



PHAC GUIDANCE DOCUMENT

Interim Guidance for Clinicians in Ambulatory Care Settings¹

Human Cases of Swine Influenza A (H1N1)

This guidance document is being provided by the Public Health Agency of Canada in response to the recent outbreak of human swine influenza A (H1N1) in North America. This guidance has been developed to assist clinicians in managing patients presenting with cough, fever and a history of travel to Mexico or areas known to have cases of the novel H1N1 swine flu influenza virus. This guidance is based on current available scientific evidence about this emerging disease, and is subject to review and change as new information becomes available.

The Public Health Agency of Canada will be posting regular updates at: www.phac-aspc.gc.ca.

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: At first contact, staff asks about fever and respiratory symptoms. Respiratory symptoms include cough, sore throat, coryza (runny nose), and myalgias (general body aches).

Infection prevention and control precautions for patients

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, and
- 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 for clinicians

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

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
- 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)
- Consider most appropriate respiratory protection

Respiratory protection

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



PHAC GUIDANCE DOCUMENT

Clinicians should wear respiratory protection when within 2 meters of a suspect influenza-like-illness (ILI) case. The choice between a surgical mask and N95 respirator should be based on the following:

Wear a surgical mask:

- If the patient is compliant with respiratory hygiene practices (e.g. wearing a surgical mask) or
- If the patient has a weak or no cough.

Wear an N95 respirator:

- If conducting an aerosol-generating medical procedure on a suspect ILI case. All individuals in the room should wear an N95 respirator, or
- When the patient is coughing forcefully **and** is unable or unwilling to comply with respiratory hygiene (e.g., coughing patient who is unable or unwilling to wear a surgical mask);

Whenever a surgical mask or respirator is required, the HCW should also wear eye or face protection.

After a clinical assessment:

- Eye or face protection should be removed after leaving the case's room and disposed of in either a hands-free waste receptacle (if disposable) or in a separate receptacle to go for reprocessing (if reusable).
- The surgical mask or N95 respirator should be removed by the straps, being careful not to touch the mask or respirator itself, after leaving the case's room and disposed of in a hands-free waste receptacle.
- HCWs should perform hand hygiene after removing the respiratory protection and after leaving the case's room
- 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.

There is no indication for use of personal air-purifying respirators (PAPRs) in the care of a suspect ILI case.

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), clinicians need to ask about fever and cough, other ILI symptoms and conduct a detailed travel and contact history.



PHAC GUIDANCE DOCUMENT

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 influenza or other respiratory viruses

Health care workers exposed to patients linked to a community or health care facility outbreak

¹List of currently affected **countries** on World Health Organization website: www.who.int/csr/disease/swineflu/en/index.html

List of currently affected **areas in Canada** on the Public Health Agency of Canada website: www.phac-aspc.gc.ca

REPORTING RESPONSIBILITIES

If, based on the above criteria, you suspect that your patient may have swine influenza A (H1N1), contact your local/regional public health authorities. If it is off hours, call your Medical Officer of Health. Local/regional public health authorities will report any suspect cases to the province/territory; these 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 taking detailed information on cases and contacts.

LABORATORY BEST PRACTICES

It is vital to get a laboratory sample in order to confirm or rule out the diagnosis of swine influenza A (H1N1). Please do not send samples to a commercial lab. All samples need to go to a public health laboratory. If you are uncertain of how to do this, contact local public health.

You will need to take one nasopharyngeal swab. Here are laboratory best practices:

- Ensure the correct viral swab kit is used and that it is not past its expiry date
- Ensure that both the specimen and the requisition are clearly labelled with the patient's name and another unique identifier such as date of birth and health care number.
- It is important to note the exposure history and clinical symptoms on the lab requisition; this greatly facilitates the collection of epidemiologic data that will help to characterize this disease.



PHAC GUIDANCE DOCUMENT

CLINICAL MANAGEMENT

To date, most cases of swine influenza have been mild; however, 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 away from others. 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 need to be reassessed would be helpful. If an ill person must go out in public (e.g., to seek medical care) he/she should wear a face mask to reduce the risk of spreading the virus in the community.

Mild cases do not require antiviral treatment. Moderately ill people who are at high risk of influenza-related complications (such as those with chronic health conditions)² may 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 ambulance personnel and the hospital are notified ahead of time of the possible diagnosis and the need for Routine Practices with Contact Precautions.

Oseltamivir (Tamiflu®) or zanamivir (Relenza®) are the treatments of choice for influenza. These antiviral medications 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 bid x 5 days; dosage for children is determined by weight. Relenza can be given to people over 7 years; the dosage is two inhalations bid x 5 days. 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-dirgen/hpfb-dgpsa/mhpd-dpsc/index-eng.ph>.

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
- Public Health Agency of Canada. April 2009. Interim Guidance for Health Care Workers in Health Care Facilities and Other Institutional Settings; Swine Influenza A (H1N1) at www.phac-aspc.gc.ca

² 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>