



May 5, 2009

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Dear Colleagues,

Re: Influenza A H1N1 Swine Origin Influenza Virus (SOIV)

I wish to share our improved understanding of this new virus and describe the organizational response in Alberta. The vast majority of cases of Influenza A H1N1 (SOIV) have resulted in mild illness and have been associated with travel to Mexico or exposure to an ill person who traveled there. However, it is anticipated that this virus will have a spectrum of illness similar to seasonal influenza, including some severe disease and even deaths.

A combined Emergency Operations Centre (EOC) has been established for Alberta Health & Wellness (AH&W) and provincial representatives of Alberta Health Services (AHS). In addition, each "local" area or former region of AHS has established, or is in the process of establishing, its own EOC. The Provincial Combined EOC liaises with both the Public Health Agency of Canada and with each local EOC to ensure information is gathered and shared efficiently. A provincial Scientific Advisory Group has also been established to provide expert clinical and public health advice to both AH&W and AHS. The group includes medical specialists. To date, viral transmission seems less efficient than the usual influenza. Nonetheless, people with mild fever/cough symptoms should be instructed to stay home. All clinicians are reminded that any patient with fever/cough illness who presents to the office should be asked about travel to Mexico or other affected areas in the 7 days prior to illness onset, and/or exposure to a person with a similar illness who traveled to Mexico in the 7 days prior to their illness. All such patients should be instructed to wear a mask and should be placed into an examining room as soon as possible. As with all fever/cough illness patients, healthcare workers should wear a procedure/surgical mask and eye protection when within a meter of the patient. Gowns are worn when splashes are anticipated and gloves for patient contact. An N95 mask is *only* required for aerosol generating procedures including the collection of nasopharyngeal swabs. Community physicians are advised that patients with mild symptoms do not require any laboratory testing. When laboratory testing is indicated (e.g., patients vulnerable to more severe disease, and in other extenuating circumstances), and when N95 masks are *not* available, throat swabs may be useful. Although less sensitive than nasopharyngeal swabs, they are *not* considered to be aerosol-generating.

Alberta Health Services is currently developing means to distribute personal protective supplies to the province's community physicians. We hope to be able communicate the details of this process very shortly. Documents outlining detailed IP&C guidelines in various settings are posted on both local and provincial AHS websites. If you require the documents to be faxed to you, please call 780 413-7760 during business hours.

The Human Influenza A H1N1(SOIV) virus is sensitive to oseltamivir and zanamivir. *Clinicians are asked to prescribe these drugs judiciously to decrease the development of resistance.* In general, prophylaxis is not recommended and treatment should be consistent with recommended use of the medications for seasonal influenza. Roche Canada recently announced they will release oseltamivir to retail pharmacies again.

Further updates will be provided to you frequently and/or as recommendations change. If you have further questions/concerns contact me 789 413-7601 or call 780 433-3940 to reach the MOH on call after hours.

Sincerely,

A handwritten signature in black ink that reads "M.M. Johnson".

Marcia M. Johnson MD, MHSc, FRCPC
Deputy Medical Officer of Health, Alberta Health Services, Edmonton and Area