



Pan American
Health
Organization



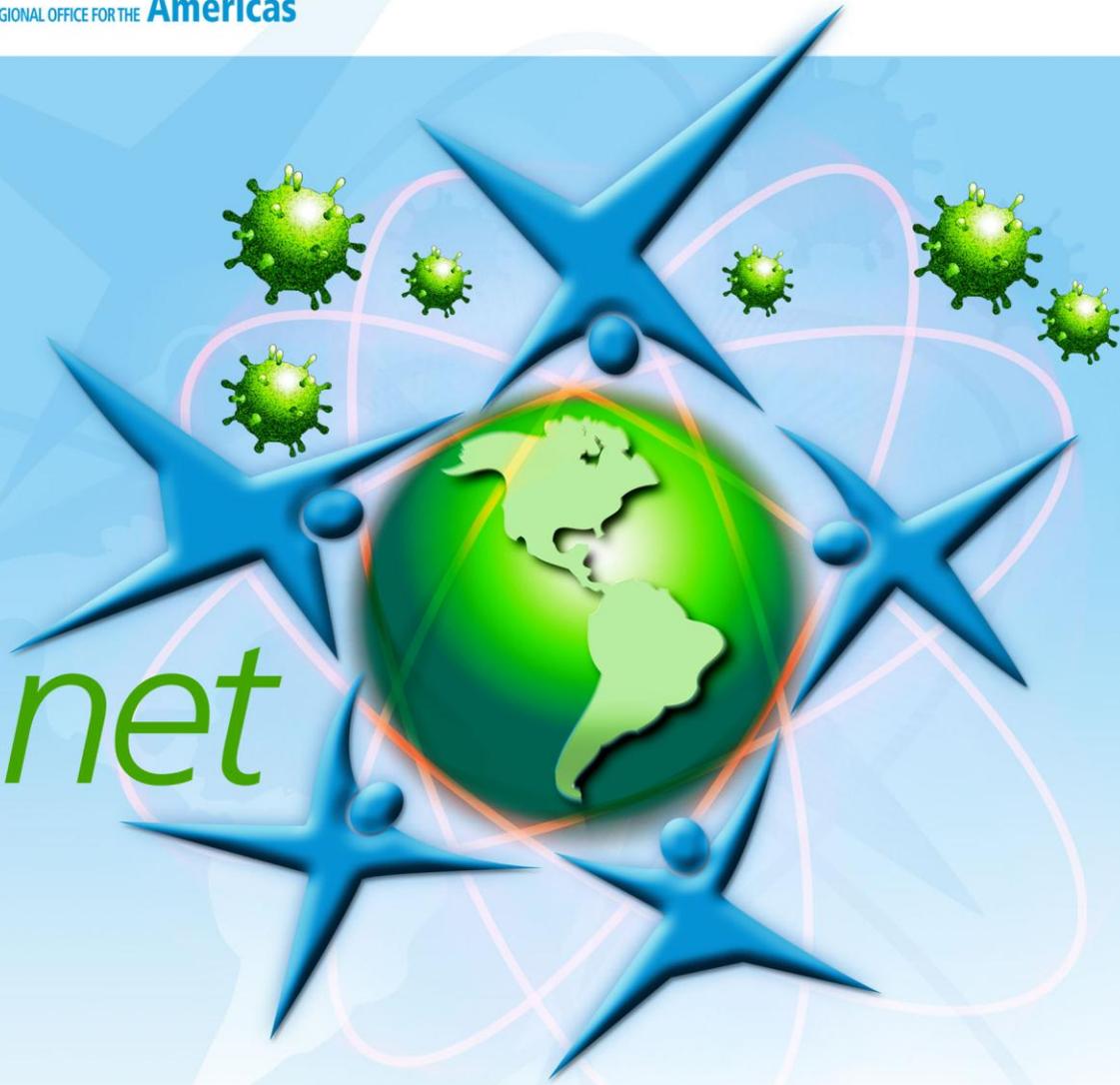
World Health
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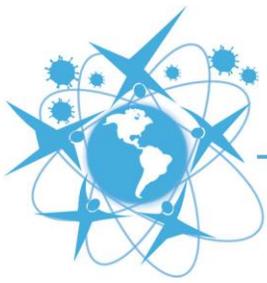
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SARInet

Severe Acute Respiratory Infections network

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First North American Case of A(H7N9)- Canada's Investigation



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Clinical History

Index case (female)

Confirmed influenza A at provincial lab
(non-subtypable for H1 or H3)

Doctor office visit
Nasopharyngeal (NP)
specimen collected

Provincial lab identified
Influenza A as H7
subtype by PCR

NML confirms
A(H7N9) by PCR

ILI onset

Osletamivir



IHR
Jan 23

Jan
26

IHR
Jan 29

ILI onset
Doctor office visit, received antibiotics
(No specimens collected)

Osletamivir

Throat swab collected

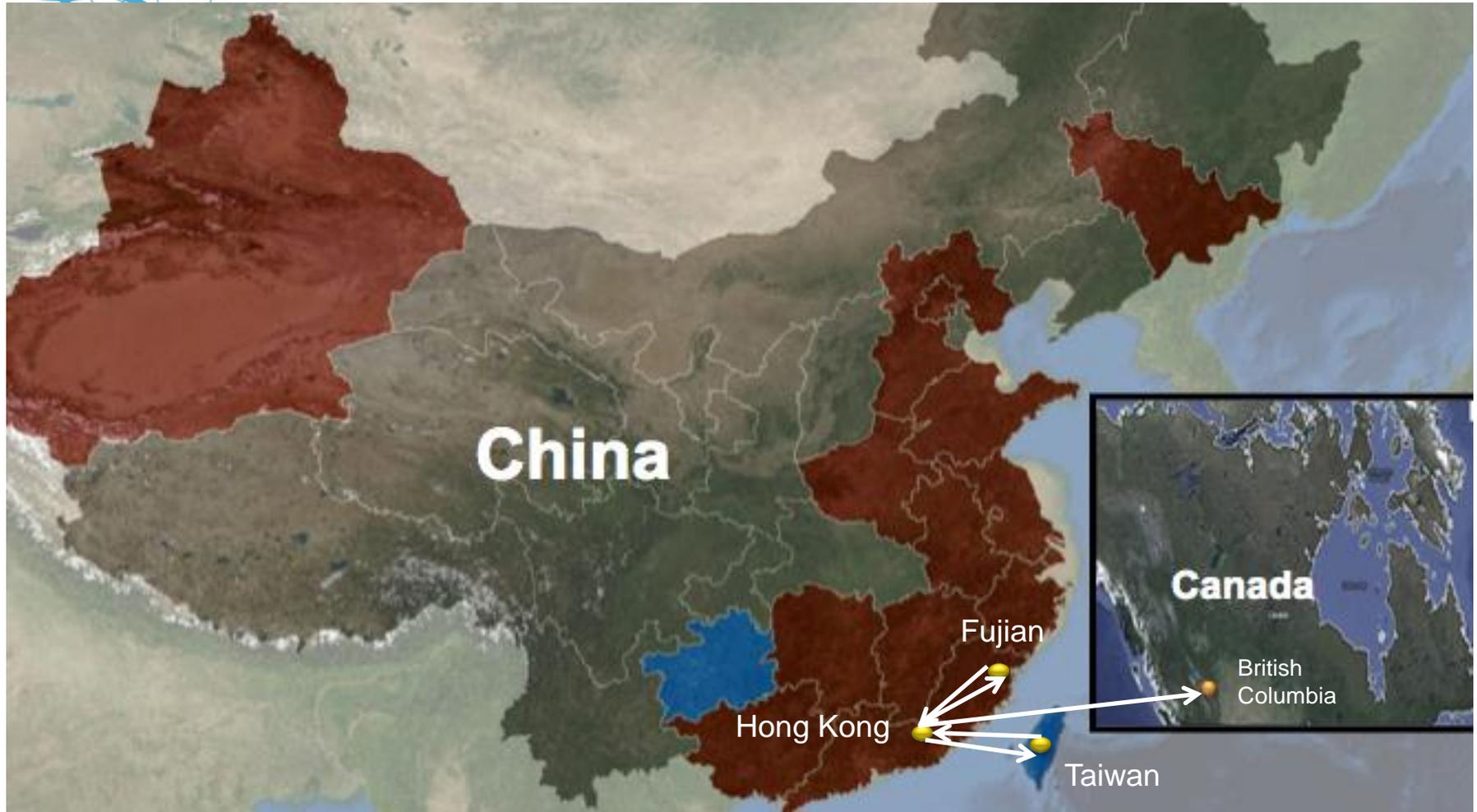
Throat swab collected

Throat swab collected again
and PCR confirmed at NML

Case 2 (Male)



Exposure and Travel History





Public Health Measures

Cases

- No hospitalizations
- Self-isolation

Contacts

- ~20 close contacts were identified and placed under ten-day surveillance.
- None developed ILI symptoms

- **International Collaboration**
- **Media Attention**



Follow-up of air flight passengers was not undertaken as the two cases were not symptomatic during the flight and the incubation period had elapsed since the date of the flight.



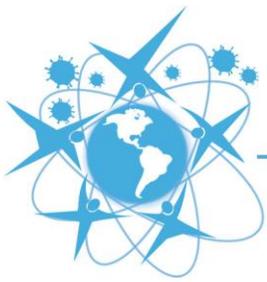
SARI Surveillance System

Goal

To prevent large-scale epidemics and outbreaks of respiratory infections associated with increased morbidity and mortality, through the establishment of ongoing surveillance for severe or emerging respiratory infections and rapid implementation of prevention and control measures.

During the 2014/15 Canadian A(H7N9) avian influenza event the SARI system:

- Triggered the clinician to ‘Think, Tell, and Test”
- Captured mild presentation of A(H7N9) through random laboratory testing (that otherwise would have gone undetected)
- Laboratory testing that identified avian influenza A (H7N9) virus
- Early implementation of public health measures to minimize transmission.
- Early engagement of key domestic and international players



Questions



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Summary

- On January 26, 2015, the first imported human case of avian influenza A (H7N9) from China was confirmed in Canada. A second case (epidemiologically-linked) was also confirmed on January 29, 2015. The individuals were from British Columbia and travelled together to China.
- From the first point of contact with the HC system, the SARI system triggered the clinician to **Think** about the possibility of an emerging respiratory infection based on travel history and clinical presentation, **Tell** the appropriate health officials and promptly **Test** to quickly identify the two cases with avian influenza A (H7N9) virus.
- Public health measures were implemented early to minimize transmission and included: 10 day self-isolation for contacts and cases, 5 day course of oseltamivir for both cases, and early international collaboration.