

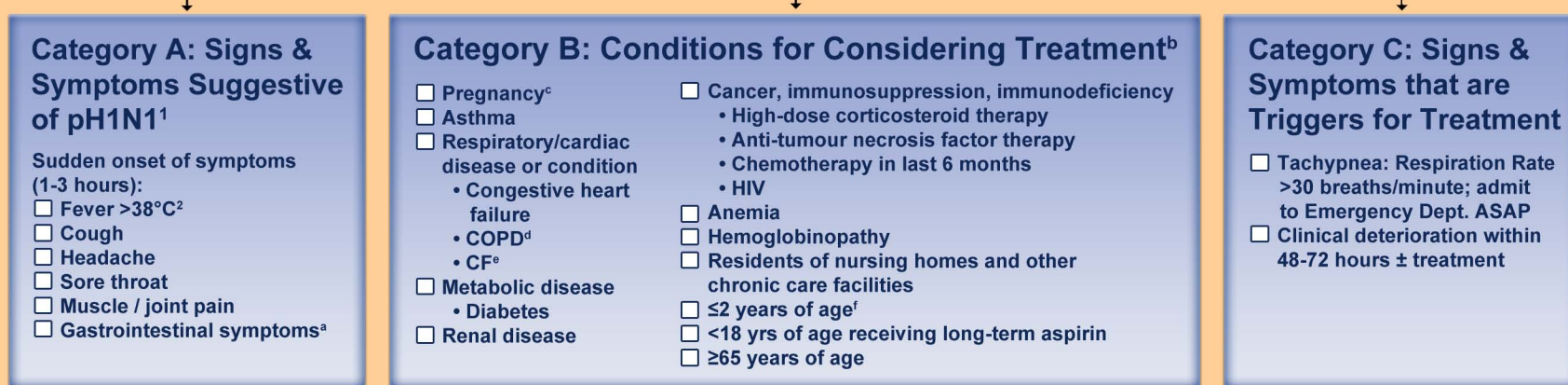
Disclaimer

The Canadian Pandemic (H1N1) 2009 Algorithm has been developed for use during pandemic H1N1 outbreaks, by the Scientific Advisory Committee for this educational initiative. Recommendations are based on those available from the Public Health Agency of Canada (PHAC) at the time of publication, however are subject to change.

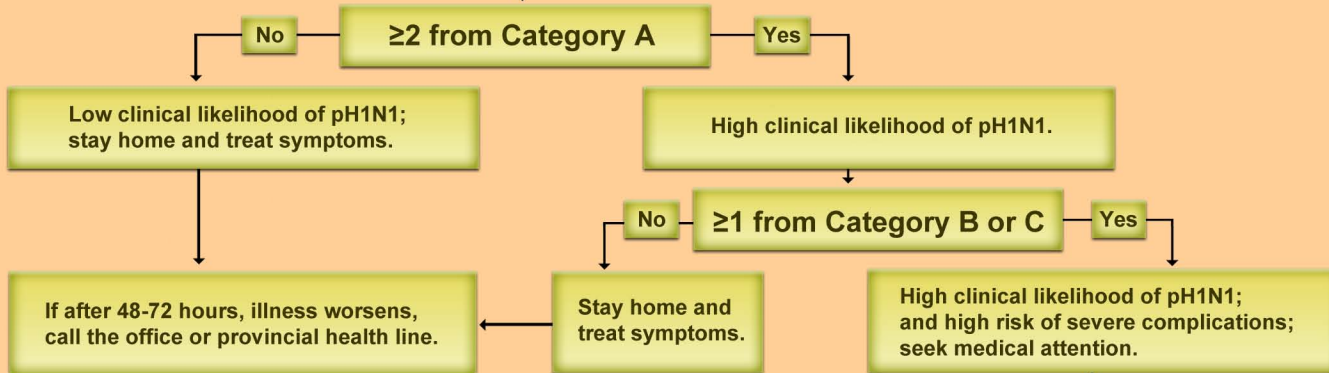
This resource is provided as a guide for use in pH1N1 cases only. Physicians should apply their own clinical judgment in all cases and should check the PHAC Website (www.phac-aspc.gc.ca) for any regulatory updates.

See full references at the end of the algorithm.

Telephone Screening of Patients



Decision Point



Screening at reception office of medical clinic/hospital
Organize office prior to arrival of a potential pH1N1 patient utilizing the ICCCE principles.

ICCCE
 I Intelligence
 C Communication
 C Control
 C Coordination
 E Eliminate the threat

Intelligence

Utilize surveillance data from your community to understand the local prevalence of pH1N1 virus.⁹

Communication and Control

Instruct **staff members** on management of patients.
- Ask patient to complete Screening Form^h + perform active verbal screening at reception.

Inform **patient** of infection control measures.

Does the patient have the sudden onset of these signs or symptoms (1-3 hours)?

- Fever >38°C²
- Cough
- Headache
- Sore throat
- Muscle / joint pain
- Gastrointestinal symptoms^a

Post a visual alert at entrance to:

- Notify reception if they are experiencing flu-like symptoms.
- Don a surgical mask if experiencing flu-like symptoms.
- Clean hands with alcohol-based hand gel.
- Utilize cough etiquette.

≥2 Signs or Symptoms

Low clinical likelihood of pH1N1;
- Proceed to waiting room.

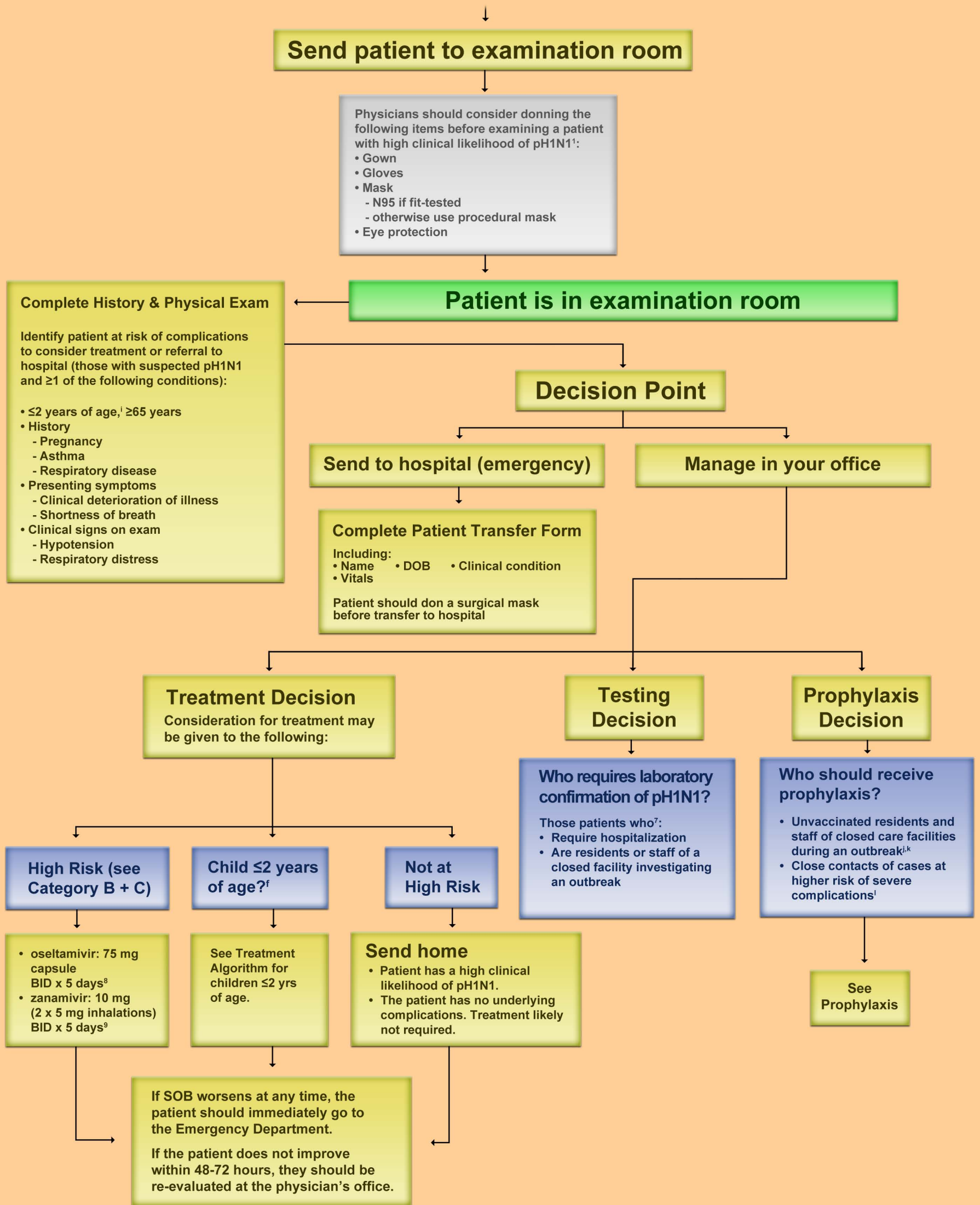
High clinical likelihood of pH1N1;
- Ask patient to wear surgical mask
- Cohort if possible (separate waiting room)

Coordination

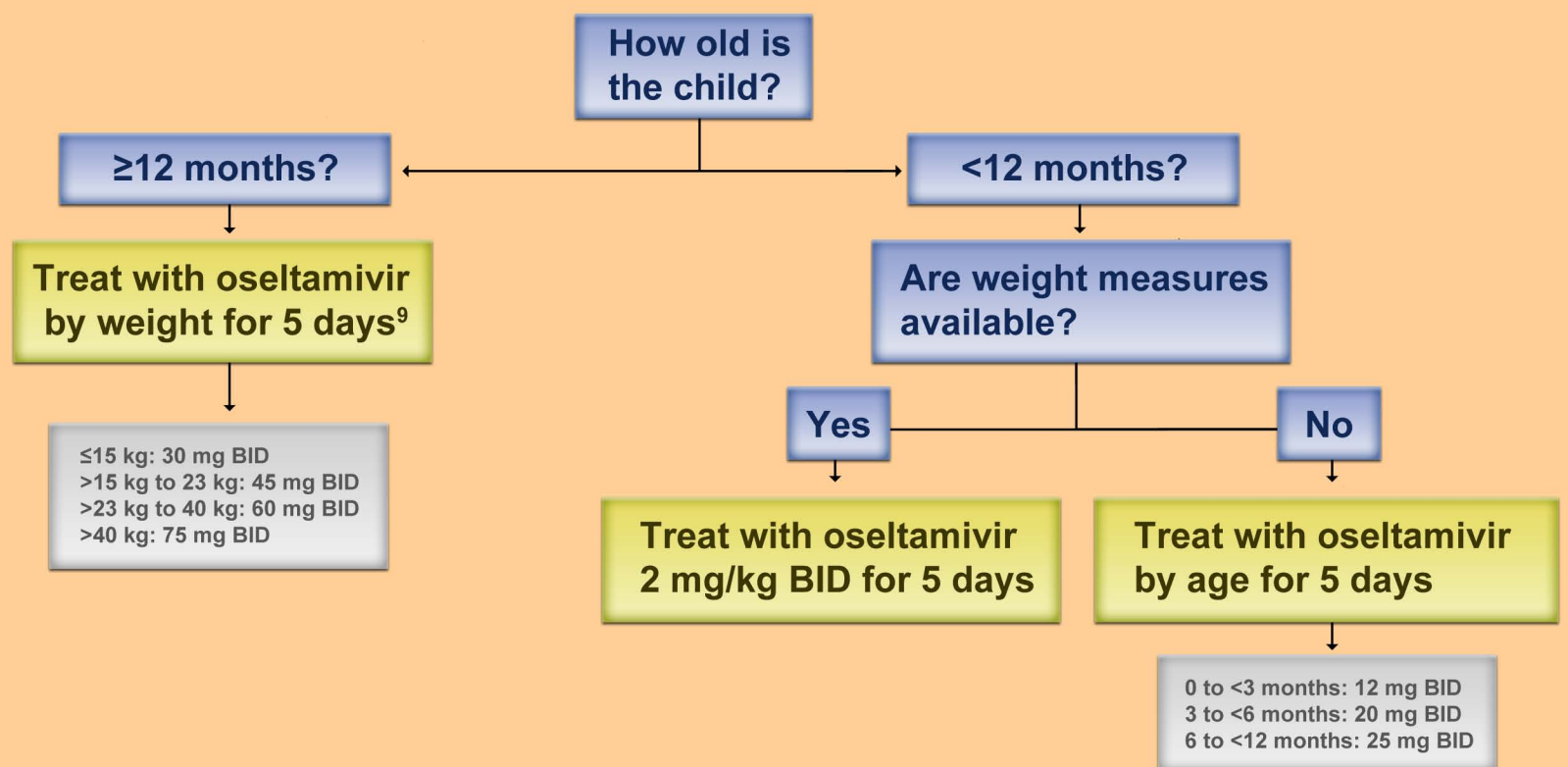
Establish protocols with a nearby hospital for transfer of patients with pH1N1 + risk of complications.

Eliminate the threat of transmission

...by reminding reception to utilize the Phone Screening Tool

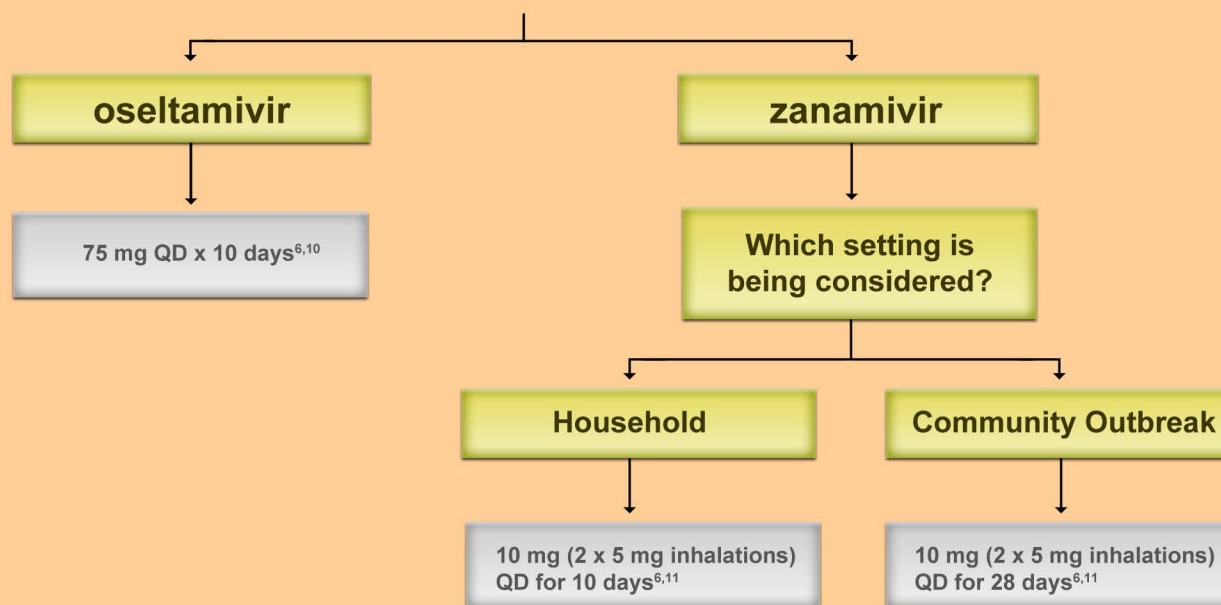


Treatment Algorithm for Children ≤ 2 years of Age^m



Prophylaxis

Treat with either oseltamivir OR zanamivir



- a. May occur with other H1N1 symptoms, but not predictive of pH1N1; do not use as a decision factor.
- b. There is currently not enough information to define those patients at high risk for complications from pH1N1; therefore at this time, red flags include those patients at risk for complications from seasonal influenza.³
- c. Pregnant women, especially those in their second or third trimester and women within four weeks post-partum are at a high risk of complications from seasonal influenza or pH1N1.⁴ Clinicians should strongly consider neuraminidase inhibitor (NAI) treatment for these patients.
- d. Chronic obstructive pulmonary disease.
- e. Cystic fibrosis.
- f. Healthy children under 24 months and those with certain chronic health conditions are at an increased risk of influenza-related complications or hospitalization from influenza.⁵ Clinicians should consider oseltamivir treatment for these patients.
- g. pH1N1 surveillance data and links can be found at <http://www.phac-aspc.gc.ca/alert-alerte/swine-porcine/surveillance-eng.php>
- h. Screening forms may include such information as name, date of birth, symptoms, time of symptom onset and underlying medical conditions.
- i. PHAC recommends treatment in the hospital for children <1 year if space is available.⁵ If space demands on the hospital become too great, children <3 months should still be hospitalized.
- j. Closed facilities have a fixed residential population with limited turnover or units/wards that can be closed, Eg, long-term care facilities, some inpatient units, and correctional facilities.⁶ For each population, consider severity of illness, transmissibility and vulnerability.
- k. Triggers for declaration of an outbreak include: (a) 1 case with confirmed pH1N1, (b) ≥2 cases with influenza-like illness (ILI) in a single area of the facility, or (c) >1 area in the facility with ILI cases.⁶
- l. Hospitalization and death rates from influenza are significantly elevated, in comparison to the general public, for persons in the high risk group (eg, pregnant women, <2 or ≥65 years of age, persons with chronic health conditions).^{3,8,9} Therefore, from a clinical standpoint, prophylaxis should be strongly considered for high risk household contacts of persons with suspected ILI.
- m. After a careful assessment, antivirals may be prescribed with clinical discretion providing the potential benefits to the health of the infant outweigh the risks. The parents or guardian OF CHILDREN UNDER 1 YEAR OF AGE should be informed that this is exceptional use.⁵

References

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5. Public Health Agency of Canada. Interim Guidance for emergency use of oseltamivir (Tamiflu®) In children under one year of age in the context of 2009 (H1N1) pandemic; July 20, 2009. <http://www.phac-aspc.gc.ca/alert-alerte/swine-porcine/guidance-orientation-07-20-eng.php>. Accessed July 29, 2009.
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Algorithm based on PHAC and other recommendations available as of date last updated: October 20, 2009; ICCCE Acronym: Developed by Dr. Karl Weiss, and Dr. Alan Kaplan, Program Chairs, and the Members of the Scientific Advisory Committee of the Canadian Pandemic (H1N1) 2009 Flu Guide Educational Program. Personal clinical judgment should be applied in all cases.