

## **Influenza A (H1N1) Swine Origin Influenza Virus (SOIV) Update For Physicians in Emergency, Acute Care and Urgent Care**

*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.

### **Phase Level:**

Pandemic Phase 6

**Change**

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

Please be alert for **Severe Respiratory Illness (SRI)** – Respiratory symptoms including history of **fever >38°C** and **new onset of cough or breathing difficulty**, with **severe illness progression** (pneumonia, acute respiratory distress syndrome (ARDS), encephalitis or other severe and life-threatening complications) and no alternate diagnosis within the first 72 hours of hospitalization.

- If mild influenza-like illness (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 - NP swab may be considered
- **Severe symptoms** (admitted to hospital) or **SRI** - NP swab plus additional tests as appropriate

**Change**

### **Reporting Requirements:**

- Please **report SRI cases** to the MOH on Call at (403) 264-5615.
- Positive results will be reported to the ordering physician and copied to Public Health.

**Change**

### **Laboratory Tests:**

Turn around time for results from NP swabs is at least 3 days.

**Mild ILI and at high risk**– NP swab or aspirate only. Order “**Influenza Testing**” on ProvLab requisition. Send in M5 Universal Transport medium (pink).

**SRI** – NP swab or aspirate plus additional testing which could include sputum, urine, blood, BAL and stool.

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
- travel history, if any (country, dates of travel)

**No Change**

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June 11, 2009

### **For Physicians in Emergency, Acute Care and Urgent Care**

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

**No Change**

Continue with signs advising patients with fever and cough to report immediately.

For patients with respiratory symptoms (fever, cough, sore throat, SOB, etc.), require them to:

- Clean their hands with 60-90% alcohol-based hand gel (or soap and water if available)
- Practice respiratory hygiene (cover cough, use tissues, clean hands)
- Wear surgical/procedure mask
- Be isolated immediately in negative pressure room or a single room

Health Care Workers in direct contact with patient should:

- Wear gloves and gown (if risk of splash from respiratory secretions)
- Perform hand hygiene before and after leaving patient room
- Wear respiratory protection when within 2 metres of patient (**mask/respirator and goggles or face shield**):
  - surgical mask if patient compliant with respiratory hygiene practices or has weak or no cough and no procedures are being done
  - **N95 respirator** if patient coughing and unable to comply with respiratory hygiene practices, **OR** if conducting aerosol-generating medical procedure (such as BIPAP, CPAP, intubation, suctioning, bronchoscopy, etc) **OR** collecting NP swab (current Alberta recommendation until more information is available)

See Interim Guidance: IPC measures for Health Care Workers in Acute Care Facilities at

<http://www.phac-aspc.gc.ca/alert-alerte/swine-porcine/hp-index-eng.php>

#### **Patient Care:**

**No Change**

- If patient does not require referral to acute care or admission, 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 after discharge, advise them to go to Emergency Department and advise triage of symptoms immediately upon arrival. If patient is severely ill on assessment, notify receiving Emergency Department ahead of time.
- Antiviral medications – not currently recommended for prophylaxis or treatment of mild cases. Treatment of severe cases (hospitalized) is recommended – consult with Infectious Diseases.

#### **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)