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18/10/19

SHRI RAM COLLEGE OF COMMERCE

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SRCC/AD-68/2019-20

October 16, 2019

Health Advisory to Students

It has been observed that there is a general rise on diseases, especially water borne, during the ongoing season. Students are advised to take precautions as directed in the health advisories (attached for reference) as issued from time to time by the Health Centre, University of Delhi with respect to prevention and cure of diseases such as malaria and dengue.


PRINCIPAL
Principal (Officiating)
Shri Ram College of Commerce
(University of Delhi)
Delhi-110007

Attachments:

1. Advisory regarding Seasonal Influenza
2. Advisory regarding Dengue and Chikangunya
3. Advisory regarding Malaria

Copy to:

Students Notice Board
College Website
Warden Boys Hostel
Warden Girls Hostel

INFORMATION FOR PUBLIC

SEASONAL INFLUENZA (FLU)

High grade fever, cough, cold, sore throat, breathlessness, bodyache, vomiting, diarrhoea, are common symptoms of SEASONAL INFLUENZA (FLU).

H1N1 is also a type of Seasonal Influenza (Flu) and is a self-limiting viral disease.

DO's	DON'Ts
<ul style="list-style-type: none">• Cover your nose and mouth with disposable tissue or handkerchief while coughing or sneezing• Regularly wash your hands with soap and water• Avoid crowded places• Stay more than one arm's length distance from persons sick with flu.• Take adequate sleep and rest.• Drink plenty of water/liquids and eat nutritious food.	<ul style="list-style-type: none">• Touching eyes, nose or mouth with unwashed hands• Hugging, kissing and shaking hands while greeting• Spitting in public places• Take medicines without consulting a physician.• Excessive physical exercise• Touch surfaces contaminated with Flu virus

Treatment facility for Seasonal Influenza including H1N1 is available in following hospitals:

<ol style="list-style-type: none">1. Lok Nayak Hospital, Delhi Gate2. GTB Hospital, Dilshad Garden3. Deen Dayal Upadhyay Hospital, Hari Nagar4. Sanjay Gandhi Memorial Hospital, Mangolpuri5. Lal Bahadur Shastri Hospital, Khichripur6. Pt. Madan Mohan Malviya Hospital, Malviya Nagar7. Baba Saheb Ambedkar Hospital, Rohini8. Chacha Nehru Bal Chikitsalya, Geeta Colony9. Ehwagan Mahavir Hospital, Pitampura10. Maharishi Valmiki Hospital, Pooth Khurd11. Babu Jagjivan Ram Memorial Hospital, Jahangirpuri12. Aruna Asaf Ali Govt. Hospital, Civil Lines13. Dr. Hedgewar Arogya Sansthan, Karkardooma	<ol style="list-style-type: none">14. Safdarjung Hospital, Ansari Nagar (West)15. Dr. RML Hospital, Baba Kharak Singh Marg16. Sucheta Kriplani Hospital, Panchkuan Road.17. Airport Health Organisation, Palam18. Hindu Rao Hospital, Bara Hindu Rao19. Indraprastha Apollo Hospital, Sarita Vihar20. Moolchand Khairati Ram Hospital, Lajpat Nagar21. Sir Ganga Ram Hospital, Rajender Nagar22. St. Stephen's Hospital, Tis Hazari23. Balaji Action Medical Institute, Paschim Vihar24. Max Super Speciality Hospital, Saket25. BLK Super Speciality Hospital, Pusa Road.26. AIIMS, Ansari Nagar, New Delhi
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Treatment facility for Seasonal Influenza including H1N1 is available in following laboratories:

<ol style="list-style-type: none">1. NCDC, 22, Sham Nath Marg2. Patel Chest Institute, Delhi University3. AIIMS, Ansari Nagar New Delhi.4. Dr Dang's Lab, Pvt. Ltd, Hauz Khas,5. Dr. Lal's Pathlabs, Rohini	<ol style="list-style-type: none">6. Super Religare Laboratory, Preet Vihar7. Sequence Referral Laboratories, Janak Puri8. Indraprastha Apollo Hospital, Sarita Vihar9. Sir Ganga Ram Hospital, Rajender Nagar10. Max Super Speciality Hospital, Saket
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23 Feb 2015

Pl disseminate to all
All hostels departments.

Roby
24/2/15

(Signature)
(Dr. Simil)
TMO
-WBS/EE

**W.U.S. HEALTH CENTRE
UNIVERSITY OF DELHI**

SWINE FLU (SWINE INFLUENZA) ADVISORY

Swine influenza is caused by influenza A subtypes H1N1. Incubation Period from exposure to first symptom is 1-4 days with average of 2 days. It is most contagious during the first 5 days of illness.

Symptoms :-

Fever	Bodyaches	Diarrhoea	Rash
Cough	Headache	Nausea	Chest Pain
Sore Throat	Chills	Vomiting	Breathlessness
Runny or Stuffy nose	Fatigue	Fever 100 ^o F or greater	Pneumonia

These symptoms develop 1-3 days after exposure to any strain of the influenza viruses and continue for 7-14 days.

Transmission :-

Swine flu is transmitted from person to person by inhalation or ingestion of droplets containing virus from people coughing or sneezing.

When to see a doctor :-

It is not necessary to see a doctor if one is healthy and develop mild flu symptoms and signs. Visit the doctor if one is having asthma or heart disease or pregnancy and develop moderate or severe flu symptoms.

Risk Factors :-

Smoking, not wearing gloves while working with sick animals increases the likely hood of hand to eye, hand to nose or hand to mouth transmission of virus.

Complications :-

Worsening of chronic condition like asthma, diabetes mellitus, heart disease, Pneumonia, Respiratory Failure

Diagnosis :-

Diagnosis of confirmed swine flu require laboratory test of respiratory sample e.g. nasal swab, throat swab at V.P. Chest Institute and other specialized laboratories.

Treatment :-

Tablet Oseltamivir (Tamiflu/Fluvir) 75mg twice daily for 5 days within 48 hours after the onset of symptoms or after 48 hours in high risk patients. They should not be used indiscriminately. Majority of the people infected with the virus make a full recovery without anti-viral drugs.

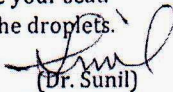
Prevention :-

1. Avoid exposure to the virus by not touching eyes, nose or mouth with infected hands.
2. Avoid close proximity to persons with flu like symptoms.
3. Wash hands with soap and water or with alcohol based hand sanitizers.
4. Disinfect household services with diluted chlorine bleach solution.
5. People who suffer from sneezing or cough should use surgical mask.
6. Stay at home.
7. Avoid crowds; parties and people who are coughing and sneezing.
8. Be away by 6 feet from anyone coughing or sneezing.
9. Saline nasal washes, gargling with saline may reduce viral virus from mucus membranes.
10. Standard Single dose commercial swine flu vaccines are effective in controlling the infections.
11. Vaccination of children from 6 months to 4 years of age, asthmatics, diabetes, HIV, pregnancy

Precautions while air travelling :-

- If a person sitting next to you or within 6 feet is coughing/sneezing, request the flight attendant to offer the person a mask.
- If seats are available 6 feet or more away from the coughing/sneezing person, change your seat.
- Turn away from the coughing person and turn the vent towards the person to blow the droplets.

23 Feb 2015


(Dr. Sunil)
Chief Medical Officer



W.U.S. HEALTH CENTRE
UNIVERSITY OF DELHI
DELHI - 110007

DENGUE FEVER : ADVISORY

Dengue fever is a mosquito-borne tropical disease caused by the dengue virus.

Symptoms and Signs :- Dengue triad: High fever, severe headache, skin rash

1. **Sudden onset high fever** biphasic or saddleback in nature, breaking & returning.
2. **Severe headache behind the eyes**, severe muscle and joint pains.
3. Characteristic **skin rash** similar to measles. In some it develops into the life-threatening dengue hemorrhagic fever, resulting in bleeding, low levels of platelets and blood plasma leakage or into dengue shock syndrome when low blood pressure occurs.
4. **During critical phase** : lymphadenopathy, mouth & nose bleeding, low blood pressure, accumulation of fluid in the chest, accumulation of fluid in abdominal cavity, depletion of fluid, organ dysfunction, gastrointestinal bleeding.
5. **During recovery phase** : altered level of consciousness, seizures, itching, slow heart rate, peeling of the skin, slow heart rate, fatigue .
6. **Dengue shock syndrome.**
7. **Dengue hemorrhagic fever** – usually affects children less than 10 years of age.

The incubation period ranges from 4 to 7 days.

Diagnosis :-

On examination :- Lymphadenopathy, Pleural effusions, Ascites.

- Low white blood cell count (WBC), positive tourniquet test or any warning sign.
- The earliest change is a low white blood cell count, low platelets and metabolic acidosis. Elevated level of Aminotransferase (AST and ALT) rising hematocrit and hypoalbuminemia
- Check for the virus or antibodies to the virus.

Treatment :-

- No specific treatment. There is no vaccine to prevent dengue fever.
- Drink plenty of fluids.
- Intravenous fluids with electrolyte replacement to maintain urinary output of 1 ml/kg/hr.
- Acetaminophen can alleviate pain and reduce fever.
- Avoid Aspirin, Ibuprofen and Naproxen Sodium.
- Transfusion with packed red blood cells or whole blood to replace blood loss.
- During recovery phase intravenous fluids are discontinued to prevent a state of fluid overload or else loop diuretic e.g. furosemide if the patient is outside the critical phase.

Prevention :-

- Stay away from heavily populated residential areas, if possible.
- Use mosquito repellents, even while indoors.
- When indoors, live in air conditioned room and in well screened houses.
- Make sure window and door screens are secure and free of holes. If sleeping areas are not screened properly or air conditioned, use mosquito nets.
- To decrease mosquito population get rid of old automobile tires, cans, flower pots.
- Use insect repellent 10% DEET, Permethrin.
- Generalised spraying of environs with Organophosphate or Pyrethroid Insecticides.
- Overhead water tank (OHT)/cemented tanks should have well fitted lid and should be kept locked.
- Water outlet/air bent pipe of OHT should be covered with metallic/plastic net of sufficient size.
- Ensure that there is no water logging at roof tops and in the ground areas.
- Water contained in money plant/bamboo plant should be changed at least once a week.
- Water contained in coolers should be replaced after scrub cleaning weekly and if not possible to change water, add 2 tablespoon full of petrol/1 table spoon temiphos granules.
- Use mesh on doors and windows.
- Wear full sleeves cloths and trousers that cover arm and legs.

(Dr. Sunil)

Chief Medical Officer

30th June, 2017

Copy to : Joint Registrar Secretariat of Hon'ble Vice Chancellor, Pro-Vice Chancellor, Director South Campus, Dean (Colleges), Treasurer, Proctor, Registrar, Chairman – ICH, W.U.S. Health Centres,



**W.U.S. HEALTH CENTRE
UNIVERSITY OF DELHI
DELHI - 110007**

ADVISORY : CHIKUNGUNYA

Chikungunya is a viral disease spread by mosquitoes *Aedes aegypti* and *Aedes albopictus*. The incubation period : 1-12 days (Average 3-7 days).

Symptoms : are similar to those of dengue and Zika disease

Severe and persistent peripheral joints pain for weeks	Body rash, Headache	joint swelling	Extreme fatigue
Sudden high byphasic fever 2-4 days after infection and lasts 2-7 days	Nausea, Vomiting, Diarrhea	Conjunctivitis	GBS, Palsies, Neuropathy, Meningoencephalitis

Transmission : From mosquitoes to human and by Vertical transmission.

Diagnosis :

- ELISA assay to measure chikungunya – specific IgM antibodies levels in blood serum.

Prevention :

Control mosquito populations by limiting their habitat.

Mosquito control focuses on eliminating the standing water where mosquitos lay eggs and develop as larva; if elimination of the standing water is not possible, insecticides or biological control agents.

Insect repellents with substances such as DEET, Icaridin, PMD.

Wear bite-proof long sleeves and trousers and garments can be treated with pyrethroids. Vaporized Pyrethroids in mosquito coils are also insect repellents.

Treatment :

- There is no vaccine to prevent or medicine to treat chikungunya virus.
- To Treat the symptoms:
 - Take sufficient rest.
 - Drink fluids to prevent dehydration.
 - Take medicine such as Paracetamol (Acetaminophen) to reduce fever and pain.
 - Do not take Aspirin and other non-steroidal, anti-inflammatory drugs (NSAIDS until dengue can be ruled out to reduce the risk of bleeding).
 - If you are taking medicine for another medical condition, talk to your healthcare provider before taking additional medication.
- If you have chikungunya, prevent mosquito bites during the first week of illness.
 - During the first week of infection, chikungunya virus can be found in the blood and passed from an infected person to a mosquito through mosquito bites.
 - An infected mosquito can then spread the virus to other people.

30th June 2017

(Dr. Sunil)
Chief Medical Officer

Copy to : Joint Registrar Secretariat of Hon'ble Vice Chancellor, Pro-Vice Chancellor, Director South Campus, Dean (Colleges), Treasurer, Proctor, Registrar, Chairman - ICH, W.U.S. Health Centres, Finance Officer, Librarian, all

MALARIA : ADVISORY

Malaria is a mosquito-borne infectious disease of humans caused by bite of the female *Anopheles* mosquito which is parasitic protozoans (*Plasmodium* type). Once an infected mosquito bites a human and transmits the parasites, the parasites multiply in the host's liver and later infects and destroys Red Blood Cells.

Symptoms and Signs :

Symptoms of malaria typically begin 8–25 days following infection :

Sudden Coldness followed by shivering and later fever occurring every 2/3 days (Tertian/Quartan Fever)	High Fever	Profuse Sweating	Headache
Nausea	Vomiting	Diarrhoea	Anaemia
Muscular Pain	Bloody Stools	Convulsions	Coma

Life-Threatening Complications of Malaria :

- Swelling of the blood vessels of the brain or cerebral malaria
- Accumulation of fluid in the lungs that causes breathing problems or pulmonary edema
- Organ failure of the Kidneys, Liver or Spleen
- Anemia due to the destruction of Red Blood Cells
- Low Blood Sugar

Diagnosis of Malaria :

- Clinically enlarged spleen.
- Low Platelet Count, Increased Billirubin.
- Microscopic Examination of Blood Film or antigen based Rapid Diagnostic Test (RDT).
- Polymerase Chain Reaction (PCR).

Treatment :

- Artemisinin Combination Therapy (ACT) : Amodiaquine, Lumefantrine, Mefloquine, Sulfadoxine/Pyrimethamine, Dihydroartemisinin/Piperaquine.
- Treatment of *P. vivax* : Chloroquine or ACT plus primaquine. Tafenoquine prevents relapses.
- If malaria is severe : intravenous Artesunate, monitoring for Low Blood Sugar and Low Blood Potassium.
- During early pregnancy : Quinine plus Clindamycin, ACT in 2nd and 3rd trimester of pregnancy.

Prevention :

- Vector control measures: insect repellents e.g. DEET or Picaridin.
- Insecticide-Treated Nets with Pyrethroids which are large enough to cover the entire bed and indoor Residual Spraying with DDT and the Cyfluthrin and Deltamethrin (Pyrethroids).
- Spraying of insecticides on the walls of house.
- Cover stagnant water such as water tanks.

(Dr. Sunil)
Chief Medical Officer