H5 BIRD FLU

CURRENT OUTBREAKS

Also known as Avian Influenza (H5N1), **H5 Bird Flu** is a viral infectious disease of birds caused by type A influenza viruses. The virus spreads through direct bird-to-bird contact or indirectly when virus is on clothing, shoes, vehicles, rodents, insects, feed, water, feathers, etc. Birds shed the virus in bodily fluids such as respiratory droplets, milk, mucus, saliva, and feces.

Avian influenza viruses are frequently found in wild birds, such as ducks. The current strain of H5 bird flu that is circulating in the U.S. and worldwide is causing outbreaks in poultry and U.S. dairy cows. This is the first time these bird flu viruses have been found in cattle. H5 bird flu has also been identified in a number of domestic and wild mammals, including pet cats.

H5 BIRD FLU IN HUMANS

H5 bird flu may infect humans in rare cases when the virus gets into a person's eyes, nose or mouth, or is inhaled. Humans have gotten sick with bird flu after close or lengthy unprotected contact with infected animals or in places that sick animals or their saliva, milk, mucous and feces have touched.

Signs/symptoms of H5 bird flu virus infection in humans may include:

- Cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue
- Fever* or feeling febrile
- Eye redness (or conjunctivitis)
- Shortness of breath or difficulty breathing
- Diarrhea, nausea, vomiting

PREVENTING TRANSMISSION IN HEALTHCARE SETTINGS

- **Contact:** Gown, limit transport and movement of patients. Use disposable or dedicated patient-care equipment.
- **Eye protection:** Goggles or face shield.
- **Airborne:** Use respiratory protection that is at least protective as a fit-tested NIOSH-approved disposable N95 filtering facepiece respirator upon entry to the patient room or care area. Patient should be placed in an airborne infection isolation room (AIIR) that has been constructed in accordance with current guidelines. If an AIIR is not available, the patient should be transferred as soon as is feasible to a facility where an AIIR is available. Use caution when performing Aerosol-Generating Procedures (AGPs).

Monitor healthcare personnel for 10 days if they had unprotected exposure to someone with H5 bird flu.

DETECTION AND TREATMENT (Continued on next page...)

- For patients with symptoms and relevant exposure, or asymptomatic patients with high-risk exposure to bird flu-infected animals, call **213-240-7941** or **(213) 974-1234** (after hours) before collecting H5 bird flu specimens. Public Health will advise on specimen collection and coordinate testing.
- Testing of clinical specimens for H5 bird flu virus should be performed at a public health laboratory. Testing at a clinical or commercial laboratory cannot rule out H5 bird flu virus infection.

DETECTION AND TREATMENT

Treatment:

- Empiric antiviral treatment with oseltamivir 75mg twice a day for 5 days should be started ASAP for patients with suspected H5 bird flu. Patients with severe disease may require a longer course of treatment.
- **Prophylaxis** should be considered for workers with a high-risk, unprotected exposure to sick animals and **close contacts** of patients with avian influenza. A close contact is defined as persons within approximately 6 feet or within the room or care area of a confirmed or probable novel influenza A case-patient for a prolonged period of time or who had contact with the infectious secretions while the case-patient was likely infectious. Risk is stratified by duration of exposure and whether or not an individual was wearing PPE.
- **Healthcare providers** who have had an unprotected exposure (e.g. within 2 meters of a symptomatic patient with avian influenza without the use of recommended respiratory protection and eye protection) should be excluded from work for 10 days after their last exposure.
    - Public health should be notified of the exposure and the exposed healthcare provider will be monitored for 10 days following the exposure.
- Healthcare workers who are potentially exposed to patients with H5 bird influenza should be advised to report any signs or symptoms of acute illness to their supervisor for 10 days after the last known contact with the sick patient.
    - Facilities should keep track of all healthcare providers who care for or enter the rooms of these patients
- Public health will monitor and provide prophylaxis to all moderate- and high-risk close contacts of a confirmed case.
    - Oseltamivir dosage for chemoprophylaxis for H5 bird flu is 75mg twice daily for 5 or 10 days. The twice a day chemoprophylaxis dosing is higher than typical dosing for seasonal influenza based on limited data for H5 bird flu and the desire to reduce potential antiviral resistance.

RISK ASSESSMENT IN HEALTHCARE SETTINGS

Low Risk ***Transmission unlikely***	**Moderate Risk** *Unknown risk of transmission*	**High Risk** *Recognized risk of transmission*
Others who have had social contact of a short duration with a confirmed or probable case in a non-hospital setting (e.g., in a community or workplace environment)	Health care personnel with unprotected close contact with a confirmed or probable case or non-household members with prolonged unprotected close contact with a confirmed or probable case outside of a healthcare facility.	Household or close family member contacts with unprotected, prolonged close contact to a confirmed or probable case.

For exposure risk in non-healthcare settings, see CDC's Risk Categories by Exposure