

STATE OF COLORADO

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Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department
of Public Health
and Environment

Avian Influenza A (H5N1) Updated Guidelines for Emergency Departments & Healthcare Providers

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Avian Influenza A (H5N1) Update

The epidemiology of H5N1 human infections has not changed significantly since February 2004. Therefore, CDC recommends that H5N1 surveillance in the United States remain at the enhanced level first established at that time. However, this revised guidance provides an updated case definition of a suspected H5N1 human case for the purpose of determining when testing should be undertaken.

The avian influenza A (H5N1) epizootic (animal outbreak) in Asia has expanded to wild birds and/or poultry in parts of Europe, the Near East and Africa. Sporadic human infections with H5N1 continue to be reported. In addition, rare instances of probable human-to-human transmission associated with H5N1 viruses have occurred. So far, however, the spread of H5N1 virus from person to person has been rare, inefficient, and unsustainable. As of this date, H5N1 has not been identified among animals or humans in the United States. Since no sustained human-to-human transmission of influenza H5N1 has been documented anywhere in the world, the current phase of alert, based on the World Health Organization (WHO) global influenza preparedness plan, remains at Phase 3 (Pandemic Alert).

Reporting and Testing Guidelines

Testing for avian influenza A (H5N1) is recommended for a patient who has an illness that:

- **requires hospitalization or is fatal; AND**
- **has or had a documented temperature of $\geq 38^{\circ}\text{C}$ ($\geq 100.4^{\circ}\text{F}$); AND**
- **has radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established; AND**
- **has at least one of the following potential exposures within 10 days of symptom onset:**

A) History of travel to a country with influenza H5N1 documented in poultry, wild birds, and/or humans, AND had at least one of the following potential exposures during travel:

- direct contact with (e.g., touching) sick or dead domestic poultry
- direct contact with surfaces contaminated with poultry feces
- consumption of raw or incompletely cooked poultry or poultry products
- direct contact with sick or dead wild birds suspected or confirmed to have influenza H5N1
- close contact (approach within 3 feet) of a person who was hospitalized or died due to a severe unexplained respiratory illness

- B) Close contact (approach within 3 feet) of an ill patient who was confirmed or suspected to have H5N1
- C) Worked with live influenza H5N1 virus in a laboratory

Testing for avian influenza A (H5N1) virus infection can be considered on a case-by-case basis, in consultation with the state health department for:

- A patient with mild or atypical disease (hospitalized or ambulatory) who has one of the exposures listed above (criteria A, B, or C); OR
- A patient with severe or fatal respiratory disease whose epidemiological information is uncertain, unavailable, or otherwise suspicious but does not meet the criteria above (examples include: a returned traveler from an influenza H5N1-affected country whose exposures are unclear or suspicious, a person who had contact with sick or well-appearing poultry, etc.)

When suspected cases of influenza H5N1 are identified, the following actions should be taken:

- Patients should be placed in contact (with eye protection) and airborne precautions.
- Patients should promptly be reported to the state (**303-692-2700** / after-hours: **303-370-9395**) or local health department.
- Specimens should be collected for H5N1 diagnostic testing (RT-PCR) at the State laboratory.
- Viral cultures should NOT be performed by clinical laboratories.

Guidance on Specimen Collection:

1. Oropharyngeal (i.e., throat) swab specimens and lower respiratory tract specimens (e.g., bronchoalveolar lavage or tracheal aspirates) are preferred because they appear to contain the highest quantity of virus.
2. Swabs used for specimen collection should have a Dacron tip and an aluminum or plastic shaft. Specimens should be placed in viral transport media and kept at 4°C immediately after collection and transported to the State Laboratory the same day or overnight.
3. Nasal or nasopharyngeal swab specimens are acceptable, but may contain less virus and, therefore, not be optimal specimens for virus detection.
4. Detection of influenza H5N1 is more likely from specimens collected within the first 3 days of illness onset. If possible, serial specimens should be obtained over several days from the same patient.
5. Bronchoalveolar lavage is considered to be a high-risk aerosol-generating procedure. Therefore, infection control precautions should include the use of gloves, gown, goggles or face shield, and a fit-tested respirator with an N-95 or higher rated filter. A loose-fitting powered air-purifying respirator (PAPR) may be used if fit-testing is not possible (e.g., if the person has a beard).

More Information About Avian Influenza

CDPHE: <http://www.cdphe.state.co.us/dc/influenza/avian/>

CDC: <http://www.cdc.gov/flu/avian/index.htm>