

National Recommendations for Early Detection and Management of Emerging Respiratory Infections, Including Avian Influenza H5N1

The Public Health Agency of Canada (PHAC) continues to monitor the global avian influenza situation and will provide recommendations and updates to provinces and territories, as new official information becomes available.

In addition to continuing enhanced surveillance for severe respiratory infections (SRI)/severe influenza-like illness* (ILI) in hospital settings based on the national SRI protocol, the following outlines recommendations for Provincial/Territorial (PT) public health authorities. Local public health authorities are advised to refer to PT specific recommendations.

Recommendations for PT Public Health Authorities and Laboratories

THINK

Be vigilant and convey the need for vigilance

- Reinforce with front line public health providers the need for increased vigilance for the surveillance, recognition, reporting and prompt investigation of patients with SRI and/or severe ILI (see document: Human H5N1 Travel/Exposure Screening Guideline)

Manage cases and contacts residing in the community

- Perform risk assessment (consider severity of illness, nature of exposure, current knowledge regarding transmissibility and incubation period of avian influenza)
- Until influenza can be ruled out, consider national recommendations included in the Public Health Measures Annex of the Canadian Pandemic Influenza Plan, based on the current global pandemic phase (see document: H5N1 Public Health Recommendations)
- Based on risk assessment and national and/or P/T recommendations, implement case and contact management strategy as deemed appropriate for the current situation.

TELL

Contact the laboratory

- Immediately contact the appropriate laboratory for all suspect cases of human avian influenza

Report surveillance outcomes to PHAC, including:

- SRI-not yet diagnosed (NYD) in the community with significant exposure history (see document: Human H5N1 Travel/Exposure Screening Guideline)
- SRI NYD in hospital settings: based on the national SRI protocol for the SRI alert period (http://www.phac-aspc.gc.ca/eri-ire/pdf/02-SRI-Surveillance-Protocol_e.pdf)

TEST

- All positive influenza findings from a case with SRI NYD and significant exposure history. Specimens should be sent immediately to the NML for confirmation and strain characterization; do not batch
- Refer to specific laboratory recommendations (see document: Novel Influenza Laboratory Guidelines)

Note: Jurisdictions may choose, based on their own risk assessment and experience, to increase the sensitivity of monitoring (i.e. by increasing time frames for exposure assessment, increasing the geographic extent of a perceived area of risk or increasing the sensitivity of illness monitoring to include milder or atypical presentations, however, for the purpose of national reporting, the minimum standards for reporting surveillance outcomes are described).

***Influenza-like illness (ILI):** for the general population (FluWatch national case definition) ILI includes 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: in addition to the symptoms of ILI noted above, severe ILI may also include complications such as pneumonia, Acute Respiratory Distress Syndrome (ARDS), encephalitis or other severe and life threatening complications.