

INFLUENZA

Case Management

Look for these symptoms:

- high fever (greater than or equal to 38°C/101° F)
- Sore throat and coryza (runny nose)
- Cough (Dry; no production of sputum)
- Muscle ache/ Lethargy
- Eye infection/ Conjunctivitis

High risk population- Age ≥65 years, people with certain chronic medical conditions (such as asthma, diabetes, or heart disease), pregnant people and children ≤5 years may develop complications (such as pneumonia) which can be life-threatening,

Key Facts:

- Humans can be infected with avian influenza viruses, such as avian influenza virus subtypes A(H5N1), A(H7N9), and A(H9N2).
- Influenza infections in humans may cause disease ranging from mild conjunctivitis to severe pneumonia and even death.
- The majority of human cases of A(H5N1) and A(H7N9) infection have been associated with direct or indirect contact with infected live or dead poultry. Controlling the disease in animal source is critical to decrease risk to humans.
- Influenza viruses, with the vast silent reservoir in aquatic birds, are impossible to eradicate. Zoonotic influenza infection in humans can continue to occur. To minimize public health risk, quality surveillance in both animal and human populations, thorough investigation of every human infection and risk-based pandemic planning are essential.
- To reduce transmission of influenza, hand hygiene should be done before and after patient contact and always wearing a mask when in patient care areas.

Warning Signs	Children		Adults		
	Temperature 104° F not controlled by antipyretics		Difficulty breathing		
	Fast breathing or trouble breathing, Indrawing of ribs		Persistent chest pain		
	Bluish lips or face		Persistent dizziness, confusion		
	Child refuses to walk due to muscle pain		Severe muscle weakness		
	Dry mouth, no tears when crying, No urine for 8 hours		Signs of dehydration- decreased urine output		
	Not interacting when awake		Worsening of chronic medical conditions		
	Seizures		Seizures		
Diagnosis	Clinical Sample to be collected		Method	Assay	Facility
	Nasopharyngeal swab		Molecular	RT-PCR	Reference Laboratory/Tertiary level/Secondary level
	Nasopharyngeal swab		RDT	Lateral flow assay	All levels
Treatment	- For patients with suspected or confirmed influenza, administer symptomatic supportive care (e.g., antipyretics, hydration, rest). - If oseltamivir is available and the patient presents within 48 hours of symptom onset, consider oseltamivir for antiviral treatment. The standard dose of oseltamivir for adolescents and adults is 75mg of oseltamivir, twice daily (BD) for 5 days. Dose adjustment may be required for those with co-morbidities such as renal impairment.				
Vaccine	- Available as flu shot (inactivated influenza vaccine). - The vaccination is only for prophylactic purpose. Flu vaccination can reduce flu illnesses, doctor visits, and missed work and school due to flu, as well as prevent flu-related hospitalizations and deaths. - Vaccination is a must for people suffering from respiratory diseases (Bronchial Asthma, COPD, etc.) - Vaccines are available in two different forms - Trivalent vaccines protect against two influenza A viruses (an H1N1 and an H3N2) and an influenza B virus. - Quadrivalent vaccines protect against two influenza A viruses and two influenza B viruses.				
Prevention	Health care workers are at high risk of acquiring influenza virus infection during patient care. Preventive measures are as follows. - Wear mask while providing care. - Regular hand hygiene and proper respiratory hygiene. - Proper cleaning and disinfection of personal care equipment - Disposal of waste contaminated with patient's respiratory secretion				

*All cases should be reported in SORMAS platform

Reference:

1. World Health Organization. Guidelines for the clinical management of severe illness from influenza virus infections [Internet]. Geneva: World Health Organization; 2022 [cited 2026 Sep 16].
2. Centers for Disease Control and Prevention. Interim guidance on the use of antiviral medications for treatment of human infections with novel influenza A viruses associated with severe human disease [Internet]. Atlanta (GA): Centers for Disease Control and Prevention; 2025 Jul 3 [cited 2026 Sep 16].
3. Department of Health Services, Epidemiology and Disease Control Division. Interim guideline on use of oseltamivir (Tamiflu) [Internet]. Kathmandu: Government of Nepal, Ministry of Health and Population; [cited 2026 Sep 16].



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