

## Influenza A H1N1 (SOIV) — Information Update June 22, 2009

In an effort to keep Alberta Health Services staff and physicians informed on the developing Influenza A H1N1 (SOIV) outbreak, regular information updates from the AHS Emergency Coordination Centre (ECC) will be provided through staff intranets and made available to staff who have limited intranet access. These notices are meant to provide a consistent source of information about Alberta Health Services' response to the Influenza A H1N1 (SOIV) outbreak. New information will be added to the update area on your intranets as it becomes available.

### **REMAIN VIGILANT: PROTECT YOURSELF, YOUR COLLEAGUES, YOUR PATIENTS**

The number of confirmed Influenza A H1N1 case totals have increased significantly in the past week. As of June 22, 2009, Alberta is reporting 605 cases with one death. In Canada, 5,710 cases with 13 deaths were reported for the week ending June 19, 2009.

While the majority of cases continue to be mild with recovery at home without medical treatment, there have been a few severe cases recently admitted to hospitals in Alberta. In several of these cases, health-care worker exposures have occurred.

For example, recently a patient with a diagnosis of viral pneumonia was not isolated and personal protective equipment was not worn by health-care staff. This patient was later confirmed positive for Influenza A H1N1. Another health-care worker exposure situation was reported when an inpatient with influenza-like illness was later found to have H1N1 — again, no personal protective equipment (PPE) was worn. There have also been reports of health-care workers employing N95 respirators when seeing patients with suspect H1N1 but not wearing face shields or eye protection.

**This lapse in use of PPE and failure to consider a diagnosis of H1N1 is not only putting you and your colleagues at risk of infection but is also putting our patients at risk.**

**THIS IS A TIME FOR INCREASED VIGILANCE FOR H1N1 INFECTION, ESPECIALLY IN PATIENTS PRESENTING WITH SEVERE RESPIRATORY ILLNESS.**



### **INFECTION PREVENTION AND CONTROL RECOMMENDATIONS:**

#### **APPROPRIATE TRIAGE MUST BE DONE FOR ALL PATIENTS PRESENTING WITH FEVER AND COUGH.**

For patients with respiratory symptoms (fever, cough, sore throat, shortness of breath), require them to:

- Clean their hands with 60-90% alcohol-based hand gel, or soap and water if available.
- Always practise respiratory hygiene by covering cough, using and discarding tissues and, as always, cleaning hands.
- Wear surgical/procedure mask.
- Be isolated immediately in a single room, if possible.

#### **PPE MUST BE WORN WHEN A PATIENT PRESENTS WITH INFLUENZA-LIKE ILLNESS.**

Health-care workers in direct contact with patient **MUST**:

- Wear gloves and gown due to risk of splash from respiratory secretions.
- Perform hand hygiene before and after leaving patient room.
- Wear respiratory protection when within two metres of patient (mask/respirator and goggles or face shield):
  - Surgical mask if patient is compliant with respiratory hygiene practices or has weak or no cough and no procedures are being done.
  - N95 respirator if patient is coughing and unable to comply with respiratory hygiene practices, OR if conducting aerosol-generating medical procedure (such as BIPAP, CPAP, intubation, suctioning, bronchoscopy, etc.) OR collecting NP swab (current Alberta recommendation until more information is available).

### **MORE INFORMATION**

Staff are encouraged to visit their intranets, where available, to review and download information regarding H1N1. These sites will contain all approved directives, communications and materials for all AHS staff to use and follow. You may also seek guidance and direction from your local IPC, OH&S and MOH staff.

— Dr. Gerry Predy, Senior Medical Officer of Health, AHS