

# Important Health Notice

Information for Healthcare Professionals

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## Update on SARS in China and Avian Influenza situation

### **Updated Information for Health Care Professionals on Avian Influenza Situation and on Sporadic Cases of SARS in CHINA**

Dear Colleagues:

Attached please find an update on the Avian Influenza A cases in humans with ongoing outbreaks in poultry flocks in South East Asia. Summary of SARS cases is also included.

Increased vigilance is recommended in the surveillance of influenza-like illness (ILI) and for the recognition, reporting and prompt investigation of any unexpected outcomes.

The attached Health Canada Alert and Recommendations was originally issued on January 16, 2004. This has been re-issued today, with the following main changes:

- The geographic area of concern has been expanded to include all areas currently experiencing either animal or animal/human outbreaks of H5N1, including: Viet Nam, Thailand, South Korea and Japan;
- For hospitals there is advice for integrating surveillance of severe ILI as an emerging severe respiratory infection (SRI), into the current enhanced SRI surveillance in hospitals.

Attached please also find the modified screening tool to the Infection Control and Surveillance Standards for Febrile Respiratory Illness (FRI) in Non-Outbreak conditions.

Ascertainment of travel to the specified areas in cases of severe Febrile Respiratory Illness and consequent reporting to the local medical officer of health will greatly assist the public health management of a possible case of avian influenza.

In a hospital setting, please ensure that emergency departments and points of admission to inpatient care are aware of the recommendations in the attached update.

Yours truly,

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## Update on SARS in China and Avian Flu Situation cont'd

### Health Canada Alert and Recommendations re:

#### **Sporadic cases of SARS in China and avian influenza A (H5N1) in humans, Viet Nam and Thailand with ongoing H5N1 outbreaks in poultry flocks in South East Asia**

#### **This alert is an update to a previous Health Canada alert issued in Ontario on January 16, 2004, on Avian influenza (H5N1) outbreaks in animals and human cases in Viet Nam**

This alert provides information and recommendations for an integrated response to recent severe respiratory illnesses of international public health importance, including avian influenza A (H5N1) and SARS. These recommendations are aimed at increasing vigilance among all health care providers, public health practitioners and laboratories across Canada, while continuing enhanced surveillance for severe respiratory illness (SRI) in hospitals (FRI Surveillance in Ontario hospitals).

All health care providers and laboratories are being advised to increase vigilance for severe influenza-like illness (i.e. requiring hospitalization or resulting in unexpected death) in persons who have recently traveled to affected locations. Recommendations for increased vigilance are detailed below in sections I and II.

Enhanced SRI surveillance in hospitals (FRI Surveillance in Ontario hospitals) is aimed at early detection of a re-emergence of SARS as well as other emerging respiratory infections, including novel influenza viruses of pandemic potential. As such, continued enhanced surveillance in hospitals is recommended for severe respiratory illness (including severe ILI) in persons linked to avian flu-affected areas as well as SARS-affected areas. See section III for recommendation details.

### NEW CHANGES IN THIS UPDATE:

- The geographic area of concern has been expanded to include all areas currently experiencing either animal or animal/human outbreaks of H5N1, including: Viet Nam, Thailand, South Korea and Japan.
- For hospitals there is advice for integrating surveillance of severe ILI as an emerging severe respiratory infection (SRI), into the current enhanced SRI surveillance in hospitals (FRI Surveillance in Ontario hospitals).
- To simplify screening and surveillance criteria, for SARS and severe ILI in travelers, travel history should be obtained for the previous 30 days.

### Health Canada's Response:

Health Canada is continuing to monitor the avian influenza (H5N1) and SARS situations by way of ongoing communication with the WHO and other international partners. In addition, Provincial and Territorial ministries of health, physicians, laboratories and hospitals (through the network of hospital infection control practitioners) are being notified to promote awareness of these situations and increase vigilance for recognition, testing and further follow up where necessary.

### Advisories for outbound travelers are posted on Health Canada's Travel Medicine website at:

[http://www.hc-sc.gc.ca/pphb-dgspsp/tmp-pmv/pub\\_e.html](http://www.hc-sc.gc.ca/pphb-dgspsp/tmp-pmv/pub_e.html)

The following recommendations are being put forward for enhanced surveillance of severe ILI and influenza virus detection within Canada:

### **Specific Recommendations for Health Care Providers, Public Health Laboratories and Hospitals**

#### **I. Health Care Providers**

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 complications requiring hospitalization or death in otherwise healthy individuals). Health Canada recommends that health care providers be advised of the following:

- 1) To be alert for any persons presenting with severe ILI who have a history of travel to countries experiencing confirmed influenza A (H5N1) avian influenza outbreaks in poultry and/or humans (currently these include Viet Nam, Thailand, South Korea and Japan) in the last **30 days** (or known close contact with a history of such travel). This is to provide consistency with the 30 days time frame for screening for SARS.
- 2) 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, doctors should be advised to make a notation of positive travel history (e.g. recent return from VietNam) or other notation of increased suspicion (hospitalization, death) as a comment on the laboratory requisition form.
- 3) To report severe ILI to public health authorities 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 (FluWatch 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, 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 complications.

#### **II. Public Health Laboratories Involved in Influenza Virus Detection:**

In addition to following existing SARS laboratory guidelines\* on specimen collection, handling and interpretation of results for SARS investigations, Public Health Laboratories are being alerted 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. Public health and physicians will also be advised to elicit recent history of travel to Vietnam for severe ILI patients, and to monitor for unusual epidemiology such as severe illness in otherwise healthy individuals. Laboratories should ensure that specimens are forwarded in the most timely manner possible and that any samples with a positive travel history or unusual epidemiology notation are forwarded to NML immediately (do not cohort these specimens for batch mailing) for subtyping and/or identification as necessary.

\* See Health Canada: SARS - Health Professionals - Post Outbreak Period - Laboratory Testing, available online at: <http://www.hc-sc.gc.ca/pphb-dgsp/sars-sras/sri.html#lt>

### III. Hospitals involved in Enhanced SRI Surveillance:

Enhanced SRI surveillance recommendations\*\*\* (FRI Surveillance in Ontario hospitals) are intended to extend to other emerging respiratory infections once a potential public health risk is identified. Currently, both SARS and avian influenza are emerging respiratory disease risks of international public health importance, and both may present as severe respiratory illnesses (SRI). As such enhanced SRI surveillance has the potential for early detection of both these diseases.

Accordingly, hospitals are being advised to be on the alert for any persons presenting with a severe respiratory illness (SRI), including SARS-like illness or severe ILI, who have traveled to either a potential zone of re-emergence of SARS or an area affected by avian influenza (H5N1) within 10 days prior to the onset of symptoms (or known close contact with a history of such travel), including:

- individuals presenting with severe ILI with complications who have a history of travel (or known close contact with a history of travel) to countries experiencing avian influenza H5N1 outbreaks in poultry and/or humans (currently these countries include Viet Nam, Thailand, South Korea and Japan) within 10 days prior to the onset of symptoms.
- individuals presenting with SRI\*\*\* who have a history of travel to the zone of re-emergence of SARS (including China, Taiwan and Hong Kong SAR) or known close contact with a history of such travel within 10 days prior to the onset of symptoms.

\*\*\* See Health Canada's "Surveillance for Severe or Emerging Respiratory Infections in the SARS Post-Outbreak Period", available online at:

[http://www.hc-sc.gc.ca/pphb-dgspsp/sars-sras/pdf/hc-ri-enhanced-surveillance-pop\\_e.pdf](http://www.hc-sc.gc.ca/pphb-dgspsp/sars-sras/pdf/hc-ri-enhanced-surveillance-pop_e.pdf)

### Update on the current situation

#### Avian influenza (H5N1):

As of 23 January 2004, laboratory tests have confirmed two cases of avian influenza (H5N1) infection in Thailand. Both cases are in children who are currently alive. WHO will be collaborating closely with health authorities in Thailand in responding to this situation.

The situation in Viet Nam remains unchanged; laboratory tests had confirmed avian influenza (H5N1) infection in 5 human cases in Hanoi, Viet Nam. All of these cases have been fatal. Additional patients with severe respiratory illness are under investigation in Hanoi and a case definition for avian influenza in humans is being introduced to facilitate the detection of further cases in Viet Nam.

To date, there has been no evidence of human-to-human transmission. Partial sequencing of the virus isolated from the fatal cases has so far identified only avian genes indicating that the virus has not yet acquired human influenza genes. As such the virus is less likely to spread from human-to-human.

WHO and its partners have intensified activities needed to reduce death and disease among humans due to H5N1. Surveillance for human respiratory disease has been intensified in Asia and WHO has alerted countries regarding the need to intensify surveillance for animal infections. Laboratories in the WHO global influenza network are currently conducting molecular studies of the viruses isolated from the infected birds in the different countries and the human cases. This is expected to shed light on how the viruses are spread and how they are evolving.

As a precautionary measure, WHO is moving forward with the necessary procedures to rapidly produce a new influenza vaccine capable of protecting humans against the H5N1 strain. Initial results indicate that the H5N1 strain from Viet Nam is showing significant differences to the Hong Kong H5N1 strain of 1997 and 2003. Before a new influenza vaccine can be ready for use in humans, regulatory requirements, vaccine trials, manufacturing and other steps in the process have to be addressed.

Culling of infected or potentially exposed poultry flocks is being implemented as a standard control measure that has proved effective in halting past epidemics of avian influenza in several countries.

The latest postings from WHO, are available at:

WHO <http://www.who.int/csr/don/en/>

WHO, WPRO

[http://www.wpro.who.int/public/press\\_release/Press\\_List.asp](http://www.wpro.who.int/public/press_release/Press_List.asp)

A detailed fact sheet on avian influenza (H5N1) issued by the WHO is available at:

[http://www.who.int/csr/don/2004\\_01\\_15/en/](http://www.who.int/csr/don/2004_01_15/en/)

#### **SARS:**

On 8 January 2004, the WHO reported laboratory confirmation of SARS-CoV in a 32-year-old male resident of Guangzhou, China. This patient recovered and has been discharged from hospital. All of his close contacts, including health care workers, remained in good health throughout the observation period, which has since ended.

On 13 January 2004, WHO-WPRO reported on two suspected SARS-CoV cases, including a 20-year-old waitress and a 35-year-old businessman both in Guangzhou, Guangdong Province, China. In an update to this report posted on 17 January 2004, WHO stated it believes it is likely that both of these suspect SARS cases are suffering from SARS, but that additional laboratory tests are needed before full laboratory confirmation can be made.

On January 22, 2004, Health Canada received communication from WHO, indicating that the 20-year-old waitress from Guangzhou is now considered a confirmed case of SARS. WHO officials noted that "Her test results have been independently confirmed in Hong Kong." It was reiterated that there is no evidence of secondary transmission nor that the case was infected via person-to-person transmission. Official posting of this confirmation on the WHO website is still pending.

To date, there is no evidence to suggest any links between any of these sporadic confirmed and suspected cases. The possible source of exposure in all three cases is still under investigation. A team of international experts from WHO and local authorities in China are continuing investigations to identify the source of exposure. Of note, the two suspected cases are stable and, like the confirmed case, there has been no illness reported in any of their identified contacts.

Although all three individuals have had relatively mild symptoms, the WHO notes that there is currently no conclusive evidence to indicate that the identified cases represent a "milder" disease or a new strain of SARS-like coronavirus.

The latest postings from WHO are available at:

WHO <http://www.who.int/csr/sars/en/>

WHO, WPRO

[http://www.wpro.who.int/public/press\\_release/Press\\_List.asp](http://www.wpro.who.int/public/press_release/Press_List.asp)