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சுவசிரிபாய
SUWASIRIPAYA

මගේඅංකය)
எனது இல)
My No.)FIIB/MCU/H1N1/2017

ඔබේඅංකය)
உமது இல)
Your No.)

දිනය)
திகதி)
Date) /04/2019

සෞඛ්‍ය,පෝෂණ සහ දේශීය වෛද්‍ය අමාත්‍යාංශය
சுகாதார,போசணைமற்றும் சுதேசவைத்தியஅமைச்சு
Ministry of Health, Nutrition & Indigenous Medicine

All Provincial Directors of Health Services
All Regional Directors of Health Services
All Medical Officers of Health
Heads of the Institutions

Prevention of maternal morbidity and mortality due to Seasonal Influenza

A considerable number of confirmed maternal Influenza cases have been reported during the past few months throughout the country. In the year 2018, 15 maternal deaths were reported due to pneumonia complicating pregnancy. Risk of mortality due to Influenza is high during pregnancy. Influenza, if not treated properly will lead to maternal complications and deaths.

Considering the above facts, you are instructed to carry out the following measures in institutions under your purview during the current outbreak of Influenza;

MOH staff:

1. Awareness of pregnant women: Educate all pregnant women having fever, flu-like symptoms (cough and cold, rhinorria, sore throat) with/without headache and myalgia to seek inward hospital care on the day 1 of the illness. They should be strictly advised not to seek treatment from GPs or other first contact physicians.

   Awareness of pregnant women should be done at antenatal clinics, antenatal sessions and during the home visits (A fact sheet in Sinhala and Tamil is attached).
   Protection against infection: Pregnant women and reproductive age females should be educated on early clinical manifestations of influenza virus infection, avoid unnecessary travel and crowded public places, encourage to practice cough and sneeze etiquette, avoid caring for persons with influenza like illnesses, except for their own newborn child.

2. Field Follow up: Ensure that PHM s follow up pregnant women with fever until they are admitted to a hospital.

3. Discuss respiratory diseases including influenza infection complicating pregnancies as a topic at your in-service training programmes.

Hospital Staff

At OPD / Clinic settings:

1. All pregnant women with influenza like illness should be admitted to a hospital with specialist care. It is important to note that pregnant and postpartum women can rapidly progress to

severe forms of the infection within a short period of time. Hence a high degree of suspicion and vigilance is needed in treating such women.

Management in the hospital;

2. Most of the infected pregnant women can be managed effectively if **Oseltamivir** is started early. It is a must to start oseltamivir when influenza is suspected without waiting for laboratory confirmation. The antiviral drug is safe for use even in the first trimester
3. For those pregnant women with fever who refuse in ward care due to various reasons, she should be informed that, there is a risk of ending up with fatal outcomes. They should be prescribed Oseltamavir and followed up as per the circular FHB/MCS/Prev/18 dated 05.06.2018
4. Adequate stocks of Oseltamavir should be maintained at all specialized hospitals
5. Discuss respiratory diseases including influenza infection complicating pregnancies as a topic at your clinical society meetings and perinatal death conferences.
6. You are advised further to share following communications sent earlier in this regard with OPD, Medical and Obstetric teams;

- *Guidelines on management of influenza infections during pregnancy,FHB/MCU/DGHS/2015 dated 25.05.15. A copy of guideline is attached.*
- *Fever in Pregnancy and Postpartum Period,. FHB/EH/21/14 dated 10.06.2015*
- *Prevention of maternal deaths due to seasonal Influenza: - Prescribing Oseltamavir for Pregnant Women who are unable to get admitted for inward care, FHB/MCS/Prev/18 dated 05.06.2018*
- *Prevention of Maternal deaths due to H1N1 Influenza- maintaining adequate Oseltamavir stocks, (FHB/MCS/Prev/18 dated 24.04.2018)*

Please refer https://fhb.health.gov.lk/

You are advised to consider this as top priority and to give urgent attention to take effective measures to disseminate the contents of this letter to all staff members who provide care for pregnant and postpartum women in your institution and / MOH area including General Practitioners and ensure that instructions are adhered at each level.

Dr Anil Jasinghe
Director General of Health Services

Cc:
Deputy Director General / Public Health Services II
Deputy Director General / Public Health Services I
Deputy Director General / Medical Services I
Deputy Director General / Medical Services II
Director/Maternal and Child Health
Director / Medical Supplies Division
Director / Medical Research Institute
Chief Epidemiologist /Epidemiology Unit
Director/ Health Promotion Bureau
CCP – Province...- to coordinate...
CCP – District – to coordinate ...
MOMCH ...- f.n.a...
President Sri Lanka College of Obstetricians and Gynecologists
President: College of General Practitioners, Sri Lanka
President: The College of Pulmonologists, Sri Lanka
President: Sri Lanka College of Microbiologists

ඉන්ෆ්ලුවෙන්සාව

ගර්භණී සමයේ ඉන්ෆ්ලුවෙන්සාව

- ඉන්ෆ්ලුවෙන්සාව වෛරසයකින් බෝවන ශ්වසන රෝගයකි.
- මෙම දිනවල පැතිර යන ඩෙංගු සහ ඉන්ෆ්ලුවෙන්සා වැනි රෝග වැළඳීමෙන් ගර්භණී මව්වරුන් අනෙකුත් අයට වඩා උග්‍ර සංකූලතා ලක්වීමට වැඩි අවදානමක් ඇත.
- පවුල් සෞඛ්‍ය කාර්යාංශයේ ආවේක්ෂණ දත්ත වලට අනුව ඉන්ෆ්ලුවෙන්සා නිවුමෝනියාව නිසා 2019 වසරේ මාතෘ මරණ 2ක් මේ වන විට වාර්තා වී ඇති අතර 2018 වසරේදී ඩෙංගු සහ ඉන්ෆ්ලුවෙන්සාව නිසා ගර්භණී මව්වරුන් 41 කට පිටිතය අහිමි විය.
- ඉන්ෆ්ලුවෙන්සාව රෝග ලක්ෂණ : උණ, කැස්ස, උගුරේ වේදනාව, නාසයෙන් සොටු දියර ගැලීම (සෙම්ප්‍රතිශ්‍යාව), මස්පිඩු හෝ අතපය වේදනාව, හිසරදය, පාචනය හා වමනය (සමහර විට)
- උණ වැලදුණු ගර්භණී හෝ පසු ප්‍රසව මව්වරුන් පළමු දිනයේම සුදුසුකම් සහිත වෛද්‍යවරයකු වෙත යොමු විය යුතුය.
- ගර්භණී සමයේ මෙම රෝග ලක්ෂණ සහිත උණ වැලදුණු මව්වරුන් රෝගී වූ පළමු දිනයේදීම රෝහල වෙත යොමු වීමෙන් මේ සඳහා වූ විශේෂිත ප්‍රතිකාර ලබා ගත හැක..
- ගර්භණී මව්වරුන් සෙම්ප්‍රතිශ්‍යාව උණ රෝග ලක්ෂණ ඇති අය අසලට යෑමෙන් වලකින්න.
- වැඩිපුර සෙනඟ ගැවසෙන ස්ථානවල රැඳීමෙන් වලකින්න.
- නිවරදි ස්වස්ථාවන් අනුගමනය කිරීමත් වැදගත්වේ.
    1- කැස්සේදී, කිවිසුමේදී ලේන්සුවකින් නාසය ආවරණය කිරීම.
    2- නිතරම දෑත්වලින් මුව හා නාසය ඇල්ලීමෙන් වැලකීම.
    3- සබන් ගල්වා පිරිසිදු ජලයෙන් දෑත් සෝදා ගැනීම.

இன்புளுவன்சா

- இன்புளுவன்சா வைரஸினால் பரவும் நோயாகும்
- இன்புளுவன்சா தொற்றினால் பொதுவாக கர்ப்பிணி பெண்கள் மற்றவர்களை விட கடுமையான சிக்கல்களுக்கு முகம் கொடுக்க நேரிடும்.
- குடும்ப சுகாதாரப் பணியகத்தின் தகவல்களின்படி, இந்த வருடத்தில் இரண்டு கர்ப்பிணி தாய்மார் இறப்புக்கள் நிமோனியா காய்ச்சளினால் ஏற்பட்டுள்ளது. 2018 ஆம் ஆண்டில் 11 கர்ப்பிணிப் பெண்கள் நிமோனியாவினால் இறந்துவிட்டதாக தெரிவிக்கப்பட்டுள்ளது. டெங்கு மற்றும் இன்புளுவன்சா காய்ச்சல் காரணமாக 2017 ல் 41 கர்ப்பிணி தாய்மார்கள் உயிரிழந்துள்ளனர்.
- இன்புளுவன்சா தொற்றின் அறிகுறிகள்: காய்ச்சல், இருமல், தொண்டை வலி, தடிமன், உடல் வலி,தலை வலி மற்றும் வாந்தி பேதி
- கர்ப்பம் அல்லது மகப்பேறின் போது காய்ச்சல் ஏற்படுமாயின் தகுதி வாய்ந்த வைத்தியரை நாடவும் தாய்மார்கள்.
- கர்ப்பம் அல்லது மகப்பேறின் போது காய்ச்சலுடன் நோய் அறிகுறிகள் காணப்படுமிடத்து முதல் நாளில் மருத்துவமனையில் தங்குவதற்கு அறிவுறுத்தப்படுகிறார்கள்.
- கர்ப்பிணித் தாய்மார்கள் பொதுவான தடிமன் அல்லது காய்ச்சலின் அறிகுறிகளைக் கொண்டிருப்பவர்களுடன் நெருக்கமான தொடர்பைத் தவிர்ப்பதுடன், நெரிசலான இடங்களில் தங்குவதை தவிர்க்கவும், சுவாச வழி தொற்று பரவலை தவிர்ப்பதற்கான முன்னெச்சரிக்கைகளைப் பின்பற்றவும் வேண்டும் (இருமும் போதும் தும்மலின் போதும் கைக்குட்டையால் மூக்கையும் வாயையும் மூடவும், அடிக்கடி கைகளால் மூக்கையும் வாயையும் பிடிப்பதை தவிர்க்கவும், சவர்க்காரமிட்டு கைகளை சுத்தமான நீரினால் கழுவ வேண்டும்)