

# PLEASE SHARE WITH ALL PHYSICIANS AT THIS FAX

Urgent

● Immediate Attention Required ●

Urgent



## Bulletin for Physicians Pandemic (H1N1) 2009

**Date:** October 25, 2009  
**From:** Dr. Gerry Predy, Senior Medical Officer of Health, AHS  
Dr. David Megran, Senior Physician Executive, AHS  
**Re:** Early Treatment of Health Care Workers Including Physicians

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Alberta Health Services (AHS) is committed to ensuring that Health Care Workers (HCW) in Alberta are appropriately protected against Pandemic (H1N1) 2009 and receive appropriate care if they develop Influenza-like Illness (ILI). In addition to ensuring access to personal protective equipment and vaccine, **AHS will make available, free-of-charge, antiviral agents for all HCW (including physicians) with ILI**, according to the guidelines described below.

**Eligibility:** For this purpose, "HCW" is defined as all workers in the employ of AHS; those contracted by AHS or working in facilities contracted by AHS; the professional staff appointed to AHS; and those providing medical care in community settings.

**Assessment:** If a HCW develops ILI symptoms, i.e. acute onset of NEW cough or change in existing cough PLUS one or more of the following: fever (>38C on measurement or by history), sore throat, joint pain, muscle aches, and severe exhaustion; they should consult a physician. If at work, they should notify their immediate supervisor or physician lead (and Occupational Health Services where applicable); perform respiratory etiquette; and leave work.

**For symptomatic HCW WITH severe disease and / or risk conditions for severe disease:** assess and manage as per previous Alberta Health & Wellness (AHW) or AHS bulletins.

**For symptomatic HCW WITHOUT risk conditions and / or with mild-to-moderate disease:** offer antiviral agents free-of-charge for early treatment, i.e. within 48 hours of onset. AHS has distributed antiviral medications to community pharmacies to be used for this purpose. **No special notation on the prescription is required.**

**There is no need to test for influenza unless the result could alter other management or treatment decisions.**

**Reporting:** In order to keep this use of antiviral agents distinct from the AHW-supported program for persons with severe disease and / or risk conditions (above), the prescribing physician is required on a weekly basis to fax (403-943-0716) or email ([AHS.publichealthsurveillance@albertahealthservices.ca](mailto:AHS.publichealthsurveillance@albertahealthservices.ca)) a brief form (available at <http://albertahealthservices.ca/660.asp> and attached to this memo) noting the number of HCW who have been prescribed antivirals. Where the prescribing and dispensing occurs in an AHS facility, the facility will track it.

**Return to Work:** As per current guidelines, HCW may return to work after resolution of symptoms or 7 days after onset of symptoms, whichever is longer. If they have received antiviral agents, they may return after resolution of symptoms **AND** completion of 3 or more days of therapy, even if this is less than 7 days since onset of symptoms.

## Anti-viral Treatment Tracking Form for Health Care Workers and Physicians who do not have Risk Factors.

Health Care Workers without risk conditions, but with influenza like symptoms, may be prescribed anti-viral agents for early treatment without charge. AHS is required to report usage for this purpose to Alberta Health and Wellness.

**Complete this form only if the health care worker does not have risk factors.** Do **not** use this form if the health care worker has risk conditions for complications with H1N1 infection.

This form is available on the AHS website at <http://www.albertahealthservices.ca/840.asp>

**Fax** the completed form to 403-943-0979 **OR**

**Email** the completed form to [zeoc.calgary@albertahealthservices.ca](mailto:zeoc.calgary@albertahealthservices.ca), on Monday by 4:00 pm for the anti-virals prescribed for the previous week (Sunday to Saturday). Please insert "HCW" in the subject line. You may report separately for each physician in your clinic or by your total clinic.

Name of Clinic/Physician/Hospital	Telephone:
	Fax:
	Postal Code:

	Date	Patient initials		Date	Patient initials
1.			18		
2.			19		
3.			20		
4.			21		
5.			22		
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