

30 November 2017

First Influenza Case

To: GPs; NPs; Pediatricians; OB/GYN; Midwives; QHC (ERs, ICP, Occ Health); Methadone Clinics; LTCHs; RHs; SE LHIN; Hastings-Quinte EMS; bordering PHUs.

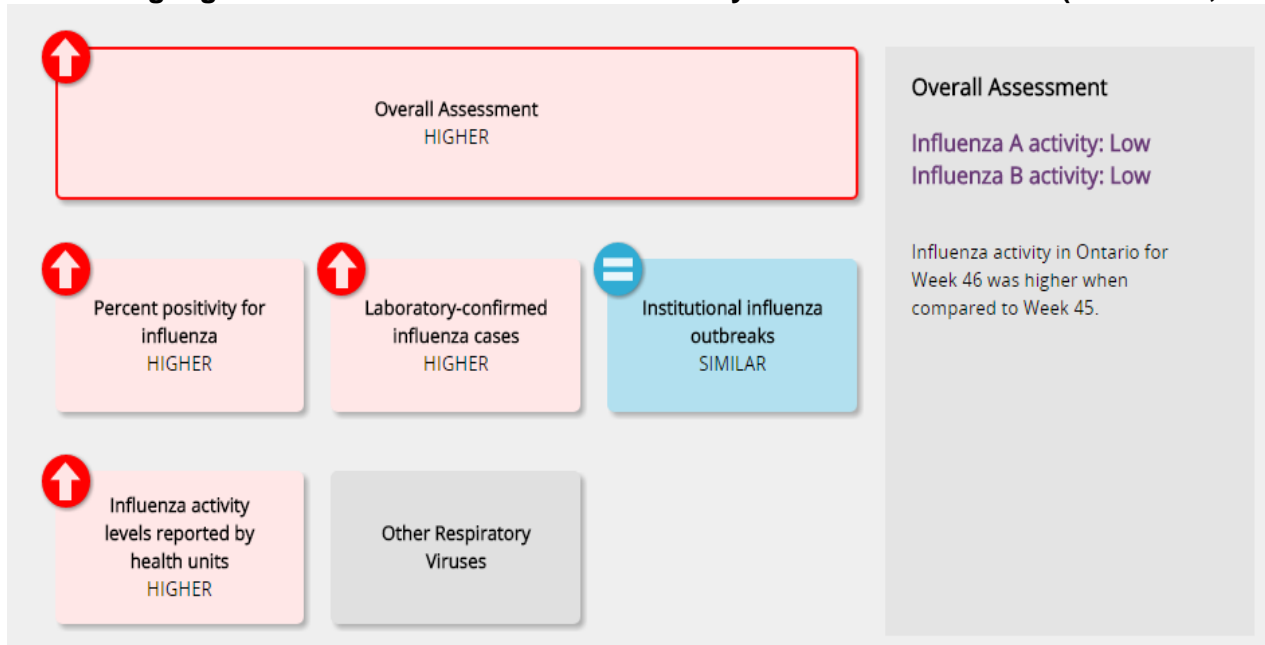
Hastings Prince Edward Public Health has received notice of its first two laboratory confirmed Influenza A cases for the 2017-2018 season. Both cases were tested as part of an ongoing Long Term Care Home respiratory outbreak.

Now is the time to continue your focus on influenza prevention strategies by increasing your infection prevention and control measures:

- Provide training on routine practices
- Provide appropriate PPE and re-train staff on proper use
- Increase hand hygiene/respiratory etiquette activities
- Promote and provide influenza immunization to health care workers and clients/residents/patients

This is also a good opportunity to review and update plans to ensure your organization has the capacity to respond to the increased demand for influenza-related services.

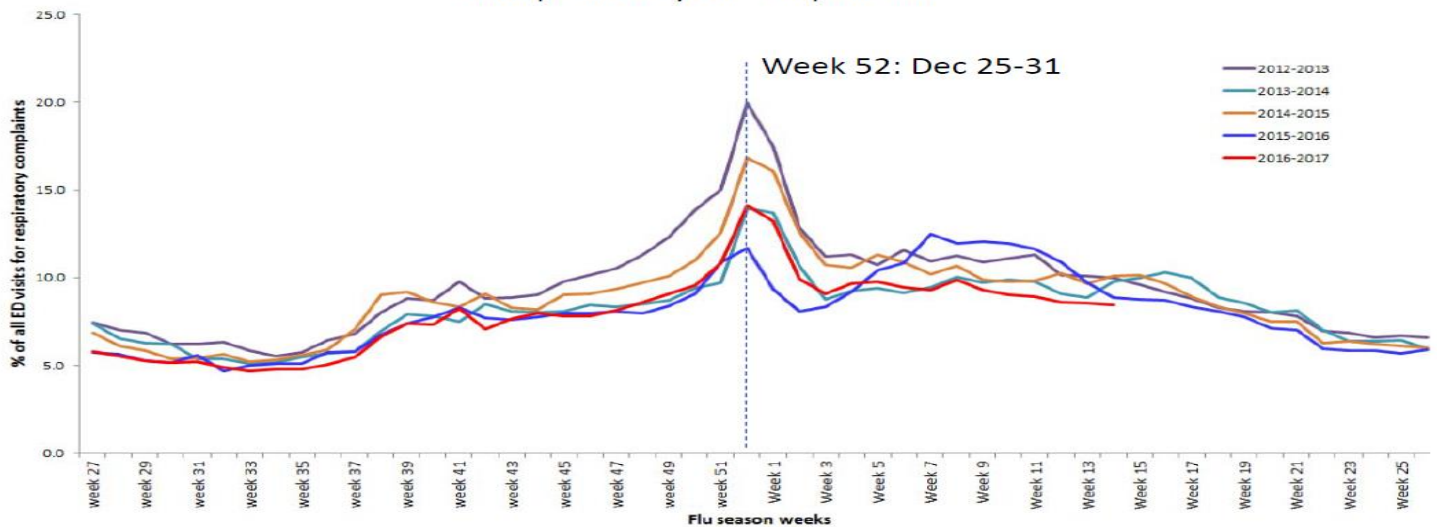
Current highlights & assessment of influenza activity in Ontario – Week 46 (Nov 12-18, 2017)



<http://www.publichealthontario.ca/en/ServicesAndTools/SurveillanceServices/Pages/Ontario-Respiratory-Virus-Bulletin.aspx>

Ontario Influenza Activity Summary

ED respiratory visits curve for Ontario hospitals providing data to the ACES system along with previous year comparisons.



Influenza activity typically peaks late December every year. It is critical to be prepared to respond to this annual surge.

Seasonal influenza surge preparedness in the acute care setting include:

- Remind staff of routine practices, provide PPE to staff as required
- Increase environmental cleaning services in Emerg (ED), critical care units, and areas with high patient volume
- Establish separate waiting areas for patients with influenza like illness (ILI) and non-ILI
- Screening of all patients entering the ED for ILI
- Implement mask policy for ILI and respiratory patients
- Isolate and cohort ILI patients
- Make available additional beds (transfer ALC patients, discharge stable patients), open an auxiliary clinic for ILI patients outside of ED
- Establish Rapid Assessment units and/or short stay units
- Plan for the capacity to scale up staffing quickly if a surge occurs (includes nursing staff, allied health professionals, administration)
- Establish phased deferral of elective and non-emergent health services where no serious adverse health consequences are anticipated
- Screen, test, treat all acute respiratory infections as per Public Health Ontario algorithm:
https://www.publichealthontario.ca/en/eRepository/LAB_SD_121_Respiratory_Viral_Testing_Algorithm_and_Enhanced_Surveillance_Update.pdf

If you have any questions, please do not hesitate to contact the Communicable Disease Program at 613-966-5500 x349.