TARRANT

The **A**lberta **R**ecording and **R**ese**A**rch **N**e**T**work

Tracking Influenza in Alberta

NEWSLETTER March 2005

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TARRANT Annual Meeting

Dr. Jim Dickinson, Pat Howitt and Dr. Elisabeth Lewke-Bogle

This meeting provided opportunity for sentinels and public health professionals to meet face to face, discussing how the program is working and how to make it work better.

Dr Jim Dickinson discussed the challenges of recruiting new sentinels and keeping current sentinels involved, providing data consistently. Dr Kevin Fonseca, a virologist in the provincial lab, described the influenza virus family. The H1, 2, and 3 groups, which previously made up most human viruses, are now joined by H5, which is creating an epidemic in Asia. The rapid antigen test using direct fluorescence is now able to give an initial diagnosis of influenza within 2 hours, if there is enough virus present. The pharyngeal swabs we take are easier on patients but contain slightly less virus. However, new PCR assays multiply the virus and can give a positive results within 7 hours, for the list of different viruses (table 1) Detailed subtyping requires sending specimens to the National Laboratory in Winnipeg. Even when we know that flu is around, we still need to get community samples, since new variants may occur during the season, and are more likely to arrive in the tourist areas, or those with traveling populations than in the schools and old people's homes where most of the samples come from.

TABLE 1

Influenza A
Influenza B
RSV (A+B)
Parainfluenza 1
Parainfluenza 2
Parainfluenza 3
Parainfluenza 4a+4b
SARS coronavirus
Metapneumovirus
Respiratory adenoviruses
Enteroviruses
Rhinoviruses
Coronavirus 229E/OC43
Coronavirus NL63

Agnes Honish (Alberta Health and Wellness) presented Alberta pandemic influenza planning. If an epidemic arrives, inpatient facilities will be overwhelmed, and most people will have to stay home for self care. They must be supported and helped there. A stockpile of antiviral drugs is being created.

Elaine Sartison (Alberta Health and Wellness) and Brian Winchester (Public Health Agency of Canada) described influenza surveillance at the provincial and national level. Information from TARRANT sentinels, provincial lab, school absenteeism reports, and outbreak reports provide a picture of flu epidemics in Alberta. The Public Health Agency of Canada gathers data from all provinces across Canada and posts weekly flu report on the Internet. A wonderful animated map shows the spread of flu across the country.
(http://dsol-smed.phac-aspc.gc.ca/dsol-smed/fluwatch/fluwatch.phtml?lang=e)
Ken Brandt from Saskatchewan and Anita Lambert-Lanning from the College of Family Physicians national office shared their experience of running a sentinel flu surveillance system in other provinces. Ken gave a great example of how difficult it is to diagnose influenza clinically. Box 2 describes three cases. One proved to have influenza. (See next page for the answer). Anita has worked out how to reward sentinels with CME credits: see later in the newsletter.
Ken Morrison (Alberta Health and Wellness) described testing the use of billing data for flu surveillance. The major problems include accuracy and timeliness of the data. Only if doctors use the diagnostic categories exactly can we use such data. Tarrant sentinels should be used to doing this exactly.

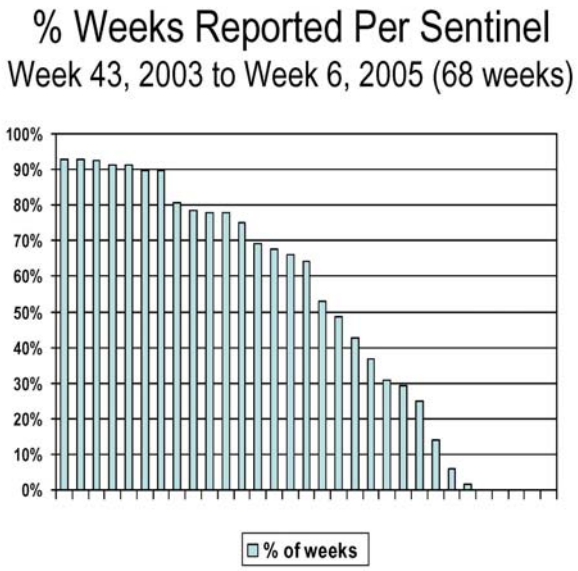
BOX 2
Which one has influenza?

For example:

- 68 year old male presents with cough and nasal congestion
- 15 year old male with fever, cough, sore throat and flu-like symptoms
- 10 year old male with fever, cough, sore throat and nausea/vomiting

Neil Drummond (Research Director Department of Family Medicine, University of Calgary) proposed possibilities for the future development of TARRANT. It could become a primary care research network. The key concept of such a network is "your patients in your projects".
Discussion was informative. Several sentinel physicians use delegation of the weekly reporting to their clinic staff to achieve consistent reporting. They are interested in doing other research projects within the program but are concerned about time commitment.
All the presentations are posted on the TARRANT website. (www.ucalgary.ca/tarrant)
If you do not have access to the internet or prefer to receive a paper copy of the presentations, please contact Lucie Vlach @ (403)220-2750 or lvlach@ucalgary.ca

We need your feedback on the program!



The graph shows the reporting rate for current sentinels in the last 2 years. Reporting rates vary greatly among sentinels, from 0 to above 90%. Consistent reporting of high quality data is one of the evaluation criteria for a surveillance system. We will contact you in the next few weeks. Hopefully our conversations will help us understand the difficulty of consistent year round reporting (we know you are very busy!) and how we can help you.

Monitoring clinically suspected Severe Acute Respiratory Syndrome (SARS)

No one knows if, when, or where SARS will reemerge. Setting up special clinics was one of the strategies used during the last SARS outbreak and might be used for the next SARS outbreak. However, the demand for special clinics is not known. Because SARS related symptoms are non-specific, most patients with similar symptoms might have ordinary viral respiratory tract infections.

We are proposing a research project to measure frequency of patient visits that meet the clinical definition of SARS at different seasons. (When there is no SARS in the community.) Participant sentinel physicians would report cases with SARS-like symptoms over one year, by ticking an extra field on the report form.

How do you feel about doing a research project like this? We would like to hear ***your*** thoughts. Please contact Pin Cai @ pcai@ucalgary.ca

CFPC Mainpro® Credits for your flu surveillance work

As a sentinel physician, you may choose to self-generate Mainpro-C credits by submitting to the CFPC a "Linking Learning to Practice" exercise. A copy of this exercise is attached to the newsletter. You may also document your time spent on TARRANT in the past year and claim as Mainpro-M2 credits. If you have any questions about Mainpro, please contact the Mainpro Records Coordinator (mainprocredit@cfpc.ca or 1-800-387-6197 ext. 243).

Want to know more about the Provincial Lab? Visit our website…

Most of the participants showed their interests in Dr. Kevin Fonseca's presentation about the flu lab tests at the TARRANT annual meeting. We are planning to visit the Provincial Lab and take pictures of what they do with your swabs. We will have a "virtual tour" session on our website, to walk you through different areas of the lab and to present details on testing procedures, equipment, and other aspects of the testing process. Please let us know if there is something of particular interest to you. We will keep you posted on the development of the website.

Tips on weekly report

Q: Shall I report more than once if a patient comes for a return visit with ILI?

A: No. Only the 1st presentation of one episode should be reported.

Q: Shall I report the total patients seen if I don't see any ILI or LRTI patients during a week?

A: Yes. We calculate the percentage of ILI/LRTI per total patients seen every week in Alberta and regional health authorities. We add up the number of total patients seen in all sentinel practices to have the denominator. In other words, we need the number of patients seen in your practice even if the number of ILI/LRTI in your practice is zero.

ANSWERS:

- 68 year old male presents with cough and nasal congestion = Influenza A
- 15 year old male with fever, cough, sore throat and flu-like symptoms = Parainfluenza 2
- 10 year old male with fever, cough, sore throat and nausea/vomiting = Adenovirus