

September
2009

TARRANT VIRAL WATCH

IN THIS ISSUE

TARRANT News	1
More TARRANT Updates	2
Accuracy of H1N1 Diagnosis	3
N95 Respirator Use	4

A New Look For TARRANT

One of TARRANT's goals for this season was to improve our website to make it more current and also more functional for sentinels. As part of the redevelopment of the site (www.tarrantviralwatch.ca), we also commissioned the creation of our new logo.

The name TARRANT Viral Watch stays true to our origins—both to the contributions of Dr. Michael Tarrant as well as to the original name of the network. Viral Watch is also a nod to the future, as we no longer are focusing solely on influenza, but also keeping an eye on other respiratory viruses.

Please check out our new website at either www.tarrantviralwatch.ca or www.tarrantalberta.ca. Feedback/suggestions are welcome!

Survey Reminder

If you or a colleague were selected to participate in the H1N1 swine flu physician survey and have not responded yet, please take a few moments to complete it or to remind your colleague to return it. We have received some valuable feedback on the perspectives of front line physicians regarding the swine flu pandemic, but still hope to improve our response rate. Thank you!

What's in a name? Confusion reigns over what name to call the most recent pandemic influenza virus. It started out called the swine flu in the media, but has also been called the Mexican flu, porcine H1N1, pandemic H1N1, swine H1N1, and simply H1N1. The WHO now refers simply to the 'pandemic (H1N1) 2009 influenza virus'. The actual strain is 'A/California/07/2009-like'.

TARRANT Viral Watch, Department of Family Medicine, University of Calgary
1635, 1632-14th Ave NW, Calgary, Alberta, T2N 1M7

TARRANT Program Director: Dr. Jim Dickinson (dickinsj@ucalgary.ca)
403.220.2750: Karen Rivera 403.210.9258: Sandy Berzins 403.210.9261: Emily Medd
403.270.4329: fax tarrant@ucalgary.ca: email www.tarrantviralwatch.ca

Why be a Sentinel Physician?

At the spring Annual General Meeting, **Dr. Woodruff** led a lively discussion around the experiences of sentinel physicians involved in TARRANT, specifically motivation, benefits and challenges.

The biggest motivators for participation were access to timely lab reports, better service to patients, and an interesting educational opportunity. It was also motivating to be able to confirm clinical suspicions and educate patients. The main benefit experienced as part of the program was the payback to society. TARRANT doctors don't feel any ethical conflict participating in this program as opposed to doing drug studies.

Several challenges were noted. Some doctors felt confusion over who should be considered an ILI case. Since the clinical definition of ILI is not specific, and varies from doctor to doctor, physicians should aim for consistency in their sampling and note which features the patient has.

Mapping TARRANT Data

For the first time, the TARRANT research team, **Emily Medd and Krista Wilkinson**, presented at the Annual General Meeting last spring. The team introduced a research initiative: Geographical Information Systems (GIS) analysis of TARRANT data. GIS is a mapping system used to capture, analyze and present data that is linked to location.

Using ILI data and postal code information, along with a time reference (sample collection date), we were able to observe how influenza

moved through the province in the 2007/08 influenza season. The program allows us to watch the movement of all three influenza types individually or at the same time. We also did an analysis of the movement of other respiratory viruses including entero/rhinovirus, adenovirus, human metapneumovirus and several others.

In the future, we hope to implement a real-time map of TARRANT data that will be available on our website.

Wanted: TARRANT Sentinels

Sentinel peer referral

We would like to expand the TARRANT network so that we have improved surveillance throughout the province. Do you know of any clinics with physicians or nurse practitioners who may be interested in joining the Viral Watch program? We are always interested in increasing the number of active sentinels to replace those who are leaving or retiring. This fall, we are particularly interested in increasing participation by clinics in Northern Alberta and in areas with a significant number of aboriginal patients.

Clinic: _____ Location: _____

Physician/ nurse practitioner: _____

Ph. _____

Suggested by: _____



Please fax back to TARRANT at (403) 270-4329

Family Physicians' Accuracy in Diagnosis of pH1N1

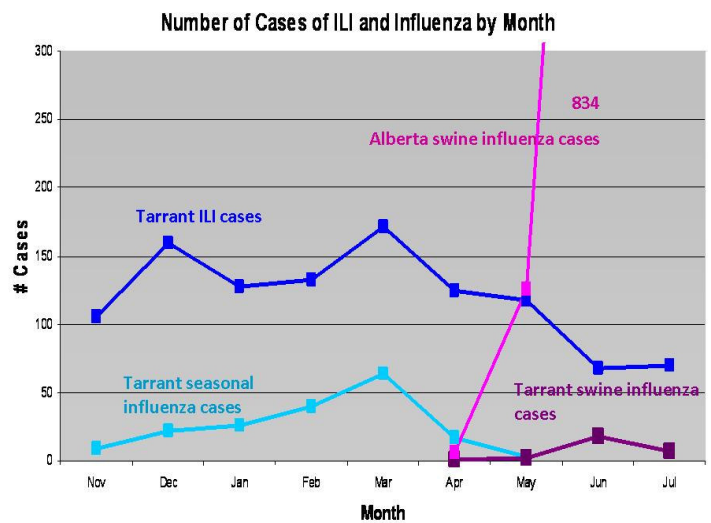
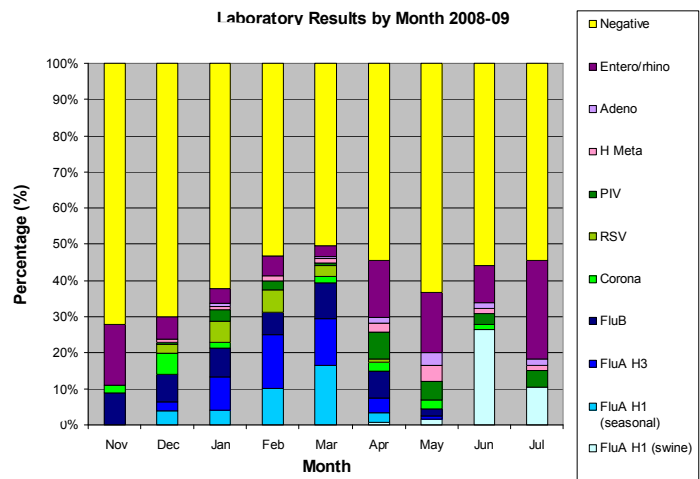
Consistent reporting from sentinels helps us to understand the real rates of pandemic influenza (pH1N1) in Alberta. Analysis of the results from TARRANT sentinel reporting was used to show how detection of seasonal influenza rose and fell through the winter and spring in a typical pattern this year, with a late peak to the epidemic in March. After the arrival of pH1N1, relatively few seasonal influenza cases were reported by sentinels.

Among the samples submitted by sentinels from patients who presented with influenza like illness (ILI), the detection rate of influenza viruses was closely related to the intensity of the epidemic in the community. However, a similar clinical syndrome was caused by several other viruses, and at all times, no virus was detected by this assay for over half these cases. During the pH1N1 period, the detection rate rose from 2% to 28%.

Though there was great media attention, and absolute number of diagnosed influenza cases was high, the rate seen by sentinel physicians over the summer was lower than for

seasonal influenza. The accuracy of a clinical diagnosis of ILI varied from 20% up to 40% during the peak of the winter epidemic, and for pH1N1, rose to 28% at the peak of the summer season. A policy of treating on suspicion of influenza will clearly waste much of the drug supply, since the majority of clinically diagnosed patients do not have influenza infection. This is useful information for thinking about a national policy and about what should be done in the community.

Currently we are the only province that has a surveillance network like TARRANT, so your contribution is very valuable! This data was presented at a recent national H1N1 conference in Winnipeg.



Looking for more information?

World Health Organization: <http://www.who.int/csr/disease/swineflu/en/>

Canadian Public Health Agency: http://www.phac-aspc.gc.ca/alert-alerte/swine_200904-eng.php

Alberta Health & Wellness: <http://www.health.alberta.ca/professionals/health-professionals.html>

NEW Alberta Health Services Influenza A H1N1 Coordination Centre: ph. 403-955-9873 Toll-free: 1-877-228-3031

E-mail: racc.operations@albertahealthservices.ca Hours: 0800-1700, M-F.

Recommendations for N95 Respirator Use

The use of an N95 respirator is no longer considered necessary to take a naso-pharyngeal (NP) swab, as the Public Health Agency of Canada has now determined that it is NOT an aerosolizing procedure. Sentinels should use the appropriate personal protective equipment (PPE) including: ***gown, gloves, eye screen and procedural (surgical) mask. Hand hygiene is key!***

For patients who are coughing uncontrollably during an assessment, physicians should use N95 respirators. A useful strategy is to get the

patient to lower their mask to under their nose while taking the NP swab, then re-cover their nose.

Alberta Health Services will supply TARRANT sentinels with N95 respirators as well as Personal Protective Equipment kits. If you have not received these yet, please contact us or your local MOH.

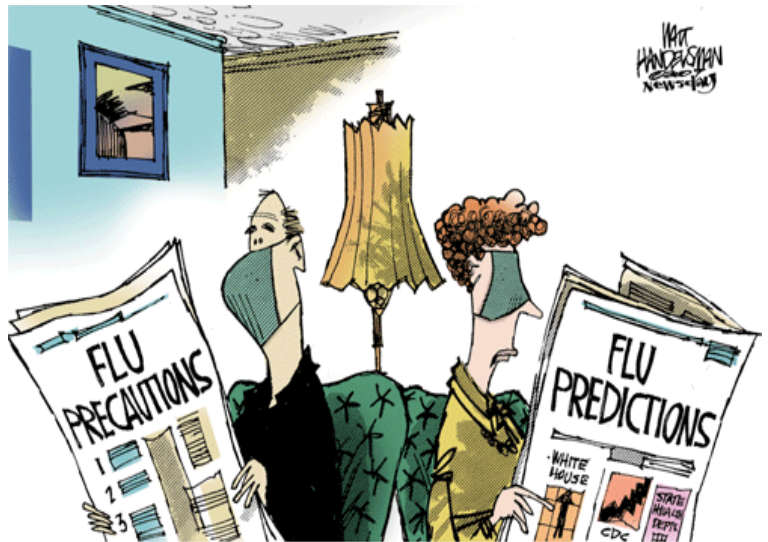
TARRANT sentinels should continue to swab all patients presenting with ILI. NP swabs are preferred but, in the absence of PPE, throat swabs are acceptable.

Heightened surveillance for fall- please keep swabbing for TARRANT.

Because of the pH1N1 pandemic, you will continue to receive \$10 for every completed requisition form over the summer and fall months. To be reimbursed, the patient must have consented to participate in the Vaccine Effectiveness Study and had a swab taken. Also, until the new flu season in November, please use the green 2008-09 VE form so the vaccine questions can be completed.

TARRANT's year-round surveillance for influenza will continue. Please swab every patient who presents with influenza-like illness. If no ILI is seen, no specimens need to be collected.

TARRANT will provide all materials necessary for specimen collection.



New TARRANT Team Member

Sandy Berzins is the newest member of the TARRANT team, with the departure of Krista Wilkinson to Ottawa. Sandy is a 2nd year PhD student in Epidemiology, Community Health Sciences, at the U of C.

Congratulations to Dr. **Henry Quaye**, who submitted 64 swabs and completed VE study forms, and to Dr. **Su Chong Lim** who submitted 51 completed study forms and swabs for patients with ILI or LRTI, making them the most active VE study physicians in Alberta last year!