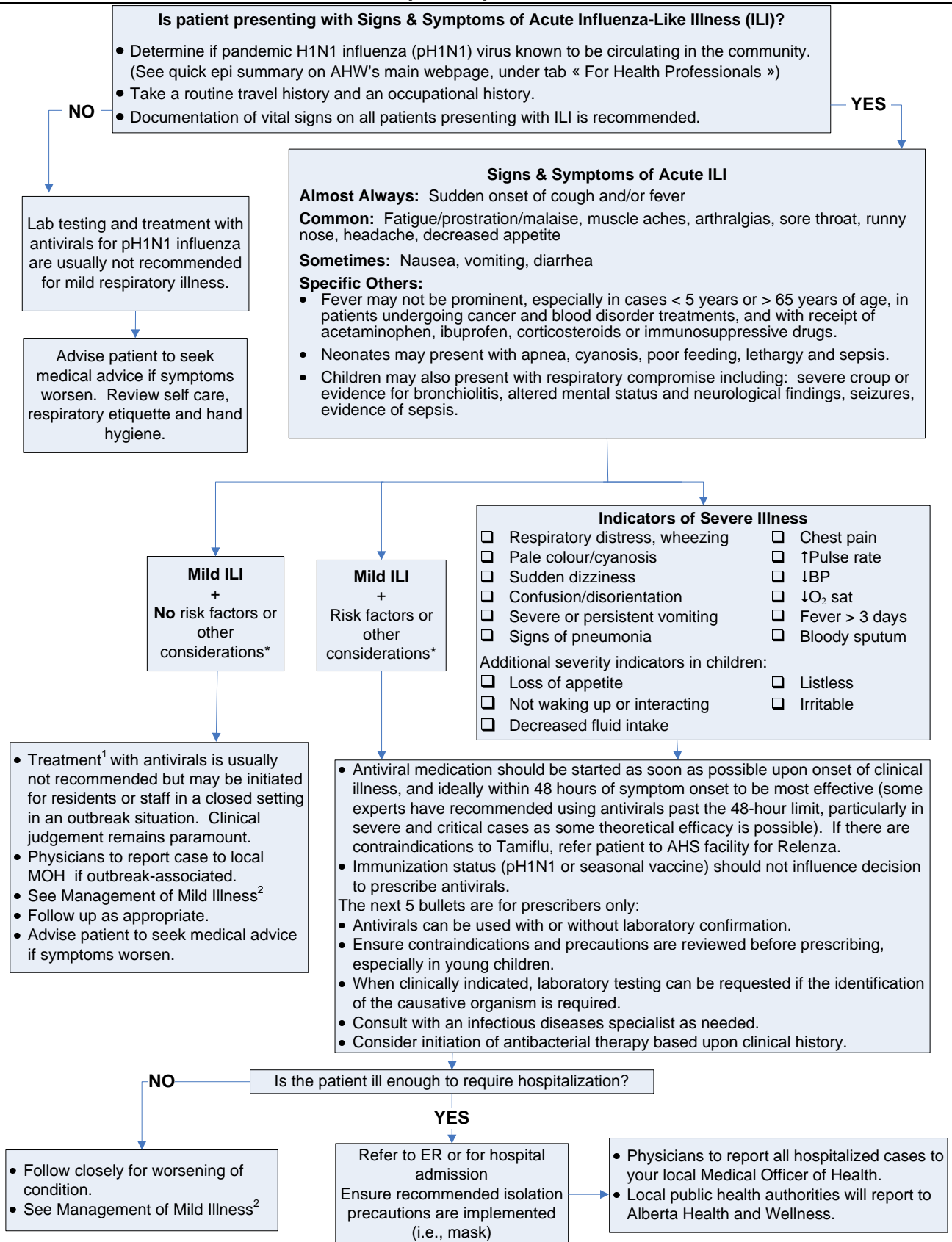


**Clinical Decision-Making Tool  
Pandemic (H1N1) 2009 Influenza**



**\* 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)

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

### 1. TREATMENT WITH TAMIFLU - Prescription Information for pH1N1

Treatment		
<b>Oseltamivir (Tamiflu®)</b>		
<b>Children (less than 1 year old – but not intended for premature infants less than 37 weeks gestational age at birth who have not reached their expected due date)</b>  <i>Physicians are encouraged to consult with a pediatric ID specialist. Some contraindications 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
<b>Children (1 to 12 years)</b>	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
<b>Adolescents and adults (age 13 and above)</b>	75 mg twice daily x 5 days	
<b>Pregnant and nursing women<sup>2</sup></b>	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.	
<b>Adolescents and adults (age 13 and above) with renal impairment</b>	Creatinine Clearance (CrCl) 10-30 mL/min: Reduce to 75 mg once daily x 5 days	

<sup>1</sup> 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>

<sup>2</sup> 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](http://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>

# Clinical Decision-Making Tool

## Pandemic (H1N1) 2009 Influenza

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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

A laboratory sample may be required to confirm or rule out the diagnosis of pH1N1 (see algorithm or alternatively the most recent notice from the Provincial Laboratory).

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](http://www.provlab.ab.ca/LabBulletin2009/Requisition_Influenza_2009.pdf)

### 4. REMOTE AND ISOLATED COMMUNITIES

**Remote community:** generally speaking, a remote community is located  $\geq 200$  km or  $\geq 3$  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.

This algorithm was adapted from Manitoba Health's *Clinical Decision Making Tool for Novel Influenza A H1N1 in Ambulatory Care Settings* (2009). These guidelines may change as more information regarding pH1N1 becomes available.

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

### 5. SUMMARY OF CHANGES MADE TO THIS DOCUMENT SO FAR

DATE	DESCRIPTION
December 21, 2009	<ul style="list-style-type: none"> <li>• <b>Significant change:</b> A note reminds the prescriber to be aware of current epidemiology. This information can be found on AHW's main page, under tab « For Health Professionals ». The number of pH1N1 cases has been steadily declining in the population; as such, strict adherence to guidelines is prudent.</li> <li>• <b>Significant change:</b> Inclusion of a bullet on immunization status – it does not influence decision to prescribe antivirals.</li> <li>• <b>Significant change:</b> The bullet on laboratory testing has been updated to reflect the increased capacity to submit respiratory specimens. This is now congruent with ProvLab's bulletin of December 10, 2009.</li> <li>• <b>Significant change:</b> a note about premature infants was added in the treatment table, under children less than a year old.</li> </ul>
October 26, 2009	<ul style="list-style-type: none"> <li>• <b>Significant change:</b> The recommendation to test a patient when antivirals are prescribed was removed. In the same bullet, an example (outbreaks in closed settings) was added.</li> <li>• <b>Significant change:</b> Treatment of children less than two (2) years of age is the most current recommendation (changed from less than five (5) years of age).</li> <li>• <b>Significant change:</b> We added two notes to remind prescribers of contra-indications and precautions related to use of antivirals (one in the algorithm, one in the table).</li> <li>• <b>Minor change:</b> Signs and Symptoms of Acute ILI, under common: malaise and arthralgias were added, to be more consistent with national guidelines.</li> <li>• <b>Minor change:</b> Bloody sputum was added to the list of Indicators of Severe Illness.</li> <li>• <b>Minor change:</b> Under Risk Factors, a few wording changes were made and a few examples were added.</li> </ul>
November 5, 2009	<ul style="list-style-type: none"> <li>• <b>Significant change:</b> 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.</li> <li>• <b>Minor change:</b> Under Treatment with Tamiflu. Reporting information for serious adverse events related to antivirals added.</li> <li>• <b>Minor changes:</b> Under Management of Mild Illness. <ul style="list-style-type: none"> <li>– Update to self isolation period for those who work/interact with populations at high risk for influenza-related complications i.e. self-isolation for seven (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.</li> </ul> </li> </ul>

DATE	DESCRIPTION
	<ul style="list-style-type: none"> <li>– Update to bullet three. Changed 1-2 meters to 2 metres for the distance to maintain between individuals in the household.</li> </ul>
October 26, 2009	<ul style="list-style-type: none"> <li>• <b>Significant change:</b> The recommendation to test a patient when antivirals are prescribed was removed. In the same bullet, an example (outbreaks in closed settings) was added.</li> <li>• <b>Significant change:</b> Treatment of children less than two (2) years of age is the most current recommendation (changed from less than five (5) years of age).</li> <li>• <b>Significant change:</b> We added two notes to remind prescribers of contra-indications and precautions related to use of antivirals (one in the algorithm, one in the table).</li> <li>• <b>Minor change:</b> Signs and Symptoms of Acute ILI, under common: malaise and arthralgias were added, to be more consistent with national guidelines.</li> <li>• <b>Minor change:</b> Bloody sputum was added to the list of Indicators of Severe Illness.</li> <li>• <b>Minor change:</b> Under Risk Factors, a few wording changes were made and a few examples were added.</li> </ul>