

April 28, 2009

TO: ALL ALBERTA MEMBERS

Re: Guidelines for Human Swine Influenza A (H1N1)

As of April 28, 2009 there have been thirteen confirmed cases of human swine influenza in Canada and two confirmed cases in Alberta. The enclosed document provides guidance for managing patients presenting with cough, fever, and a history of exposure to cases of the novel swine influenza virus or travel to Mexico or areas in the United States known to have cases. The information in this document is based on current available scientific evidence about this emerging disease, and is subject to review and change as new information becomes available.

The document outlines recommendations for physicians and nurse practitioners regarding:

- Infection Prevention and Control Strategies
- Screening for Influenza Like Illness
- Reporting
- Laboratory Testing
- Clinical Management

These guidelines are provided to you for your information and use as applicable in your practice. Further information will be provided as it becomes available. For advice call Health Link Alberta toll-free 1-866-408-LINK (5465); in Edmonton, call 780-408-LINK (5465); in Calgary, call 403-943-LINK (5465).

Please share this information with all staff. **Your urgent attention to this matter is appreciated.**

Yours truly,



André Corriveau, MD, MBA, FRCPC
Chief Medical Officer of Health

cc: Margaret King, Assistant Deputy Minister, Public Health Division, Alberta Health and Wellness
Carol Gray, Senior VP, Public Health, Alberta Health Services
Dr. Gerry Predy, Senior Medical Officer of Health, Alberta Health Services
Dr. Douglas Perry, Senior Provincial Clinical Advisor, Alberta Health and Wellness
Joan Berezanski, Executive Director, Health Workforce Division, Alberta Health and Wellness

GUIDELINES FOR CLINICIANS IN AMBULATORY CARE SETTINGS¹

INFECTION PREVENTION AND CONTROL

Screening triage for fever and respiratory symptoms

All patients who present to a health care setting should be screened for fever and respiratory symptoms. This should include:

- Passive screening: visual alerts posted at the entrances to all health care settings asking patients to report whether they have fever and any new or worsening respiratory symptoms, and
- Active screening: receptionist staff asking about fever and respiratory symptoms on first contact.

Respiratory symptoms include cough, sore throat, coryza (runny nose), and myalgias (general body aches).

Infection prevention and control procedures for patients with cough and fever

Patients who report fever and respiratory symptoms should be instructed to:

- clean their hands with 60-90% alcohol-based hand gel (or soap and water if immediately available),
- don a surgical mask,
- be seated at least 2 metres (6 feet) away from others. If this is not possible in the waiting room setting, he/she should be placed immediately in an examining room.

Routine Practices and Contact Precautions

The following infection control practices are indicated when assessing patients with cough and fever:

Before a clinical assessment:

- Ensure patient is still wearing a surgical mask
- Perform hand hygiene (alcohol based hand rub or soap and water) before and after patient assessment
- Don a surgical mask
 - N95 respirators are indicated for aerosol-generating procedures such as collection of NP aspirate (but not NP swab), intubations, nebulizer treatments, bronchoscopy or suctioning and are indicated for everyone in the room.
- Don eye protection (such as goggles or a face shield) if likely to be sprayed or splashed. Eye protection is recommended when collecting NP swabs or aspirate.
- Put on gloves
- A gown is needed only when there is a risk of clothing or skin contamination (such as when examining young children who may have difficulty controlling their secretions)

After a clinical assessment:

- Affected surfaces that may have been contaminated with droplets need to be cleaned. Routine office cleaning products are effective for respiratory viruses including influenza; no special cleaning products are needed.

SCREENING FOR INFLUENZA LIKE ILLNESS (ILI)

As noted in detail below, to determine if a patient may have a human case of swine influenza A (H1N1), ask whether he/she has:

- fever and cough
- other ILI symptoms
- detailed contact history

¹ Ambulatory care settings include doctor's offices, drop-in clinics, community health centres, outpost nursing stations, etc.

Influenza Like Illness (ILI) Screening Criteria

- Acute onset of respiratory illness with fever* and cough

*Note: in children under 5, gastrointestinal symptoms may also be present. In patients under 5 or 65 and older, fever may not be prominent.

AND one or more of the following:

- sore throat, arthralgia, myalgia, or prostration which could be due to influenza virus.

AND one or more of the following:

Travel/contact exposure:

- Traveller returned from or resident of currently affected area¹, including Mexico and other affected areas, within 7 days of onset of symptoms
- Contact with a traveller/person with ILI from a currently affected area¹ within 7 days of onset of symptoms

Laboratory/Health care setting exposure:

- Laboratory worker who works directly with emerging or re-emerging pathogens
- Health care workers exposed to patients linked to an ongoing outbreak
- Epi-link to nosocomial (i.e. health care facility) cluster

¹list of currently affected areas on World Health Organization website:

www.who.int/csr/disease/swineflu/en/index.html

REPORTING RESPONSIBILITIES

Report suspect cases to your local Medical Office of Health. The Provincial Laboratory for Public Health (ProvLab) will notify the Chief Medical Officer of Health of any probable case testing positive for non-typeable influenza A. Local public health authorities will report any suspect cases to the province; only confirmed cases will be reported to the Public Health Agency of Canada. As this outbreak progresses, guidance may change. Initially, it is important to know if and how the infection is spreading in Canada. In the initial response phase, public health will be attempting telephone follow-up of these cases to take detailed information on cases and contacts.

LABORATORY TESTING

A laboratory sample is required to confirm or rule out the diagnosis of human swine influenza. Collect a nasopharyngeal swab (or aspirate) for respiratory pathogen screen and send it in Universal Transport Media [UTM – available through the ProvLab] directly to the ProvLab. The nasopharyngeal swab is most useful if collected within 24-48 hours of onset of ILI symptoms. Write **EI 236** on the requisition and include information regarding the travel history or exposure to an individual with similar illness.

CLINICAL MANAGEMENT

To date, most cases of swine influenza have been mild; but the experience in Mexico suggests a spectrum of disease. Mild cases can be treated in the same way as other influenza-like illnesses, with an emphasis on staying at home to prevent spread of the disease. Review good respiratory and hand hygiene practices. Encourage patients to recuperate in their own room. As with other types of influenza, an ill person may want to wear a surgical mask when in close contact with others (less than 2 metres). Others may want to wear a mask if in close contact with an ill person. Medications to ease fever and myalgias may be indicated. Rest, fluids, and instructions on when they would need to be reassessed would be helpful. If an ill person must go out in public (e.g., to seek medical care) they should wear a face mask to reduce the risk of spreading the virus in the community.

Mild cases do not generally require antiviral treatment. Moderately ill people who are at high risk of influenza-related complications (such as those with chronic health conditions)¹ would likely benefit from antiviral therapy. Severely ill patients will need to be hospitalized. You may wish to confer with public health or an infectious disease specialist. If you decide to transfer the patient to hospital, ensure that the

¹ National Advisory Committee on Immunization (NACI) Statement on Influenza Vaccination for the 2008-2009 Season. Canada Communicable Disease Report. 2008 Vol 34; ACS-3 pg 6-7. See: <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/08vol34/acs-3/index-eng.php>

ambulance personnel and the hospital are notified ahead of time of the possible diagnosis and the need for Routine Practices with Contact Precautions.

Antiviral treatment for influenza involves the use of a neuraminidase inhibitor, such as oseltamivir (Tamiflu®). This antiviral can reduce the severity of the illness and may reduce the risk of complications in at-risk persons. Antiviral treatment should be started as soon as possible, i.e. within 12-48 hours after onset of symptoms. For adults, the routine prescription of oseltamivir is 75 mg b.i.d. x 5 days; dosage for children over 1 year of age is determined by weight. More information on both these medications can be found in the Product Monograph.

Adverse reactions to antiviral therapy should be reported to the Marketed Health Products Directorate at Health Canada at: <http://www.hc-sc.gc.ca/ahc-asc/branch-diroen/hpfb-dqpsa/mhpd-dpsc/index-eng.php>.

Resources and Additional Information:

- Pandemic Primer for Front-Line Health Care Professionals. Appendix 1; Annex G. Clinical Care Guidelines and Tools (September 2008) Canadian Pandemic Influenza Plan for the Health Sector. See: www.phac-aspc.gc.ca/cpip-pclcpi/pdf-e/annex_g-eng.pdf