Important Health Notice

Information for Healthcare Professionals

September 28, 2004
Volume 1, Issue 11

Update on Avian Influenza A (H5N1) in Asia and Surveillance Recommendations

Highlights:

- **Status of human to human- H5N1- transmission in Thailand**
- **Revised FRI Screener – questions updated**
- **Health Canada Alert and Surveillance Recommendations**

Dear Colleagues:

The Ministry of Public Health in Thailand has confirmed two new cases of Avian Influenza A (H5N1) in humans: a 26-year-old woman, who died on September 20; and her 32-year-old sister, who remains hospitalized in stable condition. These cases are part of a family cluster of four with the index case being an 11-year-old girl, daughter of the 26-year-old woman. The girl died of pneumonia on September 8 with no possible laboratory confirmation of H5N1. Another case is a 6-year-old son of the 32-year-old woman. He is recovering in the hospital and samples are being tested.

According to WHO, while the investigation of this family cluster provides evidence that human-to-human transmission *may* have occurred, evidence to date indicates that transmission of the virus among humans have been limited to family members and that no wider transmission in the community has occurred. Continued vigilance is needed to determine whether the epidemiological situation in humans remains stable. In Thailand, surveillance for additional cases, among health workers and in the wider community, has been greatly intensified in the province, and hospitals nationwide have been placed on heightened alert for further cases.

The number of outbreaks in poultry and other avian groups across Asia is cause for serious concern as it has resulted in human infection with Avian Influenza A (H5N1). As a result, section 3 of the Febrile Respiratory Illness (FRI) screener now includes a question re:contact with poultry and other fowl while traveling in Vietnam, Hong Kong, Taiwan, Thailand, China, Indonesia, Cambodia and Malaysia. The revised FRI screener is attached for your use.

The first wave of H5N1 began October 2003 and persisted until May 2004 and infected 35 people, of whom 24 died.

The second wave of H5N1 commenced in June 2004 and continues to date. The countries involved in this second wave are Vietnam, Thailand, China, Indonesia, Cambodia and Malaysia. To date the number of people infected in this second wave is eight, of whom seven have died.

Health Canada's earlier recommendations regarding increased vigilance in the surveillance for influenza-like illness (ILI) and the recognition, reporting and prompt investigation of any unexpected outcomes of ILI. Specific recommendations from Health Canada were circulated on August 23, 2004 and they are also included on page two of this notice as a reminder.

Recommended measures for individuals traveling to countries where Avian Influenza A (H5N1) outbreaks occur have not changed (e.g. practice good hand hygiene, avoid contact with poultry). The MOHLTC continues to monitor the avian influenza situation closely and will provide updates if significant new information becomes available.

Sincerely,

(*original signed by*)
Dr Karim Kurji, Associate Chief Medical Officer of Health

(*original signed by*)
Allison J. Stuart
Director, Emergency Management Unit

Ontario

Health Canada Alert and Recommendations as of August 23, 2004 re: Sporadic cases of avian influenza A (H5N1) in humans, with ongoing H5N1 outbreaks in poultry flocks in Asia

Increased vigilance is recommended for the surveillance of severe influenza-like illness (ILI*) and for the recognition reporting and prompt investigation of patients with unexpected outcomes (e.g. severe ILI** with a complication requiring hospitalization, or death, in otherwise healthy individuals).

Recommendations for health care providers:

- to be alert for any persons presenting with severe ILI who have a history of travel (or known close contact with a person with such travel history) to Asia, in particular to an avian influenza affected country (currently: Thailand, Viet Nam , China and Indonesia) within one week of onset of ILI symptoms.

- to collect clinical samples from patients with severe ILI, for viral culture as soon as possible, preferably within 48 hours of onset of symptoms (nasopharyngeal swabs are preferred).
  Note: to assist laboratory staff in prioritizing testing, please make a notation of positive travel history (e.g. recent return from Asia, in particular from an affected area, or known close contact of a person with such travel history) or other notation of increased suspicion (hospitalization, death) as a comment on the laboratory requisition form.

- To report severe ILI cases to the local medical officer of health for further investigation and management.

Public health authorities should enquire as to whether those reported with severe ILI had a history of contact with live poultry (including chickens and ducks) or swine (pigs) during their stay in the affected country.

***Influenza like illness (ILI)** in the general population (Flu Watch national case definition): Acute onset of respiratory illness with fever and cough and with one or more of the following – sore throat, arthralgia, myalgia, or prostration which could be due to influenza virus. In children under 5-6, gastrointestinal symptoms may also be present. In patients under 5, or 65 and older, fever may not be prominent.

****Severe ILI** may include complications such as: pneumonia, Acute Respiratory Distress Syndrome (ARDS), encephalitis and other severe and life threatening complication.

Recommendations for Public Health Laboratories Involved in Influenza Virus Detection:

- to be vigilant for novel influenza A viruses that are not readily identifiable using current antisera. Any difficult to identify viruses should be referred to the National Microbiology Laboratory in Winnipeg (NML), immediately.

Recommendations for Hospitals involved in Enhanced SRI Surveillance:

- hospitals are being advised to be on the alert for any persons presenting with FRI, severe respiratory illness (SRI), including SARS-like illness or severe ILI, who have traveled to either a potential zone of reemergence of SARS for an area affected by Avian Influenza H5N1 within the past 30 days (or had been in close contact with a person with such travel history).

- Hospitals are being advised to continue the use the FRI Screener, and include Vietnam, Hong Kong, Taiwan, Thailand, China, Indonesia, Cambodia and Malaysia – countries of concern for H5N1 at this time – in the travel history question. **Updated FRI Screener is attached**.

The latest information, released by the WHO, is available at http://www.who.int/csr/don/en/

The Health Canada Travel Advisory is available at:

http://www.hc-sc.gc.ca/

If you have any questions please contact the 24-7 Healthcare Provider Hotline at 1-866-212-2272, or your local Public Health Unit. Or visit the MOHLTC Emergency Management Unit website at: http://www.health.gov.on.ca/english/providers/program/emu/emu_mn.html

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28 September 2004

Febrile Respiratory Illness Screener

Screening Questions to be Asked of Patients as Part of an Active Screening Process

1. Do you have new / worse cough or shortness of breath?
- if 'no', stop here (no further questions)
- if 'yes', continue with next question:

2. Are you feeling feverish, have you had shakes or chills in the last 24 hours?
- if 'no', take temperature; if >38 C, continue with next questions, otherwise stop (no further questions)
- if yes, take temperature and continue with next questions:

Initiate droplet precautions if "yes" to 1 and 2.

3. Is any of the following true?
- Have you lived in or visited Vietnam, Hong Kong, Taiwan, Thailand, China, Indonesia, Cambodia and Malaysia within the last 30 days?
- Have you had contact with poultry or other fowl while living or traveling in these areas?
- Have you had contact in the last 30 days with a sick person who has traveled to these same areas?

Patients with FRI (fever and respiratory symptoms) and answered 'yes' to any of these exposures / conditions may potentially have severe respiratory illness (SRI).

Initiate droplet precautions and notify infection control if "yes" to 1, 2 and 3.
Infection control to notify public health.

Additional questions to be asked of all admitted patients:

4. Do you work for a healthcare agency or organization?

5. Are you a resident of a long-term care institution?

Initiate droplet precautions and notify infection control if "yes" to 1, 2 and either 4 or 5.
Infection control to notify public health.

Droplet Precautions[1]:

The use of surgical masks and eye protection or face shields on the part of healthcare workers when encountering patients who have respiratory infections especially if associated with coughing, sneezing, felt to be transmissible principally by large respiratory droplets particularly when within one metre of such a patient. Also used where appropriate to protect the mucous membranes of the eyes, nose and mouth of the healthcare worker during procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions (e.g., airway suctioning).

[1] Preventing Respiratory Illnesses, Protecting Patients and Staff. Infection Control and Surveillance Standards for Febrile Respiratory Illness (FRI) in Non-Outbreak Conditions in Acute Care Hospitals, December, 2003

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