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Avian Influenza A (H5N1) Update

To: Physicians and Other Health Care Providers Caring for Travelers, Refugees, and Immigrants from Asia

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As of October 10, 2005, 117 human cases of avian influenza H5N1 and 60 deaths have been reported from Vietnam, Thailand, Indonesia, and Cambodia since avian outbreaks of this strain began in winter 2003. Infected wild birds and poultry continue to be detected in these countries as well as China, Siberian Russia, Kazakhstan, and Mongolia. Attempts to eliminate H5N1 from the area through culling of birds have been unsuccessful and additional avian outbreaks and human cases are expected to continue. Thus far, most human cases have been linked to contact with poultry or poultry products and only limited person-to-person transmission has occurred in close contacts. Please see http://www.who.int/csr/disease/avian_influenza/en/ for the latest updates.

Early identification of the importation of avian influenza H5N1 into the United States is critical and depends on health care providers such as yourself to identify patients with the appropriate exposure history who may have avian influenza.

Recommendations for surveillance, diagnostic evaluation, and infection control precautions

These guidelines have not changed since our last communication in 2004. We ask that all clinicians 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 evaluation 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 to or immigration from a country with documented H5N1 avian influenza infections in poultry or humans within 10 days of symptom onset (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 poultry (e.g., visited a poultry farm, a household raising poultry, or a bird market) in an H5N1-affected country or with a known or suspected human case of influenza A (H5N1) within 10 days of symptom onset.

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). Respiratory viral cultures should NOT be ordered or performed locally on patients suspected of having H5N1 infection because of laboratory safety requirements. Commercial antigen detection testing can be conducted at hospital laboratories but specimens should ALSO be sent to the Orange County Public Health Laboratory for polymerase chain reaction (PCR) testing. Please contact Epidemiology at 714-834-8180 to arrange for testing.

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 within 3 feet, for 14 days after onset of symptoms unless an alternative diagnosis is established and/or influenza infection is excluded. ALL health care facilities should follow the CDC's **Respiratory Hygiene/Cough Etiquette** guidelines (<http://www.cdc.gov/flu/professionals/infectioncontrol/resphgiene.htm>) to prevent the spread of respiratory infections within health care settings. Outpatients or discharged patients should be isolated in the home setting for the same time period. For more detailed guidelines, contact Epidemiology at 714-834-8180.