3. Sakit dada
4. Muntah /cirit-birit yang berterusan
5. Demam > 3 hari/ berulang selepas 3 hari
6. Perubahan tingkah laku, rasa gelisah, kurang responsif
7. Sawan
8. Pening apabila berdiri
9. Kurang buang air kecil

ANNEX 4

**Algorithm for the Management of ILI
in Pregnant Women in the Health Clinics**



Adopted from:
Obstetric and Gynaecology Department.
Hospital Raja Permaisuri Bainun
Ipoh, Perak (August 2022)

GUIDELINES FOR MANAGEMENT OF PREGNANT WOMEN WITH ILI

1. Pregnant women with ILI should not be exposed to other pregnant women. This is to reduce transmission to other pregnant women.
2. Each clinic needs to create a designated area (Designated waiting area) to evaluate pregnant women and other patients with ILI, so that these women will be separated from other antenatal/postnatal women during clinic visits.
3. Pregnant women with ILI who present themselves to the Out Patient Department (OPD) will be managed in the designated area (Designated waiting area) OPD. Medical and Obstetric assessment will be carried as required in the OPD. Treatment as out-patient or referral to the hospital will be decided after evaluating the pregnant women.
4. Pregnant women with ILI, who are well and has no co-morbidity will be given antiviral therapy (Tamiflu) for 5 days. They will be sent home with advice of danger signs (see Appendix A). They will be given a HOTLINE TEL NO to contact whenever necessary (preferably direct hospital labour ward contact number).
5. Pregnant women with ILI requiring admission for obstetric problems, will be managed in the designated area.
6. Pregnant women with ILI with obstetric/ medical complications will be referred to the hospital.
7. Antiviral therapy (Tamiflu) will be made available for all suspected/confirmed influenza cases. Ensure antiviral therapy stocks are available in the health clinics.
8. Pregnant women with ILI who have delivered, need to have their babies separated from them, so as to reduce transmission to their babies. Breastfeeding is NOT CONTRAINDICATED, but proper advice should be given to these mothers regarding breastfeeding. (see appendix B)
9. Mothers with ILI will be given proper advice with regards to the care of newborns and breastfeeding at home (see appendix B)

*Adopted from:
Obstetric and Gynaecology Department.
Hospital Raja Permaisuri Bainun
Ipoh, Perak (August 2022)*

Clinical Assessment Tool for:

1. Moderate to Severe Symptoms

- Respiratory impairment e.g. respiratory rate >24/min, use of accessory muscles, unable to complete full sentence, saturation \leq 92%, decreased effort tolerance, exhaustion, chest pains.
- Dehydration or shock e.g. SBP < 90 mmHg, DBP < 60 mmHg, capillary refill time > 2 secs, reduced skin turgor
- Altered conscious level e.g. confusion, agitation, seizures
- Others e.g. rapidly progressive or serious atypical illness, severe & persistent vomiting & diarrhoea.

2. Atypical Presentation

Myocarditis, pericarditis, rhabdomyositis, rhabdomyolysis with myoglobinuria & renal failure, encephalitis, Reye's syndrome, GBS, transverse myelitis, toxic shock syndrome

3. To give Home Assessment Tools

- Shortness of breath, blue discoloration of lips
- Coughing out blood
- Persistent chest pain
- Persistent vomiting & diarrhoea
- Fever more than 3 days or recurring after 3 days
- Abnormal behaviour, confusion, less responsive, convulsion
- Dizziness when standing &/or reduced urine production

ADVICE FOR PARENTS OF NEWBORNS WHOSE MOTHER HAS ILI PRESUMED INFLUENZA

Which Mother Does This Advice Include

Any mother who has just given birth and has symptoms of Influenza, which include fever with respiratory symptoms like cough and/or sore throat. There may also be headache and muscle aches. This is called “**Influenza-Like Illness**” (ILI).

What Should Such A Mother Do If They Have Flu-Like Symptoms & Have Just Given Birth?

They should inform their doctor immediately if they have “Influenza-Like Illness” when pregnant or at the time of delivery. The doctor will assess and he/she may give appropriate treatment such as Tamiflu.

What Should Such A Mother Do To Protect Their Newborn Baby?

1. It is important to breastfeed your baby because breast milk will offer protection from respiratory infection to the baby.
2. However, the risk for influenza transmission through breast milk is unknown and is possibly small.
3. Treatment with antiviral Tamiflu medication is NOT a contraindication to breastfeeding.
4. If possible have someone to help you for the next 5-7 days. If you have someone to help you, then do not sleep or stay in the same room as the baby. Express your breast milk and have your helper to feed the baby. Before you express your breast milk, wear a mask and wash your hands thoroughly.
5. If you have no one to help you or cannot express your breast milk, then wear a fresh blouse and mask and wash your hands before you breast feed or carry your child.
6. Continue other recommended actions to prevent spread to your baby and other family members:
 - Wash hands frequently with soap and water or use alcohol-based hand cleaner when soap and water are not available.
 - Cover your mouth and nose with a tissue when coughing or sneezing.
 - Avoid touching the eyes, nose and mouth of your baby
7. These precautions should be maintained until at least one day after your fever settles
8. Avoid placing any teats or pacifiers that you have touched into baby’s mouth before washing thoroughly

How Will I Know My Child Is Sick?

Look For The Following **Danger Signs**.

If these danger signs are present, bring your baby to the Casualty/Emergency Department immediately

1. Lethargy, drowsy, irritability or change in behaviour (less active than usual)
2. Not drinking well, persistent vomiting, not passing urine as much as usual
3. Trouble breathing or fast breathing
4. Fits
5. Pale, bluish or gray skin colour
6. Any Fever

Source: Based on Centers for Disease Control and Prevention Guidelines & MOH Paediatricians Advice, July/August 2022

PANDUAN BAGI IBU BAPA KEPADA BAYI YANG IBUNYA DISYAKI DIJANGKITI DEMAM SELSEMA INFLUENZA

KEPADA SIAPA PANDUAN INI DITUJUKAN

Panduan ini ditujukan kepada mana-mana ibu yang baru sahaja melahirkan anak dan dijangkiti tanda-tanda penyakit demam selsema. Tanda-tandanya termasuk demam beserta gejala pernafasan seperti batuk dan/atau sakit tekak. Anda mungkin juga mengalami sakit kepala serta sengal-sengal badan. Tanda-tanda ini digelar 'gejala demam selsema' atau 'Influenza-like illness' (ILI).

Apa yang perlu dilakukan oleh para ibu yang baru bersalin dan mempunyai tanda-tanda sedemikian?

Anda patut berjumpa dengan doktor secepat mungkin sekiranya anda ada tanda-tanda demam selsema semasa mengandung atau semasa hampir dengan masa melahirkan bayi. Anda akan diperiksa dan ubat seperti anti-virus (oseltamivir) mungkin akan dimulakan.

Apa yang patut dilakukan oleh para ibu untuk melindungi bayi daripada jangkitan?

1. Anda patut meneruskan penyusuan bayi kerana susu ibu didapati mengandungi bahan-bahan yang boleh melindungi bayi daripada jangkitan peparu.
2. Namun begitu, risiko jangkitan demam selsema melalui susu ibu tidak diketahui dan risikonya kemungkinan adalah kecil.
3. Sekiranya anda sedang mengambil ubat anti-virus, penyusuan susu ibu masih BOLEH diteruskan.
4. Sewaktu dalam jangkamasa ini, anda juga dinasihatkan untuk mendapatkan bantuan menjaga bayi. Sekiranya ada bantuan, maka anda digalakkan untuk tidur atau tinggal di bilik berasingan dengan bayi. Anda boleh meneruskan penyusuan secara pemerahan susu tetapi susu haruslah diberi kepada bayi oleh pembantu. Sebelum memerah susu, anda haruslah memakai topeng muka dan mencuci tangan dengan bersih.
5. Sekiranya anda tiada mendapat bantuan, anda haruslah mengamalkan menjaga kebersihan diri seperti memakai baju yang bersih, topeng muka dan mencuci tangan sebelum anda menyusu atau memegang anak.
6. Anda digalakkan untuk mengamalkan perkara-perkara berikut untuk mengelakkan jangkitan kepada bayi serta ahli keluarga yang lain dengan cara:
 - a. Mencuci tangan dengan kerap dengan sabun dan air atau menggunakan pencuci tangan berasaskan alkohol jika tiada sabun dan air.
 - b. Tutup mulut dan hidung dengan tisu semasa batuk atau bersin.
 - c. Elakkan daripada menyentuh mata, hidung, dan mulut bayi.

7. Amalan kebersihan ini haruslah diteruskan sekurang-kurangnya sehingga 1 hari selepas demam anda reda.
8. Pastikan anda membasuh sebarang puting yang anda pegang sebelum diberi kepada bayi anda.

Bagaimana untuk mengetahui sama ada bayi memerlukan rawatan?

Anda perlu **SEGERA** mendapatkan rawatan di hospital sekiranya bayi anda mempunyai gejala-gejala berikut

1. Berkelakuan lain atau kurang aktif daripada biasa, kurang responsif kepada rangsangan.
2. Kurang menyusu
3. Muntah-muntah
4. Tidak kencing sekerap biasa.
5. Susah bernafas atau pernafasan laju, lekuk pada dada semasa bernafas
6. Sawan
7. Kelihatan kebiru-biruan atau pucat.
8. Demam berpanjangan

Rujukan

Guidance on use of anti-viral agents for the treatment and prophylaxis of seasonal influenza. UK Health Security Agency. Version 11 November 2021