

Investigation and management of possible human cases of avian influenza amongst contacts associated with avian influenza incidents

Case definition for possible human cases

A fever $\geq 38^{\circ}\text{C}$ (or history of fever) **and/or**

B acute onset of at least one of the following respiratory symptoms: cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing **and/or**

C acute onset of conjunctivitis **and/or**

D any other severe or life-threatening illness suggestive of an infection process

Additionally, in the ten days prior to symptom onset, the patient must have been exposed to a confirmed Avian Influenza incident in the UK. This includes direct or close contact with infected birds (unwell or dead birds, or asymptomatic birds that became symptomatic within 48 hours following contact), their faecal matter or contaminated litter/other materials including eggs, and/or parts of infected premises considered contaminated by animal health.

Meets case definition

- notify and discuss with HPT (if not already)
- HPT to complete possible case report form accessed via PDU sharepoint
- start **treatment dose antivirals**
- HPT discuss testing with local Public Health laboratory
- arrange for clinical assessment and specimens to be taken by appropriate health professional using recommended infection control measures (see below)

Case definition not met

Unlikely to be human case of Avian Influenza. Treat and investigate as clinically indicated using standard infection control measures.

Hospitalisation not warranted

The patient should be asked to isolate until laboratory results are available*.

If patient deteriorates and requires hospitalisation.

Hospitalisation warranted

Ensure ambulance and hospital aware of infection control advice (below) **Infection control measures:**

Staff PPE: correctly fitted FFP3 mask, gown, gloves and eye protection.

Patient location: strict respiratory isolation, preferably in a negative pressure room.

Patient: wear surgical facemask if tolerated (but not FFP3).

HPT alert Colindale duty doctor.

Influenza A positive but unsubtypeable or influenza A (H5) or (H7) positive

PHL Duty Microbiologist/Virologist communicates result to local HPT, referring lab and RVU. All presumptive results should be telephoned and confirmed in writing. Local HPT informs Acute Respiratory team Colindale (or Colindale Duty Doctor at any time if out-of-hours).

- **Influenza A negative, or**
- **Influenza A positive subtyped as seasonal H3N2 OR H1N1pdm09, or**
- **Influenza B positive**

PHL Duty Microbiologist/Virologist communicates result to local HPT, referring laboratory. Treat and investigate as clinically indicated.

*Isolation for asymptomatic contacts is not recommended routinely prior to laboratory results being available.