



TARRANT

The Alberta Recording and Research Network
Tracking Influenza in Alberta

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Inside this issue:

| | |
|-------------------|---|
| Flu News | 1 |
| Vaccine Study | 2 |
| Pandemic Planning | 3 |
| Survey Results | 4 |

First Influenza Cases in Alberta

Get your swabs ready because influenza has arrived early this year! Two respiratory outbreaks have already occurred at long term care facilities in Calgary. One has been laboratory confirmed as influenza A and has been sent to the National Laboratory for subtyping. British Columbia and Ontario have also reported cases of influenza A in the past few weeks.



The influenza vaccine is now available, so get your shots and encourage your patients to do so as well. This year healthy pregnant women are included among those recommended to receive the flu shot. An article published in the October issue of the CMAJ **Teaching Case Report: A potentially preventable case of serious influenza infection in a pregnant patient** highlights the need to vaccinate all eligible patients. (available at <http://www.cmaj.ca/cgi/reprint/177/8/851>).

Dr. Dickinson received an e-mail this week that reminds us how awful the flu can be:

"Hi Jim:

I was quite sick for more than a week. Severe headache, sore throat, Sore TMJS, teeth, hard palate, eye sockets, and head. Fatigue and muscle aches. cough. Developed into sinusitis. High sweats, sometimes chills and fevers.

If this is it, it is no fun!!"

This doesn't have to happen to you or your patients – get your influenza vaccine today!



New incentive program for sentinels

From our last survey, most of our sentinels expressed an interest for incentives to encourage regular reporting. As a result, we will have a contest every month to win 1 of 5 prizes for sentinels who report 100% of the time (i.e. 4 forms per month). Sentinels are eligible to win on a consecutive basis, as long as their reporting rate is 100%. Good luck!!!

Vaccine Effectiveness Start Date: November 1 2007

It's that time of year again when we need your help to collect respiratory specimens (nasopharyngeal or nasal preferred) for influenza testing on **all patients presenting with ILI**. We hope each sentinel submits an average of 20 specimens from eligible patients throughout the season, resulting in around 1000 specimens from Alberta. **Please remember to fill out the lab requisition form completely, with 6 questions about the vaccine (Figure A).** A \$10/swab incentive is provided for **complete lab requisitions forms** because this information is critical for the measurement of vaccine effectiveness. You will receive the payment during the middle (January 2008) and end of the study period (May 2008).



To all new sentinels, this is the second year of the national study with the British Columbia Centre of Disease Control. The purpose of this study is to establish a national system to estimate vaccine effectiveness against laboratory-confirmed influenza, and to compare annually across influenza seasons. If you would like more information about the study, please feel free to contact us.

Results from the last winter are still being analyzed, and we hope to share this information with you in the next newsletter.

Summary VE Study: from 1 November

- Swab **ALL** patients presenting with ILI
- Fill out the lab requisition form **completely** (VE questions)
- Get rid of old requisition forms and use the new VE lab reqs
- Tarrant lab requisition forms are only for **respiratory ILI samples**



| TARRANT (Viral Watch) Virology Test Requisition Form for 2006-2007 Provincial Laboratory for Public Health (Microbiology) | |
|---|--|
| 3530 Hospital Drive NW Calgary, AB T2N 2N4 Tel: (403) 844 1200 Fax: (403) 278 2216 | WMC 181, 8440 - 112 Street Edmonton, AB T6C 2G2 Tel: (780) 407 7121 Fax: (780) 407 8964 |
| Address to return report to: Office Address: Cc: TARRANT 1455, 1032-14 th Ave NW Calgary, AB T2N 1M7 | Patient Information PHN: _____ Name: Last _____ First _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth: YY / MM / DD Address: _____ & Postcode: _____ |
| Specimen Information Date Collected: YY / MM / DD STUDY # = 163 Type: <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Nasal <input type="checkbox"/> Throat swab <input type="checkbox"/> Other (specify) _____ | Influenza Vaccination Questionnaire 1. Does patient meet definition of ILI*? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Was specimen collected within 48 hours of ILI onset? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Specify date of first ILI symptom onset: _____ YY / MM / DD 4. Did patient receive influenza vaccine in 2006-07? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 5. Was 2006-07 vaccine given \geq 2 weeks before ILI onset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 6. Does patient have a chronic condition*? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please specify: _____ |
| Clinical History: Travel within last 2 months: Date: YY / MM / DD Country/Region: _____ Please check and add signs and symptoms where appropriate: <input type="checkbox"/> Fever <input type="checkbox"/> Rash <input type="checkbox"/> Cough <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Adenopathy <input type="checkbox"/> Myalgia <input type="checkbox"/> Prostration <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Severe Headache Others (please specify): _____ | * Influenza Like Illness (ILI): Respiratory illness with acute onset, with fever, and cough, and with one or more of: sore throat, arthralgia, myalgia or prostration - which may be due to influenza virus. (Presentation may vary in pediatric and elderly populations) * Chronic condition: This includes problems such as diabetes mellitus and other metabolic disorders, cancer, immunodeficiency, immunosuppression due to underlying disease and/or therapy, renal disease, anemia, and hemoglobinopathy. |

Figure A: Lab Requisition Form with Vaccine Related Questions

Thimerosal-free vaccine

Several influenza vaccines currently marketed in Canada contain minute quantities of thimerosal. However, retrospective cohort studies of large health databases have demonstrated that there is no association between childhood vaccination with thimerosal-containing vaccines and neuron developmental outcomes, including autistic-spectrum disorders. Since thimerosal is used as a preservative, vaccines without this compound must be sold in single dose units.

Public concern regarding this organic mercury compound has prompted vaccine manufacturers in Canada to work towards producing thimerosal-free vaccines. To date, only one thimerosal-free vaccine has been approved in Canada - Inluvac™ manufactured by Solvay Pharma. It is only approved for people older than 18.

The National Advisory Committee on Immunization's "Statement on Influenza Vaccination for the 2007-2008 Season" can be accessed at http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/07vol33/acs-07/index_e.html.



Preparing your office for influenza

Implementing a patient-flow plan in your practice during the influenza season is key to preventing transmission to yourself and your staff. Practicing these techniques now will help in your practice management during an outbreak or pandemic.

If possible in your office, follow these six steps:

1. At the door, provide masks for patients with influenza-like symptoms. Surgical masks are adequate to prevent droplet transmission. All patients should be encouraged to use a 70% alcohol hand rub immediately upon entry to office.
2. Separate influenza and non-influenza patients in the waiting room by at least 1 metre. Provide single use tissues, garbage receptacles, and alcohol hand rub in waiting area.
3. Any staff within 1 metre of patients experiencing symptoms of influenza should wear mask and eye protection.
4. Designate an examining room(s) for patients with influenza symptoms ("isolation room").
5. Wipe down hard surfaces in "isolation room" with bleach solution (1:50) after each patient.
6. Use alcohol hand rub after every patient.

These tips were adapted from the Calgary Health Region's "Tools for Community Practitioners" available at:

http://www.calgaryhealthregion.ca/familymedicine/pdfs/pandemic_preparedness_june06.pdf



ILI definitions for 2007-2008

Acute onset of respiratory illness with fever and cough and with one or more of the following:
sore throat
arthralgia
myalgia
prostration
which could be due to the influenza virus.

In children under 5, gastrointestinal symptoms may be present.

In patients under 5 or 65 and older, fever may not be prominent.

Edmonton doctors to the rescue

After a massive faxing blitz to over 1000 doctors in the Capital Health Region, 17 brave new sentinels decided to join our provincial surveillance team. Prior to this, TARRANT had only 0.39% of family physicians reporting in the Capital Health Region. With this new increase from Capital Health, the data will be more representative of Capital Health and can help detect epidemics and different virus strains there.

Dr. McCall, our first sentinel pediatrician from Red Deer, recognizes the importance of influenza surveillance because many outbreaks start in young children.

We welcome the new sentinels to TARRANT and hope that they will find participation in the program worthwhile.



1. Dr. Patel
2. Dr. Bokenfohr
3. Dr. Leong-Sit
4. Dr. Henderson
5. Dr. Smith
6. Dr. Friesen
7. Dr. Ghali
8. Dr. Sarria
9. Dr. Vahidy
10. Dr. Danial
11. Dr. Grynock
12. Dr. Swartz
13. Dr. Wilson
14. Dr. Wood
15. Dr. Paton
16. Dr. Algu
17. Dr. Yaltho
18. Dr. McCall

Congratulations Winners!!!

Thank you to all sentinels who participated in the survey evaluation of the program. Your feedback is valuable to us and we are looking into making the following changes to accommodate your needs:

- New website design to include ILI updates and useful information for your clinical practice
- New incentive program

List of winners:

1. Cups Clinic
2. Dr.Luykennar
3. Dr.Gillett
4. Dr.Hagens
5. Dr.McCombe
6. Dr.Stinton
7. Dr.Pereles
8. Dr.Blaney
9. Dr.Lee Pong
10. Dr.Lam



Sentinels: Claim your CME Credits

As a member of the College of Family Physicians of Canada, you are eligible to claim Mainpro-M2 credits for the time you spend participating in the program (ex. weekly forms, newsletter, annual general meeting, VE study). This means if you spend 15 minutes a week, you are entitled to claim 12 hours for year round surveillance. You can update the credits at 1-800-387-6197 x 243 or online at mainpro@cfpc.ca

Results of the Survey Evaluation

(N= 23/50 response rate)

- The majority of the sentinel practices are family and general practice (89%). Only a few are walk-in clinics.
- Nurse (5/22) and Doctor (9/22) fill out the weekly reporting form.
- The average time it takes to fill out the weekly reporting form per week is approximately 10 minutes.
- 87% (20/23) of sentinels read the newsletter
- 84% (16/19) find the newsletter helpful
- 17% (3/18) sentinels have seen our website
- 67% (12/18) of sentinels would like ILI updates
- 83% (10/12) sentinels found participating in the VE study worthwhile

What are your reasons for participating?

| | |
|-----------------------|----|
| Important | 14 |
| Easy | 3 |
| Asked nicely | 1 |
| Personal satisfaction | 2 |
| Research | 1 |
| Patient Care | 1 |