

## **Influenza A (H1N1) Swine Origin Influenza Virus (SOIV) Update** Date: June 11, 2009

### **For Physicians in Community Settings**

*From the office of the Medical Officer of Health*

#### **Context:**

As of June 10, 2009, confirmed influenza A H1N1 case totals stand at 47 in the Calgary area, 195 with 1 death in Alberta and 2978 with 4 deaths in Canada. Community transmission is occurring in Alberta, especially in schools, and travel history is no longer reliable in identifying possible cases. We are still seeing other respiratory viruses circulating including seasonal influenza (H1 and H3 strains), parainfluenza, rhino/enteroviruses and adenovirus.

WHO has raised its alert level today to Phase 6 – full pandemic – based on geographic spread and sustained community transmission in more than 1 WHO region. This designation is not indicative of disease severity as the new H1N1 virus continues to cause moderate illness globally with recovery at home without medical treatment (mild illness in Canada mainly). Canada has reported pockets of severe H1N1 illness in some residents of northern Manitoba and Nunavut – these cases are being currently investigated to determine the risk factors and learn more about the virus' effects on different populations.

Phase 6 signals further preparedness actions at all levels, including mobilizing of antiviral stockpiles, vaccine development, and honing of pandemic plans. The new H1N1 virus will co-circulate with seasonal influenza strains in the Southern Hemisphere as their respiratory virus season begins; this could result in a more virulent H1N1 virus in the fall. Vaccine for the new H1N1 strain is in development and could be available in the late fall. We will still be delivering the seasonal 2009-10 influenza vaccine as usual, so it is likely there will be two different influenza vaccines to deliver in the fall.

Please ensure your eligible patients have received a single dose of 23-valent pneumococcal vaccine: ≥ 65 years; asplenia; various chronic diseases (cardiac, pulmonary (not asthma), kidney, and liver); diabetes; hemoglobinopathies; cancer or immunosuppression (from disease or therapy); alcoholism; homeless. A single re-vaccination is recommended only for those with asplenia/sickle cell disease, hepatic cirrhosis, chronic renal failure, HIV, immunosuppression.

#### **Phase Level:**

Pandemic Phase 6

**Change**

#### **Screening and Testing Criteria:**

Acute onset of respiratory illness that may include: fever, cough, sore throat, wheezing, gastroenteritis, malaise, and other influenza-like illness (ILI) symptoms. Fever may not be prominent.

- If mild ILI symptoms – **NO LABORATORY TESTING IS RECOMMENDED**. Students with mild ILI symptoms do not need to be tested but could be provided with an illness absence note if required.
- If mild ILI and at high risk for influenza-related complications – a **throat swab** may be considered. **Do NOT** send patients with mild ILI to Emergency Departments for NP swabs.
- If patient is severely ill on assessment, notify receiving Emergency Department ahead of time.

**Change**

#### **Reporting Requirements:**

It is not necessary to advise Public Health when you have swabbed a patient. Positive results will be reported to the ordering physician and copied to Public Health.

**Change**

#### **Laboratory Tests:**

Turn around time for results is at least 3 days.

If a **throat swab** is warranted: Use throat swab (without wooden shaft) and order "**Influenza Testing**" on ProvLab requisition. Send in M5 Universal Transport medium (pink).

**No Change**

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

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

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#### **Infection Control Recommendations:**

**No Change**

For patients presenting with febrile respiratory illness, require them to:

- Clean their hands with 60-90% alcohol-based hand gel (or soap and water if 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** for throat swabs (in Alberta currently, until more information is available, N95 respirators are required for NP swabs in addition to all aerosol-generating procedures such as intubation, nebulizer treatment, 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

#### **Patient Management:**

**No Change**

- If patient is not severely ill (not requiring referral to acute care), advise them to:
  - Stay home for 7 days from symptom onset or 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](http://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 immediately upon arrival.
- Antiviral medications – not currently recommended for prophylaxis or treatment of mild cases.

#### **Additional References:**

- Alberta Health Services – Calgary and area. Public Health (MOH) webpage – postings for health care professionals: [www.calgaryhealthregion.ca/moh/professionals.htm](http://www.calgaryhealthregion.ca/moh/professionals.htm)
- Alberta Health & Wellness: [www.health.alberta.ca/health-professionals.html](http://www.health.alberta.ca/health-professionals.html)
- Public Health Agency of Canada Information for Health Care Professionals: [www.phac-aspc.gc.ca/alert-alerte/swine-porcine/hp-index-eng.php](http://www.phac-aspc.gc.ca/alert-alerte/swine-porcine/hp-index-eng.php)
- Public Health Agency of Canada Travel Advisories: [www.phac-aspc.gc.ca/tmp-pmv/pub-eng.php](http://www.phac-aspc.gc.ca/tmp-pmv/pub-eng.php)
- World Health Organization Influenza A (H1N1): [www.who.int/csr/disease/swineflu/en/index.html](http://www.who.int/csr/disease/swineflu/en/index.html)