

September 2, 2009

Dear Doctor:

Re: Pandemic (H1N1) 2009 influenza virus and discussions with your high risk patients

The pandemic (H1N1) 2009 influenza virus continues to circulate in BC at low levels and continues to cause illness at slightly higher than expected rates for influenza this time of year. To assist in preparing for an expected increase in pandemic H1N1 influenza activity clinicians are encouraged to identify high risk patients now and during routine visits provide information to them should they become ill with influenza in the upcoming months.

The current epidemiology of H1N1 influenza cases indicates the majority of deaths in people hospitalized were in those with underlying risk conditions. Most hospitalizations occurred in those under 55 years of age (especially between 15 and 44), over half had underlying risk conditions (but over 40% had no risk conditions) and most had delayed provision of antiviral medications. Deaths in the elderly have been relatively rare.

For pandemic (H1N1) 2009 risk conditions for severe disease or complications from infection include:

- Adults (including pregnant women) and children with the following chronic health conditions:
 - cardiac or pulmonary disorders (including bronchopulmonary dysplasia, COPD, cystic fibrosis and asthma)
 - diabetes mellitus and other metabolic diseases
 - cancer, immunodeficiency, immunosuppression (due to underlying disease and/or therapy)
 - renal disease
 - anemia or hemoglobinopathy;
- Healthy children under the age of two;
- Healthy pregnant women.

People who have underlying risk conditions are most likely to benefit from early antiviral treatment if they become ill with influenza. Antivirals should be started within 48 hours of symptom onset, but the earlier they are started the more effective they are at reducing viral load and preventing complications.

You may wish to consider the following topics:

1. Advising patients on the signs and symptoms of influenza and how to recognize if they become ill;
2. Measures they can take to reduce their chances of becoming infected—like frequent hand cleaning, respiratory etiquette and avoiding ill people or crowded areas when many people in the community are ill;

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3. Discussing what to do if they become ill including self isolation, rest, hydration, phoning medical offices ahead of visits; explaining the potential utility of antiviral medications including how they work, when to take them and potential side effects. This may include giving patients a prescription to take with them, seeing patients quickly if they develop influenza-like symptoms or plans for calling in a prescription if the person becomes ill. If a prescription for 5 days of treatment is provided ahead of time, patients can be asked to notify your office if they become ill and fill the prescription.

As per an earlier communication, five day treatment courses of neuraminidase inhibitors were approved as benefits under Fair PharmaCare, effective May 2, 2009. Zanamivir has not been readily available through pharmacies. In anticipation of an upsurge in H1N1 virus this fall, the province will be making the provincial stockpile of pandemic antiviral stockpile (mainly oseltamivir) available as of October 1, 2009. Details are being worked out and will be made available to you shortly. Zanamivir is currently reserved for those with demonstrated H1N1 resistance to oseltamivir. If that is prescribed, instruction regarding how to use the inhaler is very important.

The Public Health Agency of Canada currently recommends that the stockpile be used for persons with severe illness and for early treatment of those with underlying medical conditions mentioned above. These medications are not recommended for pre-exposure prophylaxis and only for post-exposure prophylaxis in limited situations such as outbreaks in closed facilities in consultation of the local medical health officer.

My office, the College of Physicians and Surgeons of BC, the BC Medical Association and the General Practice Services Committee have heard the request of clinicians for a single BC site for information and guidelines for clinicians. We have convened, under the leadership of Dr. Tom Dorran (Emergency Physician – Nanaimo General Hospital) and Dr. Bonnie Henry (Director, Public Health Emergency Management – BC Centre for Disease Control) a Clinical Care Advisory Group of experts, who will serve as a consultative body on emerging clinical issues.

Clinical guidance documents so generated, and other information relevant to practicing clinicians, will be posted on our website at: <http://www.hls.gov.bc.ca/pho/physiciansh1n1.html>. This site is under construction and will have a ‘subscribe’ feature so that new postings can be sent to you without your having to check the site daily for updates. The ‘go-live’ date is September 11, 2009.

We appreciate your efforts to help prepare high risks patients for the onset of the H1N1 influenza virus and we are committed to keeping physicians informed about new H1N1 related information as it is made available. Thank you for your time and attention to this matter.

Sincerely,



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