

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
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SARS & Influenza A (H5N1) **Update and Guidelines for Emergency Departments & Healthcare Providers** *June 11, 2004*

SARS Update

During April 22-29, 2004, the Chinese Ministry of Health reported a total of nine cases (one fatal) of SARS in China resulting from infection of two graduate students who worked at the National Institute of Virology Laboratory in Beijing, which is known to conduct research on SARS-CoV. No further cases of SARS in China or anywhere else in the world have been reported since April 29, 2004. On May 18, the World Health Organization reported that the outbreak in China appears to have been contained. Therefore, US recommendations for SARS have been revised "downward".

Recommendations for SARS Surveillance, Testing and Reporting

In the current setting, surveillance efforts should aim to identify patients who: 1) require hospitalization for radiographically confirmed pneumonia or acute respiratory distress syndrome without identifiable etiology AND 2) have one of the following risk factors in the 10 days before the onset of illness:

- Travel to mainland China, Hong Kong, or Taiwan, or close contact with an ill person with a history of recent travel to one of these areas, or
- Employment in an occupation associated with a risk for SARS-CoV exposure (e.g., health-care worker with direct patient contact; worker in a laboratory that contains live SARS-CoV), or
- Part of a cluster of cases of atypical pneumonia without an alternative diagnosis.

When such patients are identified, the following actions should be taken:

- Patients should be placed on droplet precautions; if there is a high index of suspicion for SARS-CoV disease, the patient should be placed on contact (with eye protection) and airborne precautions.
- Patients should be reported to the state (**303-692-2700** / after-hours: **303-370-9395**) or local health department.
- Testing for evidence of SARS-CoV infection should be considered in consultation with state/local health department if no alternative diagnosis is identified within 72 hours of admission.

More Information About SARS

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

CDC: <http://www.cdc.gov/ncidod/sars/>

Avian Influenza A (H5N1) Update

Since January 2004, a total of 34 confirmed human cases of avian influenza A (H5N1) virus infections have been reported in Vietnam (22 cases, 15 deaths) and Thailand (12 cases, 8 deaths). The last case officially reported by Vietnam occurred in February 2004; unofficially, one additional case was reported in mid-March in southern Vietnam. All persons with confirmed H5N1 influenza had severe illness and were hospitalized with pneumonia; most cases occurred in children and young adults who had direct close contact with live, sick, or dead poultry. There currently is no evidence of efficient human-to-human transmission of avian influenza A (H5N1) viruses. These cases were associated with widespread H5N1 poultry outbreaks that occurred at commercial and small backyard poultry farms. Since December 2003, eight countries have reported H5N1 outbreaks among poultry. Outbreaks in South Korea and Japan were limited to commercial farms and have been adequately contained; however, outbreaks in Vietnam, Thailand, Indonesia, Cambodia, Laos, and China have been more extensive and the degree to which they have been controlled remains uncertain. On the basis of current information, human infection with avian influenza A (H5N1) viruses remains a public health risk in these countries.

Enhanced U.S. Influenza Surveillance for Avian Influenza (H5N1)

Testing for avian influenza A (H5N1) is indicated for patients who: 1) require hospitalization for radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established, AND 2) history of travel within 10 days of symptom onset to a country with documented H5N1 avian influenza in poultry and/or humans.

When such patients 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.
- Patients should promptly be tested for influenza virus infection by PCR of both nasal wash and nasopharyngeal/throat swabs performed at the state laboratory.

Testing for avian influenza A (H5N1) should be considered on a case-by-case basis in consultation with the state or local health department for hospitalized or ambulatory patients with:

- Documented temperature of $>38^{\circ}\text{C}$ ($>100.4^{\circ}\text{F}$), and
- One or more of the following: cough, sore throat, shortness of breath, and
- History of contact with poultry (e.g., visited a poultry farm, a household raising poultry, or a bird market) or a known or suspected human case of influenza A (H5N1) in an H5N1-affected country within 10 days of symptom onset.

More Information About Avian Influenza

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

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