

# Important Health Notice

Information for Healthcare Professionals

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## Update on H7 Avian Influenza Virus in British Columbia

Dear Colleagues:

The Canadian Food Inspection Agency's British Columbia provincial lab has isolated an avian influenza virus in a broiler breed flock in B.C. Test results confirm the presence of H7 avian influenza virus on the farm in British Columbia (B.C.). Further testing will confirm the N protein, indicating whether the virus is low or highly pathogenic.

This is not the same virus that is currently causing outbreaks among chickens in several Asian countries (H5N1).

The B.C. farm has been placed under quarantine to halt the spread of the disease. Health Canada is working with local and provincial B.C. health officials to determine if there is a risk to human health.

The information from B.C. to date indicates that poultry workers on the farm were using the appropriate protective measures. None of the persons in contact with the affected chicken flock have respiratory symptoms.

The Ontario Provincial government is monitoring the situation in B.C. and working closely with federal authorities, which are determining if there is a risk to human health.

The MOHLTC will provide regular updates on the global Avian Influenza situation as new information becomes available.

You are asked to continue your vigilance for serious influenza like illness (ILI).

Yours truly,

Dr Sheela V. Basrur  
Chief Medical Officer of Health and  
Assistant Deputy Minister

**This notice is a re-issuance of our recommendations for increased surveillance for severe respiratory illness (issued 30 January 2004).**

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 in Ontario).

Continued enhanced surveillance in hospitals is recommended for severe respiratory illness (including severe ILI) in persons linked to avian flu-affected areas. The Febrile Respiratory Illness Screener is attached (p3) for your reference.

**Recommendations to Health Care providers are unchanged from previous Health Notices:**

- be alert for travel history (and likelihood of contact with poultry or swine) in patients with severe clinical presentation/unexpected outcome in otherwise healthy persons
  - collect clinical samples from patients with severe ILI
  - report severe ILI to the Medical Officer of Health for further investigation and management
- For definitions of "SRI" and "ILI", see Health Notice dated January 23, 2004.

**Highlights of the advisory for outbound travelers**

- full text is posted on Health Canada's Travel Medicine website at: [http://www.hc-sc.gc.ca/pphb-dgsp/tmp-pmv/pub\\_e.html](http://www.hc-sc.gc.ca/pphb-dgsp/tmp-pmv/pub_e.html)

HC advises that travelers to China, Cambodia, Thailand, Vietnam, South Korea and Japan not consume undercooked poultry, raw eggs or lightly cooked egg products.

Travelers should avoid unnecessary contact with live poultry. This includes poultry farms as well as markets where live animals such as chickens, ducks and pigs are sold.

Transmission of infection from birds to humans is greatest in persons having close contact with live, infected poultry.

Travelers are advised to not bring poultry or egg products from these affected countries into Canada.

Travelers are further advised to maintain high standards of hygiene, including thorough hand washing, particularly after having contacted eggs or undercooked poultry and egg products.

Travelers who become sick or feel unwell with respiratory or flu-like symptoms on their return should seek a medical assessment with their personal physician. Travelers should inform their physician without being asked, that they have been traveling or living outside of Canada, and where they have been.

Travelers who have visited a farm while in an affected country should ensure that clothing and footwear worn on the farm are free from soil and manure before entering Canada. Clothing should be laundered and footwear should be disinfected after arrival.

**Additional Information Sources for Avian influenza (H5N1):**

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/)

# 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 China, Taiwan, Hong Kong, Vietnam, Thailand, Japan or South Korea within the last 30 days?
- 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.*

Community healthcare providers will note that this document was developed for acute care hospitals. The following actions are recommended in community-based settings when a patient/client answers positively to Questions 1, 2, **and** 3 above.

- Initiate droplet precautions (see below)
- Isolate the client from other clients and staff
- Place a surgical mask on the client
- If further assessment is required, arrange for the client to be taken to an Emergency Department for evaluation. Call ahead.
- Transportation for medical examination must be by private vehicle or medical transport with the client wearing a surgical mask during transport.
- Contact the local medical officer of health.

### Droplet Precautions<sup>1</sup>:

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).

<sup>1</sup> 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