



HEALTH CARE AGENCY

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PUBLIC HEALTH EPIDEMIOLOGY & ASSESSMENT

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February 4, 2004

Avian Influenza Update

To: Emergency Departments
Infection Control Practitioners
Physicians

From: Hildy Meyers, MD, MPH, Medical Director of Epidemiology

As of February 3, 2004, avian influenza A (H5N1) virus has been identified in specimens from 17 humans in Asia (13 in Vietnam and 4 in Thailand), of whom 12 have died. Outbreaks of highly pathogenic avian influenza (H5N1) in poultry continue to occur in many countries in Asia. Thus far, no evidence of efficient person-to-person transmission has been documented; however, limited person-to-person transmission is being investigated in a family cluster of severe respiratory illness in Vietnam, in which two of the affected members had no known direct contact with poultry. WHO has not recommended any restrictions on travel to the affected areas, but recommends that travelers to these areas avoid contact with live animal markets and poultry farms. As the H5N1 situation in Asia is constantly changing, please see http://www.who.int/csr/disease/avian_influenza/en/ for the latest information.

We ask that you maintain a high index of suspicion for influenza A (H5N1) infection in patients who meet the following criteria and **contact Orange County Epidemiology at 714-834-8180** for assistance with diagnostic testing and specimen submission:

- 1) **Hospitalized** patients with:
 - radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other unexplained severe respiratory illness, **AND**
 - history of travel within 10 days of symptom onset to a country with documented H5N1 avian influenza infections in poultry or humans (for current information on affected countries, see http://www.oie.int/download/AVIAN%20INFLUENZA/A_AI-Asia.htm);
- 2) **Hospitalized or ambulatory** patients with:
 - documented temperature $>38^{\circ}\text{C}$ ($>100.4^{\circ}\text{F}$), **AND**
 - cough, sore throat, and/or shortness of breath, **AND**
 - history of contact with domestic poultry in an H5N1-affected country or with a known or suspected human case of influenza A (H5N1).

Testing for influenza A (H5N1) infection will be performed on all patients meeting both criteria under (1) above and on select patients meeting all three criteria under (2). **Note:** specimens should NOT be sent to hospital or local laboratories for viral culture, as isolation of this virus requires special safety precautions. Additional testing for SARS-CoV may be considered in select patients with specific risk factors, as the clinical presentation and travel history of persons with influenza A (H5N1) and SARS may overlap. **Hospitalized patients diagnosed with or under evaluation for influenza A (H5N1) should be isolated using airborne, contact, and standard precautions, as well as eye protection,** for 14 days after onset of symptoms if an alternative diagnosis cannot be established and influenza infection cannot be excluded. Outpatients or discharged patients should be isolated in the home setting for the same time period.