

April 21, 2009

Suite 300 – 10216 – 124 Street  
Edmonton, Alberta  
Canada T5N 4A3

Office: (780) 413-7900  
Unit: (780) 413-7601  
E-mail: Marcia.johnson@capitalhealth.ca

Dear Colleagues,

**Re: Severe Respiratory Illness (SRI) Surveillance and Travel**

Reports from the Public Health Agency of Canada on April 20<sup>th</sup> contained an alert related to severe respiratory illness clusters of uncertain etiology in Mexico as well as two cases of swine influenza in children in California. In addition, while there have been fewer documented cases of Avian Influenza in humans in the past two years, human cases are continuing to occur in Egypt, China and Vietnam (23 so far in 2009).

Local health organizations are asked by the Public Health Agency of Canada and Alberta Health & Wellness to continue surveillance for Severe Respiratory Illness (SRI).

**Case Definition**

- Respiratory symptoms including history of fever > 38°C and new onset of cough or breathing difficulty, with severe illness progression (pneumonia, acute respiratory distress syndrome (ARDS), encephalitis or other severe and life-threatening complications) and not alternate diagnosis within the first 72 hours of hospitalization  
**AND**
- A positive response to one of the following questions:
  - “Did you travel outside of Canada in the past 10 days?”**OR**
  - “Do you live with or were you in close contact with someone who has a similar illness and who traveled outside of Canada in the 10 days before he/she became sick?”

Information about recommended Infection Control Strategies and laboratory investigations is included on the second page of this document.

**Reporting Requirements**

Emergency departments and other areas in acute care facilities are asked to report all people meeting the case definition of SRI cases associated with travel to the Medical Officer of Health. In the Edmonton area please call me at (780) 413-7601 during the day on weekdays and after hours and on weekends call the answering service at (780 433-3940) to reach the MOH on call.

Thank you for your anticipated cooperation.

Sincerely,

*(original signed)*

Marcia M. Johnson MD, MHSc, FRCPC  
Deputy Medical Officer of Health

### **Infection Control Strategies:**

- All people presenting with fever and cough should be asked to cover their mouth and nose when they cough and sneeze, wash hands frequently, and if unable to be isolated or to maintain a distance of 1 meter from others, be asked to wear a surgical/procedure mask.
- Patient with fever/cough and other symptoms such as shortness of breath or other symptoms of severe respiratory illness should be asked about
  - travel outside of Canada within the last 10 days

**Or**

  - contact within last 10 days with a person who has a similar illness and had traveled outside of Canada in the 10 days before they became ill.

### **If yes to either question:**

- Isolate immediately - negative pressure isolation is not required. If unable to isolate immediately patient should be asked to wear a procedure/surgical mask and to minimize contact by maintaining a 1 meter (3 feet) spatial separation from others.
- As is recommended standard practice, staff in direct contact with the patient should don appropriate Personal Protective Equipment (PPE) for organisms spread through droplet and contact mechanisms
  - Gloves, gowns, mask.
  - Hand hygiene must be done before and after use of gloves.
  - Eye protection (face shield) should be worn as a routine practice to prevent exposure to respiratory droplets.
  - Procedure/surgical masks are considered adequate for routine care. N95 masks should be used by staff for aerosol producing procedures (e.g., intubation, bronchoscopy).
- If new information about transmission routes is identified or national/provincial recommendations change, PPE recommendation may be revised.

### **Recommended Laboratory investigations:**

- Nasopharyngeal swab ( or aspirate): for respiratory pathogen screen sent in Universal Transport Media (UTM – available through ProvLab)
- Blood: Aerobic/Anaerobic Culture, AFB (if indicated),
- Sputum: Gram Stain, Aerobic Culture, AFB (if indicated),
- BAL (if clinically indicated): Gram Stain, Aerobic Culture, AFB (if indicated), respiratory virus panel, CMV and HSV (if indicated)

Notify receiving laboratory and arrange urgent transport of specimens, marking them as high priority with positive travel history.