

July 31, 2009

Novel Influenza A (H1N1) UPDATE for Physicians

Novel Influenza A (H1N1) pandemic virus continues to be the predominant influenza virus circulating in Ontario (including Toronto), making up over 95% of influenza strains detected by the Ontario Public Health Laboratory. Although weekly case counts are declining, it is possible we may see increased transmission in the fall. As of July 25, 1587 cases have been reported to Toronto Public Health (TPH). Of these, 77 have been hospitalized and 6 have died. The virus continues to cause mainly mild illness.

To date, oseltamivir resistance is rare and this drug remains the first choice when antiviral treatment is indicated. Recently, Health Canada approved the expanded use of oseltamivir for prophylaxis and treatment of infection caused by novel H1N1 in children less than one year of age. Interim guidance for emergency use is available at <http://www.phac-aspc.gc.ca/alert-alerte/swine-porcine/guidance-orientation-07-20-eng.php?option=print>. Currently, laboratory testing is only recommended for persons being admitted to hospital and those ambulatory patients at high risk for complications. Laboratory requisitions should be clearly labelled to identify the patients as “hospitalized” or “high-risk” to allow appropriate triage of specimens for testing.

Preparation for the fall in the event of increased transmission

TPH is continuing its work on pandemic preparedness in Toronto, including planning for a novel H1N1 vaccine in addition to usual seasonal flu immunization. Influenza assessment, treatment and referral centres (flu centres) may be opened to supplement primary care services if required. Toronto physicians may wish to consider the following:

- Sign up to receive the MOHLTC’s Important Health Notices (IHNs) automatically by fax and/or email at PublicHealthOntario.ca or if you don’t have access to the internet call the Health Care Provider’s Hotline at 1-866-212-2272.
- Physicians who employ staff are expected to identify and implement measures to protect staff from the risk of health care-acquired influenza. Chapter 7 in the Ontario Plan for an Influenza Pandemic (OHPIP) provides further detail and can be accessed at http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html.
- OHPIP recommends that physicians and staff who are providing direct care for patients with pandemic influenza symptoms require appropriate personal protective equipment, including fit tested N95 respirators. The MOHLTC has identified the following organizations to assist with fit testing: 3M (1-800-265-1840), Levitt Safety (905-829-3299), and the Ontario Safety Association for Community and Healthcare (416-250-7444).
- Stockpile a four week supply of supplies and equipment for your office. If you are a community-based physician you should have received the Ministry’s Emergency Infection Control Kit which contain a 10-day supply of some infection control supplies and equipment and is considered part of your 4 week supply.
- TPH is compiling a roster of primary care physicians comfortable assessing patients of all ages who may be interested in providing physician services at flu centres, should these centres be required. For more information, please contact, Luli Gjeka at lgjeka@toronto.ca.
- Continue to report lab-confirmed cases and suspect outbreaks by phone 416-392-7411 or fax 416-392-0047 (Monday to Friday, 8:30 a.m. to 4:30 p.m.) or 416-690-2142 (After Hours).