

Case Finding/Surveillance Algorithm for Acute Respiratory Infection*

Screening

Do you have a new/worse cough or shortness of breath?
Are you feeling feverish?

No to either* or both questions

Yes to both questions*

Yes to both questions*

Treatment/Precautions

➤ Initiate care using Routine Practices

- Ask patient to:
- clean his/her hands
 - wear mask while waiting to be seen, if tolerated
 - wait in separate area if possible or keep two metre distance from other patients/HCWs

Assessment

- Initiate appropriate Droplet and Contact Precautions (hand hygiene, facial protection, gloves ± gown)

- Postpone elective procedures that generate droplets (e.g., dental care)
- Use appropriate precautions if the procedure is required (i.e., non-elective)

- Travel risk assessment:
- Have you travelled in the last 14 days? If so, where?*
 - Have you had contact with a sick person who has travelled in the last 14 days? Where did the person travel?

Yes to either travel question

Reporting

- Report immediately to public health by phone when there is a case with a positive travel history to a country with a travel health notice and/or a possible cluster of acute respiratory infections

* Elderly people and people who are immunocompromised may not have a febrile response to a respiratory infection, so the presence of new onset cough/shortness of breath may be enough to trigger further precautions. HCP should maintain an increased awareness that, during influenza season, individuals presenting with acute cardiopulmonary illnesses or asthma in the absence of symptoms of respiratory infection may have influenza.

** For a current list of travel health notices, see: <http://www.phac-aspc.gc.ca/tmp-pmv/pub-eng.php>.