

IN THIS ISSUE: <ul style="list-style-type: none">▪ Update #18: Pandemic (H1N1) 2009 virus, August 27, 2009	FROM: David L. Mowat, MBChB MPH FRCPC Medical Officer of Health
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Pregnancy and H1N1: Guidance from the Public Health Agency of Canada (PHAC)

Pregnant women, if infected with the H1N1 flu virus, are more likely than non-pregnant women to suffer complications.

Interim clinical guidance for pregnant and breastfeeding women with influenza-like illness (ILI) has been released by the Public Health Agency of Canada (PHAC) and referenced in the Important Health Notice released on August 18th. Guidance includes the following recommendations:

Treatment

- Tamiflu (oseltamivir) or Relenza (zanamivir) is recommended for treatment of all pregnant women who develop ILI symptoms in their second and third trimesters or within four weeks postpartum.
- Tamiflu is the preferred antiviral medication as there is more safety data about its use in pregnant and nursing women.
- Treatment is most effective if started within 48 hours of symptom onset.
- Treatment for pregnant women hospitalized with confirmed, probable or suspect H1N1 may be started even after 48 hours to help decrease illness severity.

Breastfeeding while on antiviral treatment

- Women are recommended to continue breastfeeding when taking antivirals.
- Both Tamiflu and Relenza are compatible with breastfeeding.
- There is a protective effect from the low dosages of antiviral passed to the baby through breast milk.

For guidance regarding pregnancy and H1N1 influenza virus, go to:

<http://www.phac-aspc.gc.ca/alert-alerte/swine-porcine/pregnancy-grossesse-eng.php>

For updates on lab-confirmed cases, laboratory testing, and pregnancy and H1N1, refer to the MOHLTC Important Health Notice released on August 18th, at:

<http://www.health.gov.on.ca/english/providers/program/emu/ihn.html>

Tamiflu for children under 1 year of age

PHAC advises physicians to consider using Tamiflu (oseltamivir) as a treatment or prophylaxis for children less than 1 year of age, for infection caused by the pandemic (H1N1) 2009 virus (pH1N1).

There are no licensed antivirals available for this age group, and in the context of the current pH1N1 2009 outbreak, Health Canada has stated that the known and potential benefits of Tamiflu outweigh the known and potential risks for children under 1 year. However, treatment decisions remain with the physician.

The PHAC guidelines state that children under 1 year of age with influenza should be treated in hospital. Treatment regimens are available at

<http://www.phac-aspc.gc.ca/alert-alerte/h1n1/guidance-orientation-07-20-eng.php>

Sentinel Physician Surveillance for Influenza

A number of sentinel surveillance systems have been developed in response to the emerging pandemic H1N1 strain. While all systems monitor ILI, each has additional purposes. In Peel Region, a new sentinel physician system will monitor local influenza activity and serve as a potential trigger, in conjunction with other surveillance data, for the activation of flu assessment centres. The following table summarizes the systems of relevance to physicians in Peel Region and provides contact information for physicians interested in participating in these systems.

Sentinel Program (Organization)	Purpose	Physician Responsibility	Benefits/Contact Information
Sentinel Physicians Surveillance for Influenza (Peel Public Health)	To monitor influenza activity in Peel Region by collecting ILI consultation rates To assist in local policy decisions such as the appropriate time to open flu assessment centres	Complete an online report (for each clinic day), including the total number of patients seen for any reason and the total number of patients meeting a standard case definition for ILI. Age group information is collected for all ILI cases.	Inform Public Health and health care decisions, affecting your patients in your community. Contact: Peel Public Health, Communicable Disease Surveillance at 905-791-7800 x2884 or by email at ZZG-PeelSurveillance@peelregion.ca
Sentinel vaccine effectiveness (VE) study (Ontario Agency for Health Protection and Promotion)	To monitor circulating influenza strains (including novel H1N1), at a provincial level To measure vaccine effectiveness for influenza and inform Canada's vaccination policy	Use test kits to collect NP swabs from all patients presenting to your practice within seven days of ILI onset. Complete a questionnaire with each respiratory specimen as part of the laboratory requisition form for each specimen.	Timely laboratory results (within 1 week) \$10 for each specimen received (Max 25 specimens. Payable at end of flu season) Contact: Adriana Peci, study coordinator, at 416-235-6504 or by email at Adriana.Peci@oahpp.ca
Influenza Sentinel Practitioner Program (Public Health Agency of Canada)	To monitor influenza at a national level through collection of ILI consultation rates Contributes to the collection of clinical samples for virological monitoring of the influenza virus	Complete a report form (for 1 clinic day each week), including the total number of patients seen for any reason and the total number of patients meeting a standard case definition for ILI. Age group information is collected for all patients.	Mainpro-M2 credits Contact: NaReS Research Information 905- 629-0900 x 417 or 1 800 387-6197 x 417 or e-mail: all@cfpc.ca or go to http://www.cfpc.ca

For more information about Pandemic (H1N1) 2009 virus, please call the Ministry of Health and Long-Term Care Healthcare Providers Hotline toll free at 1-866-212-2272 or Peel Public Health at 905-799-7700.