

Avian influenza (AI) in humans

Interim guidance for health care workers in recognition, investigation and infection control

1. Screening

SCREENING MAY OCCUR AT HOSPITAL TRIAGE STATION OR AT A GP SURGERY, BY TELEPHONE OR IN PERSON.

If the initial screening was done by phone, and it was positive, the patient should be advised to go to an emergency department, which will need to be forewarned.

Fever = 38°C (or history of fever) PLUS cough PLUS one or more other influenza-like illness (ILI) symptoms:

- fatigue
- myalgia
- headache
- sore throat
- shortness of breath.

AND

Travel to an AI-affected area* within 7 days of onset of symptoms where the patient:

EITHER

- had contact with poultry, or with dead birds other than poultry where the cause of death is unknown OR
- had close contact with a suspected or known case of AI OR
- is a laboratory worker with potential exposure to clinical samples containing AI virus.

*A list of AI-affected countries can be found at http://www.who.int/csr/disease/avian_influenza/country/en/

YES

NO

2. Inform

- Inform:**
- your local Public Health Unit (PHU) (see list over page)
 - Infectious Diseases Physician
 - hospital infection control practitioner.

Unlikely to be AI – no special requirements.

3. Infection control Precautions

Standard, contact, and droplet precautions must be employed until a diagnosis of AI is excluded, or the period of infectiousness of a confirmed case has lapsed.

HOSPITAL

Location: Single room.
Patient to wear surgical mask.
Staff to wear P2 mask, long-sleeved gown, gloves and eye protection.

PRIMARY CARE OR COMMUNITY SETTING

Location: Isolate from other patients; separate room if at home
Patient to wear surgical mask.
Staff and carers to wear P2 mask, long-sleeved gown, gloves, and eye protection when within 1m of patient, and a surgical mask at other times.

4. Investigations

- Organise chest X-ray and collect routine blood specimens (e.g., FBC, EUC, LFT).
- Phone on-call microbiologist immediately to organise laboratory tests, specimen handling and transport
- Collect
 - naso-pharyngeal aspirate (NPA) to test for usual respiratory pathogens
 - nose and throat swabs (one of each) for avian influenza virus PCR and viral culture
 - blood for culture and serology (looking for usual pathogens)
 - consider point-of-care test for influenza (note that a negative point-of-care test for influenza does not exclude avian influenza due to low sensitivity of the test).
- Indicate clearly on the request form that AI is being considered in the differential diagnosis.
- Routine tests should be conducted by usual laboratory; nose and throat swabs for AI to be sent to reference laboratory

DEPENDENT ON CLINICAL SEVERITY, ADMIT OR DISCHARGE HOME.

If discharged, clinical team to liaise with PHU to ensure:

- patient and carers understand treatment, infection control and surveillance requirements
- test results are followed up
- patient is followed up in 48-72 hours to confirm recovery.

No alternative diagnosis

Alternative diagnosis

AI confirmed

5. Reassessment

- Check test results that remain outstanding (note that some true cases of AI will be negative on initial laboratory testing).
- If alternative diagnosis made, ensure no co-infection with AI.
- Within 48 hours, clinical team to liaise with local PHU to decide if AI can be excluded and if case removed from isolation. If unsure, advice from the Director Communicable Diseases Unit can be sought.
- Close contacts confirmed cases offered prophylaxis. Close contact unconfirmed cases with *high index of suspicion* offered prophylaxis on the advice of the PHMO.