

Important Health Notice

April 26, 2009
Volume 6, Issue 2
Page 1 of 3

Information for Healthcare Professionals Management of Patients Presenting with Influenza-Like illness (ILI) in the Ambulatory Care Setting

It is assumed, given the heightened public concern regarding swine influenza, that ambulatory care settings may experience an increase in visits. This notice contains up to date information on the management of ambulatory patients who present with influenza like illness. Given the rapidly evolving epidemiology of the H1N1 swine influenza strain, it is expected that this information will change regularly.

Status Update:

As of April 26th, human cases of swine influenza have been identified in the US, Mexico and Canada and other countries are reporting cases under investigation. The World Health Organization (WHO) has identified swine influenza as a public health emergency of international concern and has indicated that it will re-convene an expert panel to review the pandemic level currently in effect. The current pandemic level remains at Phase 3.

Effective 6pm 26th April 2009:

Canada: Six (6) reported laboratory confirmed H1N1 swine influenza cases.

- Ontario: At this time there are no laboratory confirmed cases.
- Nova Scotia: Four cases among school children.

Highlights:

- Cases of human swine influenza have been reported in many countries, including Mexico, the U.S and Canada; most cases outside of Mexico are exhibiting mild symptoms thus far. It is anticipated that ambulatory care settings in Ontario will experience an increase in visits related to respiratory illness.
 - Clinicians are advised to screen patients for febrile respiratory illness (FRI) and influenza like illness (ILI), and continue to practice meticulous infection prevention and control in the office setting.
 - Individual cases of ILI with a history of travel to an affected area or clusters of ILI should be reported to the local public health unit. Treatment of ILI at this time should be no different than usual practices.
 - Further updates will occur as more is known about the virus characteristics and level of activity in Ontario.
- British Columbia: Two cases are reported to have experienced mild influenza symptoms and to have recovered.

US: 20 laboratory confirmed cases in five states, (California, Texas, Kansas, New York, Ohio) Multiple are investigations ongoing.

Mexico: In excess of 1,200 cases predominantly identified based upon clinical criteria, 86 reported deaths, cases occurring in majority of Mexican States. Limited laboratory confirmations are available at this time.

International: Multiple countries reporting suspected cases under investigation.

Infection Control guidance for the Ambulatory care setting:

- General information on infection control practices in ambulatory settings can be found at: http://www.cpsso.on.ca/uploadedFiles/policies/guidelines/office/Infection_Controlv2.pdf

Infection Prevention & Control Practices

Routine Practices should be used consistently with all patients including:

- Hand hygiene before and after all patient contact
- Appropriate use of personal protective equipment (gloves, masks, eye protection) for contact with all patient secretions/excretions
- Disinfection of all equipment which is shared between patients
- Cleaning/disinfection of all patient contact surfaces after patient leaves the examining room

All settings should have signage posted (attached) advising patients of the procedures being used and requesting that any patient with a new/worsening cough or respiratory illness perform hand hygiene and don a procedure mask.

Patients should be screened using the attached “Case Finding for Febrile Respiratory Illness” tool. All patients who present with a febrile respiratory illness should be managed using the following:

- Physical barrier (i.e. window or plexiglass barrier) or the receptionist should maintain a 2 metre (6 foot) distance from all patients whenever possible
- Alcohol based hand rub (ABHR) should be readily available for staff and patients
- Patient should be asked to perform hand hygiene using an ABHR and given a mask to put on covering their nose and mouth
- Place patient in a separate area of the office (i.e. examination room). If an examination or separate room is not available the patient should remain masked and distanced from other patients – 2 metres (6 feet).

Management of Patients

Patients presenting to the office/outpatient setting should be triaged to identify those with respiratory illnesses. This can be done at the time the appointment is booked or when the patient first presents to the practice setting.

Clinical Case Definition:

Acute onset of fever and new/worse cough or shortness of breath within the past 7 days. Additional symptoms may include sore throat, arthralgia, myalgia, or prostration. In children under 5, gastrointestinal symptoms may also be present.

Patients who meet the case definition should be cared for using the following precautions:

- Hand hygiene (alcohol –based hand rub or soap and running water)
- Fit tested N95 respirators - If N95 is not available surgical mask should be worn and patient should remain masked.
- Eye protection (goggles or face shield)
- Gloves and gowns should be worn when there is a risk of contamination with respiratory secretions
- After the patient leaves, surfaces that may be contaminated with droplets must be cleaned with a hospital-grade disinfectant

Patients, who do not require admission to a health care facility, should be provided with education to assist in containing the spread of their illness to others. This education should include information on:

- Hand hygiene
- Respiratory cough etiquette
- Social distancing (i.e. minimizing contact with family members, not going out in public)
- Not going to work until symptoms have resolved

Surveillance:

- Clinicians are advised to report individual cases of ILI with a travel history to an affected area to their local public health unit.
- Clinicians should consult their local public health unit should they identify a cluster of ILI.

Laboratory Testing:

- Currently there is no requirement for specific laboratory testing beyond what the clinician feels appropriate.
- Should a viral etiology be suspected, a nasopharyngeal swab may be sent to your local microbiology laboratory.

Treatment of influenza:

A large proportion of human influenza strains currently circulating are resistant to the antiviral drug oseltamivir. Although swine influenza is sensitive to oseltamivir, it is premature to recommend using oseltamivir as primary treatment of influenza. At this time, it is recommended clinicians follow the treatment guidelines issued by the BC Centre for Disease Control (attached) which recommend zanamivir as first line treatment. This recommendation will change if a significant number of cases begin to be identified in Ontario. For treatment to be effective, it must be started within 48 hours of the onset of symptoms.

Additional Information:

For questions on Important Health Notices, please call the Healthcare Providers Hotline toll free, at 1-866-212-2272. Beginning Monday, April 27th, hours of operation will be 0800hrs – 2000hrs. Refer to future IHNs for changes to hours of operation.

To register for future Important Health Notices, please go to www.publichealthontario.ca

(original signed by)

Dr. David Williams
Acting Chief Medical Officer of Health

(original signed by)

Phil Graham
Interim Director, Emergency Management Unit