COLORADO
Department of Public Health & Environment

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HEALTH ALERT NETWORK BROADCAST
MESSAGE ID: MMDDYYY HH:MM
FROM: CO-CDPHE
SUBJECT: HAN Advisory – **Bird Infections with Highly-Pathogenic Avian Influenza A (H5N2), (H5N8), and (H5N1) Viruses: Recommendations for Human Health Investigations and Response**
RECIPIENTS: Local Public Health Agencies / IPs / EDs / ID Physicians
RECIPIENT INSTRUCTIONS: Local Health Public Health Agencies – please forward to healthcare providers

HEALTH ADVISORY

Bird Infections with Highly-Pathogenic Avian Influenza A (H5N2), (H5N8), and (H5N1) Viruses: Recommendations for Human Health Investigations and Response

June 3, 2015

******Health care providers: Please distribute widely in your office******

KEY POINTS:

- Since December, 2014, over 40 million birds in 20 states have been affected with highly-pathogenic avian influenza (HPAI) viruses. The Centers for Disease Control and Prevention (CDC) has issued a Health Advisory addressing this situation which may be viewed at http://emergency.cdc.gov/han/han00378.asp.
- As of Tuesday, June 2, 2015, Colorado has not identified any cases in birds. However, over 40 million birds in 20 states have been affected.
- The current US HPAI viruses affecting birds are not known to have caused human disease.
- The CDC considers the risk to people from HPAI H5 infection in wild birds, backyard and commercial poultry, to be low.
- People who meet clinical and exposure criteria should have appropriate specimens collected and sent to CDPHE laboratory for influenza H5 testing.
- Additional information may be found athttp://www.cdc.gov/flu/avianflu/healthprofessionals.htm
- Questions concerning sick or dead birds should be directed to the Colorado Avian Health Call Line at 970-297-4008.

BACKGROUND INFORMATION:

Between December 15, 2014 and May 29, 2015, the US Department of Agriculture (USDA) has confirmed more than 200 findings of birds (mostly poultry) infected with highly-pathogenic avian influenza (HPAI) A (H5N2), (H5N8), and (H5N1) viruses. Over 40 million birds in 20 states have been affected.

These recently identified HPAI H5 viruses are not known to have caused human disease. Human infection with other avian influenza viruses found in Asia, Africa, and other parts of the world have been associated with severe, sometimes fatal, disease. Human infection with these other viruses have most often occurred after unprotected direct physical contact with infected birds or contaminated surfaces, being in close proximity to infected birds, or visiting a live poultry market. Human infection has not occurred from eating properly cooked poultry or poultry products.

CDC considers the risk to the general public from these newly-identified US HPAI H5 viruses to be low; however, people with close or prolonged unprotected contact with infected birds or contaminated environments may be at greater risk of infection.

HEALTH CARE PROVIDER RECOMMENDATIONS:

Recommendations for Surveillance and Testing

Patients who meet clinical and exposure criteria should be tested for HPAI H5 virus infection by reverse transcription polymerase chain reaction (RT-PCR) assay using H5-specific primers and probes. Additional persons in whom clinicians suspect HPAI H5 virus infection also may be tested. CDPHE laboratory can perform this testing.

- Clinical Illness Criteria: Patients with new-onset influenza-like illness (ILI) or acute respiratory infection (ARI), which may include conjunctivitis, which has been associated with avian influenza in humans. Clinical presentation of persons infected with these HPAI H5 viruses may vary somewhat from seasonal influenza or infection with other novel influenza A viruses. Thus, clinicians are encouraged to consider a range of respiratory signs and symptoms when evaluating a patient with appropriate exposure for HPAI H5 virus infection.

- Bird Exposure Criteria: Patients who have had recent contact (within 10 days of illness onset) with potentially infected (i.e., sick or dead birds, or flocks where HPAI H5 virus infection has been confirmed).

Multiple respiratory tract specimens should be collected from persons with suspected HPAI H5 virus infection, including nasopharyngeal, nasal, and throat swabs. Patients with severe respiratory disease also should have lower respiratory tract specimens collected, if possible. For more information on surveillance and testing of persons under investigation for avian HPAI H5 virus infection, see http://www.cdc.gov/flu/avianflu/severepotential.htm.

Recommendations for Influenza Antiviral Treatment and Chemoprophylaxis

Chemoprophylaxis with influenza antiviral medications may be considered for persons meeting bird exposure criteria. Decisions to initiate antiviral chemoprophylaxis should be based on clinical judgment, with consideration given to the type of exposure and to whether the exposed person is at is at high risk for complications from influenza

(http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm). Chemoprophylaxis is not routinely recommended for personnel who used proper person protective equipment (PPE) while handling birds or decontaminating environments.

- Use neuraminidase inhibitors (oseltamivir or zanamivir)
- For specific dosage recommendations for treatment by age group, please see Influenza Antiviral Medications: Summary for Clinicians (http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm). Physicians should consult the manufacturer's package insert for dosing, limitations of populations studied, contraindications, and adverse effects. If exposure was time-limited and not ongoing, five days of medication (one dose twice daily) from the last known exposure is recommended.

Treatment of Symptomatic Persons with Bird Exposure: Patients meeting bird exposure criteria who develop symptoms compatible with influenza should be referred for prompt medical evaluation and empiric initiation of influenza antiviral treatment with a neuraminidase inhibitor as soon as possible. Clinical benefit is greatest when antiviral treatment is administered early, especially within 48 hours of illness onset. **Antiviral treatment should not be delayed while waiting for laboratory testing results.** For detailed guidance, please see Interim Guidance of the Use of Antiviral Medications for the Treatment of Human Infection with Novel Influenza A Viruses Associated with Severe Human Disease (http://www.cdc.gov/flu/avianflu/novel-av-treatment-guidance.htm).

LOCAL PUBLIC HEALTH AGENCY GUIDANCE:

Local public health agencies (LPHA) should be aware of the ongoing situation and be prepared to address the following concerns:

- Review and update pandemic influenza planning.
- Be aware of any commercial poultry operations in your jurisdiction.
- Be prepared to facilitate access to antiviral medications for individuals who have had un-protected contact with infected birds and are at high risk for complications from influenza.
- Have a plan in place to conduct monitoring of exposed persons.

LPHAs that become aware of bird infections in their jurisdictions or human exposures should coordinate all actions with CDPHE epidemiology staff. CDPHE is currently working closely with the USDA and the Colorado Department of Agriculture on this response and will provide liaison activity between LPHAs and agricultural agencies.

FOR MORE INFORMATION:

For additional information please contact the CDPHE Communicable Disease Branch at 303-692-2700 (after-hours 303-370-9395).