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April 30, 2009

**For the Attention of
Hospital CEOs, OHA Board of Directors, Infection Prevention
and Control Leads, Occupational Health and Safety leads,
Joint Health and Safety Committee, and Emergency
Department Managers**

**From: Greg Shaw, Vice President,
Strategic Human Resources Management Services**

Update #4: Swine Flu (Severe Respiratory Illness in Mexico)

The World Health Organization (WHO) has raised its pandemic alert level to Phase 5, characterized by human-to-human spread of a virus into at least two countries in one WHO region.

Any cases of influenza-like illnesses (ILI) with a history of travel to Mexico or contact with a confirmed case of swine flu should be reported to hospitals' local public health units as soon as possible after an assessment and laboratory testing for swine influenza A has been done.

Please find attached the latest Important Health Notice from the province's Chief Medical Officer of Health. Also attached is the *Clinical Guidelines on the Management of Patients with ILI in Ambulatory Settings*, which has recently been revised (see section 3 on laboratory testing).

For further information about this bulletin, contact Tim Savage, Health and Safety Consultant at 416-205-1395 (tsavage@oha.com).

Important Health Notice

April 30, 2009 Volume 6,

Issue 4

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Information for Healthcare Professionals

UPDATE

This Important Health Notice (IHN) provides the following:

- Update to the human swine influenza situation
- Health care provider reporting requirements to public health regarding patients with influenza like illness (ILI)
- Notice of change to the *Clinical Guidelines on the Management of Patients with ILI in Ambulatory Settings* (April 28, 2009)

Status Update:

On April 29th, 2009 the World Health Organization (WHO) escalated the pandemic threat level to Phase Five, which is characterized by human-to-human spread of the virus into at least two countries in one WHO region.

In Canada, 19 confirmed cases have been announced, including seven cases in Ontario, four cases in Nova Scotia, six cases in British Columbia and two cases in Alberta.

Health Care Provider Reporting Requirements to Public Health

Clinicians are advised to promptly report all cases of ILI with a travel history to Mexico or contact with a case of swine flu in the last 7 days to the local public health unit.

The following patient information is to be reported by phone as soon as possible to public health:

- Name (first, last)
- Date of birth
- Sex
- Date of symptom onset

Highlights:

- **The WHO has raised its pandemic alert level to Phase 5**
- **Individual cases of ILI with a history of travel to Mexico or contact with a confirmed case of swine flu should be reported to the local public health unit as soon as possible once assessment and laboratory testing for swine influenza A has been done**
- **Notice of change to *Clinical Guidelines on the Management of Patients with ILI in Ambulatory Settings***

- Hospitalized or outpatient
- Upper respiratory tract infection or lower respiratory tract infection/pneumonia
- Other major symptoms (e.g. Gastroenteritis)
- Travel location

Given the rapidly changing information known about the swine flu virus and its impact, it is expected that this requirement will change frequently.

Notice of change to the *Clinical Guidelines on the Management of Patients with ILI in Ambulatory Settings* (April 28, 2009)

A change has been made to section 3 (Laboratory Testing) of the *Clinical Guidelines on the Management of Patients with ILI in Ambulatory Settings*, posted yesterday on the ministry's website.

For patients presenting with ILI* and a history of travel to Mexico or contact with a confirmed case within 7 days of onset of symptoms, a nasopharyngeal swab can be sent to the Toronto or regional public health laboratory. Please do not send specimens directly to the National Microbiology Laboratory in Winnipeg.

* Acute onset of fever and new/worse cough or shortness of breath; additional symptoms may include sore throat, arthralgia, myalgia, headache or prostration. In children under 5, gastrointestinal symptoms may also be present.

For questions on Important Health Notices, please call the Healthcare Providers Hotline toll free, at 1-866-212-2272. Hours of operation of the line are 0800 hours to 2000 hours. 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

Ministry of Health and Long-Term Care

Guidance for Clinical Care of Patients: Ambulatory Setting

Please refer to Important Health Notice Volume 6, Issue 4 issued on April 30, 2009

This information is current as of April 29, 2009 and will be updated as new information becomes available.

Ambulatory settings may include but is not limited to physician offices and clinics, diagnostic imaging and lab collection services, and allied health professional services.

Background

Influenza is predominantly a droplet-borne disease. Influenza virus can also survive on surfaces; therefore, both droplet and contact precautions are recommended to prevent transmission and are reflected below. Patients who meet the symptom criteria for ILI should self-isolate for 7 days from the time of symptom onset. Infectivity starts 24 hours before onset of symptoms.

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

1. Screening

All settings should have signage posted (an example is attached) requesting that any patient with a new/worsening cough or respiratory illness perform hand hygiene and don a procedure mask.

Patients should be triaged/screened using the “Screening Tool for Influenza-Like Illness (ILI) in Ambulatory Care” tool (enclosed). Where applicable, these screening questions should be asked at the time the patient telephones to book an appointment. The patient can then be informed of the need to don a

mask immediately upon arrival to the office. Masks and alcohol based hand rub should be available at all entrances.

2. Patient Management

All patients who present with influenza like illness (see definition below) should be managed as follows:

- 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.

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 (see CPSO link above)
- Disinfection of all equipment which is shared between patients
- Cleaning/disinfection of all patient contact surfaces after patient leaves the examining room

Influenza like Illness (ILI):

Acute onset of fever and new/worse cough or shortness of breath; additional symptoms may include sore throat, arthralgia, myalgia, headache or prostration. In children under 5, gastrointestinal symptoms may also be present.

Infection Prevention and Control Practices for Health Care Workers

Those providing direct care to patients with ILI and have a history of travel to Mexico within the last 7 days should use the following precautions:

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

N95 respirators are not required for care of patients with ILI who do not have a travel history to Mexico.

3. Laboratory Testing

Settings with the capacity and/or expertise to perform nasopharyngeal swabs may do so for patients presenting with ILI and a history of travel to Mexico or contact with a confirmed case within 7 days of onset of symptoms.

If performed, specimens must be forwarded to the Toronto or regional public health laboratory (PHL). Please do not send specimens directly to the National Microbiology Laboratory in Winnipeg.

- Nasopharyngeal swab in viral transport medium

Transportation of specimens:

- Transport specimens to the laboratory at 4°C.
- For critically ill patients, please phone 1-800-640-7221, or after hours 416-605-3113.

All specimens must be accompanied by the following patient information:

- Mandatory information on the laboratory requisition form:
 1. Hospitalized or outpatient
 2. Recent travel history
 3. Upper respiratory infection (URTI) or LRTI /pneumonia.
 4. Febrile or afebrile.
 5. Other major symptoms (e.g. gastroenteritis)
 6. Please write "High Priority" on the requisition form.

Each set of patient samples must be accompanied by a completed OAHPP Influenza Laboratory Surveillance Report Form, available at:

<http://www.oahpp.ca/SRI Bulletin.php>

If additional Nasopharyngeal swabs, throat swabs and transport media required:

Please fill out Supply Requisition Form and send to local public health laboratory.

To access form:

go to: www.oahpp.ca

Click on: Public Health Laboratories

Click on: Specimen Collection Guide and Testing Guidelines

Click on: Specimen Collection Guide

Click on last link: Requisition for Specimen Containers and Supplies – August 2007

4. Patient Reporting

Patients who have an ILI and have a travel history to Mexico or are part of an unusual cluster should be reported to the local public health unit.

5. Patient Disposition and Treatment

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 while symptomatic)
- Not going to work until 24 hours after symptoms have resolved or up to 7 days from time of onset

Treatment Recommendations:

1. Treatment of the following groups with influenza like illness (ILI) with oseltamivir is currently recommended within 48 hours of the onset of symptoms:

- Fever and acute respiratory symptoms (ILI) or pneumonia requiring hospitalization when onset of symptoms was within 7 days of leaving Mexico;
- Fever and acute respiratory symptoms (ILI) or pneumonia requiring hospitalization in a close contact of an ill person who has developed symptoms within 7 days of leaving Mexico;
- Acute respiratory illness (with or without fever) and at risk for complicated disease¹ with onset of symptoms within 7 days of leaving Mexico;
- ILI and at risk for complicated disease¹ in a close contact of an ill person who has developed symptoms within 7 days of leaving Mexico;

2. Patients with severe disease **without** a travel history to Mexico should be treated according to the 2009 BC-CDC² seasonal influenza recommendations.

3. Other patients with ILI do not require treatment.

Comment on the treatment of children and pregnant women

The use of oseltamivir and zanamivir in pregnant women must weigh the potential benefit versus the theoretical risk to the fetus.

The use of oseltamivir in children under the age of 1 year has been studied in a very limited number of children, and data from these studies has not yet been published. Use in this age group must weigh potential benefits versus potential risks. The use of zanamivir in children under the age of 7 is not well studied and it is technically difficult to administer. Consultation with a pediatric infectious disease specialist with knowledge of influenza is strongly advised if treatment of influenza is being considered in children under the age of one year.

¹ see link for risk groups: <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/08vol134/acs-3/index-eng.php>

² see link at: [http://www.oha.com/Client/OHA/OHA_LP4W_LND_WebStation.nsf/resources/BCCDC+Influenza+Antiviral+Interim+Options/\\$file/BCCDC+Influenza+Antiviral+Interim+Options_08_09_update.pdf](http://www.oha.com/Client/OHA/OHA_LP4W_LND_WebStation.nsf/resources/BCCDC+Influenza+Antiviral+Interim+Options/$file/BCCDC+Influenza+Antiviral+Interim+Options_08_09_update.pdf)