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PGI/DIR/DC/**1049**/2026

Date: 29-08-2026
Office Order/Dir. camp
RSD No. 1485/13

## OFFICE ORDER

In the context of the increasing number of Influenza cases in Uttar Pradesh, all healthcare workers and medical personnel of the Institute are hereby directed to strictly follow the prescribed infection control measures, including hand hygiene, appropriate use of masks, cough etiquette and testing, as per the SOPs/guidelines attached herewith.

All concerned are requested to carefully go through the SOPs/guidelines attached with this Office Order, as detailed below:

1. **Annexure–1:** Guidelines on Use of Masks for Health Care Workers
2. **Annexure–2:** Guidelines for Vaccination and Pharmacological Prophylaxis
3. **Annexure–3:** Guidelines for Treatment of Influenza – SGPGI SOP
4. **Annexure–4:** H1N1 Staff Advisory – SGPGIMS

All Heads of Departments are requested to ensure that the above SOPs are brought to the notice of all concerned healthcare workers and medical personnel under their respective control.

The above order will come in force with immediate effect and will effective till further orders.

(Prof. Radha Krishan Dhiman)
Director

Copy to:-

1. Additional Director
2. Dean/Executive Registrar
3. Chief Medical Superintendent/Medical Superintendent
4. Finance officer
5. Joint Director (Administration)/Joint Director (Material Management)
6. All HOD's/Sectional Heads
7. PRO
8. Office Order file

(Prof. Radha Krishan Dhiman)
Director

# 1.1 GUIDELINE ON USE OF MASKS FOR HEALTH CARE WORKERS

Masks are personal protective devices which if used correctly would protect the user from contracting Influenza A H1N1 or for that matter, any other aerosol/droplet borne/air-borne infection. Masks should be used mandatorily for all health personnel working in an infective environment. The particular type of mask to be used is related to particular risk profile of the category of personnel and his/her work. The risk categorization may change according to the expected degree of environmental contamination and lethality of the virus.

There are two types of masks which are recommended for various categories of personnel depending upon the work environment;

1. Triple layer surgical mask
2. N 95 Respirator

The use of these masks in context of their work setting is enumerated below:

**1. Hospital Setting**

**a. Screening Area:**

All medical personnel including nursing and paramedical staff would use Disposable Triple layer surgical mask.

**b. Isolation Ward:**

Medical and nursing staff involved in Clinical Care in isolation facilities would require Triple layer surgical mask, along with other Personal Protective Equipment (PPE). However, if the staff is involved in any aerosol generating procedures like suction, intubation, nebulization, etc. they should use N95 Respirator. If the medical personnel need to collect clinical samples from patients then they would also use N95 Respirators.

**c. Critical Care Facility:**

Medical and nursing staff involved in critical care in Intensive Care Unit should use N 95 Respirators.

**d. Laboratory:**

All personnel working in laboratories and handling clinical samples related to Influenza A H1N1 should use N 95 Respirators.

**e. Mortuary:**

Personnel involved in handling dead bodies of suspect/confirmed cases of Influenza A H1N1 should use Triple layer surgical mask.

**f. Ambulance Staff:**

Driver of the ambulance earmarked for transporting patients of Influenza A H1N1 should use Triple layer surgical mask. The paramedic in the patient cabin should use Triple layer surgical mask and if performance of any aerosol generating procedures is contemplated (suction, oxygen administration by nasal catheter, intubation, nebulization etc) N 95 respirator should be used

**g. Security personnel:**

Security personnel working in an infected/ potentially infected area involved in quarantine, social distancing measures or in maintaining law and order in the affected locality should use Triple layer surgical mask.

**Guidelines for use of mask**

1. Mask for use of health personnel should be of standard and certified make.
2. The correct procedure of wearing triple layer surgical mask:
   - Unfold the pleats; make sure that they are facing down.
   - Place over nose, mouth and chin.
   - Fit flexible nose piece over Nose Bridge.
   - Secure with tie strings (upper string to be tied on top of head above the ears –lower string at the back of the neck.)
   - Ensure there are no gaps on either side of the mask, adjust to fit.
   - Do not let the mask hanging from the neck.
   - Change the mask after six hours or as soon as they become wet.

- Disposable masks are never to be reused and should be disposed off.
- While removing the mask great care must be taken not to touch the potentially infected outer surface of the mask
- To remove mask first untie the tie-string below and then the tie string above and handle the mask using the upper strings.

3. Disposal of used masks

Used mask should be considered as potentially infected medical waste. In the hospital setting it should be disposed off in the identified infectious waste disposal bag/container.

## 1.2 GUIDELINES FOR PHARMACOLOGICAL PROPHYLAXIS AND VACCINATION AGAINST INFLUENZA

1. **Annual influenza vaccination is the most effective method for preventing Influenza virus infection and its complications.**
2. The WHO/CDC and MOHFW, New Delhi recommends **Trivalent Inactivated Vaccine (TIV) for prevention and control of Influenza.** The 2026-27 trivalent vaccines which has been recommended by CDC's Advisory Committee on Immunization Practices (ACIP).
3. The efficacy of this vaccine ranges from 93-97%.
4. The vaccine with above specifications has been procured and is available in HRF. The vaccine available in HRF is a subunit vaccine available as: **A**. Vaxiflu 2026/2027 **B**. Influvac Tetra 2026/2027 **C**: Vaxigrip 2026/2027

**Guidelines for vaccination**

1. All health care personnel working in SGPGIMS should get themselves vaccinated immediately with trivalent inactivated influenza vaccine (**TIV**) available in HRF. Staffs who need to be vaccinated at priority basis would include the following areas:
    i. Emergency Department
    ii. Infectious Diseases ward
    iii. Pulmonary Medicine ward and ICU
    iv. General Hospital
    v. Microbiology/Virology and Pathology Labs
    vi. Critical Care Medicine ICU
    vii. Post-Operative ICU
    viii. All Medical and Surgical ICUs
    ix. Bone Marrow Transplant Unit
2. Staff of other wards should also get themselves vaccinated as soon as possible.

3. In case of continued ongoing exposure after vaccination, pharmacological prophylaxis with Oseltamivir (Fluvir/Antiflu/Tamiflu/Natflu) should be continued for at least 3 weeks because antibodies take at least 3 weeks to develop.
4. Post vaccination mild myalgia or low-grade fever is usual but any other adverse event should be immediately notified.
5. The dose of vaccine adults is 0.5 ml intramuscular.
6. **The Trivalent intramuscular vaccine is contraindicated in:**

    a. TIV is contraindicated and should not be administered to persons known to have anaphylactic hypersensitivity to eggs or to other components of the influenza vaccine unless the recipient has been desensitized.
    b. Prophylactic use of antiviral agents is an option for preventing influenza among such persons. Information about vaccine components is located in package inserts from each manufacturer.
    c. Persons with moderate to severe acute febrile illness usually should not be vaccinated until their symptoms have abated.
    d. Moderate or severe acute illness with or without fever is a precaution for TIV.

    e. GBS within 6 weeks following a previous dose of influenza vaccine is considered to be a precaution for use of influenza vaccines.

**Method of obtaining Vaccine from HRF**

a. All Head of departments can send an indent to HRF denoting number of faculty members and residents and other staff members who want them to get vaccinated with their name and registration number and obtain the vaccine.
b. For persons working in the ward all Head of departments should ask the sister in-charge of their wards to make list of individuals working in the ward and send their name and registration numbers and place an indent to the HRF.
c. Vaccine once obtained can be injected intramuscularly. Precautions must be taken to maintain cold chain.

d. In general, three simple questions should be asked before administering vaccine to any individual.

- Did the person ever have any kind of allergy to any vaccine?
- Is the person allergic to egg or its products?
- Is the person currently having Acute febrile illness?

If any of the above questions yields an answer with **YES,** please **DO NOT** administer vaccine to that person.

**Guidelines for pharmacological prophylaxis**

All staff members working in Ward/ICU and caring for Influenzae patients should take prophylaxis with oseltamivir (Fluvir/Antiflu/Tamiflu/Natflu).

1. **Do not take vaccination as an immediate substitute for prophylaxis. In case of ongoing exposure after vaccination, pharmacological prophylaxis with** oseltamivir (Fluvir/Antiflu/Tamiflu/Natflu) **should be continued for at least 3 weeks because antibodies take at least 3 weeks to develop**
2. Any person who has come in close contact with Influenzae positive patient should take prophylaxis.
3. In general, pharmacological prophylaxis with Oseltamivir is indicated only for close contacts of Swine Flu positive patients.
4. The dose of oseltamivir for prophylaxis is as follows:

   Prophylaxis should be provided till 10 days after last exposure (maximum period of 6 weeks) by Weight:

   - For weight < 15 kg 30 mg OD
   - 15-23 kg 45 mg OD
   - 24 - < 40 kg 60 mg OD
   - > 40 kg 75 mg OD

## 1.3 GUIDELINES FOR TREATMENT OF INFLUENZA

**Guidelines for treatment:**

The guiding principles are:

1. Prompt treatment to prevent severe illness & death.
2. Early identification and follow up of persons at risk.
3. To maintain adequate supplies and quantities of N95 respirators, handwash, disinfectants and medications (Oseltamivir, antibiotics and other medicines).

**Management:**

| Category | Features | Action |
|---|---|---|
| A (mild) | Mild fever, cough / sore throat ± body ache, headache, diarrhoea, vomiting; no risk factors | Symptomatic treatment. No oseltamivir, no test. Home isolation. Reassess in 24–48 h. |
| B (I) | Category A features with high fever and severe sore throat +/- cough | Home isolation in a separate room + oseltamivir. Testing not mandatory if improving. |
| B (II) | Category A features with high risk: pregnancy, age ≥ 65 y, children with comorbidity, chronic lung / heart / liver / kidney disease, diabetes, blood or neurological disorders, cancer, HIV, long-term steroid/immunosuppressive therapy | Oseltamivir without waiting for the report. Close monitoring.<br>Testing mandatory |
| C (severe) | Breathlessness, chest pain, drowsiness, hypotension, blood-stained sputum, cyanosis of nails | Immediate testing and hospital admission. Start oseltamivir at once; do not wait for the report. |

**Category A - Mild Patients**

Patients with mild fever and cough/sore throat, with or without accompanying body ache, headache, diarrhoea and vomiting, fall in this category.

- Such patients should be treated according to the above symptoms; they do not require Oseltamivir medicine.
- These patients should recover at home themselves and **should avoid contact with the general public and high-risk members of the household**.
- Medical monitoring should be maintained to assess improvement in such patients. The physician should reassess them within 24 to 48 hours and decide on further treatment.

- If improvement occurs, these patients do not need to be tested for Influenza-A (H1N1).

**Category B - Serious Patients**

This category includes the following two sub-groups of patients:

**(B.I)** If, along with the symptoms given under Category A, the patient has high fever and severe sore throat. Such patients should recover at home in a separate, isolated room, and should be given Oseltamivir medicine as needed.

**(B.II)** In addition to the above, patients with the signs and symptoms given under Category A, along with the following high-risk factors:

- Children with mild illness who are already suffering from other illnesses.
- Pregnant women.
- Persons aged 65 years or above.
- Persons suffering from diseases of the lungs, heart, liver, kidney; blood disorders, diabetes, neurological disorders, cancer, and HIV/AIDS; persons receiving long-term cortisone treatment.

**Testing and treatment in Category B**

- Patients falling under B.I and B.II should recover at home in isolation and should avoid contact with the general public and high-risk household members.
- Such patients should be given Oseltamivir medicine.
- In case of pneumonia, broad-spectrum antibiotics should be given as needed, in accordance with Community Acquired Pneumonia (CAP) guidelines.
- The improvement of all patients in this category should be assessed under medical supervision, and further treatment decided accordingly.

**Category C - Very Serious**

Patients with the above signs and symptoms of Categories A and B, along with any of the following conditions:

- Breathlessness, chest pain, drowsiness, low blood pressure, blood in sputum, bluish discoloration of nails.
- Worsening of any pre-existing chronic illness in the patient.

**Testing and treatment in Category C**

- All patients falling under Category C need to undergo urgent laboratory testing and be admitted to hospital for treatment.

**General OPD patients: (Non-Healthcare workers)**

Any patient who presents to the OPD of any department with symptoms of Influenzae like illness should be categorised in that department as per the categorisation mentioned above and be tested and treated accordingly.

**SGPGI Healthcare staffs OPD:**

**If any healthcare worker of SGPGI presents with symptoms of Influenza-like illness or is tested positive for influenza, DONOT PANIC.** The following department may be contacted for prompt management:

A: During OPD hours:

1. Department of Infectious Diseases
2. Department of Pulmonary Medicine
3. General Hospital

B: During non-OPD hours: Residents of Department of Infectious Diseases or Pulmonary Medicine may be contacted for assessment and evaluation.

In case faculty/residents/staff are unable to contact, they may contact the below mentioned CUG number for further assistance: **+9180049031363**

**In-patient (IPD):**

Any patient who is admitted AND tests positive for Influenza should be managed as per Risk categorization. If the patient is stable and is under category A or Category B, the person may be managed in the department itself with antivirals, empirical antimicrobials if required and symptomatic treatment.

In case the patient develops breathlessness or hypoxia or Respiratory failure, the following department may be contacted and based on availability of beds, patient may be shifted to the following areas for further management:

A: Infectious Diseases ICU

B: Critical Care Medicine ICU

C: Pulmonary Medicine ICU

D: Post-operative ICU

****Testing for Influenza should be done as per risk categorisation. Unnecessary testing should be avoided to preserve resources and avoid panic****

**Diagnostic facilities at SGPGIMS**

- RT-PCR for Influenza A/H1N1 and for SARS-CoV-2 is available in Microbiology Department (Virology)
- **Specimen:** Combined nasopharyngeal and oropharyngeal swab in viral transport medium.
- **Collection centre:**

  A: OPD patients: Collection centre is located at SBI corner near Naveen OPD; Open from 9.30 AM to 1 PM

  B: IPD patients: Collection of samples to be done by Departmental staff in Viral transport media (VTM) which is available in Virology laboratory (Microbiology Department)

- **Transport:** Nasopharyngeal/Oropharyngeal swab must be submitted to Virology Lab immediately after collection in Viral Transport Medium.

## Dose of Oseltamivir for treatment is as follows:

| | |
|---|---|
| **For weight < 15 kg** | **30 mg BD for 5 days** |
| **15-23 kg** | **45 mg BD for 5 days** |
| **24- < 40 kg** | **60 mg BD for 5 days** |
| **> 40 kg** | **75 mg BD for 5 days** |

**ANNEXURE 1.4**

## HOSPITAL ADVISORY — SEASONAL INFLUENZA

***For all Hospital staff and healthcare workers***

**Date**: **28.08.2026**

A rise in laboratory-confirmed Influenza A (H1N1) cases is being reported across Uttar Pradesh. This advisory summarises the recognition, testing, treatment and infection-prevention measures to be followed by all staff with immediate effect.

### 1. Recognising the illness

- **Influenza:** fever, sore throat, cough, running nose, headache, body ache, chills, redness of the eyes; occasionally vomiting and diarrhoea. Incubation 1-4 days (usually 2 -3, up to 7).
- It spreads by respiratory droplets and by contaminated hands and surfaces.

### 2. When to seek treatment — categorisation

| Category | Features | Action |
|---|---|---|
| A (mild) | Mild fever, cough / sore throat ± body ache, headache, diarrhoea, vomiting; no risk factors | Symptomatic treatment. No oseltamivir, no test. Home isolation. Reassess in 24–48 h. |
| B (I) | Category A features with high fever and severe sore throat | Home isolation in a separate room + oseltamivir. Testing not mandatory if improving. |
| B (II) | Category A features with high risk: pregnancy, age ≥ 65 y, children with comorbidity, chronic lung / heart / liver / kidney disease, diabetes, blood or neurological disorders, cancer, HIV, long-term steroid/immunosuppressive therapy | Oseltamivir without waiting for the report. Close monitoring. |
| C (severe) | Breathlessness, chest pain, drowsiness, hypotension, blood-stained sputum, cyanosis of nails | Immediate testing and hospital admission. Start oseltamivir at once; do not wait for the report. |

**STAFF DEVELOPING INFLUENZA-LIKE ILLNESS MUST IMMEDIATELY INFORM THEIR UNIT HEAD AND SHOULD BE REVIEWED IN THE EMPLOYEE HEALTH CLINIC FOR NEED OF TESTING AND FURTHER ADVISE.**

### 3. Diagnostic facilities at SGPGIMS

- RT-PCR for Influenza A/H1N1 is available in Microbiology Department (Virology)
- **Specimen:** Combined nasopharyngeal and oropharyngeal swab in viral transport medium.
- **Collection centre:**
  - A: OPD patients: Collection centre is located at SBI corner near Naveen OPD; Open from 9.30 AM to 1 PM
  - B: IPD patients: Viral transport media is available in Virology laboratory (Microbiology Department)
- **Transport:** Nasopharyngeal/Oropharyngeal swab must be submitted to Virology Lab immediately after collection in Viral Transport Medium.

## 4. Protective measures

- **N95 respirator mask:** for all staff caring for suspected or confirmed cases, in the flu/isolation ward, ICU, emergency and during any aerosol-generating procedure (intubation, suction, bronchoscopy, nebulisation, NIV, high-flow oxygen, CPR, sputum induction, dental and ENT procedures. Check the seal each time; do not wear over a beard. Discard when soiled, damp or damaged.
- **Triple-layer surgical mask:** for all other staff throughout clinical areas, and for every patient and attendant with respiratory symptoms. Cover nose, mouth and chin; do not lower it to the chin or handle the front surface.
- **Hand hygiene:** alcohol-based hand rub for 20 -30 sec OR soap and water for 40 -60 s when hands are visibly soiled - at all WHO 5 moments and before eating. Minimise handshaking.
- **Cough etiquette:** cover the mouth and nose with a handkerchief, tissue or the flexed elbow; dispose of tissues in a covered bin and clean hands immediately.
- **Distancing and placement:** maintain at least one arm's length during conversation; isolate or cohort suspected cases; ensure good ventilation; avoid crowded areas during an outbreak.
- **Environmental cleaning:** clean high-touch surfaces and areas used by a confirmed case with 5% bleaching powder solution or 1% sodium hypochlorite.

## 5. Vaccination

- Annual seasonal influenza vaccine (current WHO-recommended formulation) is strongly advised for all healthcare staff likely to encounter influenza patients
- Also recommended for high-risk groups: pregnant women, the elderly, children with chronic illness, and patients on immunosuppressive therapy.
- **Vaccination does not replace masking, hand hygiene and isolation. Until protective immunity develops, exposed staff should receive prophylaxis as below.**

## 6. Oseltamivir — treatment and prophylaxis

| Weight / age | Treatment (Category B-I, B-II, C) - 5 days | Post-exposure prophylaxis - 10 days |
|---|---|---|
| Adults and > 40 kg | 75 mg twice daily | 75 mg once daily |

- Start treatment on clinical suspicion in Category B-II and C - preferably within 48 hours of symptom onset. Do not wait for the RT-PCR report.
- Chemoprophylaxis is for household and healthcare contacts with comorbid conditions, and for unprotected high-risk exposure. Give for 10 days from the last exposure (maximum 6 weeks). Doses are once daily.

## 7. Responsibilities of all units/Department:

- Ensure adequate stocks of N95 and surgical masks, hand rub, viral transport media and oseltamivir; report shortfalls to stores immediately.
- Display posters on do's and don'ts, Masking, cough etiquette and hand hygiene posters - in all OPDs, wards and waiting areas.
- Screen and mask every patient and attendant with respiratory symptoms at Departmental OPD

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Department of Infectious Diseases
*Issued with the approval of the Director, SGPGIMS*