

TARRANT 2005 Annual Meeting



Dr. Jim Dickinson, Pat Howitt and Dr. Elisabeth Lewke-Boyle

This meeting provided opportunity for sentinels and public health professionals to meet face to face, discussing how the program is working and how to make it work better.

Dr Jim Dickinson discussed the challenges of recruiting new sentinels and keeping current sentinels involved, providing data consistently.

% Weeks Reported Per Sentinel Week 43, 2003 to Week 6, 2005 (68 weeks)

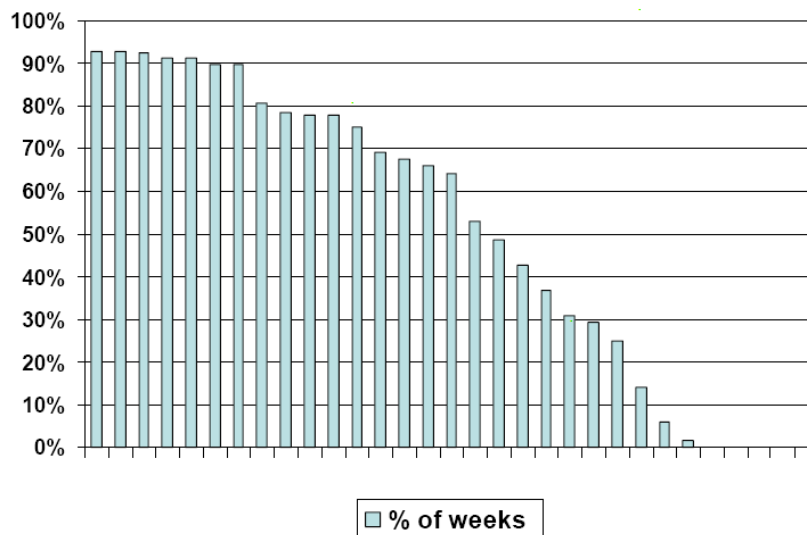


Table: Percentage of Weeks Reported Per Sentinel

Dr Kevin Fonseca, a virologist in the provincial lab, described the influenza virus family. The H1, 2, and 3 groups which previously made up most human viruses are now joined by H5, which is creating an epidemic in Asia. The rapid antigen test using direct fluorescence is now able to give an initial diagnosis of influenza within 2 hours, if there is enough virus present. The pharyngeal swabs we take are easier on patients but contain slightly less virus. However, new PCR assays multiply the virus and can give a positive results within 7 hours, for the list of different viruses (table 1).

Influenza A
Influenza B
RSV (A+B)
Parainfluenza 1
Parainfluenza 2
Parainfluenza 3
Parainfluenza 4a+4b
SARS coronavirus
Metapneumovirus
Respiratory adenoviruses
Enteroviruses
Rhinoviruses
Coronavirus 229E/OC43
Coronavirus NL63

Detailed subtyping requires sending specimens to the National Laboratory in Winnipeg. Even when we know that flu is around, we still need to get community samples, since new variants may occur during the season, and are more likely to arrive in the tourist areas, or those with traveling populations than in the schools and old people's homes where most of the samples come from.

Agnes Honish (Alberta Health and Wellness) presented Alberta pandemic influenza planning. If an epidemic arrives, inpatient facilities will be overwhelmed, and most people will have to stay home for self care. They must be supported and helped there. A stockpile of antiviral drugs is being created.

Elaine Sartison (Alberta Health and Wellness) and Brian Winchester (Public Health Agency of Canada) described influenza surveillance at the provincial and national level. Information from

TARRANT sentinels, provincial lab, school absenteeism reports, and outbreak reports provide a picture of flu epidemics in Alberta. Public Health Agency of Canada gathers data from all provinces across Canada and posts weekly flu report on the internet. A wonderful animated map shows the spread of flu across the country.

<http://dsol-smed.phac-aspc.gc.ca/dsol-smed/fluwatch/fluwatch.phtml?lang=e>

Ken Brandt from Saskatchewan and Anita Lambert-Lanning from the College of Family Physicians national office shared their experience of running a sentinel flu surveillance system in other provinces. Ken gave a great example of how difficult it is to diagnose influenza clinically.

BOX 2

For example:

- 68 year old male presents with cough and nasal congestion
- 15 year old male with fever, cough, sore throat and flu-like symptoms
- 10 year old male with fever, cough, sore throat and nausea/vomiting

Which one has influenza?

Box 2 describes three cases. One proved to have influenza.

Answer on next page:

ANSWERS:

- 68 year old male presents with cough and nasal congestion = Influenza A
- 15 year old male with fever, cough, sore throat and flu-like symptoms = Parainfluenza 2
- 10 year old male with fever, cough, sore throat and nausea/vomiting = Adenovirus

Anita has worked out how to reward sentinels with CME credits: see later in the newsletter.

Ken Morrison (Alberta Health and Wellness) described testing the use of billing data for flu surveillance. The major problems include accuracy and timeliness of the data. Only if doctors use the diagnostic categories exactly can we use such data. Tarrant sentinels are used to doing this exactly.

Neil Drummond (Research Director Department of Family Medicine, University of Calgary) proposed possibilities for the future development of TARRANT. It could become a primary care research network. The key concept of such a network is “your patients in your projects”.

Discussion was informative. Several sentinel physicians use delegation of the weekly reporting to their clinic staff to achieve consistent reporting. They are interested in doing other research projects within the program but are concerned about time commitment.