Ministry of Health and Long-Term Care

Clinical Guidelines for Management of Patients with ILI in Emergency Departments

Please refer to Important Health Notice Volume 6, Issue 3 issued on April 29, 2009

This information is current as of April 28, 2009 and will be updated as new information becomes available.

Background

Influenza is predominantly a droplet-borne disease. Influenza virus can also survive on surfaces; therefore, both droplet and contact precautions are recommended to prevent transmission and are reflected below. Patients who meet the symptom criteria for ILI should self-isolate for 7 days from the time of symptom onset. Infectivity starts 24 hours before onset of symptoms.

1. Screening

All patients presenting to the Emergency Department should be actively screened at the time of triage using the 'Screening Tool for Influenza-like Illness in the Emergency Department' (see attachment). Passive surveillance (signage asking patients to self-report symptoms) should also be used.

Triage staff should wear N95 respirators when conducting the active surveillance of patients presenting with respiratory symptoms. N95 respirators are not required for triage of asymptomatic patients.

2. Patient Management

Patients will be managed based on symptoms and history of onset of symptoms within 7 days of travel to an affected area. For the time being, travel history remains an important epidemiologic link. Should there be epidemiologic evidence that the virus is circulating in the community the requirement for a travel history may change.

Influenza like Illness (ILI):
Acute onset of fever and new/worse cough or shortness of breath; additional symptoms may include sore throat, arthralgia, myalgia, headache or prostration. In children under 5, gastrointestinal symptoms may also be present.

Patients should be triaged to one of the following pathways based on whether or not they have a history of travel to Mexico in the 7 days prior to symptom onset.

*a) **Patients with ILI and without a travel history***

- patient to perform hand hygiene and don a mask
- triage patient to single room if available – if a room is not available, the patient should remain masked in waiting area (maintain 2 m (6 ft) separation if possible)
- health care provider to use Droplet and Contact precautions for provision of direct care to the patient
    - surgical mask
    - eye protection
    - gown
    - gloves
- clinical management of these patient should be consistent with management of any ILI patient

Ontario

b) ***Patient with ILI and a travel history***

- patient to perform hand hygiene and don a mask
- triage patient to a single room; these patients should be highest priority for single room assignment; negative pressure not required
- health care provider to provide direct care using:
    - N95 respirator
    - eye protection
    - gown
    - gloves

Infection Prevention and Control for Health Care Workers

Those providing direct care to patients with ILI and have a history of travel to Mexico within the last 7 days should use the following precautions:

- Hand hygiene (alcohol –based hand rub or soap and running water)
- Fit tested N95 respirators - If N95 is not available surgical mask should be worn and patient should remain masked.
- Eye protection.
- Gloves and gowns should be worn when there is a risk of widespread contamination with respiratory secretions.
- After the patient leaves, surfaces that may be contaminated with droplets must be cleaned with a hospital-grade disinfectant.

N95 respirators are not required for care of patients with ILI who do not have a travel history to Mexico.

3. Laboratory Testing

Note: Laboratory testing for influenza on patients with ILI who do not have a travel history is not currently required. If performed, specimens must be forwarded to the Toronto or regional public health laboratory (PHL). Please do not send specimens directly to the National Microbiology Laboratory in Winnipeg.

Specimens:

Mandatory:

- Nasopharyngeal swab in viral transport medium
- Blood in clotted tube (red top)
- Blood in EDTA (purple top)
- Bronchoalveolar lavage specimen if available (sterile container for viral culture)
- Stool if symptoms of diarrhea (in dry sterile container)

Specimen transport:

- Transport specimens to the laboratory at 4ºC.
- For critically ill patients please phone 1-800 640-7221, or after hours 416-605-3113.

Mandatory clinical information to accompany specimen:

- Mandatory information on the laboratory requisition form:
    1. Hospitalized or outpatient
    2. Recent travel history
    3. Upper respiratory infection (URTI) or LRTI /pneumonia.
    4. Febrile or afebrile.
    5. Other major symptoms (e.g gastroenteritis)
    6. Please write "High Priority" on the requisition form.

- Mandatory accompanying documentation Each set of patient samples must be accompanied by a completed OAHPP Influenza Surveillance Report Form, available at: http://www.oahpp.ca/SRI Bulletin.php

4. Patient Reporting

Patients with ILI and travel history to Mexico or are part of an unusual cluster should be reported promptly to your local public health unit.

5. Patient Disposition and Treatment

a) Patients who are well enough to be discharged home should be instructed to:

- Monitor for signs & symptoms and seek medical attention if symptoms worsen
- Self-isolate if appropriate (i.e. Until 24 hours after symptom resolution or for 7 days from time of symptom onset) at home

Patients should be provided with education to assist in containing the spread of their illness to others. This education should include information on:

- Hand hygiene
- Respiratory cough etiquette
- Social distancing (i.e. minimizing contact with family members, not going out in public)
- Not going to work during period of isolation

b) Patients with severe ILI requiring admission

- Single room required
- Maintain precautions (N95 respirator, eye protection, gown, gloves)

Treatment Recommendations:

1. Treatment of the following groups with influenza like illness (ILI) with oseltamivir is currently recommended within 48 hours of the onset of symptoms:
    - Fever and acute respiratory symptoms (ILI) or pneumonia requiring hospitalization when onset of symptoms was within 7 days of leaving Mexico;
    - Fever and acute respiratory symptoms (ILI) or pneumonia requiring hospitalization in a close contact of an ill person who has developed symptoms within 7 days of leaving Mexico;
    - Acute respiratory illness (with or without fever) and at risk for complicated disease[1] with onset of symptoms within 7 days of leaving Mexico;
    - ILI and at risk for complicated disease[1] in a close contact of an ill person who has developed symptoms within 7 days of leaving Mexico.

2. Patients with severe disease **without** a travel history to Mexico should be treated according to the 2009 BC-CDC[2] seasonal influenza recommendations.

3. Other patients with ILI do not require treatment.

Comment on the treatment of children and pregnant women

The use of oseltamivir and zanamivir in pregnant women must weigh the potential benefit versus the theoretical risk to the fetus.

The use of oseltamivir in children under the age of 1 year has been studied in a very limited number of children, and data from these studies has not yet been published. Use in this age group must weigh potential benefits versus potential risks. The use of zanamivir in children under the age of 5 is not well studied and it is technically difficult to administer. Consultation with a pediatric infectious disease specialist with knowledge of influenza is strongly advised if treatment of influenza is being considered in children under the age of one year.

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[1] see link for risk groups: http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/08vol34/acs-3/index-eng.php

[2] see link at: http://www.oha.com/Client/OHA/OHA_LP4W_LND_WebStation.nsf/resources/BCCDC+Influenza+Antiviral+Interim+Options/$file/BCCDC+Influenza+Antiviral+Interim+Options_08_09_update.pdf