

Letter to Editor

AWARENESS OF INFLUENZA A (H1N1) AMONG NURSES IN A TERTIARY CARE HOSPITAL IN SOUTH INDIA

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Sir,

The Influenza AH1N1 pandemic which caused international concern earlier is now in the post-pandemic phase since August 2010. It is expected that the H1N1 will continue to circulate as a seasonal virus, and sporadic cases and local outbreaks will continue to occur, depending upon the immunity level of the community.¹ In India as of April 2012, 223686 persons were tested for Influenza A H1N1, of which 49544 tested positive while 2891 died.² The WHO recommendations during the post-pandemic period include surveillance, vaccination and clinical management. Health care workers engaged in clinical management by the very nature of their work constitute an important group in the transmission of the virus.

In August 2011, the awareness of nurses at a tertiary care hospital regarding prevention and control of the Influenza AH1N1 was assessed, using a self-administered questionnaire. Participation was voluntary and only verbal consent was obtained. Totally 450 nurses were given the questionnaire, of whom 401 completed and returned them (89.1%). The mean age of the participants was 37.1 (+9.9) years and 91% of them were women.

Nearly 90% of the respondents correctly identified symptoms of AH1N1 infection as fever, sore throat and running nose, while 9% also indicated malaise and diarrhea. Only 5 subjects (1.2%) were not aware of the symptoms. Again, 95.5% correctly indicated that it is caused by a virus, and 54% were aware of the infection spreading by droplets, while 33% and 7% were aware that airborne or spread through fomites, respectively, was possible. Whereas 54% were aware of the high risk groups for AH1N1

infection, only 32% were aware of the categorization of patients.

Among the respondents, 85% knew what samples need to be collected from patients (throat / nasopharyngeal swab); 10% responded blood or sputum and 5% did not know. Also, 31% were not aware of the testing facility available. Nearly 89% were aware that Oseltamivir was the treatment of choice, while only 59% were aware of the Influenza AH1N1 vaccine being available.

Responses to the prevention of AH1N1 influenza included use of masks, gloves, apron or Personal Protective Equipments kit (46%), handwashing (22%), immunization and isolation of patient (12% each) and health education (2%). Three responses suggested avoidance of pork.

Similarly 97% of the nurses indicated they washed their hands frequently and used personal protective equipments like masks or apron. However, only 46% of them were vaccinated against influenza AH1N1. This study shows a better compliance with infection control measures than another study from Delhi.³ In contrast to other studies, the present study shows no statistically significant relationship between age and knowledge of, or practices against, AH1N1 infection ($p > 0.05$).

Mass media was the main source of information (television 20%, newspapers 18%, and multiple sources in 47%); CME (11%) and friends (4%) were other sources, a finding similar to that of a study from Delhi where mass media (TV, radio) was the principal source of information.³ Another study showed that the Internet was the main source.⁴ The present study revealed that around 90% subjects were aware of the cause, transmission and treatment of Influenza AH1N1

infection. Participants were aware of the effective prevention strategies such as hand washing, use of gloves and face mask, and that they practiced these measures.

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