If avian influenza H5N1 is considered a possible diagnosis then before continuing with the initial assessment:

- Isolate patient to minimise contact/exposure to staff and other patients. Ask the patient to wear a surgical mask.
- Wear personal protective equipment – if possible, this should be a correctly fitted FFP3 respirator, gown, gloves and eye protection. If not available, wear a surgical mask, plastic apron and gloves. Eye protection may be considered if the likelihood of splash exists.

### Criteria for classification:

**CLINICAL**

- a) Fever ≥ 38°C and lower respiratory tract symptoms (cough or shortness of breath) or CxR findings of consolidation or ARDS
- or
- b) other severe / life-threatening illness suggestive of an infectious process

Additionally, patients must fulfil a condition in either category 1 or 2, below:

**EXPOSURE** within 7 days prior to the onset of symptoms

1. Close contact (within 1 metre) with live, dying or dead domestic poultry or wild birds, including live bird markets, in an area of the world affected by avian influenza A/H5N1, or with any confirmed A/H5N1 infected animal (e.g. cat or pig). Refer to full list of countries/ territories.

2. Close contact (providing care/touching/speaking distance within 1 metre) with human case(s) of:
   - severe unexplained respiratory illness
   - unexplained illness resulting in death from listed areas.

Unlikely to be Influenza A/H5N1. Treat and investigate as clinically indicated. If admitted to hospital, consider HPA protocol for other undiagnosed serious illness. If H5N1 likelihood is high, then HPU to notify Colindale duty doctor.

### Hospitalisation not warranted

- Treat and investigate as indicated.
- Suggest non-urgent molecular testing for influenza. Avian influenza is unlikely if clinical severity does not require hospitalisation.
- Follow up by primary care team/ HPU for further two days, preferably by phone, to confirm recovery/ improvement. The patient should be asked to consider voluntary isolation during this period.
- Isolation for contacts is not recommended.
- To complete clinical evaluation, a 10ml clotted blood specimen, as close to onset of symptoms as possible followed by a second 10ml clotted blood specimen 28 days after onset of symptoms should be obtained and sent to HPA Influenza Reference Laboratory at Colindale.

### Hospitalisation warranted

1. Ensure isolation
2. Notify HPU
3. Initiate testing
4. Start Oseltamivir

The following precautions should be taken once the decision to admit has been made:

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

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

**Inform and discuss with local HPU**

**Does clinical severity warrant hospitalisation?**

- **Yes**
  - Inform and discuss with local HPU.
  - Does clinical severity warrant hospitalisation?

- **No**
  - Inform and discuss with local HPU.
  - Does clinical severity warrant hospitalisation?

**H5N1 NEGATIVE**

- Laboratory informs local HPU.
- Treat and investigate as clinically indicated.
- Consider HPA protocol for other undiagnosed serious illness.

**H5N1 POSITIVE**

- Laboratory informs local HPU.
- Local HPU informs Colindale Duty Doctor to consider next actions and inform DH.

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**Footnotes:**

2. Refer to OIE website for full list of countries/territories [www.oie.int/downld/AVIAN%20INFLUENZA/A_AI-Asia.htm](www.oie.int/downld/AVIAN%20INFLUENZA/A_AI-Asia.htm)
3. Liaise with designated local H5 influenza testing laboratory, (part of ‘UK National Influenza H5 Laboratory Network’)

For full avian influenza guidance see [www.hpa.org.uk/infections/topics_az/influenza/avian/default.html](www.hpa.org.uk/infections/topics_az/influenza/avian/default.html). In case of uncertainty, discuss with local Health Protection Unit.