

WHEREAS Alberta Health Services has established and is operating AHS Influenza Assessment Centres (IAC) to assess persons who present with Influenza-Like Illness symptoms to determine if they should be prescribed oseltamivir (Tamiflu®) for the purposes of alleviating the severity or burden of pandemic H1N1 influenza in Alberta;

WHEREAS pursuant to section 3.1 of Schedule 7.1 of the *Government Organization Act* and Ministerial Order 83/2009 certain persons were authorized to prescribe oseltamivir (Tamiflu®) when working in IACs, and required to use the mandatory clinical decision-making tools prepared by the Chief Medical Officer of Health found in Attachments A and B to that Order;

WHEREAS the Chief Medical Officer of Health is recommending an update to the clinical decision-making tools, and advising that these tools may need to be updated periodically in response to changing circumstances or emerging issues,

THEREFORE, I, RON LIEPERT, Minister of Health and Wellness, hereby amend Ministerial Order 83/2009 by:

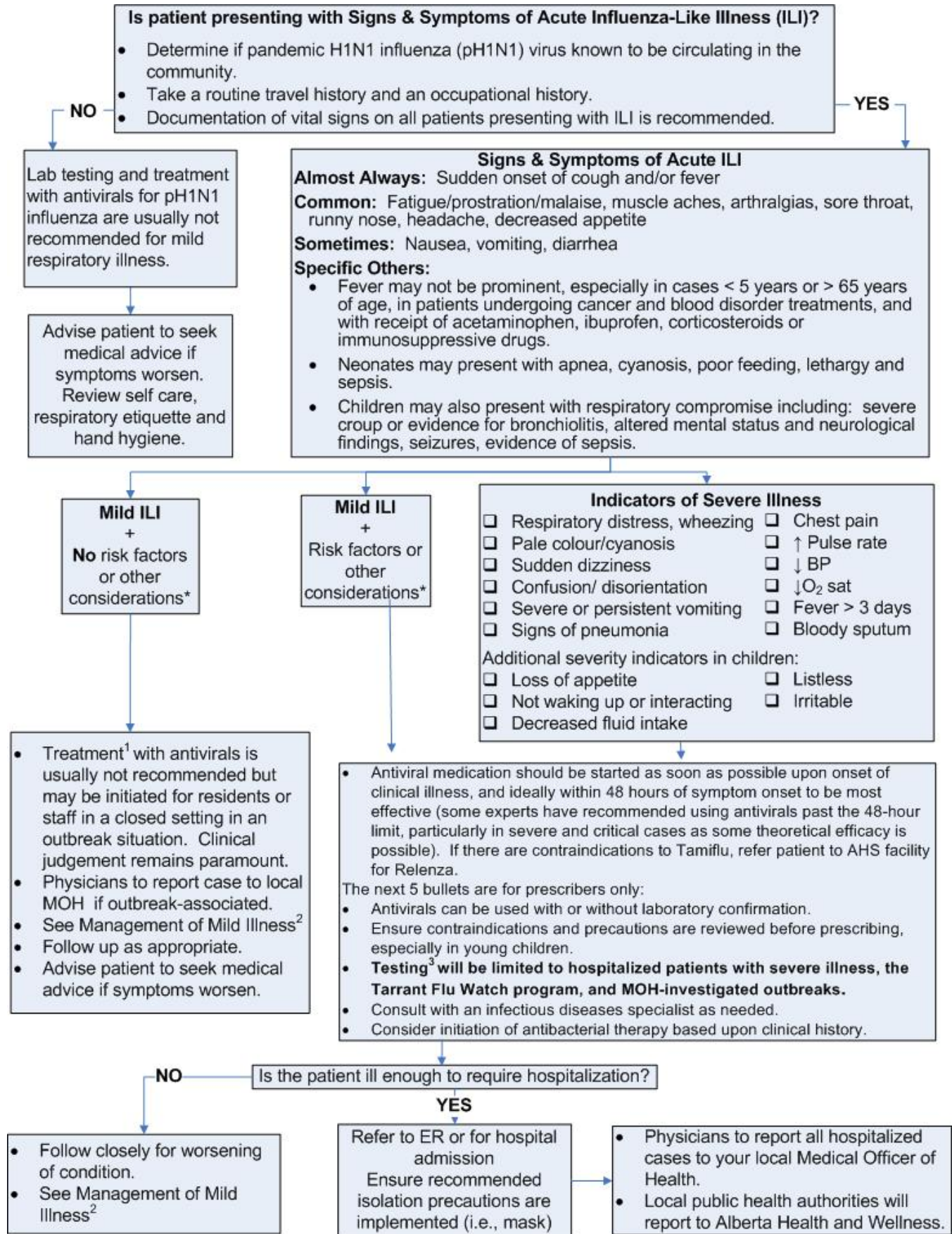
1. Rescinding Attachment B to Ministerial Order 83/2009 and replacing it with Attachment B1 appended to this Order; and
2. Authorizing the Chief Medical Officer of Health to update Attachment A and Attachment B1 from time to time, as may be required in his opinion.

DATED at Edmonton, Alberta this *9th* day of *November*, 2009.

Original Signed

Ron Liepert, Minister of Health and Wellness

**Clinical Decision-Making Tool
Pandemic (H1N1) 2009 Influenza**



*** RISK FACTORS** (these groups are NOT more likely to get pH1N1, however they are more at risk of developing complications if they do get sick):

- Children less than 2 years of age
- Pregnancy (especially second and third trimester, up to and including 4 weeks postpartum)
- Persons 65 years of age and older
- Adults and Children with Chronic conditions:

<input type="checkbox"/> Heart disease, including hypertension requiring medical follow-up	<input type="checkbox"/> Chronic respiratory diseases (i.e., asthma)
<input type="checkbox"/> Immunocompromised/immunosuppressed	<input type="checkbox"/> Severe Obesity (BMI >35)
<input type="checkbox"/> Neurological disorders that affect swallowing and breathing	<input type="checkbox"/> Hepatic disease
<input type="checkbox"/> Diabetes and other metabolic disorders	<input type="checkbox"/> Renal disease
<input type="checkbox"/> Blood disorders (especially anemia, sickle cell anemia)	

OTHER CONSIDERATIONS:

- Aboriginal (including First Nations, Inuit and Métis)
- Remote and Isolated communities
- Other disadvantaged populations (e.g., homeless)

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1. TREATMENT WITH TAMIFLU - Prescription Information for pH1N1

Treatment	
Oseltamivir (Tamiflu®)	
Children (less than 1 year old) <i>Physicians are encouraged to consult with a pediatric ID specialist. Some contra-indications and precautions to Oseltamivir apply.</i>	Based on weight: 2 to 3 mg/kg BID x 5 days (If weight not available see below)
	Less than 3 months 12 mg twice daily x 5 days
	3 to 5 months 20 mg twice daily x 5 days
	6 to 11 months 25 mg twice daily x 5 days
Children (1 to 12 years)	15 kg or less 30 mg twice daily x 5 days
	16 to 23 kg 45 mg twice daily x 5 days
	24 to 40 kg 60 mg twice daily x 5 days (given as two 30 mg capsules)
	40 kg or greater 75 mg twice daily x 5 days
Adolescents and adults (age 13 and above)	75 mg twice daily x 5 days
Pregnant and nursing women²	Clinicians will want to strongly consider oseltamivir or zanamivir for all pregnant women who develop ILI symptoms in their second and third trimesters or within 4 weeks post-partum. Due the anti-infective benefits of human milk for infants and the low dosages of antiviral passed to the baby through breast milk, it is recommended that women continue to breastfeed their baby when taking antiviral medications. Both oseltamivir and zanamivir are considered to be compatible with breastfeeding.
Adolescents and adults (age 13 and above) with renal impairment	Creatinine Clearance (CrCl) 10-30 mL/min: Reduce to 75 mg once daily x 5 days

¹ Public Health Agency of Canada (2009). Interim Guidance for emergency use of oseltamivir (Tamiflu®) in children under one year of age in the context of 2009 (H1N1) pandemic. Located at: <http://www.phac-aspc.gc.ca/alert-alerte/h1n1/guidance-orientation-07-20-eng.php>

² Public Health Agency of Canada (1009). Clinical Guidance for Pregnant and Breastfeeding Women with Influenza-Like Illness in the context of the Pandemic H1N1 2009 Virus. Located at: <http://www.phac-aspc.gc.ca/alert-alerte/h1n1/guidance-orientation-07-09-eng.php>

Report serious adverse events to antivirals as soon as possible online at www.healthcanada.gc.ca/medeffect or by calling 1 866-234-2345

Additional information is available in the Alberta Health and Wellness Public Health Notifiable Disease Management Guideline: Interim Guideline Pandemic (H1N1) 2009 at: <http://www.health.alberta.ca/documents/Influenza-H1N1-Guidelines-09.pdf>

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2. MANAGEMENT OF MILD ILLNESS

To date, most cases of pH1N1 have been mild and therefore can be treated in the same way as other seasonal influenza.

Patient education includes the following:

- **Self isolation**
 - Those who work/interact with populations at high risk for influenza-related complications (e.g. pregnant women, children under the age of two years, long-term care facilities), should stay at home for 7 days after illness onset or until symptoms resolve and they are feeling well enough to fully participate in normal day-to-day activities, **whichever is longer**.
 - Those who work/interact with populations at low risk for influenza-related complications should stay home until they are symptom-free and well enough to resume normal activities.
 - The exclusion period remains unchanged regardless of whether or not antiviral medications are used.
- Practice respiratory etiquette and hand hygiene. Do not share drinks, eating utensils, cigarettes, etc.
- Designate a single household caregiver and maintain a distance of 2 meters from others in the household if possible or recuperate in their own room.
- Persons in the household may want to wear a mask if in close contact with an ill person. If an ill person must go out in public (e.g., to seek medical care) they should wear a face mask to reduce the risk of spreading the virus in the community.
- Over-the-counter medications to ease fever and myalgias may be indicated.
- Encourage rest and fluids and provide instructions to return for reassessment if their condition deteriorates. Patients can be referred to Alberta HealthLink or AHW website at <http://www.health.alberta.ca> for more information.

3. LABORATORY TESTING – INFORMATION FOR PHYSICIANS

Laboratory testing for pH1N1 will be limited to hospitalized patients with severe illness, the Tarrant Flu Watch program, and MOH-investigated outbreaks.

Testing information for hospitals, long term care facility outbreaks and the TARRANT sentinel physician network

Collect a nasopharyngeal swab (or aspirate) for respiratory screening panel. Throat swab is an alternate to a nasopharyngeal sample. Send the sample in Universal Transport Media [UTM – available through the ProvLab] directly to the ProvLab. The sample is most useful if collected within 24-48 hours of onset of ILI symptoms.

The laboratory requisition for influenza and respiratory virus testing is available online at: http://www.provlab.ab.ca/LabBulletin2009/Requisition_Influenza_2009.pdf

4. REMOTE AND ISOLATED COMMUNITIES

Remote community: generally speaking, a remote community is located ≥ 200 km or ≥ 3 hours away from a community with an acute care hospital but where year-round road access is available.

Isolated community: generally speaking, an isolated community has no year round road access. There may be air access, and ground access may be seasonal.

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5. SUMMARY OF CHANGES MADE TO THIS DOCUMENT SO FAR

DATE	DESCRIPTION
NOVEMBER 5, 2009	<ul style="list-style-type: none"> • Significant change: Under Laboratory Testing. Laboratory testing for pH1N1 will be limited to hospitalized patients with severe illness, the Tarrant Flu Watch program, and MOH-investigated outbreaks. • Minor change: Under Treatment with Tamiflu. Reporting information for serious adverse events related to antivirals added. • Minor changes: Under Management of Mild Illness. <ul style="list-style-type: none"> • Update to self isolation period for those who work/interact with populations at high risk for influenza-related complications i.e. self-isolation for 7 days after illness onset or until symptoms resolve and they are feeling well enough to fully participate in normal day-to-day activities, whichever is longer. • Update to bullet three. Changed 1-2 meters to 2 metres for the distance to maintain between individuals in the household.
OCTOBER 26, 2009	<ul style="list-style-type: none"> • Significant change: the recommendation to test a patient when antivirals are prescribed was removed. In the same bullet, an example (outbreaks in closed settings) was added. • Significant change: treatment of children less than 2 years of age is the most current recommendation (changed from less than 5 years of age) • Significant change: We added 2 notes to remind prescribers of contra-indications and precautions related to use of antivirals (one in the algorithm, one in the table). • Minor change: Signs and Symptoms of Acute ILI, under common: malaise and arthralgias were added, to be more consistent with national guidelines. • Minor change: Bloody sputum was added to the list of Indicators of Severe Illness • Minor change: Under Risk Factors, a few wording changes were made and a few examples were added.