Manitoba
Health and Healthy Living

MANITOBA INTERIM GUIDANCE FOR CLINICIANS IN AMBULATORY CARE SETTINGS[1]

Novel A/H1N1 Influenza

This document has been developed to provide interim guidance to clinicians for patients presenting with cough, fever and a history of travel to Mexico or areas in the United States or other countries known to have cases of the novel A/H1N1 influenza formerly referred to as human swine A/H1N1 influenza. **Clinicians should refer to the Manitoba Government website at: www.manitoba.ca for up to date recommendations**.

Testing and treatment are not recommended for colds and other mild illness that do not meet the criteria for ILI (see definition below). These patients with mild illness should be assessed and provided with advice by telephone, encouraged to stay at home, and follow routine precautions to prevent spread to family members and the community.

Note: It is expected that testing and antiviral use recommendations will change as further information about the clinical spectrum of illness, antiviral susceptibilities and supply of drugs becomes available.

INFECTION PREVENTION AND CONTROL

Refer to Manitoba Health document *Interim Infection Prevention and Control Guidelines—Novel A/H1N1 Influenza* on the Manitoba Government website.

Health care facilities 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 (cough, sore throat, coryza-runny nose, shortness of breath) on first contact.

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 or procedure mask
- be seated at least 1 metre and if possible 2 metres away from others. If this is not possible, the patient should be placed in a separate room.
- 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 and contact precautions.

DEFINITIONS

[1] Ambulatory care settings includes doctor's offices, drop-in clinics, community health centres, outpost nursing stations, emergency departments etc.

Influenza Like Illness (ILI)

A person presenting with:

- Fever* > 38 ° C AND cough AND one or more of sore throat, arthralgia, myalgia or prostration**.

*In patients < 5 or ≥ 65, or in those receiving corticosteroids, fever may not be prominent.

**In children < 5 years of age, gastrointestinal symptoms may also be present. Cough may not be prominent in young children.

Suspect Case H1N1 Influenza

- ILI

AND

One or more of the following exposures during the 7 days prior to the onset of symptoms:

- Close contact* with a person who is a confirmed or probable case;
- Recent travel to an "Area with recent local transmission" of novel A/H1N1 influenza;
- Contact with a traveler to or resident of, an "Area with recent local transmission" of novel A/H1N1 influenza who had ILI;
- Laboratory worker who works directly with emerging or re-emerging pathogens;
- Health care workers exposed to patients linked to an ongoing outbreak investigation of novel A/H1N1 influenza.

AND

No other known cause of current illness

* Close contact means having cared for, lived with, or had direct contact with respiratory secretions or body fluids of a probable or confirmed case of novel A/H1N1 influenza.

TESTING

The decision to test individuals fitting the criteria[2] for ILI potentially caused by novel A/H1N1 influenza virus should be based on clinical judgment, taking into consideration the severity of infection and co-morbidity and the likelihood of having been exposed to novel A/H1N1 influenza. **Individuals who are to be prescribed antiviral medication must first be tested for flu viruses.** Serology testing is not available.

If testing is indicated, you will need to take a nasopharyngeal aspirate or nasopharyngeal throat (NPT)swab or bronchoalveolar wash specimen. Throat swabs should only be used if NPT swabs are not available. The swab specimen should be sent in viral transport medium (VTM) to Cadham Provincial Laboratory. Only one specimen per patient is required. Refer to the following laboratory best practices:

[2] If only ILI is present in returned travelers who develop symptoms more than 7 days after return, laboratory testing for human swine flu is not recommended.

- Ensure the correct viralflocked swab and transport medium is used and that it is not past its expiry date. If you have any questions about the procedure for testing please refer to the Cadham Provincial Laboratory Guide to Services, Section 4 Virus detection/4.2 Specimen Collection/Nasopharygeal swab, available at: www.manitoba.ca
- Ensure that both the specimen and the requisition are clearly labeled with the patient's name and another unique identifier such as date of birth and health care number. The specimen date and the referring practitioner and his/her address. A telephone number for urgent reporting must be provided on the requisition. Tear off a number label from the requisition and attach to the specimen.
- Note the exposure history and clinical symptoms on the lab requisition. Without this information on the lab requisition, the specimen may not get prioritized to appropriate novel A/H1N1 influenza virus testing procedures.

CLINICAL MANAGEMENT

If your patient has significant co-morbidity, you may wish to confer with Infectious Diseases at (204) 787-2071.

TABLE 1: Recommended Novel A/H1N1 Influenza Case and Contact Management
(adapted with permission from the WRHA draft guidelines)

Scenario	Group	Recommendations
1. ILI without travel or contact history	No Exposure	▪ No treatment required ▪ Testing not recommended
2. No or mild symptoms with *travel history*	Exposure	• No treatment/prophylaxis required • Testing is not recommended
3. No or mild symptoms with *contact history to ILI case*		• No treatment/prophylaxis required • **Testing is not recommended**
4. Suspect Case (ILI with travel or contact history	Ill, exposure	• Assess for eligibility for neuraminidase inhibitor empiric treatment based on physician judgment of severity of illness and co-morbidities • Testing is recommended if treatment is considered
5. Confirmed or Probable case (ILI)	Ill, exposure	• Treat with neuraminidase inhibitor if within 48 hours of symptom onset. Consult Infectious Diseases if duration of illness greater than 48 hours. • Testing is recommended if treatment is considered.

Confirmed Case: A person with a positive laboratory confirmation of novel influenza A/H1N1 virus (PCR or culture).

Probable Case: A person meeting the suspect case definition who has a positive rapid test result for influenza A or "untypeable" influenza.

Table 2. Novel A/H1N1 influenza antiviral treatment dosing recommendations for Adults and Children (Table extracted from IDSA guidelines for seasonal influenza)

Age Group	Weight	Drug	Dosing Schedule
Adults and children ≥ 12 years of age		Oseltamivir (Tamiflu®)	75 mg capsule orally twice per day for 5 days
Children > 12 months of age	≤ 15 kg	Oseltamivir (Tamiflu®)	60 mg per day orally divided into 2 doses for 5 days
	15-23 kg	Oseltamivir (Tamiflu®)	90 mg per day orally divided into 2 doses for 5 days
	24-40 kg	Oseltamivir (Tamiflu®)	120 mg per day orally divided into 2 doses for 5 days
	> 40 kg	Oseltamivir (Tamiflu®)	150 mg per day orally divided into 2 doses for 5 days
Adults and children ≥ 7 years of age		Zanamivir (Relenza®)	Two 5 mg inhalations (10 mg total) twice per day for 5 days
Children ≥ 5 years but < 7 years		Zanamivir (Relenza®)	Two 5 mg inhalations (10 mg total) once per day for 5 days

Table 3. Dosing Recommendations for antiviral treatment of children younger than 12 months of age using oseltamivir.

Age	Dosing
< 3 months	12 mg orally twice daily for 5 days
3-5 months	20 mg orally twice daily for 5 days
6-11 months	25 mg orally twice daily for 5 days

More information on both these medications including reconstitution guidelines/instructions can be found in the Product Monograph. Adverse reactions should be reported to the Marketed Health Products Directorate at Health Canada at: http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/hpfb-dgpsa/mhpd-dpsc/index-eng.php. Otherwise, treatment is supportive, such as acetaminophen-containing medications to ease fever and myalgias.