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Date) 08/06/2020

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சுகாதார மற்றும் சுதேச வைத்திய சேவைகள் அமைச்சு
Ministry of Health & Indigenous Medical Services

Provincial Directors of Health Services,
Regional Directors of Health Services,
Director NIHS,
Heads of Medical Institutions,
Chief MOH/CMC,

Prevention of maternal morbidity and mortality due to Seasonal Influenza and Dengue infections during the current Pandemic

Whilst appreciating the commendable role of healthcare workers in controlling the current COVID-19 epidemic, due attention need to be paid to preventing maternal morbidity and mortality due to seasonal influenza and dengue infections.

A significant number of maternal deaths due to the above infections are reported every year. The total numbers of maternal deaths reported due to both suspected pneumonia and dengue during the years 2018 and 2019 were 15 and 14 respectively. In 2020, five maternal deaths have been reported due to suspected dengue or pneumonia so far.

Any pregnant woman developing fever should be admitted on day 1 itself and managed accordingly.

Seasonal influenza:

Risk of mortality due to influenza is high during pregnancy. If not treated properly, influenza can result in maternal complications and deaths. Therefore a high degree of suspicion and vigilance is needed in managing such women.

1. All pregnant women having fever, flu-like symptoms (rhinorrhea / cough etc.) with/without headache or myalgia should be advised to seek inward care in the closest specialist hospital immediately. This message should be communicated during domiciliary and clinic contact points, together with other maternal danger features.
2. Public Health Midwives should follow up pregnant women with fever to ensure their admission to a specialist hospital.
3. All first contact Medical Officers should transfer/ refer pregnant women with fever to the closest specialist hospital immediately.

4. At the specialist hospital, the attending Medical Officer should admit the index patient for inward care. (If she refuses admission, the attending Medical Officer should consult VOG or VP on call and may prescribe Oseltamivir as per the circular FHB/MCS/Prev/18 dated 05/06/2018).
5. On admission to a ward, it is a must to treat with oseltamivir when influenza is suspected without waiting for laboratory confirmation. For further details, please refer 'Guidelines on management of influenza infections during pregnancy, FHB/MCU/DGHS/2015' dated 25/05/2015.
6. Heads of Institutions should ensure that adequate stocks of oseltamivir should be maintained at their respective institutions.

Dengue fever:

A higher percentage of more severe form of dengue known as DHF occurs among pregnant women compared to non-pregnant women infected with the dengue virus. The overall severity of DHF is also higher in pregnant women than in non-pregnant women. The risk of vertical transmission, especially among women with dengue during the late pregnancy period, should also be taken into consideration.

1. When a pregnant woman develops fever, healthcare workers should advise them to stop/avoid all NSAIDs including aspirin.
2. All pregnant women with acute onset of fever (including Day 1) should be advised to get admitted to a hospital where specialists cover is available for further care (despite normal FBC).
3. Inward management of dengue should be of a multidisciplinary approach involving the obstetric team, Physician, Anesthetist and Neonatologist/Pediatrician. For further details please refer National Guidelines on Clinical Management of Dengue Infection in Pregnancy, Ministry of Health 2019.
4. Preventive staff should take measures to eliminate mosquito breading sites with the help of the community.

Please bring the content of this guideline to the attention of all relevant health staff under your supervision and ensure that they abide by the instructions given.

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