

Full Length Research Paper

Assessing the awareness and acceptance of recent guidelines for swine flu before and after education programme

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H1N1 influenza is a respiratory disease of pigs caused by type A influenza virus. The aim of this study is to evaluate awareness and attitude towards swine flu amongst the people. Data were collected in form of structured closed and open questionnaires in face to face interview in a pre-coated and easy to analyze format with or without probing elicit specific response. The persons of either sex, attended programme at K.I.M.S. Karad for swine flu examination were enrolled. Among participants 60% were male and 40% were females with more than 90% having education above primary schooling level. To all 250 persons about 75 questionnaires were distributed before awareness programme. After one week of programme the same questionnaires were collected from them, those who attended the programme. The comparative status showed after the educational programme, acquired more information about the prevention and treatment of swine flu. The knowledge of swine flu is very poor among the public. The fear of pandemic was not able to crush peoples' spirit for leading a good life and most of patients were ready to help prevent its spread.

Key words: Swine flu, medication, prevention, control, awareness.

INTRODUCTION

Government of India has institute a series of preventive actions and efforts to improve the awareness of swine flu in general public. Swine flu is a respiratory disease caused by influenza viruses that infect the respiratory tract of pigs. Swine flu produces most of the same symptoms in pigs as human flu produces in people. The pandemic has caused fatal infection and more than 80 deaths in over 40 countries from the first detected country Mexico on 18th March 2009. It spreads rapidly throughout the world within short period of time and several other countries in north and South America, Europe, and Asia (<http://www.who.int/csr/disease/swineflu>). The known subtypes of Influenza A virus that creates influenza in pigs and endemic in pigs are H1N1, H1N2, H3N1 and H3N2. The first confirm case of swine flu in India was on 16th May 2009, since then cases were rising tremendously. Government of India had institute a series

of preventive actions that include surveillance at Ports and International airports, Surveillance through Integrated Disease Surveillance units in the States. In 2009 a swine-origin H1N1 virus strain commonly referred to as "swine flu" caused the 2009 flu pandemic, but there is no evidence that it is endemic to pigs or of transmission from pigs to people, instead the virus is spreading from person to person. This strain is a reassortment of several strains of H1N1 that are usually found separately, in humans, birds, and pigs. The swine flu is a viral disease that attacks the pig but is occasionally transmitted to humans. The swine flu (flu pork) is an infectious disease caused by any virus belonging to the family Orthomyxoviridae, which is endemic in populations pig. One of the main reasons for the fast spread of the disease across nations was the lack of knowledge about the disease at the individual level ([URL:http://site7.webspacemaniam.com/swine flu](http://site7.webspacemaniam.com/swine_flu)). This study assesses the knowledge about Swine Flu among societies. Although the swine flu does not affect regular human population, there are sporadic cases of infections in humans. Generally, these cases occur in those working with poultry and pigs, especially those individuals

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Table No.1. Details of participants in awareness programme.

Age in Years	Participants		All participants in % (N= 250)
	Male in% (N=150)	Female in % (N=100)	
15-20	9 (6 %)	10 (10 %)	19 (7.6 %)
21-25	25 (16.66 %)	40 (40 %)	65 (26 %)
26-30	35 (23.33 %)	30 (30 %)	65 (26 %)
31-35	30 (20.00%)	8 (8 %)	38 (15.2%)
36-40	40 (26.66 %)	10 (10 %)	50 (20 %)
41-45	11 (7.33 %)	2 (2 %)	13 (5.2 %)
Range in years	15-45 years	15-45 years	--

In this swine flu educational programme various professionals are participated given in table no.2, Peons are participated in higher number 43 (28.33%) and lowest number of managerial level 18 (12%).

Table 2. Professional participated in awareness programme.

Profession	Male and female in % (N=150)
Managerial level	18 (12 %)
Clericals	39 (26.66 %)
Peons	43 (28.33 %)
Retired	17 (11.00%)
Unemployed	21 (14.00%)
Others	12 (8 %)

In this swine flu educational programme more amount of information getting from Government programmes says male 35 (23.33%) and female 20 (20%) participants respectively. Mouth to mouth publicity says male 30(20%) and in female 20(20%) participants respectively. And lowest information getting from cinema, advertising says 5 (3.3%) in male and hoarding, pamphlets, TV of 5 (5%) in female and 10 (6.6%) of male participants, the details given in table 3. This shows that educated people were more sensitive towards the awareness of disease, because it is new disease; awareness for the same might be less in uneducated people.

who are heavily exposed to this type of animal, and are at higher risk of infection if they carry any viral strain that is also capable to infect humans. This is because the SIV can mutate and additionally, through a process called re-acquire characteristics that allow transmission between people (Kerensky et al., 2006) also have the ability to change its structure to prevent that the defenses of an organism have the same efficiency, causing the virus to attack again with a greater harmful effect on health. Their cause is a new strain of virus of influenza A H1N1 that contains genetic material matched a strain of human influenza virus, a strain of avian influenza virus, and two separate strains of swine influenza virus. The origins of

this new strain are unknown and the World Organization for Animal Health (OIE) reports that this strain has been isolated from pigs (McAdam et al, 2006). It is transmitted easily between humans, due to an ability attributed to a mutation not yet identified, and makes it through the saliva, by air, by close contact between the mucous membranes or through hand-mouth transmission due to contaminated hands. This strain because, in most cases, only pseudogripales classic symptoms were mild, and infected persons are recovered successfully without the need for medical care or use antiviral. H1N1 flu is not a food born disease it is a respiratory disease (CDC, 2000b). The symptoms of 2009 H1N1 flu virus in people

Table 3. Source of Information.

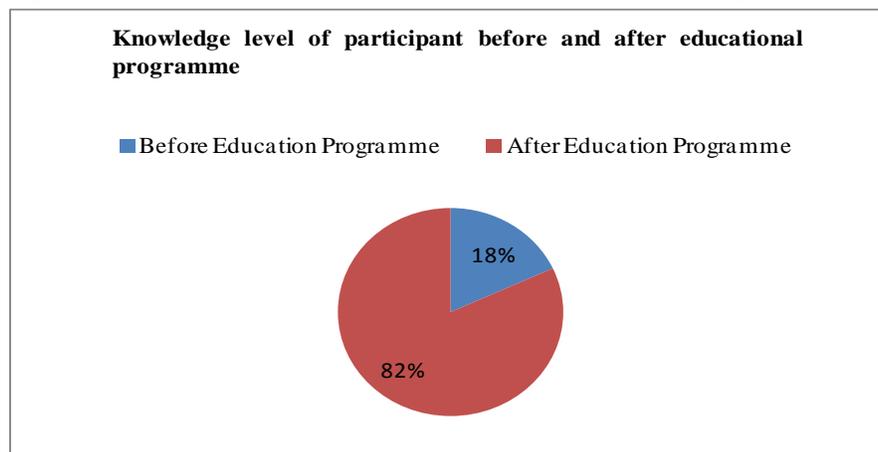
Sources	Participants	
	Male in% (N=150)	Female in % (N=100)
Cinema	5 (3.3 %)	15 (15 %)
Advertising , Newspaper	5 (3.3 %)	10 (10 %)
Hoardings, Pamphlets	10 (6.6 %)	5 (5 %)
TV	10 (6.6 %)	5 (5 %)
Radio	15 (10.00%)	10 (10 %)
Mouth to mouth publicity	30 (20 %)	20 (20 %)
Govt. Programmes	35 (23.33 %)	20 (20 %)
Private organization (Hospital/Pharmacies)	40 (26.66 %)	15 (15%)

On asking regarding mode of spread,88% thought sneezing,62% perceived crowded places,38% thought sharing towels and 14% thought touch as reason of spread of disease.

Table 4. Knowledge on Mode of Transmission.

Mode of Transmission	Frequency (%)
Crowded places	31(62%)
Sharing towels	19(38%)
Sneezing and coughing	44(88%)
Touch	7(14%)

After the swine flu educational programme, acquired of the knowledge by participants given in figure No 1. Acquired the knowledge by participants before and after the programme was just 18% and hiking up to 82% respectively. So, there was a tremendous change in knowledge and perception of the participants regarding H1N1 was a tremendous change from this programme.

Figure 1. Knowledge level of participant before and after educational programme.

include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue, some people may have vomiting and diarrhea (WHO, 2000b). People may be infected with the flu, including 2009 H1N1 and have respiratory symptoms without a fever.

The communicable Swine flu spreads in societies who live in air-conditioned, closed environments are more likely to catch the disease. You might be sharing a telephone, computer or books with an infected person. People traveling abroad should also be little cautious.

Precautions to be taken are the nose and mouth must be covered with disposable tissues while coughing or sneezing. The used tissues must be disposed off immediately after using them. Hygiene and cleanliness must be maintained by washing hands frequently with soap and water. Touching the eyes, nose or mouth without washing hands must be totally avoided. A doctor must be consulted immediately, in case flu-like symptoms are observed. The patient must be quarantined. One should stay at home from work, school and crowded places in case flu-like symptoms are observed. Face masks and gloves must be used when moving out in crowded places or nursing any ill patient. If a person is ill, then he or she should avoid contact with other people and stay isolated. Visit an authorized swine flu treatment hospital for further treatment. One should keep their surroundings clean and maintain hygiene. Avoid unnecessary traveling and crowded places. Practice good health habits including adequate sleep, eating nutritious food, and keeping physically active (<http://www.buzzle.com/articles/swine-flu-natural-remedies>). For patients with confirmed or strongly suspected infection with influenza pandemic (H1N1) 2009, when antiviral medications for influenza are available, specific recommendations regarding use of antiviral for treatment of pandemic (H1N1) 2009 influenza virus infection. Oseltamivir should be prescribed, and treatment started as soon as possible, for patients with severe or progressive clinical illness. Zanamivir is indicated for patients with severe or progressive clinical illness.

MATERIALS AND METHODS

This was a cross sectional studies of randomly selected 250 persons of different age group are informed to attend the swine flu awareness programme. The study was conducted in the September 2009, when the number of the patients in the OPD was on rise. 75 questionnaires which consist of questions with multiple answers were prepared and collected from the persons before and after awareness programme. Persons were divided into two batches in one batch 150 male and second batch 100 female and given detail to the persons in the presence of doctors and solved the all questions regarding swine flu. Nearly 250 persons were attended the programme, for this programme patient information pamphlets were issued. After one week of the programme of the same questionnaires were collected from the same persons those who attended the programme.

Inclusion Criteria

Participants having education above primary schooling level and age more than 18 years were included in the

study. People not willing to participate in the study were excluded.

RESULT AND DISCUSSION

The comparative status of gaining knowledge by male, female and other professionals participants from before and after educational programme was presented in this paper. The survey was done after the education programme so there might have been many changes in the knowledge and perception of the participants regarding H1N1 and drug. Details of 250 participants participated in the study programme were given in table 1, as the age group 36-40 years male participant large number and actively involved in this educational programme in 26.33 % and age group 21-25 years female participant large number in 40% and age group 15-20 years minimum number of participation male 9 (6%) and in female age group 41-45 years 13 (5.2%).

CONCLUSION

During education programme we have given details about sign, symptoms, diagnosis and etiology, and treatment, food restriction need of vaccination, medication and care of patient. The patient education programmes create the awareness about swine flu and use of medicine. From this it was concluded that the patients education programme is beneficial to the patient.

FURTHER RESEARCH

This survey has highlighted a number of themes and issues that call for more research leading to promotional and planning initiatives designed to improve coverage of swine flu.

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