

# Pandemic (H1N1) 2009 Influenza A Situation Update for Partners

## Simcoe Muskoka District Health Unit

October 30, 2009

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We are working to communicate information to the public through media channels, our website and our phone lines to clarify who gets what vaccines, when, why and where. You can now access information about [pH1N1 vaccine and our vaccine clinics](#) from our web portal.

The MOHLTC has posted the [flu self assessment tools](#) for the public. These will assist the public in determining whether they need to seek medical attention or whether they can stay at home and recover should they or their child be experiencing flu-like symptoms. If in doubt people are directed to contact Telehealth at 1-866-797-0000 for further guidance—a resource available 24 hours a day, seven days a week.

Employers are being encouraged to allow employees who have been off ill with ILI to return to work once they are well, without a “doctor’s note.” This, along with the flu self assessment tools are important components of a strategy to limit the spread of H1N1 illness to others and to ensure access to the health care system for those who need it most.

The province has released guidance for the prevention and management of influenza-like illness (ILI) in shelters. Here is [a link to the guidance document](#).

The redeployment of a very large percentage of our staff to the public pH1N1 vaccination clinics beginning on November 3<sup>rd</sup>, has led to changes to our capacity to provide programs and services. Please review the [letter sent to partners that identifies the essential services](#) we will continue to provide over the coming weeks.

You will find a link to the [previous biweekly updates](#) on our website. We will continue to work with and communicate to partners through regular channels, where they exist, to support ongoing planning and updates. If you have questions please contact your regular liaison at the health unit or call *Your Health Connection* at 721-7520 or 1 877-721-7520.

Sincerely,

Dr. Charles Gardner  
Medical Officer of Health

## **Current Situation**

**World** – Pandemic H1N1 (pH1N1) 2009 influenza virus continues to be the predominant circulating strain of influenza, both in the northern and southern hemisphere. There have been no significant antigenic or genetic changes detected in the pH1N1 virus. Antiviral susceptibility testing indicates that the pH1N1 virus remains sensitive to the antiviral drugs oseltamivir and zanamivir, but is resistant to amantadine and rimantadine. Antigenic and genetic testing suggest that seasonal influenza vaccination will provide little to no protection against pH1N1.

While pH1N1 is generally considered a mild disease at the community level, it has had serious consequences at the acute end of the disease. Critical illness can occur rapidly after hospital admission and often requires prolonged use of mechanical ventilation. Recently published data from Australia and New Zealand suggest that impacts on ICU resources in a given region may peak approximately four to six weeks after the first confirmed ICU admission, with up to one in five ICU beds occupied by patients with pH1N1. Additional ICU workload demands of five per cent overall may continue for several weeks.

In the temperate regions of the northern hemisphere, influenza-like-illness (ILI) activity levels have continued to increase marking an unusually early start to fall and winter influenza season in many countries. The United States has declared a national emergency to deal with the rapid increase in illness due to pH1N1. Most regions in the US are reporting widespread influenza activity and outpatient visits for ILI were above the national baseline. In addition, the proportion of deaths attributed to pneumonia and influenza has increased and now exceeds what is normally expected at this time of year.

Influenza activity is generally declining in the tropical areas of the world, with a few exceptions. The temperate regions of the southern hemisphere have shown little in the way of pandemic related activity in recent weeks.

**Canada/Ontario** – In Canada, overall influenza activity continues to increase for a fifth consecutive week and remains high for this time of the year. The proportion of tests that were positive for influenza in Canada was 16.9 per cent which is a significant increase compared to the previous weeks. All provinces and territories had a high proportion of positive tests for influenza this week, especially British Columbia with more than 42 per cent of positive tests for influenza. The national hospitalization rate for pH1N1 is 4.8 per 100,000 people with the highest rates in children less than 15 years of age (11.2 per 100,000). In comparison, the national mortality rate was 2.5 per 1,000,000 people; those 45 and older had the highest mortality rate (3.6 per 1,000,000). One in five pH1N1 cases requiring hospitalization was admitted to the intensive care unit (ICU) and one in ten required ventilation. ICU admission rates and ventilation rates are highest among children under five years of age (1.7 and 1.1 per 100,000, respectively).

The number of hospitalizations and deaths attributable to seasonal influenza varies from year to year and is dependent on a number of different factors including how closely the vaccine matches the circulating virus strains for a given year. Still, from the available data it appears that overall deaths and hospitalizations due to pH1N1 are less than what is typically seen with seasonal flu, due primarily to a large reduction in deaths and hospitalizations among older adults (60 years and up). However, hospitalizations among younger populations, particularly those resulting in critical illnesses requiring advanced care, appear to be higher than expected. A recent Canadian study found that the median age of critically ill pH1N1 patients was 32 years old and nearly one-third were children and adolescents under 18 years of age. Deaths associated with pH1N1 among young adults 20 to 49 years of age are also higher than expected—two per 1,000,000 compared with 0.3 per 1,000,000 for seasonal flu.

In Ontario, more than half of the health units are reporting “localized or sporadic” influenza activity. Reporting of ILI from Ontario sentinel physicians was up substantially last week (34 per cent overall and 72 per cent among children under five years of age) and is well above the seasonal baseline. The current levels have reached the peak of what was reported during the 1st wave of pH1N1 last June. The highest rate of ILI visits was observed among school-aged children

(5-19 years) at 209.7 per 1,000 visits; meaning the ILI accounted for nearly 21 per cent of all visits for this age group. The per cent of influenza tests that were positive for pH1N1 was 32 per cent, which was double from the previous week and is approaching the peak of 40 per cent that was observed in June during the first wave of the virus. Activity across the province has been variable with certain areas being harder hit. In Hamilton and Middlesex-London, the per cent of lab test positive for flu has been above 50 per cent since the beginning of September. Respiratory viruses other than influenza also continue to be identified through laboratory testing, including parainfluenza, respiratory syncytial virus and adenovirus.

**Simcoe Muskoka** – see Surveillance

## ***Surveillance***

Simcoe Muskoka is currently experiencing sporadic, but increasing, influenza activity. There are currently no active institutional outbreaks related to influenza; however we have seen a large increase in the number of reports of lab-confirmed cases of pH1N1 and influenza-like illness (ILI) in recent days, particularly in the Bracebridge, Huntsville, Orillia, Midland and Penetanguishene areas.

The second wave has begun here and according to our surveillance data, the pH1N1 activity here right now seems to be relatively low compared to most of the province; however, this may quickly change. Twelve per cent of influenza laboratory tests were positive for pH1N1 this past week, which is more than doubled than what was reported last week. However, this level is lower than the provincial average of 32 per cent and much lower than several hard hit jurisdictions where the rate of positive influenza tests range from 20 per cent to 80 per cent.

Out of the 89 sentinel physicians that reported across the province last week, only one was in our area. The overall ILI consultation rate for this physician was 176.5 per 1,000 patient visits, which was higher than the provincial rate for the same week. We have recently seen a sharp increase in the number of schools reporting to the health unit with absenteeism of 10 per cent or greater, particularly in the Huntsville, Midland, Penetanguishene and Orillia areas. We have also received reports that hospital emergency departments in the Muskoka and Collingwood areas have been very busy with patients seeking treatment for ILI since late last week; however, admission for influenza have not increased.

## ***Public Health Measures***

### **Health care providers, agencies, hospitals and institutions**

You can expect to see patients, residents and staff with seasonal influenza and/or pandemic (pH1N1) influenza this season. Administrators should ensure that appropriate infection prevention and control and occupational health and safety measures are in place to prevent the transmission of influenza in the health care setting. Most people who contract pH1N1 will have a typical course of influenza; however, those with risk factors may have more severe illness. All efforts should be made to maximize staff vaccination rates to protect staff and their patients.

In order to protect your patients, residents and staff from acquiring influenza in your health care setting, all staff members who have symptoms of ILI should remain off work until 24 hours after all symptoms other than a mild cough have resolved, typically a period of five to eight days. However, health care providers who have been treated with oseltamivir (Tamiflu) for 72 hours will not be as infectious and may return to work if they feel generally well except for a mild cough. Staff should consult with occupational health staff for a return to work assessment.

## **Non-health care workplaces**

In order to protect your clients, patrons and staff from ILI in your workplace, all staff who have symptoms of ILI should be encouraged to stay home until all their symptoms other than a mild cough have resolved.

Employers are being encouraged to allow employees who have been off ill with ILI to return to work once they are well *without* a “doctor’s note.” This is an important strategy to help limit the spread of pH1N1 illness to others in physician offices and after-hours clinics, and to reduce the demand on health care services.

## **Seasonal and pH1N1 Vaccine**

### **Seasonal flu vaccination**

Influenza immunization program has been underway since early October with the seasonal influenza vaccination of people 65 years of age and older and those in long term care facilities.

The Simcoe Muskoka District Health Unit has completed public clinics for seasonal influenza for those aged 65 and older. Our regular immunization clinics are currently not able to accommodate appointments for seasonal influenza as the schedule is now full and additional appointments are not available. Any requests for seasonal influenza will be referred to primary care practitioners and walk-in clinics.

### **pH1N1 vaccination**

Vaccine for the pH1N1 flu virus has now received federal and provincial approval. The health unit started the distribution of the vaccine on October 26<sup>th</sup> to participating health care providers and facilities so that they can deliver it to their health care staff and high-risk patients.

The health unit will begin the public clinics for the pH1N1 flu vaccine on Nov. 3rd. [Click here for the flu clinic schedule.](#)

The clinics will be open to all Simcoe Muskoka residents. Although the pH1N1 vaccine is recommended for anyone over six months of age, those who would benefit most from early vaccination are encouraged to come out first. These groups include:

- People with chronic medical conditions under the age of 65
- Healthy children from six months to five years old
- Household contacts and care providers of persons at high risk who cannot be immunized or may not respond to vaccines (including those caring for infants 0–6 months old)
- Health care workers involved in pandemic response or who deliver essential services
- People living in remote communities
- Pregnant women—adjuvanted vaccine is available for women who are more than 20 weeks pregnant or have underlying medical conditions. Women less than 20 weeks pregnant and who do not have an underlying medical condition may wish to wait until unadjuvanted vaccine is available.

As announced by the Public Health Agency of Canada, the Australian unadjuvanted vaccine Panvax has been purchased and is expected to arrive in the near future.

[See more information about pH1N1 Vaccine for Pregnant Women](#)

## **Vaccine Safety**

Immunization is one of the most effective ways to prevent the spread of infectious diseases. The pH1N1 vaccine has been thoroughly tested and analyzed by companies, regulators and governments around the world, including Health Canada regulators and the Canadian Manufacturer GlaxoSmithKline. The Pandemic Vaccine Task Group—a federal, provincial, territorial group consisting of leading experts in this field—has reviewed the scientific evidence on the use of the pH1N1 vaccine. These experts believe the pH1N1flu vaccine is just as safe as the seasonal flu shot.

The benefit of immunization—the prevention of serious illness and death—far outweighs any risk associated with being immunized.

[See additional information on the vaccine and vaccine safety.](#)

## **Antivirals**

The Ministry of Health and Long-Term Care (MOHLTC) has partnered with the Ontario Pharmacist's Association (OPA) to develop a strategy to release antiviral medications from the provincial stockpile. The goal of this strategy is to ensure that antivirals are readily available to those who need them for treatment. Predetermined quantities of antiviral medications from the provincial stockpile were distributed to pharmacies beginning the third week of October. The antiviral medications from the provincial stockpile are to be made available at no charge to individuals that have a prescription and was prescribed in accordance with the ministry guidelines for recommended treatment use.

The MOHLTC recommended use of antivirals for treatment only includes individuals with ILI who meet the following criteria:

- People at a higher risk of complications
- People with abnormal vital signs for their age and health status
- People with worsening clinical status.

Broad use of antivirals is NOT recommended at this time, nor is the use of antivirals for pre-exposure prophylaxis. For more information on Ontario's Antiviral Strategy please see the MOHLTC Important Health Notice (October 16) [Guidance for Pharmacist and Pharmacies on Ontario's Antiviral Distribution Strategy for Managing Influenza-Like Illness during Pandemic \(H1N1\) 2009](#).

## **Flu Assessment Centres**

It is anticipated that all health care agencies will be stretched during the response to the second wave of pH1N1, and we urge you to continue to examine and prepare your own surge capacity plans. The Simcoe Muskoka Influenza Assessment Centre Sub-Committee (SMIACSC) remains committed to our existing partnerships and creative processes, and our goal continues to be to offer a service that will be an asset to all residents in Simcoe County, the District of Muskoka and the cities of Barrie and Orillia. However, as of October 14<sup>th</sup>, despite reaching consensus on a model for centralized assessment centres and despite much effort from the sub-committee, health care and municipal partners, we have not been able to establish a sufficient commitment of staff and assessment sites to implement the centralized model as originally proposed.

Although the sub-committee members continue to work collaboratively to develop solutions, our success depends upon the commitment of our Simcoe Muskoka health care leaders in acute care facilities, after-hours clinics and family health teams.

We have posted a [summary of the report and recommendations](#) of the SMIACSC as well as the provinces guidelines on the financial support arrangements for assessment centres.

At this point in time we invite comment on these models and ask that you direct them to the following email address [QandAFlu@smdhu.org](mailto:QandAFlu@smdhu.org). We also recommend that you consider these models at this time as you ensure your community's capacity to respond to the pH1N1.

*For those who receive this update by Health Fax, you can access an electronic copy of the pH1N1 Situation updates (and thus all of the links) on our website i.e., <http://www.simcoemuskokahealth.org/Promos/HumanSwineFlu/SituationUpdates/SimcoeMuskokaUpdate.aspx>*

*Situation updates are distributed to a broad range of health unit partners including health care professionals, health sector emergency planners, community service providers (including those who work with vulnerable populations), educators and day care providers.*