

Influenza A (H1N1) Swine Origin Influenza Virus (SOIV) Update Date: May 5, 2009

For Physicians in Community Settings

From the office of the Medical Officer of Health

Context:

The outbreak of H1N1 influenza A (SOIV) in Mexico has spread further, with 21 countries reporting 1490 confirmed cases and 30 deaths as of May 5. In Calgary, there have been 13 confirmed cases. The majority of cases globally have been mild and associated with travel to Mexico or exposure to an ill person who traveled there. This virus is similar to seasonal influenza illness in spectrum of disease, with severe disease and deaths still possible, though transmission seems less efficient.

A provincial combined Emergency Coordinating Centre (ECC) has been established in Edmonton (AHW and AHS) and Calgary has activated its own Emergency Operations Centre – this enables more efficient communication and collaboration. A provincial Scientific Advisory Group, which includes medical specialists, has been established to provide expert clinical and public health advice to both AHW and AHS on this situation. Influenza Assessment Centres are being planned in the Calgary area – details later.

Please refer to the following **CHANGED recommendations** in managing these patients.

Phase Level:

Pandemic Phase 5

Change

Influenza-like Illness (ILI) Screening Criteria:

Consider screening only if **ILI occurs within 7 days** of return from travel or within 7 days of contact with someone with travel as noted below, **AND**, patient has been symptomatic for ≤ 5 days.

No Change

For patients with:

ILI – acute onset of respiratory illness with **fever and cough** and one or more of: sore throat, arthralgia, myalgia or prostration which could be due to influenza virus, **AND**,

Travel – returned from or resident of currently affected area* including Mexico, or exposure to an ill person with this travel history

AND

- Mild ILI symptoms - **no laboratory testing** is generally required, **OR**
- Mild ILI and at high risk for influenza complications – do **throat swab** only. **Do NOT** send patients with mild ILI to Emergency Departments for NP swabs.

Reporting Requirements:

Please report to Public Health only those ILI cases that have been swabbed according to the screening criteria above. **Only positive** results (confirmed and probable cases) will be followed up by Public Health.

Change

Laboratory Tests:

Only test patients with mild ILI who are at high risk for influenza complications (i.e., those eligible for publicly-funded influenza vaccine). **NP swabs must not be done in community settings** because of the lack of proper personal protective equipment. Throat swabs are sub-optimal for influenza testing but can be safely done in community settings with appropriate PPE.

Throat swab: Use ordinary throat swab and order “**Influenza Testing**” on ProvLab requisition (mark as “**EI 236**”). Send in M5 Universal Transport medium (pink) - if lab sample pickup is within 8 hours of sample collection, send at ambient temperature; if more than 8 hours, keep in fridge and use a Cold-Pak or ice-pack for transportation.

No Change

The following information is **required** on the requisition:

- patient name, DOB, address, gender and AB PHN
- ordering physician with clinic address and phone number
- symptoms and date of onset (complete History Box on requisition)
- date sample collected
- sample type (throat swab)
- travel history (country, dates of travel)

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Infection Control Recommendations:

No Change

For patients presenting with fever and respiratory symptoms (cough, sore throat, coryza, or myalgia), require them to:

- Clean hands with 60-90% alcohol-based hand gel (or soap and water if immediately available)
- Wear surgical/procedure mask
- Be seated 2 metres distant from others in waiting room (or isolate immediately in examining room)

Before clinically assessing these patients:

- Ensure patient is still wearing surgical/procedure mask
- Perform hand hygiene (alcohol-based hand gel or soap and water) before and after use of gloves
- Wear **surgical mask** (N95 respirators are required for aerosol-generating procedures (such as NP aspiration/swabs, intubations, nebulizer treatments, suctioning))
- Wear eye protection (goggles or face shield)
- Put on gloves (a gown is needed only with risk of clothing or skin contamination from secretions)

After clinical assessment:

- Clean contaminated surfaces with routine office cleaning products after patient visit

AHS is developing Personal Protective Equipment kits for community physician offices – details soon.

Patient Care:

- If patient is not severely ill (not requiring referral to acute care), advise them to:
 - Stay home until symptoms resolve; practice hand hygiene, cover coughs and sneezes, and limit contact with individuals at home
 - Practice symptomatic care (see AHW www.health.alberta.ca/health-info/influenza-self-care.html)
- If patient becomes severely ill, advise them to go to Emergency Department and advise triage of symptoms and travel history immediately upon arrival.
- If patient is severely ill on assessment, notify receiving Emergency Department ahead of time.
- Antiviral medications – for prophylaxis or treatment of mild cases are not recommended currently. Oseltamivir treatment should be consistent with use for seasonal influenza. Community pharmacies should have access to oseltamivir soon according to Roche Canada.

Additional References:

- Alberta Health Services – Calgary and area. Public Health (MOH) webpage – postings for health care professionals: <http://www.calgaryhealthregion.ca/moh/professionals.htm>
- Alberta Health & Wellness: <http://www.health.alberta.ca/health-info/swine-flu.html>
- Public Health Agency of Canada Information for Health Care Professionals: <http://www.phac-aspc.gc.ca/alert-alerte/swine-porcine/hp-index-eng.php>
- Public Health Agency of Canada Travel Advisories: <http://www.phac-aspc.gc.ca/tmp-pmv/pub-eng.php>
- * World Health Organization Swine Influenza Information and affected areas: <http://www.who.int/csr/disease/swineflu/en/index.html>