

PANDEMIC H1N1: Fast facts for front-line clinicians

This document has been prepared for front-line clinicians who assess and treat patients with pandemic (H1N1) 2009 or pH1N1 in the office or clinic setting. The advice is based on the best available evidence at time of writing. This information is intended as guidance only, and is not meant to supersede clinical judgment or supplant other important, useful resources at the provincial/territorial and local levels.

Why get ready?

- Expect to see three times as many influenza patients during pH1N1 activity as you would see during a normal influenza year.
- Expect that 20% or more of your staff may be sick during the peak period. Prepare for illness in yourself or your colleagues.

Inform yourself regarding local/regional plans

- In most provinces, your local Medical Officer of Health and public health unit are your best sources of information on pH1N1 response plans. Directions may differ slightly from province to province. Links to provincial websites can be found on several of the sites listed at the end of this document.
- Check the FluWatch map to see influenza activity levels across Canada (<http://www.phac-aspc.gc.ca/fluwatch/09-10/index-eng.php>).
- Ensure you are receiving updated information as the pH1N1 outbreak unfolds. Keep up to date with key information from the Web as this information can change quickly. Written documents such as this may be outdated by the time they arrive in your office.

Prepare your office

- Download the **Pandemic Influenza Planning Checklist for the Physician Office:** http://www.cma.ca/index.cfm/ci_id/89060/la_id/1.htm.
- Consider implementing a telephone triage plan to screen patients for Influenza-like illness (ILI) symptoms (fever and cough).
- Have a clear process for patients who present with fever and cough:
 - Ensure the entrance to your office has signage instructing patients on how to proceed before presenting to the receptionist if they have ILI symptoms (resources may be available from provincial ministries of health).
 - Patients with the potential of pH1N1 flu should don a surgical mask, clean their hands with alcohol-based hand rub and be placed at least 2 metres away from others.
 - Using a *hospital-grade* disinfectant, clean surfaces touched by or within droplet range of a potential pH1N1 patient (for example, chairs, table tops, doorknobs).
- Ensure that toys and magazines are removed from the waiting room when pH1N1 activity is occurring locally.
- Some provinces may have modified billing codes to allow payment for alternative methods to interact with patients who are ill.

Prepare your patients

- Order the **Your H1N1 Preparedness Guide** for patients: 1-800 O-Canada or download from: <http://www.phac-aspc.gc.ca/alert-alerte/h1n1/guide/index-eng.php>
- Tell your patients how they should interact with you if they are ill, for example, when to call, when they need to be seen, when to expect antiviral treatment.
- Some patients will require “sick notes” for their employers. Develop a standard method for preparing notes for H1N1 illness.

Promote vaccination

- Vaccination is the most effective prevention for pH1N1.
- Encourage your patients to have a pH1N1 vaccination. All Canadians over 6 months of age who need and want the pH1N1 vaccine may receive it free of charge.
- Find out how pH1N1 vaccine will be given in your area. You may be asked to assist with vaccination or it may be available through public clinics.
- Priority will be given to:
 - Persons with chronic conditions under the age of 65;
 - Pregnant women;
 - Children ranging in age from 6 months to less than 5 years;
 - Persons residing in remote or isolated settings or communities;
 - Health care workers who are involved with the pandemic response or delivery of essential health services;
 - Household contacts and care providers of infants under 6 months of age and immunocompromised persons.
- It is acceptable to administer seasonal vaccine at the same time as the H1N1 vaccine. Administer in different arms.
- Encourage at-risk patients to receive the pneumococcal vaccine; it may be given at the same time as flu vaccinations.
- Information on the vaccine will be distributed by your provincial/territorial ministry of health.

Manage the vaccine in your office

- Estimate the amount of vaccine you require.
- Identify the local distribution source and how to get more vaccine supplies.
- The pH1N1 vaccine is different from the seasonal flu vaccine. It contains an adjuvant that comes in a separate bottle to boost the immune response.
- Preparation requires several steps. Obtain directions and training as soon as possible.
- Refer to the product monograph re:
 - Storage and cold chain;
 - Needle size for mixing;
 - Pediatric and adult dosage.
- The adjuvant vaccine will elicit local redness and swelling in approximately 90% of people.

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- Unadjuvanted vaccine is preferred for pregnant women. However, if the unadjuvanted vaccine is not available and H1N1 flu rates are high or increasing in the community:
 - women more than 20 weeks gestation should be offered the adjuvanted vaccine;
 - for women less than 20 weeks gestation with underlying health conditions, the adjuvanted vaccine may be considered.
 - Report any potential serious vaccination adverse event to your local, or provincial/territorial public health authority.

Diagnosis

- Take into consideration the presence of pH1N1 in your community.
- Wear a mask and eye protection when examining patients presenting with ILI.
- Wear an N95 respirator, eye protection, gloves and gown for aerosol-generating procedures.
- Cardinal symptoms are fever and cough; indicators of severity include shortness of breath and chest pain; gastrointestinal symptoms may be present.
- See ***Clinical Recommendations for patients presenting with respiratory symptoms during the 2009-2010 influenza season*** (http://www.phac-aspc.gc.ca/alert-alerte/h1n1/pdf/H1N1_DecisionTree_oct23_e.pdf) for additional symptoms and severity indicators.
- Nasopharyngeal swab is indicated in patients who need to be hospitalized, who have no response to treatment, and those who develop symptoms after post-exposure prophylaxis.
 - Note reason for swab on lab requisition, for example, persistent ILI after antiviral treatment.
 - Check your provincial guidance to see if there are additional situations where testing is indicated.
- Positive results should be reported to public health.

Treatment, counseling and follow-up

- Basic therapy is supportive and symptomatic for most patients.
- Familiarize yourself with dosages and side effects of oseltamivir (Tamiflu®) and zanamivir (Relenza®).
- For prescribing antivirals, follow the suggested steps in the ***Clinical Recommendations for patients presenting with respiratory symptoms during the 2009-2010 influenza season*** (http://www.phac-aspc.gc.ca/alert-alerte/h1n1/pdf/H1N1_DecisionTree_oct23_e.pdf).
- For patients with ILI symptoms in a community in which pH1N1 is present:
 - If any severity indicator is present, then prescribe an antiviral and hospitalize.
 - If no severity indicator is present but any risk factor (e.g., pregnant women, children under 5, those with chronic conditions) or other special consideration (e.g., First Nations/Inuit/Métis persons or those residing in a remote community) is present, then prescribe an antiviral and follow closely.
 - All other patients can usually be managed symptomatically.
- To be most effective, antivirals should be started within 24 to 48 hours from the onset of symptoms.
- Advise those requiring antiviral therapy to have a family member or friend obtain the medication for them or, at a minimum, have the patient wear a mask in public.
- Report serious adverse events to antivirals as soon as possible online at www.healthcanada.gc.ca/medeffect or by calling 1 866-234-2345.

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- Be aware of and report emerging issues as pH1N1 unfolds, for example, emerging resistance to antivirals or changes in patterns of disease.

Care at home: Infection control again

- Advise symptomatic patients to self-isolate at home until they are symptom free and able to resume normal activities.
- The patient and caregiver should be told (and given a copy of the H1N1 preparedness guide):
 - Minimize contact with the ill person and practise rigorous hygiene
 - Provide supportive care with fluids, foods and antipyretics
 - Observe closely and report any signs of deterioration
 - Telephone numbers of provincial or local public health support lines for additional questions.
- Be sure the patient is aware of what severity indicators would require reassessment or emergency care. For example, shortness of breath, chest pain.

Additional Resources

Public Health Agency of Canada:

pH1N1 Guidance Documents Homepage

www.phac-aspc.gc.ca/alert-alerte/h1n1/guidance_lignesdirectrices-eng.php

Online course: “Infectious Diseases Outbreaks: Tools and Strategies for Front-line Clinicians” Homepage

www.phac-aspc.gc.ca/outbreaks_course-cours_eclosions/index-eng.php

Fight Flu Gateway Homepage: www.fightflu.ca

Flu Watch Homepage: www.phac-aspc.gc.ca/fluwatch/index-eng.php

Canadian Medical Association:

H1N1 Flu Virus Homepage

www.cma.ca/h1n1

College of Family Physicians of Canada:

Pandemic Flu Homepage

www.cfpc.ca/pandemic



The College of
Family Physicians
of Canada

Le Collège des
médecins de famille
du Canada



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