

ASSOCIATION OF MEDICAL MICROBIOLOGY AND INFECTIOUS DISEASE (AMMI) CANADA

For Immediate Release

Public Health Concerns Surrounding the Swine Influenza

April 29, 2009 (Ottawa) – In an effort to provide the most accurate and up-to-date information that is available, the Association of Medical Microbiology and Infectious Disease (AMMI) Canada wishes to respond to the many public health concerns surrounding the swine influenza.

At this time, Federal Health Minister Leona Aglukkaq has verified 13 confirmed cases of human swine influenza in Canada. The Public Health Agency of Canada's (PHAC) National Microbiology Lab in Winnipeg has confirmed four cases of influenza A:H1N1 swine flu from Nova Scotia, two from Alberta and four from Ontario. The British Columbia Centre for Disease Control identified three additional cases from British Columbia. All 13 cases are the same strain of human swine influenza that has been found in the U.S. and Mexico. Although there have been no fatalities in Canada, this strain of human swine influenza is a new, or novel, influenza virus and people are less likely to have developed a natural immunity.

In Mexico, more than 800 cases of a respiratory illness in 3 clusters, including 61 deaths, have been noted since mid-March, according to the World Health Organization (WHO). It is important to note, it has not yet been concluded that all these respiratory illnesses are the same. However, seven viral isolates from Mexico have been identified as swine flu at the Centers for Disease Control and Prevention (CDC) in the US and another eighteen have been confirmed as swine flu by Canadian laboratories.

The scope of this outbreak is under intense investigation and soon we should be able to provide accurate details on the epidemic curve in Mexico, modes of transmission or exposure, range of clinical manifestations, complications, and response to treatment. At this time, epidemiologic investigations indicate person-to-person contact is primarily responsible for transmission.

This novel swine influenza virus is an influenza A:H1N1 that is a recombinant including gene segments of chiefly swine and human origin. Laboratory studies indicate susceptibility to neuraminidase inhibitors (oseltamivir, zanamivir) but resistance to the adamantanes (amantadine, rimantidine). It is not known whether the sensitivity of rapid tests for human influenza A:H1N1 will be equivalent for swine influenza A:H1N1. Because the current cases are dispersed over a fairly wide geographic area, containment is not a feasible option, and attention is focusing on other tools to slow the spread of infection.

PHAC's National Microbiology Laboratory is leading the diagnostic testing in Canada in collaboration with other provincial laboratories. Canadian laboratories are implementing guidelines for diagnostic testing and it is important for Infectious Disease specialists to learn the details of the target population for testing, specimen collection, handling and transport in accordance with the respective province or territory. At this time of year, local influenza activity is quite varied and provinces will vary in their local recommendations on testing.

The US CDC is prioritizing its testing queue to test those specimens that are most informative to the epidemiologic investigation and it is actively working on making diagnostic reagents for swine influenza available to other laboratories.

Canadian public health authorities emphasize that early detection has a direct impact on our ability to control the spread of emerging diseases. If the WHO pandemic influenza level is raised further, national pandemic preparedness measures will go into effect immediately. AMMI Canada urges you to reflect on steps you can take personally and professionally to be better prepared during this evolving situation. Please think proactively about finding the right balance of concern and preparedness.

AMMI Canada members are already working to ensure that influenza testing is performed on patients hospitalized with severe acute respiratory illness, and that clinical microbiology laboratories are able to provide specimens confirmed as influenza A to public health laboratories if requested. You should review your hospital's pandemic plan and urge appropriate partners within the hospital (infection control, ED, laboratory, pharmacy, employee health office, administration, etc.) to do the same.

AMMI Canada members are likely to be seen as resources for their colleagues, institutions and communities, and we are committed to working together with other clinical, public health and international partners in support of our mutual goal to take the appropriate actions to prevent the spread of this virus.

Gerald A. Evans, MD FRCPC
President, AMMI Canada

About AMMI Canada

Preventing and Treating Infectious Diseases

AMMI Canada is the national association that represents physicians and researchers specializing in the fields of medical microbiology and infectious diseases.

Through promotion of the diagnosis, prevention and treatment of human infectious diseases and by our involvement in education, research, clinical practice and advocacy, AMMI Canada aims to serve and educate the public and also to enhance the career opportunities of its members through professional development and advocacy initiatives.

For further information and media inquiries, contact:

Gwen Lovagi
Association of Medical Microbiology
and Infectious Disease (AMMI) Canada
101-298 Elgin Street
Ottawa, Ontario
Canada K2P 1M3
T: + 1 613-260-3233 x.104
F: + 1 613 260 3235
communications@ammi.ca