



Health and Community Services

**Interim Guidance for Ambulatory Care of Influenza-Like Illness  
in the context of H1N1 influenza A virus**

**July 6, 2009**

This document is an update to the document posted April 30, 2009. For detail on the Public Health Agency of Canada guidance and status reports please see [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca).

**1. Once someone comes in contact with the H1N1 Influenza A virus, how long before symptoms appear?**

The estimated incubation period is unknown and could range from 1-7 days, and more likely 1-4 days. (Source: H1N1 Flu Clinical and Public Health Guidance, CDC)

**2. Are you contagious before symptoms appear? After?**

People with H1N1 Influenza A virus are infectious for up to 7 days following illness onset. Transmission is possible while asymptomatic but it is more efficient when symptoms, such as coughing, are present and viral shedding is high (i.e. early in the symptomatic period). (Source: PHAC)

The duration of shedding with novel H1N1 Influenza A virus is unknown. Therefore, until data are available, the estimated duration of viral shedding is based upon seasonal influenza virus infection. Infected persons are assumed to be shedding virus from one day prior to illness onset until resolution of symptoms. In general, persons with this virus infection should be considered potentially infectious from one day before to 7 days following illness onset. Children, especially younger children, might be infectious for up to 10 days. (Source: H1N1 Flu Clinical and Public Health Guidance, CDC)

**3. How do I diagnose H1N1 Influenza?**

**Nasopharyngeal swabs are the preferred way to detect the influenza virus.** For information on the specifics of laboratory testing please see the link "Laboratory Testing for Influenza" (hotlink here <http://www.health.gov.nl.ca/health/hsi/NPswab2009.pdf>)

Since H1N1 Influenza has been identified in several areas of the province it is important to consider the rationale for doing nasopharyngeal swabs to identify the virus. For example, testing multiple people in a cluster once H1N1 has already been identified in one or more people in that cluster adds no additional useful information. One must assume that anyone presenting with influenza-like illness (ILI) within that cluster or their contacts has H1N1.

Public Health recommends the following:

- Test only patients with ILI in regions where no cases have yet been diagnosed (such as in the Northern communities) or,
- Test only those persons who have severe respiratory illness, or,
- Test those who have ILI and who have a history of serious complications of previous influenza infection, or,

- Test persons with ILI in closed residential settings where outbreaks may occur among vulnerable populations who would require antiviral treatment and possibly prophylaxis.
- Others may be tested at the recommendation of the MOH or Infectious Diseases specialist.

#### 4. How should H1N1 Influenza or ILI be treated?

Oseltamivir (Tamiflu™) and Zanamivir (Relenza™) are the antiviral medications that may be recommended for treatment of influenza. A confirmed diagnosis is not required but circulation of the H1N1 influenza virus in the community should be known. Attention should on early diagnosis and treatment.

Agent	Treatment
Oseltamivir (Tamiflu)	75 mg capsule twice/day for 5 days
Zanamivir (Relenza)	Two 5mg inhalations (10mg total) twice/day for 5 days

#### Antiviral Use for Office Management of ILI

Category	Recommendation
<b>Treatment</b>	
Mildly ill person	No treatment
Moderately ill person -not at risk of influenza related complications	No treatment
Moderately ill person -at high risk of influenza related complications	Consider the use of antivirals in the treatment regime
Severely ill person (likely needing to be hospitalized)	Consider the use of antivirals in the treatment regime
<b>Prophylaxis</b>	
Outbreak control in closed health care facilities or other closed facilities with high risk patients	Combination of treatment of cases and post-exposure prophylaxis for close contacts under the direction of Infection Control and the Medical Officer of Health
Close contacts of a case	Post-exposure prophylaxis is not recommended
Pre-exposure	Pre-exposure prophylaxis is not recommended

#### 5. What can be done to prevent H1N1 Influenza?

The most important message to reinforce among patients, staff and in the community are those of the *Clean, Cover and Contain* campaign that the Department of Health and Community services has developed. These simple prevention measures will help to reduce the spread of illness.

**Clean:** wash hands regularly with soap and water or hand sanitizer.

**Cover:** Use a tissue or arm to cover coughs and sneezes as opposed the hand s which frequently touch other surfaces and people.

**Contain:** Stay at home so that the illness is not spread to others.

A vaccine is under development and should be available by late fall.