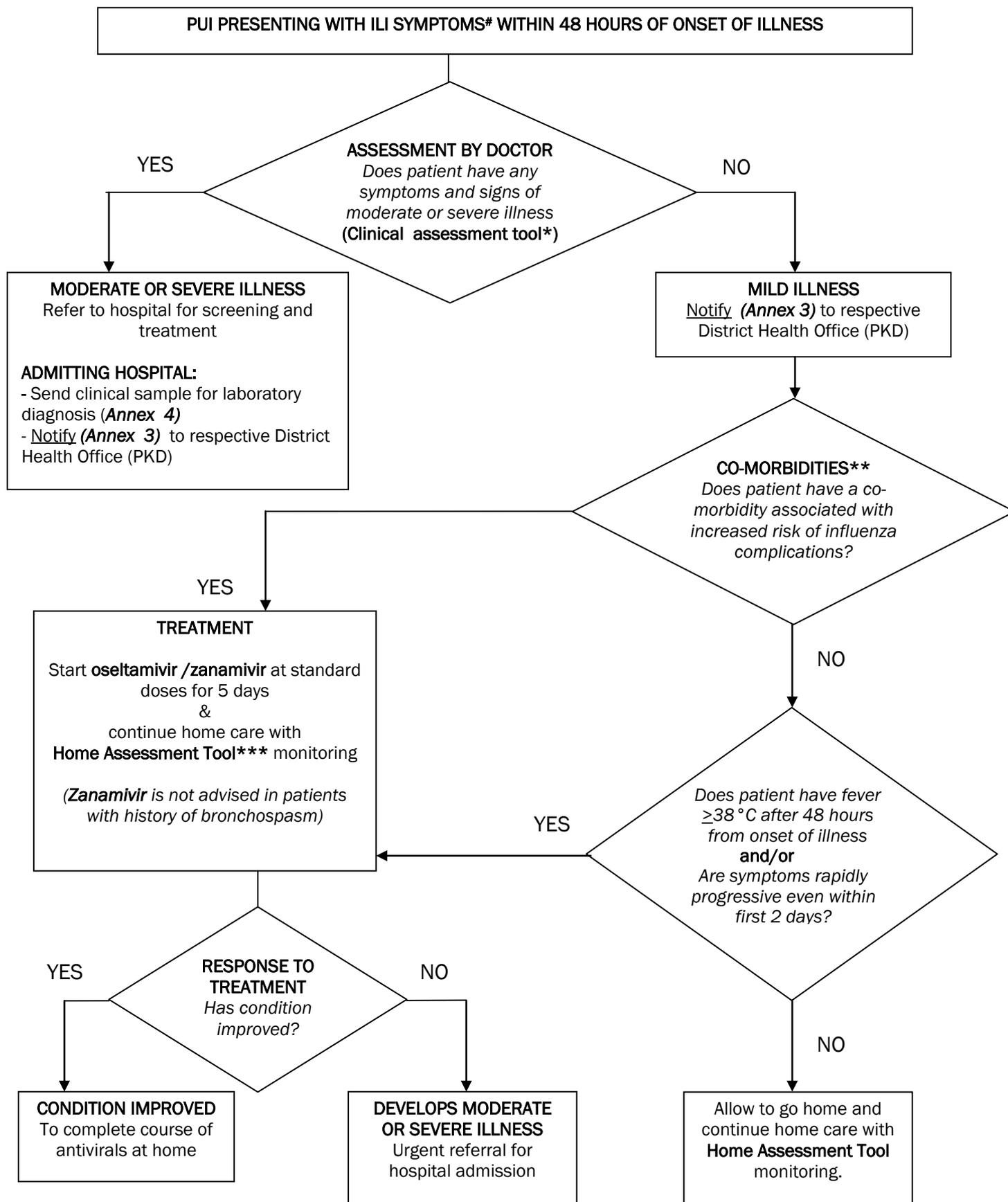


## MANAGEMENT FOR ADULT PATIENT UNDER INVESTIGATION (PUI) WITH INFLUENZA-LIKE ILLNESS (ILI) IN GP SETTING



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### #DEFINITION OF INFLUENZA-LIKE ILLNESS (ILI):

Sudden onset of fever with temperature  $\geq 38^{\circ}\text{C}$  with cough and sore throat, in the absence of other diagnosis

### TREATMENT WITH INFLUENZA ANTIVIRALS:

1. Treatment with the antiviral drugs should be administered as soon as possible after symptom onset.
2. 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.**
3. 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.
4. 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  |
|--|
| <p>Respiratory impairment: any of the following</p> <ul style="list-style-type: none"> <li>▪ Tachypnoea, respiratory rate <math>&gt; 24/\text{min}</math></li> <li>▪ Inability to complete sentence in one breath</li> <li>▪ Use of accessory muscles of respiration, supraclavicular recession</li> <li>▪ Oxygen saturation <math>\leq 92\%</math> on pulse oximetry</li> <li>▪ Decreased effort tolerance since onset of ILI</li> <li>▪ Respiratory exhaustion</li> <li>▪ Chest pains</li> </ul> |
| <p>Evidence of clinical dehydration or clinical shock</p> <ul style="list-style-type: none"> <li>▪ Systolic BP <math>&lt; 90\text{mmHg}</math> and/or diastolic BP <math>&lt; 60\text{mmHg}</math></li> <li>▪ Capillary refill time <math>&gt; 2</math> seconds, reduced skin turgor</li> </ul>  |
| <p>Altered Conscious level (esp. in extremes of age)</p> <ul style="list-style-type: none"> <li>▪ New confusion, striking agitation or seizures</li> </ul>   |
| <p>Other clinical concerns:</p> <ul style="list-style-type: none"> <li>▪ Rapidly progressive (esp. high fever <math>&gt; 3</math> days) or serious atypical illness</li> <li>▪ Severe &amp; persistent vomiting</li> </ul>   |

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### **\*\* 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
- Pregnant women, esp. in second or third trimester
- Obesity
- 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:<br>- shortness of breath or<br>- rapid breathing or<br>- purple or blue discoloration of lips |
| 2 | Coughing out blood or blood streaked sputum.  |
| 3 | Persistent chest pains.   |
| 4 | Persistent diarrhea 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.  |