Swine flu: Interim Guidance for Clinicians in Ambulatory Care Settings:
April 28, 2009

Swine Influenza A (H1N1)
This fact sheet has been developed to provide interim guidance to clinicians who may have patients presenting with cough, fever and a history of travel to Mexico or areas in the United States known to have cases of the novel H1N1 swine flu influenza virus. It is expected that these recommendations may change as further information about the epidemiology and spread of this novel virus is available.

BACKGROUND
On April 17, 2009, PHAC was informed by the Mexican Health Authorities of a number of severe respiratory illness (SRI) clusters occurring in south and central Mexico. These cases began with an influenza-like illness (ILI) which, in some cases, progressed rapidly to severe respiratory distress after about 5 days. Of note, most cases were previously healthy young adults aged between 25-44 years old; some health care workers have been affected. It is now confirmed that at least some of these cases were due to a new H1N1 virus. On April 21, 2009 the United States (US) Centres for Disease Control (CDC) reported two cases of febrile respiratory illness in children in southern California, and shortly thereafter the first cases were reported in Texas.

INFECTION PREVENTION AND CONTROL

Entry screening for fever and respiratory symptoms
All patients who present to a health care setting should be screened for fever and respiratory symptoms. This could include:
• visual alerts posted at the entrances to all health care institutions and/or
• receptionist staff asking about fever and respiratory symptoms on first contact. Respiratory symptoms include cough, sore throat, coryza (runny nose), and myalgias (general body aches)

Infection control procedures for patients with cough and fever
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
• be seated at least 2 metres away from others. If this is not possible in the waiting room setting, he/she should be placed immediately in an examining room.

Droplet and contact precautions
Before clinical assessment of patients with cough and fever, the following precautions are indicated:

Droplet precautions include:
• hand hygiene (alcohol based hand rub or soap and water) before and after patient assessment
• surgical masks
• eye protection (such as goggles or a face shield) and
• gloves
• N95 respirators are needed for aerosol-generating procedures such as intubations, nebulizer treatments, bronchoscopy or suctioning and are indicated for everyone in the room.
• After the patient leaves, affected surfaces that may be contaminated with droplets need to be cleaned with a hospital-grade disinfectant.

Contact precautions
• Gloves and a gown should be worn when there is a risk of contamination with respiratory secretions (such as when examining young children who may have difficulty controlling their secretions)
SCREENING FOR INFLUENZA LIKE ILLNESS (ILI)

To determine if a patient may have Swine Influenza they need to have:
• fever and cough,
• plus one other respiratory symptom
• plus some contact history, which may include travel exposure, laboratory or health care exposure

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 exposure:
- Traveller returned from or resident of currently affected area/site1 including Mexico and/or California and/or Texas within 10 days of onset of symptoms
- Contact with a traveller/resident with ILI to currently affected area/site1 within 10 days of onset of symptoms

Lab/Health care exposure:
- Laboratory worker who works directly with emerging or re-emerging pathogens
- Health care workers exposed to patients linked to an ongoing outbreak investigation or sick/dying animals
- Epi-link to nosocomial (i.e. health care) cluster

REPORTING RESPONSIBILITIES
If, based on the above criteria, you suspect that your patient may have Swine Influenza, 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, this will in turn be reported to the Public Health Agency of Canada.

LABORATORY BEST PRACTICES
It is vital to get a laboratory sample in order to confirm or rule out the diagnosis of swine influenza. This needs to be done through the public health laboratory. Public health officials can help facilitate the transfer of samples to a public health lab. You will need to take two nasopharyngeal swabs. 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.
• 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.

CLINICAL MANAGEMENT
After conducting your physical examination you will need to determine if your patient needs to be admitted to hospital or not. You may wish to confer with public health and an infectious disease specialist about this. If you decide to transfer the patient to hospital, ensure that the ambulance
personnel and the hospital are notified ahead of time on the possible diagnosis and the need for droplet precautions.

The mainstay of treatment is one of the neuraminidase inhibitors, such as oseltamivir (Tamiflu®) or zanamivir (Relenza®). This should be started as soon as possible, preferably within 12-48 hours after onset of symptoms. For adults, the routine prescription of oseltamivir is for 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 should be reported to the Marketed Health Products Directorate at Health Canada at: [web address to be provided by Barb Raymonde] In the initial response phase, public health will conduct contact tracing and may offer post-exposure prophylaxis to contacts of lab-confirmed cases. Otherwise, treatment is supportive, such as acetaminophen-containing medications to ease fever and myalgias.

Resources and Additional Information: