

TARRANT

The Alberta Recording and Research Network
Tracking Influenza in Alberta

NEWSLETTER September 2004

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Dear colleagues, this is the first newsletter for the 2004-5 season.

Funding continues for the 2004-2005 season

Alberta Health will continue to fund TARRANT for the new season. While continuing collection and reporting of clinical and virological information on influenza, which is the central role for the program, we will also attempt to improve the coverage of the current surveillance system, to expand computer-based information transfer, and to promote research within the program.

Report for the 2003-2004 season

We would like to again thank all TARRANT sentinel physicians and the provincial laboratory for contributing to the timely weekly reporting of influenza activities in Alberta. With your hard work throughout the whole year, TARRANT continued to provide valuable weekly clinical and virological information to provincial, national and global influenza surveillance. The total number of influenza-like illness (ILI) cases reported was 683 over 37 weeks from September 2003 to June 2004. Three hundred and fourteen swabs were submitted by sentinel physicians in TARRANT program to the provincial laboratory, and 41 of them were positive for influenza, all Influenza A, and mostly A/Fujian H3N2.



NACI New recommendations

The National Advisory Committee on Immunization (NACI) recommendation for the 2004-2005 season includes healthy children aged 6-23 months. They

are at increased risk of influenza-associated hospitalization compared with healthy older children and young adults. For more information, please check the statement on CCDR (Canadian Communicable Disease Report) website (<http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/ccdr-rmtc/04vol30/acs-dcc-3/index.html>).

Slight changes to the reporting forms

We have changed age categories for the 2004-2005 season so we can measure the effect of the new recommendations made by NACI (National Advisory Committee on Immunization) for the immunization of healthy children aged 6-23 month. However, only one slight change was made on the weekly incident report. We ask you to **provide age in months if patient's age is below 1 year**. A new example version of the weekly incident report is attached.

Possibility of Flu reassortment and pandemics

The 1919 influenza pandemic was a major disaster, and we are still not sure why: was it a new strain of virus, one that reassorted and jumped species from birds to humans or merely a major change in the antigenic type. There was a major epidemic around the world in the early 70s. Recently we have had a series of very light seasons, and last year was a moderate one, though atypical because it started so early.

Experts cannot predict whether we are due for another epidemic: but they are worried. New features are emerging. During the spring and early summer, avian flu H7N3 was rampant in British Columbia. Some strains of flu have been circulating in the summer in Europe. In South East Asia, we are getting repeated messages that avian influenza H5N1 is getting more common and more severe. There are now 39 cases of humans infected with avian flu: 28 have died, but

fortunately these are only people who are directly in contact with sick birds. Transmission from human to human has not been clearly demonstrated.

We hope that all our fears come to naught: but our vigilance is important. This is why the province keeps on funding our program.

Reports from around the world:

- Thailand's Ministry of Health reported on September 9 one recent human death caused by laboratory-confirmed avian influenza A (H5N1).
- Since August, Viet Nam has detected four human cases of H5 infection. These cases have occurred amidst recurring H5N1 outbreaks in poultry in several Asian countries. Prior to this, Vietnam's last confirmed death from bird flu was that of a 12 year old boy who died March 2004.
- H5N1 is the only strain within the H5 subtype that has ever been shown to cause disease in humans. Detection of an H5 subtype of influenza A in a human should always arouse a very high level of suspicion that the case was caused by the H5N1 strain of avian influenza, particularly in a country with ongoing outbreaks of H5N1 in poultry.
- The WHO fears that the H5N1 strain, which can pass from infected poultry to humans, could mutate into a highly contagious form that triggers the next global human influenza pandemic.

WHO and the Canadian Department of Health maintain regular updates on Influenza. The Websites are:

<http://www.hc-sc.gc.ca/pphb-dgspsp/fluwatch/>

http://www.who.int/csr/disease/influenza/influenza_network/en/

If you have not visited the websites, the National one has a wonderful animated map that shows progression of the epidemic across the country in the last season.



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Annual Meeting February 24, 2005?

As part of the funding, we cannot directly remunerate individual contributors. However, we do have funding for an annual meeting: this includes transport to Calgary. If we hold it the day before the Alberta College of Family Medicine Annual Scientific Assembly meeting at Rimrock Resort, this would substantially reduce the cost of attending that meeting, particularly for those who travel from afar.

That would mean holding the meeting at Calgary Airport Inn on February 24, 2005. We would bring in the experts on influenza, and public health people. Participants would have a useful morning and early afternoon of feedback and learning about influenza and surveillance programs, and then could move onwards to Banff together.

We would invite all participating doctors, and one member of staff: those who put in the work to keep the program going. The program would pay return airfare or other travel costs to Calgary and an overnight at the airport hotel for those who need it. What do you think about this idea? We would like to get an indication of who would be likely to attend, so we can decide whether to go ahead with planning the program. In you next return, please send the attached reply sheet as well.

New team member: Pin Cai

Pin Cai has joined our team. She is a medical graduate from Shanghai Medical University who is now doing a Master's program in Community Health Sciences at University of Calgary. She will maintain and build liaison with the program partners, i.e. potential and current sentinel physicians, virologist, and Alberta Health, and work closely with other team members to achieve the program objectives for the coming year.



Lucie Vlach and Karen Rivera will be continuing in their work, maintaining the weekly information flow, and organizing the details of the program.

TARRANT Annual Meeting
Calgary Airport Inn
February 24, 2005

Please return this sheet to:
TARRANT Program
Fax (403) 270-4329

From: DR. _____

Would you like to attend the annual meeting in Calgary? Yes No

Who else in your practice will attend the meeting? _____

Costs to be paid by TARRANT:

Return airfare from _____ Yes No

Other travel costs Yes No

One night accommodation at Calgary Airport Inn Yes No

Suggestions and Comments:

For questions or additional information, please call (403) 220-2750.