



## Harder than it looks: caring for influenza-like illness in practice

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## Acknowledgements

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- No commercial sponsorship.
- This presentation was developed with the help of:
  - Emily Medd, Sandy Berzins
- 2008-9 data was collected with help from: Karen Rivera, Krista Wilkinson
- Virology: Kevin Fonseca & ProvLab



## Sequence of care

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- Patient phones with symptoms
  - Receptionist triage
- Patient arrives
  - Mask and hygiene
  - Immediate transfer to isolation room
- Assessment
  - ? Protection level
- Diagnosis & treatment
- Follow-up

Triage: some practices tell patients not to attend: go to emergency. Others arrange assessment.  
How bad must patient be to get masks, isolation room?  
Many practices do not have isolation room  
Assessment: initially usually nurse/LPNs: but that would mean 2 sets of gowns etc.  
Slower than usual

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Slower than usual





## Is there any danger?

- Dr. Michael Day, Bedfordshire UK



- Dr. Nestor Yanga, Lipsey Clinic Toronto



Not formally defined as having died of flu: died with it, also has heart and other chronic illness  
Healthy: SARS. HK: 8 docs  
2 residents have acquired a severe respiratory illness form patients.  
Amongst our staff: Lung resection and chemo, antimetabolites for Chrohn's disease, Steroids for asthma, diabetes, first nations. Pregnancy.

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- Patient phones with symptoms
- Patient arrives
- Assessment
- Diagnosis & treatment
  - Swab taking?
    - Antivirals? For whom?
- Follow-up

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## Definition Variability

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- Classical Definition
  - Fever & cough
  - AND**
  - One or more of:
    - Sore throat, Arthralgia, Myalgia, Prostration
  
- ILI Syndrome does not always match the symptoms of H1N1



## Who should be diagnosed?

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- Patient: Anxiety about serious disease
- GP point of view: what is it?
  - Differential diagnosis:
    - Pneumonia, asthma...
  - Risk of progression
    - pregnancy, immune suppression, First Nation, diabetic, obese...
    - How much?
- Who should we refer?



## Who should be treated?

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- Patients want treatment
- Guidelines suggest only severe cases be treated
- Drug most useful if given early
  - Not useful if wait till severe
- ???



## CASE EXAMPLE

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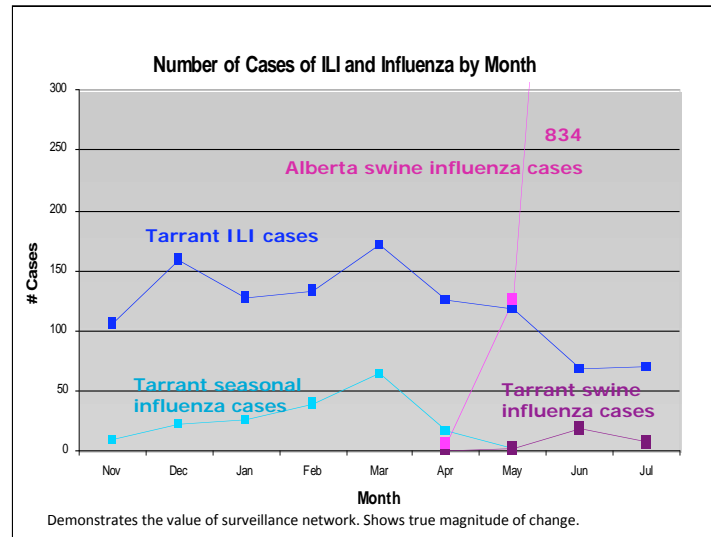
- Early May. 24 year old girl
- High fever, cough, very unwell
- No recent travel
- Swab taken, Oseltamivir prescribed
- Too ill to live on own, cared for at parents house.
- Slept 20hrs/day 2 days then slowly recovered
- Swab negative for all viruses



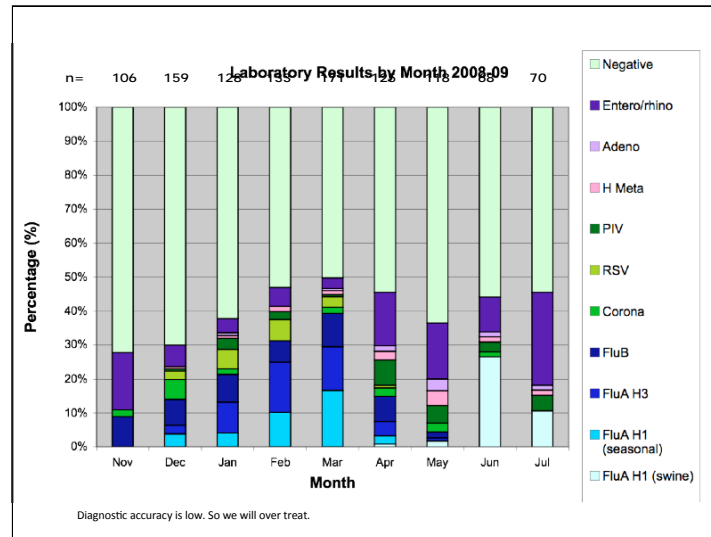
## Accuracy of diagnosis

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- Sentinel physicians in Alberta
- Interested & accustomed to thinking about influenza
- Using standard definition ILI



Demonstrates the value of surveillance network. Shows true magnitude of change.



Diagnostic accuracy is low.  
So we will over treat.



## Challenges for Primary Care

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- What phase of epidemic?
- What are our goals?
  - Diagnosis and treatment
  - Quarantine
  - Prevention of severe illness
- What is possible in our setting?
- What is reasonable?
- Can we afford to?
- Are our staff on side?

Will everyone get it anyway?  
Docs need to consider changing their way of practice. No routine cases, space for sick patients.  
Personal protective equipment availability.  
Do staff feel safe?

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## Solutions

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- Clear goals:
  - Delay epidemic until can protect vulnerable with vaccine
- Clear guidelines, with rationale
- Algorithms for use at time of care
  - Wall charts
- Vigorous dissemination
  - To doctors, to public
- Protect health care workers



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**THANKS:  
QUESTIONS?**