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November 13, 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, CACN, Chief HR Officers,  
Emergency Department Managers, Emergency Preparedness  
and Pandemic Planning Leads**

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

## **UPDATE pH1N1 Influenza A**

The Ministry of Health and Long-Term Care (MOHLTC) has issued another Important Health Notice (IHN) with an update for health care providers. Highlights from the IHN include:

- The ministry has updated its clinical guidance for emergency departments, ambulatory care settings, and long-term care settings.
- Influenza A subtyping and Influenza B PCR will be done on selected samples only.
- Emergency departments and primary care providers are requested to report adverse events following immunization.

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>

You may access all of the OHA's H1N1 Updates at [www.oha.com/h1n1](http://www.oha.com/h1n1), or contact Tim Savage, OHA Health and Safety Consultant at 416-205-1395 ([tsavage@oha.com](mailto:tsavage@oha.com)) for more information.

# Important Health Notice

## Information for Health Care Providers – pH1N1 Update

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### Status Update

Many parts of Ontario continue to experience increased Influenza-like Illness (ILI) activity. pH1N1 is currently the predominant circulating strain of influenza in the province. Health care providers are encouraged to view the Ontario Influenza Bulletin to identify the extent of influenza activity in their community. This information is available at:

[http://www.health.gov.on.ca/en/ccom/flu/h1n1/pro/flu\\_bulletin.aspx](http://www.health.gov.on.ca/en/ccom/flu/h1n1/pro/flu_bulletin.aspx).

### Updates on Clinical Guidance Documents issued October 14, 2009

The following updates have been made to the clinical guidance documents for emergency departments, ambulatory care settings, and long-term care settings:

- Treatment with antivirals for patients with ILI who are not at high risk of complications and who present within 48 hours of symptoms onset may be considered, based on clinical judgement. Previous guidance only recommended treatment of patients at risk of complications, patients with abnormal vital signs and patients with worsening clinical status.
- Information on complications of pH1N1 (such as pneumonia, invasive secondary bacterial infections, myocarditis, encephalitis, and acute myositis) is added as an appendix to assist health care providers in the early recognition and management of these

### Highlights:

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complications, including antiviral treatment beyond the 48 hour window.

- Post-partum duration to be considered at-risk for complications has been extended from 4 weeks to 6 weeks.
- A new section on paediatric patients has been added to provide guidance on clinical diagnosis and treatment.

Updated clinical guidance documents can be found on the ministry website at [www.ontario.ca/flu](http://www.ontario.ca/flu); click on the link to “Health Care Professionals” on the left-hand side column.

### Laboratory Testing

Based on the current situation, the Public Health Laboratories (PHL) of the Ontario Agency for Health Protection and Promotion have changed current testing recommendations. For more information, see Lababstracts at:

<http://www.oahpp.ca/publichealthabstracts.php>.



## 1. Influenza A subtyping

The pretest probability for an influenza A positive sample being pH1N1 is currently 99%, rendering subtyping of all influenza A positive samples no longer necessary. PHL will be subtyping only the following influenza A samples:

1. All intensive care and outbreak samples.
2. Twenty percent (20%) of influenza A positive samples from other settings.

Testing laboratories (including hospitals) forwarding samples to PHL for subtyping are requested to only forward 20% of influenza A positive samples, regardless of method of detection (e.g., rapid antigen detection, **Polymerase Chain Reaction (PCR)**).

This testing strategy will be reassessed if there is a re-emergence of seasonal subtypes.

## 2. Influenza B PCR testing

Given the virtual absence of influenza B at this time, only limited influenza B PCR will be done.

## 3. Viral cultures

PHL will culture 20% of submissions of viral specimens to provide surveillance information about viruses circulating in the community.

## 4. Antiviral susceptibility testing for influenza

Recommended criteria for antiviral susceptibility testing in Ontario for influenza A (H1N1) are the following:

- Influenza developing after or during oseltamivir or zanamivir prophylaxis.
- Severely-ill patients (Intensive Care Unit) and fatalities.
- Persistent viral shedding in immunocompromised patients or hospitalized patients not responding to antiviral therapy.

*Note: Routine PCR follow-up testing is **not** indicated.*

Clinicians may indicate on the lab requisition if their patient fits any criteria for susceptibility testing.

## 5. Intensive Care Patient Testing

Testing for ICU patients is a high priority. It may be reasonable to re-test patients admitted to the ICU. If a sample has been collected on a patient prior to admission to ICU, inform your local PHL of this change to enable appropriate prioritization.

Clinicians are also encouraged to contact their PHL if a result is not received within 72 hours of sample submission on a critical patient.

## 6. Other updates on laboratory testing

The PHL will NOT accept the following for routine testing of pH1N1:

1. Serum, clotted blood or whole blood for serology (neither sensitive nor specific enough).
2. Stool testing (not validated for this purpose).

PHL has updated the specimen requisition form available at: <http://www.oahpp.ca/labrequisition/>

## Adverse Events following Immunization Reporting:

Emergency departments and primary care providers should report an adverse event following immunization (AEFI) with an H1N1 vaccine to their local medical officer of health within 1 business day after the reportable event is recognized. Post marketing surveillance of AEFIs is important for vaccine safety.

To report an adverse event, fill out the AEFI report form included in the H1N1 vaccine immunization package and send to the local public health unit. Alternatively, call the local public health to report the adverse event. A list of public health units can be found at [http://www.health.gov.on.ca/english/public/contact/phu/phuloc\\_mn.html](http://www.health.gov.on.ca/english/public/contact/phu/phuloc_mn.html).

## Health Care Provider Hotline:

If you are a health care provider 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 to Friday: 0800hrs to 1800hrs  
Saturday to Sunday: 0900 hrs to 1600hrs

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

**\*\*Hours of operation are subject to change. Please monitor future IHNs for changes.**

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

*(original signed by)*

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