Communicable Disease Branch
2015 Program Alert # 3

"Guidance for Highly Pathogenic Avian Influenza"

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To: Communicable Disease Staff in Local Health Departments

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Background

The Centers for Disease Control and Prevention (CDC) published a health advisory on June 2, 2015 to address bird infections with Highly-Pathogenic Avian Influenza (HPAI). Although the risk of human infection with these viruses is thought to be low, people with prolonged unprotected contact with infected birds or contaminated environments may be at greater risk. The following resources are attached for your use:

1. CDC Health Advisory: Recommendations for Human Health Investigation and Response to Highly-Pathogenic Avian Influenza
2. NC HPAI Symptom Monitoring Log
3. Monitoring Instructions for Exposed Persons. Please distribute this on your letterhead to exposed persons.

More than 40 million birds have been affected in 20 states. No human infections of the H5 strain have been detected in the U.S. at this time. However, similar HPAI H5 viruses have infected people in other countries and caused mild to severe illness. Avian influenza viruses spread to people through direct contact with infected birds or their contaminated bedding, feed or water troughs.

Minimizing human exposure to HPAI

People should avoid unprotected exposure to sick or dead birds, bird feces, litter, or materials contaminated with suspected or confirmed HPAI H5 viruses. Personal protective equipment (PPE) should be worn when in direct or close contact (within about 6 feet) with sick or dead poultry, poultry feces, litter or materials contaminated with suspected or confirmed HPAI H5 viruses. However, individual farmers caring for birds when they initially become ill are unlikely to be wearing PPE, which may increase their risk of exposure and subsequent infection. Recommended PPE includes: properly-fitted safety goggles, disposable gloves, boots, a NIOSH-certified respirator (e.g., N95), and disposable fluid-resistant coveralls. For specific employee health information, workers should consult with their occupational environmental health staff. For additional guidance on worker protection, please see http://www.cdc.gov/flu/avianflu/h5/worker-protection-ppe.htm.

Recommendations for monitoring

People exposed to HPAI H5-infected birds (including people wearing PPE) should be monitored for signs and symptoms consistent with influenza beginning the day of their first exposure and for 10 days after their last exposure to infected birds or premises.

- If recommended PPE was worn at all times persons may self-monitor and notify public health authorities if they become ill.
- If appropriate PPE **was not worn** daily active monitoring should be performed.

In both cases exposed persons should complete the attached log to assist in tracking symptoms.

Influenza antiviral chemoprophylaxis

Chemoprophylaxis with influenza antiviral medications **can be considered** for all persons meeting bird exposure criteria, however it is not routinely recommended for personnel who used recommended PPE. Decisions to initiate antiviral chemoprophylaxis should be based on clinical judgment, with consideration given to the type of exposure and to whether the exposed person is at high risk for complications from influenza. If antiviral chemoprophylaxis is initiated, treatment dosing for the neuraminidase inhibitors, oseltamivir or zanamivir, (one dose twice daily) is recommended. If exposure was time-limited and not ongoing, five days of medication (one dose twice daily), from the last known exposure is recommended.

Recommendations for testing

A person who meets both of the following criteria should be considered for testing and treatment:

A. Bird Exposure Contact with potentially-infected birds within the 10 days prior to onset of illness (see attached health advisory for examples).

B. Clinical Illness : New onset of influenza-like illness (ILI) or acute respiratory infection (ARI), which may include conjunctivitis, fever, sore throat, cough, runny nose and muscle aches

A reverse transcription polymerase chain reaction (RT-PCR) assay should be used for testing. Preferred specimens are nasopharyngeal, nasal, and throat swabs. Testing for novel influenza strains is conducted at CDC and requires consultation and pre-approval from the state Communicable Disease Branch.

Specimen collection and infection control recommendations

Standard, contact, and airborne precautions are recommended for management of patients presenting for medical care or evaluation that meet the clinical illness and bird exposure criteria. These include:

- Use of fit-tested NIOSH-approved N95 or higher level respirator,
- Use of gowns, gloves and eye protection, and
- Use of negative-pressure airborne infection isolation rooms, if available. A facemask should be placed on patient if an airborne infection isolation room is not available or if patient has to be moved.

Detailed information about specimen collection and transport is available at http://slph.state.nc.us/Forms/DHHS-3431-Virology-20130809.pdf

Influenza antiviral treatment

Patients meeting bird exposure criteria who develop symptoms compatible with influenza should be referred for prompt medical evaluation and empiric initiation of influenza antiviral treatment with a neuraminidase inhibitor as soon as possible. Antiviral treatment should not be delayed while waiting for laboratory testing results.

Antivirals are readily available through commercial pharmacies and should be obtained through that route by prescription from the medical provider who performs the clinical assessment. In the event of future shortages in antiviral supply or widespread infection, antivirals purchased through federal contracts may become available but this is NOT currently the situation.