

Responding to

pH1N1

in a Primary Care Setting:

Your Questions Answered.

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LEARNING OBJECTIVES

To review guidelines for:

- pH1N1 vaccination
- assessment and management of patients with possible pH1N1
- preparing your office for pH1N1, including infection control guidelines

pH1N1 VACCINATION



WHO SHOULD GET VACCINATED?

- Encourage all patients > 6 months to be vaccinated
- Currently, focus is on vaccinating priority groups who are at greater risk of developing complications from pH1N1

PRIORITY GROUPS INCLUDE:

- People < 65 years of age with chronic illness
- Children 6 months-5 years of age
- Healthcare workers
- Household contacts of children < 6 months of age or immunocompromised individuals
- Women who are pregnant or within 4 weeks postpartum
- People living in remote or isolated communities
- Police and firefighters, frontline institutional correctional workers, and people aged 65 and over who live in institutions like long-term care homes
- ***NEW* November 13: Children 6 mo – 13 years, People >65 with chronic illness living in the community**

Adjuvanted vs. Non-adjuvanted

- An **adjuvant** is a substance that is added to a vaccine to boost the individual's immune response
- It includes naturally occurring oil (called squalene), water and vitamin E
- There is no safety data for the use of adjuvanted vaccine in pregnant women therefore unadjuvanted vaccine is the preferred option in that group

ADJUVANTED VACCINE

Category	Dosing Recommendation
Age 0-5 months	<ul style="list-style-type: none">• pH1N1 vaccine not authorized for use
Age 6 months – less than 3 yrs	<ul style="list-style-type: none">• 2 half doses of adjuvanted vaccine• Interval between doses 21 days
Age 3 to 9 years - Healthy children	<ul style="list-style-type: none">• 1 half dose adjuvanted vaccine

ADJUVANTED VACCINE

Category	Dosing Recommendation
Age 3 to 9 years – Children with chronic medical conditions	<ul style="list-style-type: none">• 2 half doses of adjuvanted vaccine• Interval between doses 21 days
Age 10+ years (including 65+)	<ul style="list-style-type: none">• 1 dose adjuvanted vaccine

NON-ADJUVANTED VACCINE

Category	Dosing Recommendation
Pregnant Women	<ul style="list-style-type: none">• 1 dose non-adjuvanted vaccine• If non-adjuvanted vaccine is not available and rates of pH1N1 are high/increasing, women >20 weeks pregnant should be offered adjuvanted vaccine
Healthy Adults 10-64 years	<ul style="list-style-type: none">• 1 dose non-adjuvanted vaccine

COMMON VACCINE QUESTIONS

Co-administration

- pH1N1 vaccine may be administered with seasonal flu vaccine/other vaccines
 - If co-administered, injections should be given in separate limbs
- If not given concurrently, no minimum interval required between the pH1N1 vaccine and other vaccines

COMMON VACCINE QUESTIONS

Allergies

- The vaccine is contraindicated in people with allergies to egg or egg products
- People with fish allergies *can* receive the adjuvanted vaccine

PATIENTS WITH UNCONFIRMED pH1N1

- People who have not had laboratory confirmation of influenza A or pH1N1 should receive the vaccine even if they have had symptoms of influenza

***Billing for Vaccines –
Use G590 and G591 to bill for vaccine administration.
G590 can now be billed twice per patient to accommodate
delivery of both seasonal and pH1N1 vaccines.***

ASSESSMENT & MANAGEMENT OF PATIENTS WITH POSSIBLE pH1N1



DIAGNOSING pH1N1

- **Clinical criteria for Influenza-like Illness (ILI):**
 - Acute onset of respiratory illness with **FEVER** and **COUGH** plus one or more of the following:
 - **Sore throat**
 - **Joint pain**
 - **Muscle pain**
 - **Extreme exhaustion**
- *Fever may not be present in young children and the elderly*
- *Some people report diarrhea and vomiting with pH1N1*

HOW DO I ASSESS PATIENTS WITH SUSPECTED pH1N1?

- 1. Screen for underlying conditions that put people at higher risk of complications from ILI**
 - Most people who contract pH1N1 will have a typical course of influenza with a few days of self-limited illness
 - People with risk factors may experience more severe and complicated illness
- 2. Assess for abnormal vital signs**
 - Hypotension, tachycardia, and tachypnea (early indicators of serious illness)
- 3. Assess for worsening clinical status**
 - Increasing shortness of breath, chest pain and confusion

THOSE AT RISK OF DEVELOPING COMPLICATIONS FROM pH1N1:

- **People with underlying health conditions** (cardiac and metabolic disease, cancer...)
- **People > age 65**
- **Children < age 5** (risk greater for children < 2)
- **Children < 18 years of age** on long-term **ASA** therapy
- **Pregnant women** (*2nd and 3rd trimesters up to 6 weeks postpartum)
- **People living in rural areas remote from hospital care** (e.g., remote First Nations communities)
- **People living in long-term care homes**

WHEN IS TESTING RECOMMENDED?

- Nasopharyngeal (NP) swab tests are not generally recommended or helpful in primary care settings for the clinical management of patients with ILI

TREATMENT GUIDELINES

SUPPORTIVE THERAPY

- Rest
- Plenty of fluids
- Treat the fever:
 - Wear light clothing
 - Keep room temperature around 20°C (68°F)
 - Take ibuprofen or acetaminophen
- Proper hand hygiene
- Stay 2 meters away from others and/or wear a surgical mask
- Pay attention to signs of worsening illness

WATCH FOR WORSENING ILLNESS

Symptoms Include:

- Difficult/fast breathing or feeling short of breath
- Chest pain
- Purple or blue discolouration of the lips
- Vomiting and unable to keep liquids down
- Signs of dehydration
- Confusion, disorientation, seizures, difficulty waking
- Stiff neck or sensitive to light
- Fever that does not go away or comes back after 4 to 5 days

In children also watch for:

- Any fever in a baby less than 3 months of age
- Very cranky or irritable

TREATMENT

ANTIVIRAL THERAPY

- Oseltamavir (Tamiflu™) [the first line antiviral agent]
- An alternative, zanamivir (Relenza™)
 - Recommended dosage: 10mg q12h x 5 days for persons 7 yrs of age and older
- Both are safe when breastfeeding
- Antiviral treatment within **48 hours of illness**
- If patients present more than 48 hours after illness onset, treatment not generally recommended (may be initiated if *clinically warranted*)

CURRENT TREATMENT GUIDELINES

Stable patients with no risk factors	Patients with risk factors	Patients with abnormal vital signs/worsening clinical status
<ul style="list-style-type: none">• Antiviral therapy not generally necessary• May be considered based on clinical judgement	<ul style="list-style-type: none">• Supportive therapy• Antiviral therapy if within 48 hrs of symptom onset• After 48 hrs use clinical judgement	<ul style="list-style-type: none">• Antiviral therapy• Refer to hospital if warranted

OSELTAMIVIR (TAMIFLU™)

Dosage forms: 75 mg, 45mg, and 30mg capsules and 12 mg/mL suspension*

Adults (normal renal function)		75mg q12h for 5 days
Creatinine clearance of 10-30mL/min		75 mg once daily for 5 days
Creatinine clearance <10 mL/min		Not recommended
Renal dialysis		No recommended dosing regimen available
Children ≥12 months	>40 kg	75mg q12h for 5 days
	>23 kg to 40 kg	60mg q12h for 5 days
	>15kg to 23kg	45mg q12h for 5 days
	≤ 15kg	30mg q12h for 5 days
Children ≥9 months but <12 months		3.5mg/kg q12h for 5 days
Children <9 months		3.0 mg/kg q12h for 5 days

Antivirals are available free of charge to all Ontario residents through most community-based pharmacies. Write “as per Ministry guidelines” on prescription to ensure patients are able to fill them at no charge.

WHY NOT GIVE EVERY PATIENT ANTIVIRAL THERAPY?

- Antiviral medications are generally not recommended for pre- or post-exposure prophylaxis
- They are not necessary for clinically stable patients with mild illness
- Overuse of antivirals could mean that these drugs may become unavailable to people who really need them, either through shortage of supply or development of resistance

WHEN CAN INFECTED PATIENTS RETURN TO WORK OR SCHOOL?

Patients	Healthcare Providers	Those treated with Tamifu (for 72 hours)
<ul style="list-style-type: none">• Should not resume normal activities until they have been afebrile for 24 hours and are feeling generally well	<ul style="list-style-type: none">• Should remain off work until 24 hours after all symptoms other than a mild cough have resolved• This is typically for a period of 5 to 8 days	<ul style="list-style-type: none">• May return to normal activities once they are feeling generally well other than a mild cough

Common Questions

- Should patients with ILI be treated if they have been vaccinated?
 - Before 14 days
 - After 14 days
- Can a patient who is taking anti-viral treatment (e.g. Tamiflu) be vaccinated?
- Can a patient who is taking anti-viral prophylaxis be vaccinated?

PREPARING YOUR OFFICE FOR H1N1



PREPARE YOUR OFFICE

- Use the questions from the MOHTLC self-assessment tool (www.ontario.ca/flu) to:
 - Have patients screen themselves at home
 - Screen patients over the phone when making appointments
- Post signs at your office reminding patients to self-screen for cough and fever
- Ask patients with cough or fever to wear a surgical mask
- Have alcohol-based hand rub available
- Space waiting room chairs apart and have ILI patients sit at least 2m away from others

SELF-ASSESSMENT QUESTIONS

MOHTLC

- 1. Do you or your child (5 years of age and older) have any of the following health conditions?** These conditions could put either of you at risk for problems if you or your child get the flu.
 - Chronic disease such as heart, liver, lung, diabetes or asthma?
 - Diseases or treatments that affect the immune system such as HIV/AIDS, transplant or cancer?
 - Pregnant women or women up to 6 weeks after having delivered?
 - Children under 18 on long-term aspirin therapy?
 - Very overweight?
 - Live in a rural/ isolated area far from a hospital?
 - Over the age of 65?
 - Live in a nursing home or a retirement home?

SELF-ASSESSMENT QUESTIONS

MOHTLC


- 2. Do you or your child have one of the following symptoms?**
 - A temperature of 38° C (100.4° F) or higher.
 - OR
 - Feeling feverish, or have had shakes or chills in the last 24 hours?

- 3. Do you or your child have a new/worse cough or shortness of breath AND one or more of the following:**
 - Sore throat?
 - Aching muscles?
 - Aching joints?
 - Extreme exhaustion?

PREPARE YOUR OFFICE

- Post signs at your office reminding patients to self-screen for cough and fever

SAMPLE OFFICE SIGNAGE



STOP

Clean Your Hands

Respiratory illnesses like the flu spread easily.
Read Carefully

1. Do you have a **NEW** cough or one that has become **WORSE**?
2. Are you **SHORT** of **BREATH**?
3. Are you feeling **FEVERISH**?

If the answer to **ANY** of these questions is **YES**, please put on a mask and see the receptionist or nurse right away.

PREPARE YOUR OFFICE

- Ask patients with cough or fever to wear a surgical mask
- Have alcohol-based hand rub available
- Space waiting room chairs apart and have ILI patients sit at least 2m away from others
- Remove toys, books, and magazines from waiting room
- Schedule ILI appointments together at the end of the morning and/or afternoon

PREPARE YOUR OFFICE

- Defer non-essential visits during peak flu season to accommodate increased ILI volumes
- Consider doing more clinical assessments over the phone

Billing for Vaccines: MOHLTC has made the following fee-for-service telephone codes temporarily available to practitioners:

K080 - \$11.00 (<10 minutes advice)

K081 - \$27.55 (>10 minutes advice or
1/2 unit of K082)

K082 - \$55.05 (psychotherapy, psychiatric or
primary mental health care counselling,
interviews, per unit)

PROTECT YOURSELF

- Perform hand hygiene before and after every patient
- Wear personal protective equipment (PPE) when assessing ILI patients:
 - Eye protection
 - Fit-tested N95 respirator (If unavailable, use a surgical mask)
 - Gloves
 - Wear gown only when there is a risk of clothing or skin contamination
- Have a minimum of 4 weeks supply of personal protective equipment. If you run out of supplies and cannot purchase them from private suppliers, you can order a PPE kit from:

www.health.gov.on.ca/poms

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**Comments welcome at
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