

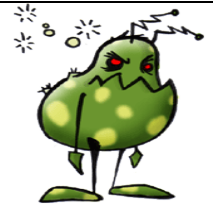
September  
2011

# TARRANT VIRAL WATCH

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It has been a quiet summer in Alberta for infectious respiratory illnesses. Rhinovirus/enterovirus has predominated in the province this season, albeit at very low levels. The last positive swab for influenza submitted through our program was reported in early June. However, we just received word from ProvLab that influenza A(H1N1) 2009 was recently diagnosed in a patient who had travelled to our province from the USA, reminding us that it is never too early to be on the lookout for these infections.



The influenza season in other parts of the world has so far been fairly mild but there are a few interesting developments of note and they are outlined on page 4 of this newsletter.

As we are getting ready for the influenza season here in Alberta, we have provided updates on our two programs. There are some important changes for the upcoming season, so please take the time to familiarize yourself with these changes.

With so many variables, influenza seasons are highly unpredictable and that is one of the main reasons our sentinel programs are so important. Please keep swabbing & reporting so we can better characterize infectious respiratory diseases in the province and monitor effectiveness of available vaccines.

## TARRANT On-line Reporting Available

Just a reminder that we now have an on-line reporting system for TARRANT that is efficient, easy to use and environmentally friendly. You can access this method of reporting through the TARRANT website ([www.tarrantviralwatch.ca](http://www.tarrantviralwatch.ca)).

If you are interested, please send us an email or fax with your request. If you don't have Internet access in your office, you can still complete and fax the paper forms as usual.

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# Vaccine Effectiveness Study Updates for 2011-12

It's hard to believe it is that time of year again, but we are just about ready to send out the Vaccine Effectiveness (VE) Study Materials for the upcoming influenza season. Important changes to be aware for next season are listed below.

## **Commencement of Study Period and General Information**

The study period will start on Monday, October 3rd, 2011 and run for one year. On that day, please discard all prior year (pink) forms and use only the new (blue) forms. You can use the swab kits you have on hand as long as they are not expired. New swab kits will be included with the study materials to ensure adequate supply.

The requisition form has been re-organized to hopefully make completion a little easier. The questions are similar to last year's with a few changes. It has been specifically noted that a guardian may provide consent in lieu of the patient. A new adjuvanted vaccine for patients 65+ years was recently approved (FLUAD) so questions have been included about its use. As with other years, questions regarding current season vaccines have been added while questions regarding the 2008/09 vaccine have been removed.

We will continue to compensate study-related costs at \$10.00 per form/swab submitted but cannot compensate for any prior-year forms. Last year almost 10% of submissions could not be included in the study mostly due to the use of old forms – we would love to get this figure close to 0%!

## **Enhanced Focus on Seniors**

While the VE Study is inclusive of all age-groups, we are increasing our focus on seniors. In the last newsletter, we outlined the importance of studying vaccine effectiveness in seniors and we need to significantly increase the number of submissions for patients who are 65 years and older to have meaningful data. We have a target of 125 submissions for this age group and last year we only received 30 for the entire season. Please swab as many seniors as possible to help us reach (and hopefully exceed!) this important target. One major change to note regarding seniors is that they do not require a fever to be eligible for this study if you are otherwise strongly suspecting ILI. Fever is not a prominent sign of influenza in this age group and as a result this symptom is not required to meet the ILI case definition.

## **New Participating Province**

We are very happy to welcome Manitoba to the study, joining B. C., Alberta, Ontario and Quebec. The long-term goal is to make this a truly national study, and the addition of Manitoba is one step further in completing this goal.

We hope that each time you see a patient who meets the ILI case definition, you will take a few moments to collect a swab and fill in the VE Study Requisition Form. In Alberta, we currently have 77 active sentinels in the VE Study and last year received 765 submissions. We hope that the compensation for clinic time, faster lab turn-around times and the personal satisfaction of taking part in our study will further make up for the time commitment required.

The study materials you will be receiving shortly will go into more detail, so please take the time to read through the documents when they are received. If you require any further information, please contact us and we would be very happy to speak with you or your staff.

## Are you a TARRANT Sentinel, a VE Sentinel or Both?

We have recently had the pleasure of speaking with some of our many sentinels and there seems to be a need for clarification as to what each program entails and what participation is required. In order to (hopefully!) provide some clarity, we have included a comparison chart of the two programs that TARRANT Viral Watch oversees. The majority of our sentinels are enrolled in both programs but if you are only participating in one, please consider enrolling in the other as they each require a very small time commitment.

	TARRANT SURVEILLANCE PROGRAM	VACCINE EFFECTIVENESS STUDY
<b>Purpose</b>	Weekly surveillance for respiratory disease in Alberta. Detects ILI as it is occurring in the community.	Correlates influenza vaccine history and laboratory findings to determine effectiveness of current season vaccine. Also monitors for influenza virus mutation including antiviral drug resistance.
<b>Study Period</b>	Year-round	Year-round
<b>Geographic Participation</b>	Alberta only	Alberta, British Columbia, Manitoba, Ontario & Quebec
<b>Reporting Requirements</b>	Incidence Report submitted weekly by fax or online to TARRANT office. Records total number of patients seen and number with ILI or LRTI. Should be submitted whether or not any patients were seen and whether or not any had ILI or LRTI.	Only when examine patient who fits the ILI-case definition.  Uses TARRANT Viral Watch Virology Test Requisition Form which is sent to ProvLab along with a respiratory swab.
<b>Respiratory Swabbing &amp; Immunization Information Requirements</b>	Only patients with ILI require swabbing. No immunization information required.	Offer swabbing to all patients who qualify. Immunization information collected from consenting patients.
<b>Patient Consent Required?</b>	No	Yes
<b>Primary Stakeholders</b>	Alberta Health & Wellness → Public Health Agency of Canada (PHAC) → World Health Organization	BC Centre for Disease Control, PHAC (Information then disseminated nationally & internationally via publications & conferences)
<b>Funding</b>	Alberta Health & Wellness	Canadian Institute of Health Research and provincial Ministries of Health
<b>Sentinel Compensation</b>	\$5 per weekly Incidence Report All expense paid trip to TARRANT AGM CME Credits	\$10 per requisition form/swab All expense paid trip to TARRANT AGM

### Sentinels in Group Practices

If your colleagues in practice are not involved in our programs, we would love for you to pass the word along that we are always looking for sentinels to join us. We require about 100 sentinels in Alberta to be truly representative of our population so are looking to add at least another 25 to our team. Please take a moment and let your colleagues know how easy it is to for a primary care provider in private practice to take part in important research. Please ask them to call or email Karen Rivera (information on page 1) and she would be happy to provide them with all of the information they need and enroll them in our studies.

## **WHO Summary of the 2010-11 Northern Hemisphere Winter Influenza Season**

The predominant influenza types varied significantly between North America and Europe. In NA, influenza A(H3N2), A (H1N1) 2009 and influenza B co-circulated. In Europe, influenza A(H1N1) 2009 predominated. More than 90% of the influenza viruses detected world-wide were antigenically similar to those used in the seasonal trivalent vaccine. Antiviral resistance to pandemic (H1N1) 2009 was very low.

**Southern Hemisphere Influenza Season Summary** Influenza season in this region is just winding down and overall it has been a mild season with geographical variation in predominant type and subtypes. High levels of A(H3N2) were seen initially in some areas but A(H1N1) 2009 took over as the predominant strain in most areas, except New Zealand where influenza B has been the primary strain. Antigen composition of the trivalent influenza vaccine was identical to that used in the Northern Hemisphere and testing performed in Australia to-date has shown the vast majority of influenza isolates were a close match to the vaccine composition. One area of concern is that there has recently been a cluster of oseltamivir-resistant pandemic (H1N1) 2009 cases in NSW Australia and this situation is being closely monitored locally and by the WHO. Fortunately, the vast majority of pandemic (H1N1) 2009 isolates as well as all of the A(H3N2) & type B isolates tested were deemed sensitive to oseltamivir and no resistance to zanamivir has been noted in any isolate. Alberta ProvLab routinely checks a proportion of samples for antiviral resistance as part of our Vaccine Effectiveness study and will also be closely monitoring.

**Novel Influenza A Virus in the USA, Late Summer 2011** From July to September, there have been 4 cases of a novel influenza A (H3N2) virus in children in Pennsylvania & Indiana, all of whom had direct or indirect contact with pigs. This virus is considered to be a reassortment of a swine-origin A(H3N2) virus which has been circulating in North America since 1998 in combination with a gene from the pandemic (H1N1) 2009 strain. It is too early to know how significant this virus will be but it is important to note that currently available vaccines are not considered protective. The CDC is recommending that clinicians who suspect ILI in patients with recent exposure to pigs submit an NP swab and consider antiviral treatment.

**Important Policy Changes for TARRANT Weekly Reporting** Please note that as of October 3rd, 2011 we will only compensate for TARRANT Weekly Incident Reports which are received by their due date (which is the Monday following the reporting week). In order for the data to be meaningful and be used for real-time surveillance, the data must be collected and analyzed in a timely manner. Receiving late reports does not contribute to surveillance and this has influenced this change in policy.

If you will be out of the office for short periods of time (less than 3 weeks), we will continue to compensate for these "out of office" reports as long as they are received prior to the due date. For your convenience, you can send them ahead of time or request that your staff send them the week they are due. If you will be away from your office for an extended period of time (greater than 3 weeks), we request that you suspend your participation in the program and then reinstate it once you return to your practice. This policy change is important for preserving the quality of TARRANT data and we greatly appreciate your understanding.

We realize that in a busy medical office it is sometimes easy to overlook sending in the Weekly Reports. Therefore, in association with these policy changes we will now send reminders to your office if we do not receive a report from you for the week it is due. Please contact us if you or your staff have any questions regarding these changes and we would be very happy to discuss them.

**Staff Changes at TARRANT** Quynh Le has recently joined the TARRANT team taking over the role of Program Coordinator from Sandy Berzins. Quynh is a M.D (Vietnam), M.P.H (Australia), and currently pursuing a PhD program at University of Calgary focusing on Ecohealth, Emerging Infectious Diseases (Avian Influenza), and Small Scale Livestock Producers in Vietnam. Prior to coming to Canada, Quynh worked in the international development sector in South East Asia. We are very happy to welcome Quynh to the TARRANT team and are looking forward to benefitting from his valuable input to our programs.