



## Health and Healthy Living

Public Health Division

Office of the Chief Public Health Officer

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Dear Colleague:

### **Novel A: H1N1 Influenza – Management of Cases of Influenza-Like-Illness and Severe Respiratory Illness**

Please note the following points to clarify the current expected clinical management of individuals with influenza-like-illness (ILI) and severe respiratory illness (SRI) presenting to ambulatory care settings:

#### **ILI with symptoms or signs of pneumonia or shock (severe respiratory illness)**

- Symptoms include shortness of breath, thirst, weakness.
- Signs include tachypnea, tachycardia (faster than expected for age and body temperature), dehydration, hypotension, hypoxia.
- Begin prompt therapy as appropriate including oxygen, iv fluids, antivirals,
- Arrange for prompt assessment and inpatient care including chest x-ray, appropriate laboratory tests including nasopharyngeal swab for viral tests.
- Consult an appropriate ID, Pediatric or ICU specialist (787-2071) and report to Public Health (788-8666).

#### **ILI without symptoms of pneumonia or shock**

- Symptoms include fever and cough, and one of sore throat, arthralgia, myalgia, or prostration.
- Consider treatment with antivirals based on severity of symptoms and known or suspected risk conditions (see below)
- Arrange for effective early follow-up for new symptoms and/or worsening of symptoms.

#### **Testing for the novel Influenza A:H1N1 and treatment with antivirals:**

- Tests may only be processed if there is adequate information on the requisition, especially that antivirals will be prescribed and/or the patient is referred for hospital care.
- Every patient who is prescribed antivirals or is referred for hospital care should be tested for H1N1 by nasopharyngeal swab prior to starting antivirals or arranging transfer to a hospital.
- A decision to prescribe antivirals should not be delayed by waiting for the test result.
- No patient should be tested for H1N1 influenza unless a decision has been taken to prescribe antivirals or refer for hospital care regardless of the test result.

#### **Potential increased risk conditions that may be associated with severe respiratory illness from novel Influenza A:H1N1:**

- Chronic organ conditions (including lung, heart, kidney, central nervous system, neuromuscular, endocrine including diabetes mellitus);
- Immune disorders or immunosuppression (including cancer patients on treatment, autoimmune disease or any diseases treated with TNF inhibitors or corticosteroids, transplant patients, HIV);
- Pregnancy;
- Obesity or malnutrition;
- Lifestyle factors (e.g. smoking, substance abuse, alcoholism, homelessness);
- Age less than 55 years.
- Note: Patients of Aboriginal ancestry may be at increased risk for severe illness even in the absence of known or declared risk conditions.

An algorithm for bedside decision-making will be sent out shortly. Please take steps to share this information with all appropriate staff. These guidelines are based on current information. Please check our website regularly for updates <http://www.gov.mb.ca/flu/index.html>

Thank you for your anticipated ongoing cooperation. Please direct any questions or comments about this letter to the Office of the Chief Public Health Officer at 788-6666.

Sincerely,

*"Original signed by Joel Kettner"*

Joel Kettner, MD, MSc, FRCSC, FRCPC  
Chief Public Health Officer