

# TARRANT

The Alberta Recording and Research Network  
*Tracking Influenza in Alberta*



## NEWSLETTER September 2006

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### Influenza Activity Update

The first case of Influenza B for this season was confirmed by the Provincial Laboratory on September 26. The patient is a 31 year old female, who traveled to Lebanon during the week of September 17. Her two children were sick too. All of them had contact with sick people in Lebanon but a specimen was only collected for the mother. The credit for discovering this goes to our long-term recorder Henry Quaye of Edson. Provincial Laboratory also reported 3 cases of influenza A in Alberta during the summer and early fall, all in children between 6 months and 2 years. The most recent case of influenza A in a 7 month old child from the David Thompson region was reported on September 12. The isolate has been typed as H3 and will be sent to the National Microbiology Lab for full characterization (likely A/Wisconsin, which is contained in this year's vaccine).



### Delayed Influenza Vaccine

Flu vaccine should be available at the end of October or beginning of November this year, almost a month later than usual. However, people should be able to receive the flu shot before the peak of the flu season, which typically does not occur until mid-December or later. Based on the World Health Organization guidelines, Canada's National Advisory Committee on Immunization recommended this year's influenza vaccine contain an A/New Caledonia-like, an A/Wisconsin-like and a B/Malaysia-like virus strains. There was a delay in getting the appropriate seed strain for the A/Wisconsin strain. The strain also had a low yield so it took longer to produce. These have led to the delayed availability of flu vaccine.

### Vaccine Effectiveness Study

**(November 1, 2006 to April 31, 2007)**

For the coming 2006/2007 influenza season, we will collaborate with British Columbia Center for Disease Control (BCCDC) and incorporate vaccine effectiveness assessment as an important component of the influenza surveillance.

We need your assistance as a sentinel, to complete a new lab requisition form (see attached) when you submit a swab to the Provincial Lab. We prefer nasopharyngeal or nasal swabs, although throat samples are also acceptable. The laboratory forms have been changed and simplified to include only influenza relevant data. Your name and address are preprinted. Six Yes/No questions have been added.

We understand this requires some extra work and will provide a \$10 honorarium for each respiratory specimen submitted with a fully completed requisition form to compensate extra time taken. The completeness of the requisition forms is crucial for data analysis. Our staff will follow up on incomplete forms.

The study will start on November 1, when the vaccine is available in the province. During this time we have changed our policy. We want as

many specimens as possible from patients with apparent flu, not the usual two per week. We will keep in touch with you on any updated information regarding the study. If you have any questions, please do not hesitate to call Pin Cai @ 403-2109258 or Dr. Jim Dickinson @ 403-2109213.

### **Avian Influenza Update**

The Ministry of Health in Indonesia has confirmed two additional cases of human infection with the H5N1 avian influenza virus in September, 2006. Both cases were fatal and had a history of close contact with poultry. As of September 25, 2006, 249 cases were confirmed by WHO, 146 of which were fatal.

So far, the only human to human transmission of H5N1 occurred after close parental contact, so the risk of pandemic seems small. But the disease is now clearly endemic in chickens in Indonesia and several other Southeast Asia countries. This gives opportunity for reassortment and development of strain capable of epidemic spread.

### **Are We Ready for Flu?**

With the Flu season coming up, each of us has to review precautions to reduce susceptibility of ourselves and our staff to respiratory illness. Naturally, planning organisations tend to consider

hospitals and other institutions that they directly control. But what happens when flu comes to Mainstreet? How should we as Family Physicians react: in a normal flu season, in a severe flu season, in a major epidemic, in a pandemic?

A variety of procedures can reduce risk of infection, such as encouraging handwashing, patients or staff wearing masks from surgical to N95 level, goggles, face masks, right up to the "space suit" systems used with pathogens like SARS. Facilities include separate waiting areas and examining rooms, bleachable surfaces, isolation rooms with ventilation to the outside, or simply asking those with potential respiratory infections not to come in, but go to a special clinic.

Since the most infectious period is often just before symptoms occur, it is impossible to totally reduce the risk of infection, but each precaution may reduce risk by a certain proportion, at the cost of some inconvenience or difficulty in accomplishing tasks. They may also scare some patients or even staff unnecessarily.

The UCMC clinic in Calgary is establishing a program of precautions to use under these different circumstances, trying to make them as effective as possible, feasible, not too costly, and acceptable for all participants. When we have more information, we will include this in the newsletter.