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**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, CACN, Chief HR Officers,
Emergency Department Managers, Emergency Preparedness
and Pandemic Planning Leads**

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

UPDATE H1N1 Influenza A

Yesterday, the Ministry of Health and Long-Term Care (MOHLTC) issued an Important Health Notice (IHN) with more information about the status of H1N1 and clarification on testing, impact on pregnant women and planning activities. Highlights from the IHN are that:

- The MOHLTC is requesting that H1N1 testing be performed on all patients admitted to hospital with severe-respiratory illnesses.
- While pregnant women are no more likely to contract the virus than the general public, they have been found more likely to suffer from complications.
- Health care providers should be planning for a second wave of H1N1 in addition to the annual impacts of seasonal influenza.

A copy of the IHN is included below and also available online at:

<http://www.health.gov.on.ca/english/providers/program/emu/ihn.html>

For more information, contact Tim Savage, OHA Health and Safety Consultant at 416-205-1395 (tsavage@oha.com).

Important Health Notice

August 18th, 2009

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Information for Healthcare Professionals

H₁N₁ UPDATE

This Important Health Notice (IHN) is based on current information received to date and provides the following:

- Status of the Pandemic (H₁N₁) 2009 (pH₁N₁) virus
- Clarification on laboratory testing recommendations
- Information on the impact of the pH₁N₁ virus on pregnant women
- Information on Ministry of Health and Long-Term Care planning activities

Status Update:

There have been 4,035 lab-confirmed cases of pH₁N₁ in Ontario as of August 8, 2009. On August 5, 2009, 48 lab-confirmed cases were in hospital, of whom 38 had underlying medical conditions. 283 other lab-confirmed cases have been hospitalized and have since been discharged. 21 deaths have been reported among the cases to date.

Of the 19 respiratory illness outbreaks reported to the ministry in summer camps, 9 have been lab-confirmed as being caused by the pH₁N₁ virus.

Overall, there has been a decrease in influenza-like illness (ILI) activity in Ontario since late June. However, the rate of ILI cases is above what is expected for this time of year, particularly among those under the age of 20.

Highlights:

- While the rate of influenza-like illness (ILI) is still above what is expected for this time of year, there has been a steady decrease in ILI activity since June.
- The ministry is requesting that Pandemic (H₁N₁) 2009 (pH₁N₁) testing be performed on all Severe Respiratory Illness (SRI) patients admitted to hospitals.
- Pregnant women have been found to be more likely to suffer from complications due to pH₁N₁ infection. However, the likelihood of contracting the virus is no different from that of the general public.
- Health care providers are encouraged to plan for a second wave of pH₁N₁ in addition to the annual impacts of seasonal influenza.

Laboratory Testing:

Testing carried out to date has confirmed that the pH₁N₁ virus is currently the predominant circulating strain of influenza in Ontario. Therefore, the indications for laboratory testing for purposes of clinical treatment are extremely limited.

However, testing for surveillance of disease severity and associated characteristics of patients in order to identify risk groups, monitor for antiviral resistance and determine further assessment and intervention modalities is a high priority.

Currently testing is only recommended for persons admitted to hospital and those ambulatory patients at higher risk of complications (e.g., persons with pre-existing medical conditions, pregnant, persons under the age of 2 years and over 65 years of age) with ILI.

Persons seen in emergency departments and discharged home should not be tested.

The ministry is also requesting **lab testing for all hospitalized patients with Severe Respiratory Illness (SRI)** including:

- i. those admitted with SRI;
- ii. those who develop SRI after admission for another reason; and
- iii. those who are in respiratory failure for another presumed cause, where influenza may be a contributing feature.

Laboratory requisitions should be clearly labelled to identify the patient as "Hospitalized" or "High-Risk" to allow appropriate triage of specimens for testing.

Pregnant Women and the pH₁N₁ Virus:

Pregnant women, especially those in the later stages of pregnancy, are at higher risk of complications from seasonal influenza than non-pregnant women. Recent articles published in the Canadian Medical Association Journal¹ and by the Centers for Disease Control and Prevention (CDC)^{2,3} suggest that this is likely the case for the pH₁N₁ virus.

¹ Tanaka T, Nakajima K, Murashima A et al. (2009). *Safety of neuraminidase inhibitors against novel influenza A (H1N1) in pregnant and breastfeeding women*. CMAJ. 181(1-2). Retrieved July 30, 2009, from :

Retrieved July 30, 2009, from :

<http://www.cmaj.ca/cgi/reprint/181/1-2/55>

² MMWR Dispatch. (2009). *Novel Influenza A (H1N1) Virus Infections in Three Pregnant Women – United States, April-May 2009*. MMWR, 58. Retrieved July 30, from

www.cdc.gov/mmwr/pdf/wk/mm58d0512.pdf

³ Jamieson DJ, Honein MA, Rasmussen SA et. al. *H1N1 2009 influenza virus infection during pregnancy in the USA*. Lancet 2009; 374: 451-58.

While most pregnant women have a typical course of uncomplicated influenza, illness can progress rapidly for others requiring management in an Intensive Care Unit (ICU).

In Ontario, as of August 11th, a total of 14 pregnant women have been hospitalized with pH₁N₁, all of whom have been discharged. Of these, 2 had underlying medical conditions, 2 cases were reported to have viral pneumonia and 2 cases were admitted to ICU with 1 placed on a ventilator.

The likelihood of pregnant women contracting pH₁N₁ is no different from that of the general public. As a high-risk group, early treatment within 48 hours of symptom onset should be strongly considered¹ and will help to reduce the risk of complications. Interim clinical guidance for pregnant and breastfeeding women with ILI has been released by the Public Health Agency of Canada and is available at:

<http://www.phac-aspc.gc.ca/alert-alerte/swine-porcine/guidance-orientation-07-09-eng.php>

Planning Activities:

The Ministry of Health and Long-Term Care has been engaged in extensive planning work in the anticipation of a potential second wave of the pH₁N₁ virus in the autumn in addition to the annual impacts of seasonal influenza.

These planning activities seek to finalize and operationalize the guidance in the Ontario Health Plan for an Influenza Pandemic (OHPIP) (<http://www.health.gov.on.ca/pandemic>) and include such areas as:

- The development of a surveillance strategy to continue monitoring the pH₁N₁ virus in the autumn and winter
- The immunization of Ontarians with pH₁N₁ vaccine in addition to the seasonal influenza immunization program

- Planning for the acute care system (with focus on critical care) in order to implement a system(s) to track capacity in real time and augment critical care capacity.
- The potential establishment of local “Flu Centres” to treat Ontarians in order to offset pressure, should it arise, on the primary and acute care sectors
- The identification of key public health measures, or non-pharmaceutical interventions, as well as guidelines for implementation
- The establishment of triggers for the release of ministry stockpiles of supplies and equipment and implementation of the necessary distribution systems to ensure timely access
- Identification and support of key research priorities and the provision of expert advice to health care providers on key technical issues
- The development of a communications strategy and associated products to inform the public and to engage health stakeholders
- Continued engagement of First Nations communities, in collaboration with Health Canada, on all aspects of pandemic planning, with particular consideration of remote and isolated communities.

The ministry will be communicating with key professional associations and labour unions in the coming weeks and will continue engaging the health care sector in planning for the autumn. Health care providers are encouraged to continue their planning activities to date and to liaise through their respective associations for further planning guidance as it becomes available.

In addition, health care providers are encouraged to keep their contact information for Important Health Notices up-to-date and to monitor the ministry’s website for updates and further guidance. Health care providers can register for Important Health Notices through email and/or fax at:

<http://www.PublicHealthOntario.ca>

Health Care Provider Hotline:

If you are a health care worker and have any questions or concerns on the Important Health Notices and related guidance documents, please call the Health Care Provider Hotline toll-free at 1-866-212-2272*.

Hours of Operation**:

Monday-Friday	0900hrs to 1600hrs
Saturday-Sunday	CLOSED**

*This hotline is intended to provide guidance and support to health care workers only and is not a service to provide general information to the public

**Hours of Operation are subject to change. Please monitor future Important Health Notices for changes

**On-call services are available for urgent issues, and can be reached through the Health Care Provider Hotline

(original signed by)

Dr. Arlene S. King
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(original signed by)

Phil Graham
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