

February 22, 2006

Suite 300, 10216 – 124 Street
Edmonton, Alberta
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Office: (780) 413-7900
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Dear Colleague,

Re: Avian Influenza and Severe Respiratory Illness Surveillance

Reports of avian influenza A/H5N1 among wild birds and poultry continue to occur in more countries in Asia, Europe, Middle East and Africa. As of February 21, 2006 a total of 170 human cases (with 92 deaths) have been reported from the countries of Cambodia, Thailand, Vietnam, China, Turkey, Indonesia and Iraq. The majority of these confirmed human cases have had a history of exposure to sick or dead poultry. At this time there is no evidence of significant or sustained human-to-human transmission of the disease. However, concern continues that the H5N1 influenza A strain may mutate to one capable of resulting in a human influenza pandemic.

The World Health Organization (WHO) considers the world to be in pandemic phase 3¹ of the Pandemic Alert Period. In this phase, the local health organizations are asked by the WHO, Public Health Agency of Canada and Alberta Health and Wellness to continue to carry out surveillance for Severe Respiratory Illness (SRI) and/or Severe Influenza-like Illness (SILI) related to travel to countries experiencing avian influenza in birds/poultry presenting in our acute care facilities.

Case Definition

- Symptoms including history of fever > 38°C and cough plus pneumonia, acute respiratory distress syndrome (ARDS), encephalitis or other severe and life-threatening complications;
AND
 - A positive response to one of the following questions:
 - “Did you travel to Asia, Africa or Europe in the 10 days before you got sick?”
Updated list of affected countries is available at Public Health Agency of Canada: Countries of Interest - website address: <http://www.phac-aspc.gc.ca/h5n1/index.html>
- OR**
- “Do you live with or were you in close contact with someone who has a similar illness and who traveled to a country of interest in the 10 days before he/she became sick?”

Infection Prevention & Control Strategies:

All people presenting to emergency departments with fever and cough should be asked to wear masks. If a person meeting the above case definition of SRI or SILI presents to acute care facility he/she should be placed in a single room ASAP. All healthcare workers working within a metre of the patient should use droplet (procedure/surgical mask and eye protection) precautions. Gowns & gloves may be necessary if contamination with respiratory secretions is anticipated.

¹ Human infections(s) with a new sub-type, but no human to human spread or at most rare instances of spread to a close contact.

Recommended Laboratory Investigations include:

- NP Swab (Aspirate): for respiratory viral screen sent in M5 Viral Transport medium
- Blood: Aerobic/Anaerobic Culture, SST – Mycoplasma
- Sputum: Gram Stain, Aerobic Culture, AFB (if indicated), Legionella DFA
- BAL (if clinically indicated): Gram Stain, Aerobic Culture, AFB (if indicated), Influenza, Parainfluenza (DFA, Rapid Plate Culture), RSV and Adenovirus (DFA), CMV (Shell Vial Culture), HSV Culture, Legionella (DFA)

Reporting Requirements

Emergency departments and other areas in acute care facilities are asked to report all people meeting the case definition of SRI or SILI cases with a positive response to one of the above questions to the Medical Officer of Health.

Thank you for your anticipated cooperation.

Sincerely,

(original signed)

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