

Ministry of Health and Long-Term Care

Information on the Novel H1N1 Influenza Virus for Primary Care Practitioners

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

What we know ...

- According to the World Health Organization, as of May 7, 2009, 2,099 cases of novel H1N1 Influenza A (H1N1) have been reported worldwide in 23 countries, including 201 in Canada, and 56 in Ontario. More confirmed cases are expected
- So far, cases in Canada are mainly adults and older children who have travelled to Mexico.
- The novel H1N1 influenza strain is **not** the only strain of influenza now circulating in Ontario. We are still experiencing human H3N2 and other strains of seasonal influenza, and the symptoms are similar.
- The novel H1N1 influenza virus is very different from the SARS virus:
 - Influenza is a community-spread illness; SARS was transmitted only within households and in health care settings.
 - SARS mortality was relatively high (almost 16% in the Toronto outbreak) and mortality rates from H1N1 thus far have been extremely low.

What we think we know ...

- Early epidemiological evidence suggests that the novel H1N1 influenza strain is acting like seasonal influenza: the incubation period is about 1-4 days and the clinical spectrum of illness is similar to seasonal influenza.
- Transmission rate is not as high as for seasonal influenza.
- The transmission of the novel and seasonal influenza viruses will likely recede with the onset of warmer weather.

What we do not know ...

H1N1 may or may not come back in the fall. If it does come back, it may be the same strain, it may be more virulent, and/or it may be oseltamivir-resistant. During the 1918 pandemic, it is believed that the virus first appeared in the spring, causing mild illness and returned in the fall having experienced a strain shift, which caused a higher burden of illness.

Ontario's Response to H1N1

Since the SARS outbreak in 2003, Ontario has taken key steps to be ready to respond to health emergencies.

- The Ministry of Health and Long-Term Care established the Emergency Management Unit, which developed the Ontario Health Plan for an Influenza Pandemic (OHPiP).
- The Ministry of Health and Long Term Care established the Ontario Agency for Health Protection and Promotion, which is enhancing Ontario's public health and laboratory capacity and providing technical and scientific advice to frontline health care workers, public health units and government.

These organizations, plans and resources are helping Ontario respond to the H1N1 outbreak.

Public Health and Clinical Care: Complementary Approaches

Public Health and Clinical Care share the same basic goal: To improve health outcomes for the people we serve. During an influenza outbreak, the work of public health and of individual clinicians is different, but complementary.

- **Public health aims** to contain and mitigate the spread of disease and impact of the outbreak at the level of the community. Public health authorities employ appropriate, evidence-informed measures such as social distancing, case management, early treatment and prophylaxis, travel restrictions, and school closures or restrictions on public gatherings to reduce transmission and “flatten” the outbreak curve.
- **Clinicians aim** to reduce morbidity and mortality by evidence-informed interventions responding to individual patients' presentations and needs.

Although we share the same goal, the way we work and the language we use may be different.

For example, the case definitions that public health authorities use – *confirmed*, *probable* and *suspect* cases – are relevant to understanding and making decisions to manage an outbreak within a population, but are less important to a clinician whose job is to provide individual patient care. Clinicians use symptom complexes, clinical descriptions, epidemiological links and their clinical judgment to make decisions. Both approaches are important to maintaining the health of Ontarians during an influenza outbreak.

Summary: Key Messages

- So far, novel H1N1 influenza A virus appears to be acting like seasonal influenza.
- Clinicians should follow rigorous infection prevention and control procedures, which will help protect themselves, their staff and their patients.
- Clinicians should test only patients with an ILI within seven days of travel to Mexico; or who have close contact with a person who is a confirmed case of novel H1N1 Influenza A.
- Clinicians should report to their local public health department only cases with ILI AND travel or contact history.
- Clinicians should prescribe antivirals only for patients who are within 48 hours of onset of symptoms AND who have high risk conditions (e.g., chronic conditions, residents of long-term care homes, people over age 65, children between 6 and 23 months, and healthy pregnant women).
- Patients should be educated regarding the best practices to prevent influenza transmission.