

Seasonal Flu

Why in news?

Recent reports of a rise in the seasonal influenza cases in the Delhi-NCR area signifies the importance of seasonal flu vaccination, especially for high-risk groups like the elderly.

What is seasonal flu?

- It is *an acute respiratory infection* caused by *influenza viruses*.
- **Spread** - According to the World Health Organization (WHO), there are around a *billion cases* of seasonal influenza annually, including 3-5 million cases of severe illness.

Seasonal flu causes 2,90,000 to 6,50,000 respiratory deaths annually. 99 % of deaths in children under 5 years of age with influenza-related lower respiratory tract infections are in developing countries.

- **Transmission** - It is contagious and can be passed on from one person to another when *they cough or sneeze*.
- **Onset of symptoms** - It begins 1-4 days after infection and usually lasts around a week.
- **Symptoms** - They are high fever, cough, sore throat, body aches and fatigue.
- **Severity** - It causes mild to serious illness and in a few cases, mostly coinciding with a delay in hospitalisation, can *even lead to death*.
- **Treatment** - Most people recover without treatment.
- Medicines such as *paracetamol, antihistamines and cough Syrups* can help and in severe cases, antiviral medications are recommended.
- **Prevention** - Vaccination is the best way to prevent the disease.
 - **Injectable form** - Inactivated influenza vaccines and recombinant influenza vaccines.
 - **Nasal Spray** - Live attenuated influenza vaccines.

Similarities between Seasonal Flu and Common Cold

- Similar symptoms like sudden cough and sore throat, with high fever, accompanied by muscle pain, body aches, headaches, fatigue and stuffy nose.

Dissimilarities between Seasonal Flu and Common Cold

- Both are *caused by different viruses*.
- Both can have *varying symptoms and severity*.

What are the different types of influenza viruses?

- There are *4 types of influenza viruses*

- Influenza A, B, C and D.
- Influenza A and B viruses circulate and cause seasonal epidemics of disease.

Types of Influenza Viruses

Influenza A Viruses	<ul style="list-style-type: none"> • They are <i>classified into subtypes</i> as per the combinations of the proteins on the surface of virus. • Currently circulating in humans are <ul style="list-style-type: none"> - Subtype A(H1N1) - Subtype A(H3N2) • Only influenza type A viruses are known to <i>have caused pandemics</i>.
Influenza B viruses	<ul style="list-style-type: none"> • They are <i>not classified</i> into subtypes but can be broken down into lineages. • They belong to either <i>B/Yamagata or B/Victoria lineage</i>.
Influenza C virus	<ul style="list-style-type: none"> • It is <i>detected less frequently</i>. • It usually causes mild infections, thus does not present public health importance.
Influenza D viruses	<ul style="list-style-type: none"> • It <i>primarily affect cattle</i> and are <i>not known to infect people</i>.

There are 2 peaks of seasonal influenza in India, one from January to March and the other in latter part of the southwest monsoon, in August-October. Predominant strains in this season are Influenza A and Influenza B.

What are the control measures taken?

- **Surveillance** - India has developed a *near real time surveillance* of cases of Influenza like Illness (ILI) and Severe Acute Respiratory Infections (SARI) presenting themselves in health facilities.
- It is also through the country-wide network of diagnostic laboratories.
 - Integrated Disease Surveillance Programme (IDSP)
 - Virus Research & Diagnostic Laboratories (VRDLs)
- **Public awareness campaigns** - Information, Education, and Communication (IEC) materials are used to inform the public about *symptoms, preventative actions*, and when to seek medical assistance.
- **Efficient healthcare guidelines** - Extensive guidelines covering ventilatory care, *treatment procedures, and patient classification* have been released to reduce complications and mortality.
- **Supplying antivirals** - The public health system provides *free access to oseltamivir (Tamiflu)*, which is advised by the WHO.
- Its sale has been allowed under Schedule H1 of the Drug and Cosmetic Act from February 2017.
- **Protecting healthcare professionals** - Steps are being taken to provide safety kits *like N-95 face masks* and personal protective equipment (PPE) kits.

What are the challenges in control measures?

- **Continuous evolution of Influenza viruses** - High population density, poor hygiene

practices, *indiscriminate antimicrobial use* and conducive weather lead to the survival and spread of the virus.

- **Low vaccination rates** - Influenza vaccine is not included into the government's Universal Immunisation Programme.
- **Low adult vaccination rates** - It is *often overlooked* due to a lack of information, misconceptions, and financial hurdles.
- No national policy requires flu vaccine for high-risk persons, *leaving it up to state discretion*.
- **Disparity in healthcare access** - Rural & marginalized communities have *limited access to immunizations* and treatments.
- **Surveillance gaps in private healthcare** - While public facilities disclose incidents, *private healthcare data is frequently underreported*, limiting real-time monitoring.
- **Climate change** - Seasonal epidemics of influenza may shift spatially and temporally.

What lies ahead?

- **Improve preparedness** - *Anticipating an outbreak* and inculcating a sense of preservation, particularly among the high-risk groups.
- **Prioritise vulnerable groups** - More attention to children, senior citizens and people with chronic respiratory conditions.
- **Targeted awareness campaigns** - It must be *clear, urgent in tone*, and make an impact on the high-risk groups particularly, because, very simply, vaccines save lives.
- **Formulating a national flu vaccination strategy** - Steps can be taken to make *annual flu vaccines mandatory for high-risk populations* and incorporating influenza vaccines into government health programs and *subsidize expenses*.
- **Strengthening surveillance** - Encouraging private hospitals to *provide real-time data to flu surveillance networks*.

References

1. [The Hindu| Challenges in Controlling Seasonal Flu in India](#)
2. [WHO| Seasonal Influenza](#)