

Ministry of Health and Long-Term Care

Information on Novel H1N1 Influenza A - Frequently Asked Questions for Primary Care Practitioners

May 7, 2009

This information is subject to change based on evolving information on the current H1N1 situation.

1. How should I screen patients who may have influenza-like illness (ILI) at my office?

Passive screening is being recommended in ambulatory settings at this time. This involves posting a sign at your office entrance asking patients who have a new/worsening cough and fever or respiratory illness to perform hand hygiene and wear a surgical mask.

It is not necessary to post an individual at the office entrance to conduct active screening of patients.

For resources to help implement screening in your office, visit the Ministry of Health and Long-Term Care's Important Health Notice website at www.health.gov.on.ca/english/providers/program/emu/ihn.html

2. My office staff are worried about getting the novel H1N1 Influenza A. What can I do to protect them from getting the novel H1N1 Influenza A?

Occupational health and safety measures and infection prevention and control measures can help protect both health workers and patients from being exposed to the influenza virus in health settings.

Protection of workers from infectious diseases involves more than personal protective equipment, and may be best achieved through a strategy known as the hierarchy of controls. This involves a range of actions at the source of a potential exposure, along the path, and with the worker. Personal protective equipment is one component of the hierarchy, and should be used when other measures such as engineering and administrative controls aren't able to completely mitigate risks. Reducing the risk of influenza transmission in the workplace requires a comprehensive strategy that includes:

- Engineering controls that make work environment or setting safer – e.g. proper ventilation, office layout to support social distancing or use of measures like plexiglass barriers
- Administrative and work practices that reduce the risk of infection – e.g. responsible absenteeism policies, staff education programs
- Personal protective equipment used by health workers
- Other infection prevention and control measures that protect patients and visitors as well as health workers. Some infection prevention and control measures may include:
 - Screening patients and staff for ILI symptoms
 - Practicing proper hand hygiene (washing your hands with soap and warm running water for at least 15 seconds or using a 60 – 90 per cent alcohol-based hand sanitizer) whenever you come into contact with an object or surface that may be contaminated with influenza (e.g., after touching a patient's Ontario Health Insurance Plan card, after going to the washroom, after having contact with frequently touched surfaces such as door knobs, etc.)
 - Practicing proper cough and sneeze etiquette
 - Social distancing (e.g., keeping two metres away from a coughing/sneezing person)

- Appropriate use of surgical masks and fit-tested N95 respirators
- Thorough cleaning of surfaces.

3. People are showing up at my office requesting a letter to give their employer or to their school proving that they are healthy and don't have the novel H1N1 Influenza A. What should I do?

Current advice from the Ministry of Health and Long-Term Care is that people who are asymptomatic do not need to self-isolate immediately upon their return from countries that have travel health warnings. Therefore, the ministry has not recommended that employees or students obtain a letter to confirm they are healthy before they return to work/school.

However, individuals should monitor their health for seven days following their return to Canada and continue to practice proper hand hygiene and cough/sneeze etiquette. If they develop symptoms of novel H1N1 Influenza A during that period, they should contact their health care provider for advice.

4. Who should I be testing for the novel H1N1 Influenza A?

Although you may want to test all patients who present with ILI, this is not necessary and will result in overburdening the public health laboratory system.

It is currently recommended that only the following patients be tested in the community setting:

- Patients who have an ILI within seven days of travel to Mexico; or
- Patients who have ILI within 7 days of close contact with a person who is a confirmed case of novel H1N1 Influenza A.

Please do not request tests for asymptomatic patients even if they have travelled to Mexico or had close contact with a confirmed case of the novel H1N1 Influenza A, as the labs will not process these tests due to large volumes.

The Ministry of Health and Long-Term Care is reassessing these testing criteria based on current H1N1 activity in Ontario and available information from other jurisdictions.

5. What tests should I carry out on patients?

The tests recommended for patients who meet the criteria for novel H1N1 Influenza A are:

- nasopharyngeal swab (in viral transport medium)*
- blood in clotted tube (red top) (optional)
- blood in ETA (purple top) (optional)

* Note: Nasopharyngeal swabs should only be done by practitioners who have the capacity and expertise.

6. How do I collect specimens and send them to the lab?

Guidelines are available on the Ontario Agency for Health Protection and Promotion website at www.oahpp.ca. Click on the link to the H1N1 Flu Virus [Human Swine Influenza] and then click on the Updated Guidance for Laboratory Testing Ambulatory Setting document.

7. If I take a swab, does it need to be transported immediately?

Nasopharyngeal swabs can be stored overnight as long as they are kept at four degrees Celsius.

8. I've sent a specimen to the lab for testing, when can I expect to get the result?

The public health laboratories are receiving a large number of specimens daily and are prioritizing them based on clinical information (i.e., hospitalization with severe illness, signs/symptoms AND recent travel history or contact with a confirmed case). As a result, selected samples from persons tested in the ambulatory/outpatient setting with ILI but no history of travel to Mexico or contact with a confirmed case of novel H1N1 influenza A will be tested as resources allow. Samples from non-hospitalized patients with no clinical information provided on the laboratory requisition form will not undergo laboratory testing. Requisitions appropriately completed with relevant clinical information will expedite the testing process.

9. The Ministry of Health and Long-Term Care provided me with an Emergency Infection Control Kit (EICKS). Can I open up my EICK to access personal protective equipment when seeing patients who present with ILI?

Community health centres, aboriginal health access centres, midwives, nurse practitioners, and community-based physicians in Ontario received Emergency Infection Control Kits (EICKs), which contain infection control products for droplet spread diseases. The kits were intended for large-scale infectious disease emergencies, such as an influenza pandemic, when supply chains may be disrupted.

As indicated in the Important Health Notices, for the current H1N1 outbreak health care providers should use appropriate infection prevention and control procedures when seeing individuals with influenza-like illness that are suspected to have the novel H1N1 Influenza A.

At this time, practitioners should continue to use their existing supply chains to access appropriate personal protective equipment. EICKs should be used only when existing supply chains can no longer provide health care providers with appropriate personal protective equipment, or cannot provide supplies in a timely way.

10. I've used up my EICK, how can I order a new one?

At the current time, there is no plan to automatically replenish your EICK once you have used it up. Any larger stockpiling initiatives will be communicated to you via your college or association.

11. I'm a new practitioner and never received an EICK, can I still order one?

Community health centres, aboriginal health access centres, midwives, nurse practitioners, and community-based physicians who are newly qualified/new in practice (i.e. within the last 18 months) can order a new EICK as long as supplies last. Visit the ministry's website for more information at www.health.gov.on.ca/english/providers/program/emu/emerg_kit/emerg_kit_mn.html

12. Are all the supplies in my EICK still useable?

There are two items in the EICK that have an expiry date:

- The surface cleaner/disinfectant wipes (two cylinder containers); and,
- Hand sanitizer (package of six)

To identify the expiry dates on these products:

- The surface cleaner/disinfectant wipes expiry date should be labelled on the cylinder wrapping, following the term "EXP."
- The hand sanitizer expiry date should be found on the bottom of each hand sanitizer bottle in black type set, following the term "EXP."

If the labelled expiry date of the product is before the current date, discard the product(s) in accordance with proper disposal practices.

Please note that if you discard or use your EICK contents, you should restock the supplies:

- The surface cleaner/disinfectant wipes should be replaced with the same or similar grade product with an expiry date of 2011 or later.
- The hand sanitizer should be replaced with the same or similar product, which has a 60 per cent to 90 per cent alcohol concentration, is “scent free”, and has an expiry date of 2011 or later.

13. Is there any assistance available to support primary care practitioners who need infection control and personal protective supplies and equipment?

In order to support the establishment of stockpiles of personal protective equipment in the health and broader public sector, the ministry has launched an initiative to offer access to the ministry’s contracted competitive pricing with supply vendors. This pricing can be used by health care settings/providers to procure infection control and personal protective supplies and equipment at a competitive rate, solely for the purpose of building their four-week stockpile for use during a health emergency.

General infection control supplies and personal protective equipment such as gowns, gloves and respiratory protection are of highest priority in developing a health emergency stockpile. These are the types of items which can be accessed through this initiative. Broader public sector and healthcare clients must enter into a contractual relationships with the vendors based on the ministry’s pricing.

For more information, visit www.health.gov.on.ca/english/providers/program/emu/bps/bps_mn.html

14. Will the Ministry of Health and Long-Term Care be distributing equipment and supplies for use during an influenza pandemic?

Since 2006, the Ministry of Health and Long-Term Care has been working to put in place a health emergency stockpile of supplies and equipment for use during an influenza pandemic or other health emergency. This stockpile is intended to support health care settings and providers to protect the health and safety of health workers if/when their own stockpiles are exhausted or supply chains are interrupted.

There are no plans to activate the ministry stockpile at this time. Although we have heard from some vendors that supplies and equipment are in short supply, supplies are currently being replenished. Should the decision be made to activate this stockpile, information on how to access it will be provided through the ministry website.

15. Why are you recommending N95 respirators for emergency department settings and only surgical masks for ambulatory settings?

Consistent with the precautionary principle, the Ontario Health Plan for an Influenza Pandemic recommends N95 respirators for health care providers managing patients with pandemic influenza. Currently, the clinical guidelines for both ambulatory and emergency care settings on the ministry’s Important Health Notice website recommend the use of N95 respirators for care of **patients with ILI and travel to Mexico or contact with a confirmed case of novel H1N1 Influenza A**. However, if an N95 respirator is unavailable, the provider and patient should wear surgical masks.

The Ministry of Health and Long-Term Care is reassessing these criteria based on current H1N1 activity in Ontario and available information from other jurisdictions.

16. When should I prescribe Tamiflu®?

Community based physicians should only prescribe Tamiflu® (oseltamivir) for patients:

- who fulfill the clinical description;
- who are at high risk of complications of ILI (e.g., chronic conditions, residents of long-term care homes, people over age 65, children between six and 23 months, and healthy pregnant women); and,
- who are within 48 hours of onset of symptoms.

It is NOT recommended that community-based physicians prescribe Tamiflu® for mild cases of ILI (who are not at high risk of complications) or for prophylaxis.

For mild cases, provide supportive care and advice on isolation and infection control precautions and on symptom treatment the way you would for seasonal influenza.

17. How do I access Tamiflu®?

You would access Tamiflu® the same way you would access any other prescription medication in the community, through your community pharmacy.

See the clinical guidelines for ambulatory care settings on the ministry's Important Health Notice website to access treatment recommendations for individuals who are identified as priorities to receive Tamiflu®.

18. How do I get more information about what's going on in my local jurisdiction with respect to the novel H1N1 Influenza A?

There are 36 local public health units in Ontario. All public health units are working in partnership with the Ministry of Health and Long-Term Care to conduct surveillance and manage the activities needed to respond to the novel H1N1 Influenza A. Therefore, public health units have the most up to date information on what is occurring within their boundaries.

For information on how to contact your local public health unit see:

www.health.gov.on.ca/english/public/contact/phu/phu_mn.html

19. How can I get on the distribution list to directly receive the Important Health Notices from the Ministry of Health and Long-Term Care?

Visit www.publichealthontario.ca and click on the link to Sign up for Important Health Notices on the right-hand menu. You will have the option to have notices sent to you sent to you by fax and/or by email.