

### **A) Background**

Highly pathogenic avian influenza (HPAI) H5N1 has been identified in wild and domestic birds across the United States and within Washington State in 2022. Information on positive domestic flocks and wild birds is reported by USDA and can be found [here](#). While the risk to public health is low, transmission of H5N1 from infected birds to humans is possible and a human case has been reported within the U.S. For updated information on human cases, please see CDC's website [here](#). While the few human cases reported with this H5N1 strain have either been mild or asymptomatic, similar viruses in other countries have caused human infection and death in people who have had close contact with infected poultry. To prepare for the possibility of further HPAI detections in birds in the United States, CDC and USDA have worked together to develop monitoring guidance for exposed humans.

Per the joint guidance of the USDA and CDC, people known to be exposed to HPAI-infected birds are to be monitored for symptoms of concern and tested and treated for avian influenza if indicated.

The goal of monitoring is to ensure that any human infections of avian influenza are identified immediately, appropriate treatment started, and further transmission prevented.

A person needing monitoring for HPAI is defined as someone who, in the previous 10 days, had any of these:

- contact with HPAI-infected birds
- contact with the body fluid of HPAI infected birds (including contact with fecally contaminated surfaces)
- was in an enclosed environment with the infected birds (in a henhouse, for example)
  - Note that exposed people are to be monitored *regardless* of correct usage of personal protective equipment (PPE) when in contact with infected birds
    - PPE usage is described here:  
[https://www.aphis.usda.gov/animal\\_health/emergency\\_management/downloads/hpai/ppe\\_recommendations.pdf](https://www.aphis.usda.gov/animal_health/emergency_management/downloads/hpai/ppe_recommendations.pdf)
- identified by CDC to DOH via Epi-X as possibly exposed (to be monitored *regardless* of exposure status)

Exposure determination relies on an assessment of risk; in general, a low threshold for symptom monitoring should be employed when risk is uncertain.

Persons exposed to infected birds will require monitoring *during exposure* as well as *for 10 days since the last exposure*. Local health jurisdictions (LHJs) will be notified of persons requiring HPAI monitoring in one of two ways:

- 1) The Washington State Department of Agriculture (WSDA) notifies DOH of a positive flock/farm in Washington or the Washington State Department of Fish & Wildlife notifies DOH of a positive wild bird, along with known persons exposed to the domestic or wild bird. DOH will in turn notify the affected LHJ.
- 2) The individual was identified by USDA as being part of a USDA or contract depopulation team somewhere in the United States. USDA will notify such individuals to CDC, and CDC will notify to DOH via Epi-X. DOH will in turn notify the LHJ of residence of individuals.

Regardless of notification method, the LHJ will need to:

- Make contact with the exposed (or potentially exposed) person
- Identify additional exposed persons
- Actively monitor for symptoms of concern (see Table 1 on page 2) for 10 days following last exposure. Monitoring involves daily contact via phone, email or text message.
- Make arrangements for where an ill exposed person would seek healthcare, and how the ill exposed person would get to the designated healthcare facility (avoid public transit)

- Notify DOH if any person under monitoring becomes ill with symptoms of concern
- Consult with DOH regarding prophylaxis and treatment as indicated and provide guidance regarding infection control if symptoms of concern develop.
  - DOH will arrange consultation with CDC if needed.

Details of these actions are described in the sections below.

## **B) Symptoms of Concern**

Per CDC, an avian influenza-exposed person within 10 days of last exposure who has new onset or worsening of any of the symptoms below is considered a case under investigation. *Immediately call DOH CD Epi to report new onset or worsening of symptoms in an exposed person under monitoring 206-418-5500 or 877-539-4644.*

**Table 1: Symptoms of concern (new onset or worsening during the 10 day monitoring period) for HPAI**

<b>Classic influenza symptoms</b>	<b>Other symptoms of concern</b>
Fever or feeling feverish/chills	Fatigue (very tired)
Cough	Muscle or body aches
Runny or stuffy nose	Headaches
Eye tearing, redness, irritation	Nausea
Sneezing	Vomiting
Sore throat	Diarrhea
Difficulty breathing	Seizures
Shortness of breath	Rash

CDC recommendations for cases under investigation (person being monitored with symptoms of concern):

- If resources permit, test all exposed persons under monitoring who have symptoms of concern.
- If demand for testing exceeds available capacity, then prioritization of testing may be considered.
- If prioritizing testing, consider both the symptoms and the nature of the exposure.
- New onset or worsening of any symptom from the left column should prompt testing for influenza.
- A person with an isolated symptom from the right column (e.g., headache only, generalized fatigue, diarrhea only) may be of lower priority for testing, depending on the nature of the exposure. Consult with CDE.
- Direct and/or prolonged exposure (e.g., a breach in PPE during an entire 8-hour culling shift) may mean that testing should be prioritized, even in a person with an isolated symptom from the right column. The presence of multiple symptoms from the right column may also mean that testing should be prioritized.

CDC is willing to provide case by case consultative services regarding management of exposed people. DOH will arrange for consultation. Call DOH at 206-418-5500 or 877-539-4344. (Contact is CDC Influenza Division 404-639-3747, or 770-488-7100 after hours.)

## **C) Infection Control**

Detailed infection control guidance is available: <http://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm>  
Call DOH at 206-418-5500 or 877-539-4344 with questions. DOH can arrange consultation with CDC as needed.

If a person exposed to HPAI presents to a healthcare facility with symptoms of concern while being monitored:

- **Standard, contact, and airborne** isolation precautions are recommended by CDC for all persons under investigation for possible avian influenza or other novel influenza A.
- If notified before patient arrival, facility should identify a room that can be reached without going through a waiting area or other heavily used area. Staff in contact with the patient should wear PPE and do frequent hand hygiene. Staff should meet the person outside the facility, provide a surgical mask, and conduct the person to the designated room.
- If hospitalized, the patient should be 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, follow droplet precautions by placing patient in a private room and having staff wear a surgical mask (N95 preferred if available), eye protection, gown, and gloves.
- If patient does not require hospitalization, home isolation is adequate, per CDC. In brief, patient should self-isolate and remain in a different room than others in the home.

- Consultation with CDC on specific cases may be arranged through DOH as above.

#### D) HPAI Testing

- If symptoms of concern develop or worsen in a person being monitored, immediately call DOH CD Epi 206-418-5500 or 877-539-4344 for consultation about testing (see page 2 for more guidance on testing).
- Consider collecting specimens in an outside location to alleviate burden on healthcare resources.
- Use standard, contact and airborne precautions; particularly when collecting specimens.
- **If testing for influenza is indicated, collect nasopharyngeal swab in viral transport medium for testing at the Washington State Public Health Laboratories.**
- With avian influenza do *not* send specimens to a commercial laboratory or rely on rapid influenza tests.
- For details on collecting and shipping specimens to the Public Health Laboratories, see <https://www.doh.wa.gov/Portals/1/Documents/pubs/301-018-InfluenzaTestingPHL.pdf>

#### E) Post-exposure Prophylaxis

- Oseltamivir prophylaxis *can be considered* for individuals exposed to infected birds who are within 10 days of last exposure. See <http://www.cdc.gov/flu/avianflu/guidance-exposed-persons.htm>
- Chemoprophylaxis is not routinely recommended for persons who used proper personal protective equipment (PPE) while involved in culling bird populations or while handling sick birds or decontaminating affected environments (including animal disposal).
- 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.
  - If prescribed for adults, oseltamivir 75 mg twice daily for 5 days is the dosage.
- If prescribed for children, use oseltamivir treatment dosing (used as chemoprophylaxis) for 5 days. See Table 2: <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

#### E) Treatment Post-Exposure if Symptoms Develop

- See CDC guidance: <http://www.cdc.gov/flu/avianflu/novel-av-treatment-guidance.htm>
- Starting antiviral treatment with a neuraminidase inhibitor is recommended as early as possible for patients with severe disease who are confirmed cases, probable cases, or cases under investigation for exposure to a novel influenza A virus associated with severe human disease, even if more than 48 hours has elapsed since illness onset. Treatment should be considered for patients with mild disease who are confirmed cases, probable cases, or cases under investigation based on risk factors for severe disease and clinical progression.
  - Adults: the standard dose of oseltamivir is 75 mg twice daily for 5 days.
  - Pediatric: Table 2 in <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>
- **Antiviral treatment should *not* be delayed while waiting for laboratory testing results.**
- Consultation with CDC may be indicated for severe or complicated cases.

#### F) Exposure Assessment and Monitoring of HPAI Exposed Humans

##### Forms

- For each exposed or potentially exposed person use “DOH HPAI Exposure Tracking Form”.
  - After initial interview secure email information for potentially exposed individuals to DOH or enter information into RedCap (contact DOH to enroll in RedCap program)
- For cases under investigation (exposed people with symptoms of concern), use “CDC Avian Influenza Initial Case Investigation Form.”

##### Exposure Assessment:

A person needing monitoring for HPAI is defined as someone who, in the previous 10 days, had any of these:

- contact with HPAI-infected birds

- contact with the body fluid of HPAI infected birds (including contact with fecally contaminated surfaces)
- was in an enclosed environment with the infected birds (in a henhouse, for example)
  - Note that exposed people are to be monitored *regardless* of correct usage of personal protective equipment (PPE) when in contact with infected birds
    - PPE usage is described here:  
[https://www.aphis.usda.gov/animal\\_health/emergency\\_management/downloads/hpai/ppe\\_recommendations.pdf](https://www.aphis.usda.gov/animal_health/emergency_management/downloads/hpai/ppe_recommendations.pdf)
- identified by CDC to DOH via Epi-X as possibly exposed (to be monitored *regardless* of exposure status)

Exposure determination relies on an assessment of risk; in general, a low threshold for symptom monitoring should be employed when risk is uncertain.

#### Monitoring:

- Persons exposed to HPAI should be monitored for symptoms of concern *during exposure* (if ongoing) and *for 10 days following the last exposure*.
- The LHJ of residence is *not* responsible for monitoring USDA and contract responders during an out-of-state response, as USDA and contract safety officers will do the monitoring during the response.
  - Only after an Epi-X notification indicates that a USDA or contract responder is returning to the LHJ of residence in Washington will the LHJ take up the monitoring duties.
- When notified of a new exposed or potentially exposed person requiring monitoring, the LHJ should:
  - 1) Communicate with each known potentially exposed individual to:
    - a) Gather a list of other potentially exposed individuals
    - b) Explain about HPAI (low risk to human health, but similar viruses cause human illness elsewhere) and the need to monitor during exposure and for 10 days past last exposure.
      - i. See <https://www.cdc.gov/flu/avianflu/avian-flu-summary.htm> for background
    - c) Interview using “DOH HPAI Exposure Tracking Form”
      - i. After initial interview secure email information for potentially exposed individuals to DOH or enter information into RedCap (contact DOH to enroll in RedCap program)
    - d) Based on this interview, establish whether exposure requiring subsequent monitoring occurred
    - e) If the person is determined exposed, establish the symptom monitoring communication preference (phone, text, or email).
    - f) Tell the exposed person to CALL the LHJ *immediately* (or DOH, if LHJ unavailable) if there is new onset or worsening of any symptoms of concern during the monitoring period. Inform the exposed person that if symptoms develop, consultation with the LHJ will occur regarding testing for influenza, treatment and infection control.
    - g) Provide the completed “Letter to Potentially HPAI Exposed Person” (fill in the designated healthcare facility information) as well as the “Letter to Healthcare Provider”
      - i. This letter contains instruction to CALL the LHJ *immediately* (or DOH, if LHJ unavailable) if there is new onset or worsening of any symptoms of concern during the monitoring period.
      - ii. This letter informs the exposed person that if symptoms develop, consultation with the LHJ will occur regarding testing for influenza, treatment and infection control.
      - iii. This letter contains instruction to CALL the LHJ if you have underlying health conditions that might affect your need for antiviral prophylaxis per CDC guidance.
  - 2) Enroll all potentially exposed individuals in daily symptom monitoring based on their communication preference (phone, text, or email). Contact DOH to enroll individuals in text- or email-based monitoring.

- 3) Set up a plan for where the exposed person should seek healthcare and how the person will get to the designated facility (avoid public transit).

#### **G) Detailed Notification Procedure: WA flocks/farms that are suspected to have HPAI**

If a Washington flock is under investigation for HPAI:

- WSDA will notify DOH.
- DOH will notify the LHJ for planning efforts. No information about the investigation should be made public prior to confirmation and WSDA information release.
- PHL might ship influenza test kits to the LHJ in case an exposed person becomes ill and needs testing at PHL.
  - See testing guidance: <https://www.doh.wa.gov/Portals/1/Documents/pubs/301-018-InfluenzaTestingPHL.pdf>

*Even before the HPAI result in birds is confirmed, the LHJ should:*

- Initiate planning to determine where any ill exposed people can present for medical care, including use of Emergency Medical Transport (EMT) services.
- Review symptom monitoring guidance and develop a plan for symptom monitoring.
- Ensure adequate PPE and testing supplies.

*Once the HPAI positive result in birds has been laboratory confirmed, the LHJ should:*

Follow above exposure assessment and monitoring plan for all potentially exposed individuals.

*Special note about Washington State Department of Agriculture (WSDA) depopulation staff:*

- WSDA depopulation staff will need to be monitored for symptoms of concern during their exposure *and* for 10 days following last exposure (the same as farm workers and other exposed people).
  - Per WSDA, WSDA staff can be enrolled in daily text symptom monitoring.
- DOH will monitor exposed WSDA and USDA staff during the duration of the depopulation event and for 10 days after due to their travel across the state in response to HPAI.

**Public Health should not go onsite** to a suspected or confirmed premise except in the case of extraordinary circumstances AND WSDA approval and consultation. Please contact DOH and WSDA before planning an onsite visit.

- Improper visitation to a positive premise may result in serious biosecurity breaches, spreading avian influenza to an unaffected area.

#### **H) Epi-X Notification System, USDA depopulation workers and contractors who are WA residents**

- CDC and USDA are working together on a system by which state health departments are notified of USDA depopulation workers and depopulation contractors who are residents of their state.
  - Note that *only* the USDA responders and contract responders are notified to states via Epi-X.
  - Farm workers, WSDA depopulation staff, and any other exposed people are *not* notified to states via Epi-X but should still be monitored for illness for 10 days from the last exposure.
- In the event of a HPAI event anywhere in the United States at which USDA staff or USDA contractors are deployed, USDA and the contractor will give CDC a list of all USDA and contract workers involved.
- CDC will provide this contact information to the state health department of residence via Epi-X upon demobilization of the response.
- DOH will then provide the contact information and instructions for monitoring to the LHJ of residence.

- Note that the LHJ of residence will be responsible for monitoring the health status of the USDA responders and contract responders only after demobilization, *not* while the responder is in another state involved in the active depopulation.
- Similar to Ebola monitoring, if a USDA responder or contractor who has been notified to the state via Epi-X leaves a state, an Epi-X movement notification will have to be posted by the state.
- *All* USDA and contract responders notified to states via Epi-X are to be monitored for illness for 10 days from the last date of their deployment *regardless* of the employees' job title and *regardless* of whether the employee is believed to have been exposed to infected birds, per the USDA/CDC guidance.

**Call DOH CD Epi 24/7 with any questions or to report a case under investigation:  
206-418-5500 or 877-539-4344**

Figure 1. Brief flowchart of symptom monitoring

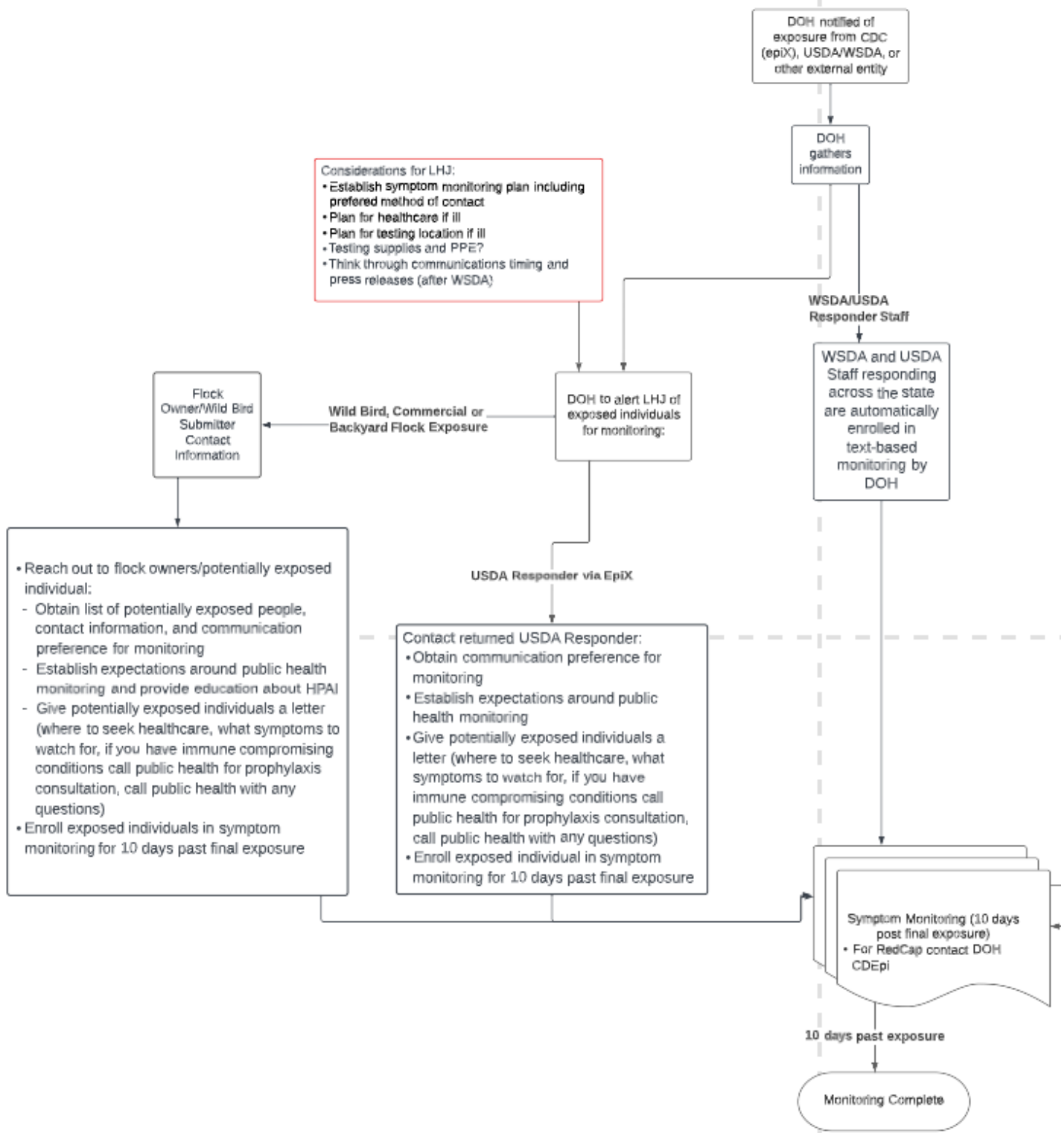




Figure 2. Brief flowchart of testing and interview

