Travancore Medical College Hospital
A Unit of Quilon Medical Trust

JANUARY 2026
HIPC NEWSLETTER

In This Issue

Important Dates

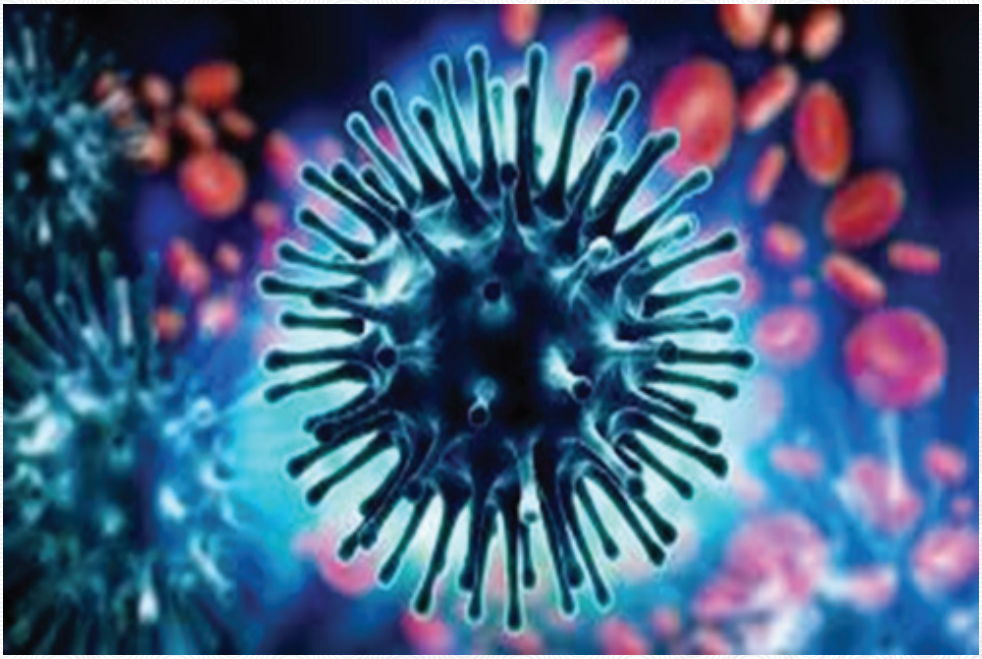
| World Hand Hygiene Day- May 5th
| Global Handwashing day –October 15th
| AMR Awareness Week-18-24 November
| International Infection Prevention Week –Every 3rd Week Of October

Guideline Updates Quick Links

https://www.google.com/search?vsrid=COOb3evemvTCfhACGAEiJDhkMjkzMDNmLWE5MjYtNGZlMC1hNGQwLWUyZjE5ZmRlNmExNjIGIgJ0cChJOLv_5uyWiJID&vsint=CAIqDAoCCAcSAggKGAEgATojChYNAAAAPxUAAAA_HQA

INFLUENZA

INTRODUCTION



Flu is a contagious respiratory illness caused by influenza viruses

- Flu can cause mild to severe illness
- Most experts believe that flu viruses spread mainly by tiny droplets made when people with flu cough, sneeze, or talk
- The first and most important step in preventing flu is to get a flu vaccine each year.

TYPES

Based on World Health Organization (WHO) guidelines and surveillance standards, influenza viruses are classified based on their virological characteristics (types/subtypes) and, for public health management, by their epidemiological behavior (seasonal, zoonotic, or pandemic).

1. VIROLOGICAL CLASSIFICATION (TYPES A, B, C, D)

- **Influenza A:** Viruses are classified into subtypes based on surface glycoproteins: **Hemagglutinin (HA)** and **Neuraminidase (NA)**. They have a wide host range (humans, birds, pigs) and are the only type known to cause pandemics. Currently circulating in humans are subtypes **A(H1N1)pdm09** and **A(H3N2).**
- **Influenza B:** These are not classified into subtypes but are broken down into two lineages: **B/Yamagata** and **B/Victoria.** They primarily affect humans and cause annual seasonal epidemics.
- **Influenza C:** Causes mild, sporadic infections and is not considered a significant public health threat.

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- **Influenza D:** Primarily affects cattle and is not known to infect or cause illness in humans.

2. EPIDEMIOLOGICAL/PUBLIC HEALTH CLASSIFICATION

- **Seasonal Influenza:** These are viruses that circulate annually, typically during winter months in temperate regions, causing epidemics.
- **Zoonotic Influenza (Novel Influenza A):** Animal viruses (e.g., avian H5N1, H7N9, or swine influenza) that occasionally infect humans, causing severe disease. These possess pandemic potential if they develop sustained human-to-human transmission.
- **Pandemic Influenza:** A new, distinct influenza A virus against which the human population has little to no immunity.

CAUSES

- Experts think that influenza viruses spread mainly by droplets made when people with flu cough, sneeze, or talk.
- Less often, a person might get influenza (flu) by touching a surface or object that has influenza virus on it and then touching their own mouth, nose, or possibly their eyes.
- Influenza viruses can be detected in most infected people beginning one day before symptoms develop and up to five to seven days after becoming sick.
- People with flu are the most contagious during the first three days of their illness

RISK FACTORS

- Adults 65 years and older
- Children younger than 2 years oldA
- People with asthma
- People with chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
- People with neurologic and neurodevelopment conditions
- People with blood disorders (such as sickle cell disease)
- People with endocrine disorders (such as diabetes mellitus)
- People with heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
- People with kidney disorders
- People with liver disorders
- People with metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- People with a body mass index (BMI) of 40 kg/m2 or higher
- People younger than 19 years old on long-term aspirin- or salicylate-containing medications.

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- People with a weakened immune system due to disease (such as people with HIV or AIDS, or some cancers such as leukemia) or medications (such as those receiving chemotherapy or radiation treatment for cancer, or persons with chronic conditions requiring chronic corticosteroids or other drugs that suppress the immune system)
- People who have had a stroke
- People with certain disabilities—especially those who may have trouble with muscle function, lung function, or difficulty coughing, swallowing, or clearing fluids from their airways.

SIGNS AND SYMPTOMS

- fever* or feeling feverish/chills
- cough
- sore throat
- runny or stuffy nose
- muscle or body aches
- headaches
- fatigue (tiredness)
- some people may have vomiting and diarrhea, though this is more common in children than adults.*It's important to note that not everyone with flu will have a fever.
- Pregnant women, including up to 2 weeks after the end of pregnancy
- People who live in nursing homes and other long-term care facilities
- People from certain racial and ethnic minority groups are at increased risk for hospitalization with flu, including non-Hispanic Black persons, Hispanic or Latino persons, and American Indian or Alaska Native persons

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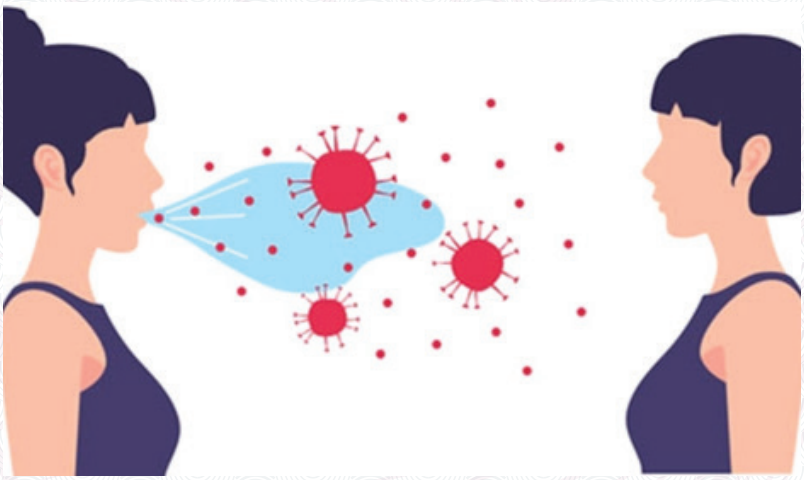
TRANSMISSION

- Influenza (flu) spreads mainly through tiny respiratory droplets from coughs, sneezes, and talking, which are inhaled by others or land on their mouths/noses, but also via touching contaminated surfaces then your face.
- In temperate climates, seasonal epidemics occur mainly during winter, while in tropical regions, influenza may occur throughout the year, causing outbreaks more irregularly.

The time from infection to illness, known as the incubation period, is about 2 days, but ranges from 1–4 days.



INVSETIGATIONS

. CDC guidelines for influenza investigation emphasize prompt, high-quality respiratory specimen collection (nasopharyngeal/mid-turbinate swabs within 3-4 days of symptom onset) and testing, favoring rapid molecular assays (like PCR) over rapid antigen tests (RIDTs) for better accuracy, especially in hospitalized patients and low-activity seasons, often confirming negative RIDTs with PCR. Lower respiratory tract samples are crucial for severe cases, and antiviral treatment should start within 48 hours of symptom onset for best results.

SPECIMEN COLLECTION & TIMING

- **When:** As early as possible, ideally within 3-4 days of symptom onset, as viral shedding declines.
- **Who:** Infants, young children, immunocompromised, and hospitalized patients might shed longer.
- **Where:** Upper respiratory (nasopharyngeal/mid-turbinate/throat swab); lower respiratory (endotracheal aspirate/bronchoalveolar lavage) for severe cases or negative upper tests.
- **Preferred Swabs:** Flocked swabs are better than non-flocked.

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RECOMMENDED TESTING METHODS

- **Molecular Assays (RT-PCR):** Highly recommended for accuracy, especially in hospitals, detecting viral RNA.
- **Rapid Molecular Assays:** Faster molecular tests (15-30 mins) with better sensitivity than RIDTs.
- **Rapid Antigen Detection Tests (RIDTs):** Can be used, but have lower sensitivity; negative results in high-activity seasons or suspected cases should be confirmed with PCR.
- **Lab Testing:** Public health labs use PCR for strain surveillance

PREVENTION

- CDC recommends a yearly flu vaccine as the first and most important action in reducing your risk of flu.
- For 2025-2026 flu season, CDC recommends seasonal flu vaccination for children, pregnant women, and adults with only single-dose formulations of flu vaccine that are free of thimerosal as a preservative.
- Flu vaccination also has been shown to reduce the severity of illness in people who get vaccinated but still get sick.

  People at higher risk of serious flu complications include young children, pregnant women, people with certain chronic health conditions like asthma, diabetes or heart and lung disease, and people 65 years and older.
- Vaccination also is important for health care workers and other people who live with or care for people at higher risk of serious flu illness to keep from spreading flu to them. This is especially true for people who work in long-term care facilities, which are home to many of the people most vulnerable to flu.
- Children younger than 6 months are at higher risk of serious flu illness but are too young to be vaccinated. People who care for infants should be vaccinated instead.
- Health care providers can support patients in making informed decisions about vaccinations.
- Take actions every day to help stop the spread of germs. Getting a flu vaccine is the most important.

Cover coughs and sneezes.

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wearing a mask is an additional prevention strategy that you can choose to further protect yourself and others. When worn by a person

with an infection, masks reduce the spread of the virus to others. Masks can also protect wearers from breathing in infectious particles from people around them.

- **Wash your hands**
- Often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
- Avoid touching your eyes, nose, and mouth. Germs spread this way.
- You can improve air quality by bringing in fresh outside air, purifying indoor air, or gathering outdoors. Cleaner air can reduce the risk of exposure to viruses.

TREAMENT

- oseltamivir phosphate
- zanamivir
- peramivir

Antiviral drugs approved for use in children

There are four flu antiviral drugs approved by the U.S. Food and Drug Administration (FDA) for use in the United States which are recommended by CDC for use in children this flu season:

- **Oseltamivir** (available as a generic version or under the trade name Tamiflu®) is approved for treatment of flu in children 14 days old and older. Oral oseltamivir comes in the form of pills and liquid. Although not part of the FDA-approved indications, use of oral oseltamivir for treatment of flu in infants younger than 14 days old, and for chemoprophylaxis in infants 3 months to 1 year, is recommended by the CDC and the American Academy of Pediatrics. If a child is younger than 3 months old, use of oseltamivir for chemoprophylaxis is not recommended unless the situation is judged critical due to limited data in this age group.
- **Zanamivir** (trade name Relenza®) is approved for treatment of flu in children 7 years and older. It is not recommended for use in children with underlying respiratory disease, including those with asthma and other chronic lung diseases. Inhaled zanamivir is given via a special inhaler (Diskhaler®).
- **Peramivir** (trade name Rapivab®) is given intravenously and recommended for use in children 6 months and older.
- **Baloxavir** (trade name Xofluza®) is a pill that is given as a single dose by mouth and is approved for early treatment of flu in children 5 years to younger than 12 years who do not have any chronic medical conditions, and for all children 12 years and older

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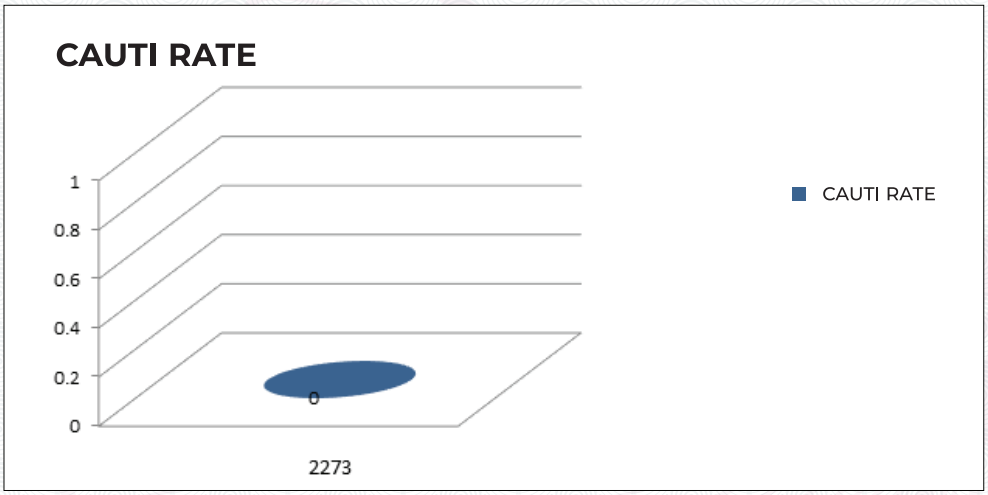
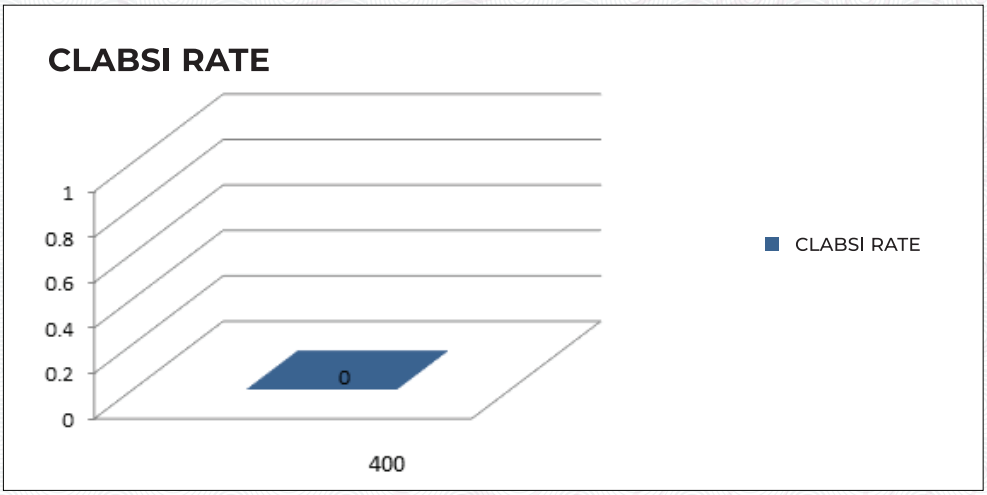
HAI DATA - DECEMBER 2025

CAUTI RATE - DECEMBER 2025



CLABSI RATE - DECEMBER 2025



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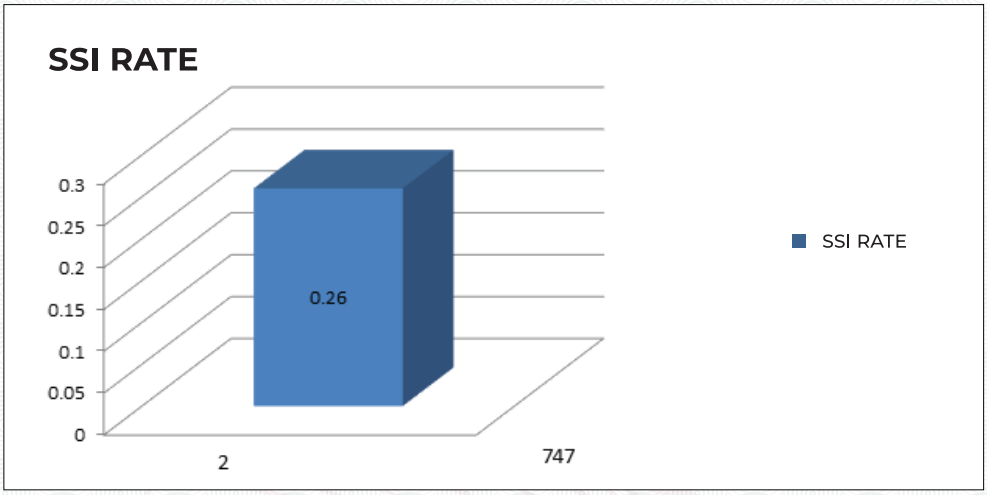
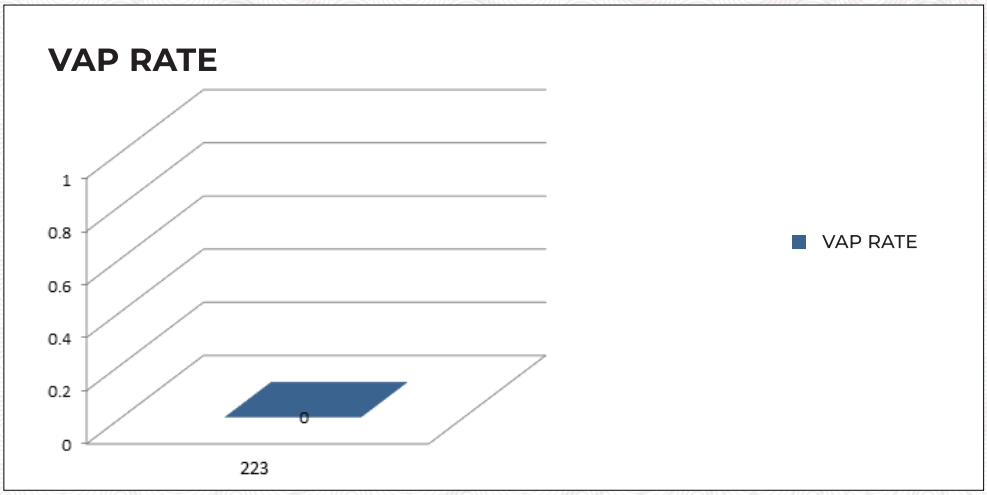
SSI RATE - DECEMBER 2025



VAP RATE - DECEMBER 2025



PERCENTAGE OF COMPLIANCE TO HAND HYGIENE- DECEMBER 2025