

# Important Health Notice

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Page 1 of 2

## Information for Healthcare Professionals Clusters of Severe Respiratory Illness in Mexico

The Ministry of Health and Long Term Care and the Ontario Agency for Health Protection and Promotion were contacted on April 20<sup>th</sup> by the Public Health Agency of Canada (PHAC) regarding a number of individuals with severe respiratory illness (SRI) occurring in various locations of south and central Mexico.

### Epidemiology Update from PHAC:

Two clusters have been identified, one in Mexico City and one San Luis Potosi. As of yesterday, 23 hospitals in Mexico City have reported 120 SRI cases including 13 deaths. San Luis Potosi (central Mexico) has reported 14 SRI cases including 4 deaths. Most cases have occurred in previously healthy young adults aged 25-44 years old. In addition, 1 death has been reported in Oaxaca (southern Mexico) and 2 deaths reported in Baja California Norte (bordering California, USA). Five healthcare workers have been identified in the clusters.

The clinical symptoms include high fever, headache, ocular pain, shortness of breath and extreme fatigue. Rapid progression of symptoms to severe respiratory distress occurred in about 5 days. High proportion requiring mechanical ventilation reported (exact percentage unknown). Case-fatality rate has ranged from 11 to 29% based on Mexico City and San Luis Potosi data.

The same pathogen has not been identified in all cases. To date influenza A/H1N1 and B, and one parainfluenza strain have been detected. For many cases, no pathogen has yet been identified. The National Microbiology Laboratory has received 51 clinical samples from Mexico on April 22, and will be testing them for a range of pathogens. The results of the lab testing is expected shortly.

### Advice to healthcare providers

#### Severe Respiratory Illness (SRI) and Febrile Respiratory Illness (FRI) screening in Emergency Departments:

Emergency Departments are to use the existing Sample Case Finding/Surveillance Form in the PIDAC FRI document (attached and available at [http://www.health.gov.on.ca/english/providers/program/infectious/diseases/best\\_prac/bp\\_fri\\_080406.pdf](http://www.health.gov.on.ca/english/providers/program/infectious/diseases/best_prac/bp_fri_080406.pdf)) with the following modifications:

- 1) In (iii), the relevant travel history question is: "Have you traveled within the last **10** days to **Mexico**?" It is important that a travel history be obtained in all patients with FRI and SRI.
- 2) Cases who meet the definition of SRI who have a travel history from Mexico in the past 10 days should be treated in droplet/contact precautions in a single room. In addition, healthcare providers should wear properly fit tested N-95 respirators for direct care of these patients. This change has been made because a pathogen has not yet been identified and because of the high mortality rate being reported at this early stage. These precautions only apply to this situation; all other healthcare providers not providing direct care to these patients only need to follow Routine Practices. As new information becomes available, this recommendation will be reviewed.

Patients with FRI who do not meet the definition of SRI but have a Mexico travel history and who do not require admission, may be sent home. There is **no** requirement for isolation at this time. There is **no** requirement to quarantine contacts of cases at this time.

### Laboratory Testing:

Cases which fit the above SRI definition should have the following specimens collected for testing at PHL-Toronto:

- Nasopharyngeal swab in viral transport medium (viral culture)
- Bronchoalveolar lavage specimen if available (sterile container for viral culture)
- Throat swab in Multitrans™ transport media (*Mycoplasma/Chlamydomphila pneumoniae* pcr)
- Blood in EDTA (purple top)
- Blood in clotted tube (red top)
- Urine for *Legionella* antigen
- Other investigations such as blood cultures should be done locally
- Please write "SRI-High Priority: Attention Dr. Gubbay" on the requisition form.
- Submit the Public Health Agency of Canada (PHAC) SRI report form, available at:

[http://www.phac-aspc.gc.ca/eri-ire/pdf/03-SRI-Report-Form\\_e.pdf](http://www.phac-aspc.gc.ca/eri-ire/pdf/03-SRI-Report-Form_e.pdf)

Specimens should be transported to the laboratory at 4°C. Please contact the medical microbiologist on-call prior to sending specimens to discuss whether other specimens should be collected and method of transportation. Phone:

1-800 640-7221, or after hours 416-605-3113 (Duty Officer).

Laboratory testing is not currently recommended for persons who have recently returned from Mexico with upper respiratory tract symptoms/FRI but do not have SRI.

### Treatment of SRI cases:

There are no specific treatment recommendations for FRI or SRI cases with a Mexico travel history. In cases where influenza has been diagnosed, it is recommended clinicians follow the influenza treatment guidelines issued by the BC Centre for Disease Control (attached)

### Case reporting to local public health

The MOHLTC case definition for SRI (dated April 23, 2009) is provided. Patients fitting this case definition are to be reported to the local health unit.

*(original signed by)*

Dr. David Williams  
Acting Chief Medical Officer of Health

*(original signed by)*

Phil Graham  
Interim Director, Emergency Management Unit