



Letter to Healthcare Providers: Avian Influenza in the United States, Management of Exposed Persons, October 5, 2017

The avian influenza viruses identified in 2015 to the present in United States birds are not known to have caused human illness, but similar viruses have caused human illness in other countries.

Exposure to avian flu viruses can occur from contact with live or dead infected birds, contact with the body fluids of infected birds, or being in a confined environment (e.g. henhouse) with infected birds. The incubation of avian flu viruses in humans is up to 10 days.

Exposed persons may present to a healthcare facility for antiviral prophylaxis or influenza testing and treatment.

If an exposed ill person presents for care, use standard, contact and airborne precautions.

Immediately notify the local health jurisdiction (LHJ) of a suspect human avian flu case. If the LHJ is not available, call the Department of Health Communicable Disease Epidemiology Office at 206-418-5500.

I. Symptoms of Concern

Per CDC, an avian flu exposed person who is within 10 days of last exposure who has new onset or worsening of any of the symptoms below is considered a case under investigation.

Fever or feeling feverish/chills	Fatigue (very tired)
Cough	Muscle or body aches
Runny or stuffy nose	Headaches
Eye tearing, redness, irritation	Nausea
Sneezing	Vomiting
Sore throat	Diarrhea
Difficulty breathing	Seizures
Shortness of breath	Rash

Contact the LHJ or Department of Health to discuss symptoms of concern in an avian flu exposed person; consultation with CDC may be indicated regarding testing, treatment and infection control.

II. Infection Control

If a person exposed to influenza-infected birds presents with symptoms of concern with onset within 10 days of last exposure to suspect or confirmed avian influenza:

- If notified before patient arrival, identify a room that can be reached without going through a waiting area or other heavily used area. Staff in contact with the patient should wear personal protective equipment and perform frequent hand hygiene. Meet the patient outside the facility, provide a surgical mask, and conduct the person to the designated room.
- **Standard, contact, and airborne isolation precautions are recommended by CDC** for all persons under investigation for possible novel influenza A virus infection, including avian influenza.
- If hospitalized, the patient should be placed in a negative air pressure room and staff should use appropriate PPE with a respirator (fitted N-95 or Powered Air Purifying Respirator), eye protection, gown, and gloves.
- If airborne precautions are not possible, institute droplet precautions by placing patient in a private room and instructing staff to wear a surgical mask (N95 preferred if available), eye protection, gown, and gloves.

For more information on infection control: <http://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm>

III. Testing Post-Exposure if Symptoms Develop

- Use standard, contact and airborne precautions.
- If testing for influenza is indicated, **collect nasopharyngeal swab in viral transport medium for testing at the Washington State Public Health Laboratories.**
- Do *not* send specimens commercially or rely on rapid influenza tests for avian influenza.
- For details on collecting and shipping specimens to the Public Health Laboratories, see <http://www.doh.wa.gov/Portals/1/Documents/5100/speccollecttrans.pdf>

III. Treatment Post-Exposure if Symptoms Develop

- See CDC guidance: <http://www.cdc.gov/flu/avianflu/novel-av-treatment-guidance.htm>
- Initiation of antiviral treatment with a neuraminidase inhibitor is recommended as early as possible for hospitalized patients who are confirmed cases, probable cases, or cases under investigation of human infection with novel influenza A viruses associated with severe human disease, even if more than 48 hours has elapsed since illness onset.
 - The standard dose of oseltamivir is 75 mg twice daily for 5 days.
 - For pediatric dosing, see Table 3: <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>
- Antiviral treatment should *not* be delayed while waiting for laboratory testing results.
- Consultation with CDC may be indicated for severe or complicated cases.

IV. Post-Exposure Prophylaxis

- Per CDC guidance, Oseltamivir prophylaxis *can be considered* for individuals exposed to infected birds who are within 10 days of last exposure. See <http://www.cdc.gov/flu/avianflu/guidance-exposed-persons.htm>
- Per CDC, chemoprophylaxis is *not* routinely recommended for persons who used proper personal protective equipment (PPE) while involved in culling bird populations or while handling sick birds or decontaminating affected environments (including animal disposal). Decisions to initiate antiviral chemoprophylaxis should be based on clinical judgement, with consideration given to the type of exposure and to whether the exposed person is at [high risk for complications from influenza](#).
- If prescribed, Oseltamivir 75 mg twice daily for 5 days is the adult dosage.
- If prescribed for children, use Oseltamivir treatment dosing (used as chemoprophylaxis) for 5 days. See Table 3: <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

Contact your local health jurisdiction or the DOH Office of Communicable Disease Epidemiology (206-418-5500) to report suspect cases or for questions.