

If avian influenza is confirmed in birds, local health jurisdictions (LHJs) should interview potentially exposed persons. For CDC guidance on patient management, see <http://www.cdc.gov/flu/avianflu/severe-potential.htm>.

Management of human contacts of infected birds

Those with close contact with infected birds (direct contact with birds, being in an enclosed environment with birds, contact with bird-contaminated surfaces such as feces) who are within 10 days of last exposure **or** who are notified to the state via Epi-X and who are within 10 days of last exposure should receive:

1) Monitoring for symptoms of concern for 10 days from last exposure, and testing and treatment if indicated

- **Symptoms of concern:** defined by CDC as *any* of the following: fever or feeling feverish/chills; cough; sore throat; runny or stuffy nose; eye tearing, redness, irritation; sneezing; difficulty breathing; shortness of breath; fatigue; muscle or body aches; headaches; nausea; vomiting; diarrhea; seizures; rash.
- **Active surveillance during exposure and for 10 days past last exposure:** The LHJ should make *daily* contact with the exposed person *during* exposure to HPAI infected birds, if applicable, *and* for 10 days from last exposure.
- **Plan for healthcare if ill:** LHJ should develop a plan for where an ill exposed person should be tested and evaluated, and how the person should be transported to the designated facility (do not use public or commercial transport such as buses or taxis); give the plan to the exposed person and designated facility ahead of time.
- **Infection control:** Standard, contact, and airborne isolation precautions are recommended by CDC for all persons under investigation for possible novel influenza A virus infection. If hospitalized, the patient should be placed in a negative air pressure room and staff should use appropriate PPE with a respirator (fitted N-95 or powered air purifying respirator), eye protection, gown, and gloves. If airborne precautions are not possible, institute droplet precautions by placing patient in a private room and instructing staff to wear a surgical mask (N95 preferred if available), eye protection, gown, and gloves. If patient does not need hospitalization, home isolation is adequate. See: <http://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm>
- **Contact DOH CD Epi if symptoms develop:** If symptoms of concern develop in the monitoring period, the exposed person must immediately contact the LHJ (or DOH CDE 24/7 on-call 206-418-5500 if the LHJ is unavailable after hours), and the LHJ should immediately contact DOH CDE to discuss testing, treatment and infection control.
- **Testing:** If testing is indicated, a respiratory specimen (nasopharyngeal or oropharyngeal swab preferred) should be sent to WAPHL immediately for influenza (seasonal and avian) testing. Do not send specimens commercially or rely on a rapid influenza test, which could be falsely negative. Healthcare providers should always use appropriate personal protective equipment when evaluating patients suspected of having novel influenza and when collecting specimens (airborne and droplet precautions). See influenza testing guidelines: <https://www.doh.wa.gov/Portals/1/Documents/pubs/301-018-InfluenzaTestingPHL.pdf> Consider collection of specimens in an outside location to avoid placing burden on the healthcare system.
- **Treatment:** If indicated, treat with oseltamivir (adult dose is usually 75 mg twice daily for 5 days). Do not wait for test results to start treating: <http://www.cdc.gov/flu/avianflu/novel-av-treatment-guidance.htm>

2) Consultation regarding oseltamivir prophylaxis

- Oseltamivir prophylaxis can be considered for people exposed to infected birds who are still within 10 days of last exposure. Chemoprophylaxis is not routinely recommended for persons who used proper PPE while involved in culling bird populations, handling sick birds or decontaminating affected environments.
- Decisions to initiate antiviral chemoprophylaxis should be based on clinical judgement, with consideration given to the type of exposure and to whether the exposed person is at [high risk for complications from influenza](http://www.cdc.gov/flu/avianflu/guidance-exposed-persons.htm). See <http://www.cdc.gov/flu/avianflu/guidance-exposed-persons.htm>

Contact Department of Health Office of Communicable Disease Epidemiology 24/7 with any questions, to notify of plans for testing and healthcare for persons under monitoring and to notify of an ill exposed person:

206-418-5500 or 877-539-4344