

Date: June 10, 2022

This memo is intended for acute care, urgent care, community and primary care settings, and health authority infection prevention and control (IPC), public health (PH), and workplace health and safety (WHS) programs.

Subject: Pathogenic Avian Influenza – Interim Infection Prevention and Control Recommendations

Background

Avian (bird) influenza A infections (e.g. H5N1) are being detected in wild and domestic birds and other animals in BC and other Canadian provinces, the USA, Asia and Europe.¹⁻⁴ At present, this is primarily a communicable disease affecting animals, and the agricultural sector is taking a number of control measures to protect commercial flocks and workers. Provincial and federal agriculture and human health agencies are also monitoring the situation closely.

The risk for pathogenic avian influenza infections in humans is low. Sustained human-to-human transmission has not been observed at this time.^{1,2,4} As a precautionary measure, PICNet is providing IPC recommendations should a patient with symptoms and an exposure to avian influenza A(H5N1)-infected birds or animals access health care.

IPC recommendations for patients who are suspected or confirmed to have avian influenza:

- **Be alert for patients who present with symptoms and exposures to infected birds**
 - Does the patient show signs and symptoms of influenza A infection?
*Symptoms range from conjunctivitis to influenza-like illness (i.e., fever, sore throat, muscle aches) to severe respiratory illness.*⁴⁻⁶
 - Does the patient report close exposure within 10 days before symptom onset to birds, animals or another human with confirmed avian influenza A virus infection?
Exposures may include:
 - *being in the same close airspace (\leq 2meters);*
 - *touching or handling;*
 - *consuming under- or uncooked poultry or egg products;*
 - *direct contact with contaminated surfaces;*
 - *exposure to manure or litter containing high concentration of virus or a contaminated air space/environment;*
 - *visiting a live poultry market with confirmed bird infections or associated with a case of human infection.*^{2,4,6}
- **If avian influenza is suspected, implement appropriate precautions and notify the appropriate clinical authorities immediately**

- Have the patient wear a medical mask and perform hand hygiene
- Implement **airborne, droplet and contact** precautions
 - Consult IPC and organizational guidelines regarding patient placement. Preferred room placement is an airborne infection isolation room (i.e., negative pressure room); if one is not available, use a private room with door closed.
 - Refer to your organizational procedures for additional precautions, or to Public Health Agency of Canada's [Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings](#) guidance.
 - Refer to [PICNet video resources](#) for donning and doffing personal protective equipment
 - For further consultation and before discontinuing airborne, droplet and contact precautions, contact IPC in health authority-operated sites and PH in community
- Test for influenza virus
 - Tests for influenza A also detect avian influenza viruses
 - All positive influenza A samples in humans undergo strain typing to differentiate between human and avian strains of influenza A viruses
- Notify Public Health (see below), Infection Prevention and Control, and Workplace Health and Safety immediately and directly. Cases of suspected avian influenza are reportable under the [Reporting Information Affecting Public Health Regulation](#) of the Public Health Act
- Use airborne, droplet, and contact precautions for aerosol-generating medical procedures (AGMP)
 - Adhere to additional IPC and WHS guidelines for AGMPs. (View a printable [AGMP sign](#))
- Be vigilant with routine IPC practices, including rigorous hand hygiene, cleaning and disinfecting equipment, and cleaning and disinfecting the care environment according to usual protocols

For more information, please see:

- Information on human infections: Refer to the [BC Centre for Disease Control's Emerging Respiratory Virus updates](#) and [Avian Influenza](#) webpages, and the [World Health Organization's Weekly Updates](#)
- Updates on transmission in birds: Refer to the [Canadian Food Inspection Agency](#) and [Government of BC](#) websites

Regional Public Health Contact Information (for health professionals only)

- Fraser Health: 1-866-990-9941
- Interior Health: 1-866-457-5648
- Island Health
 - South Island: 1-866-665-6626
 - Central Island: 1-866-770-7798
 - North Island: 1-877-887-8835
- Northern Health:
 - Business hours: 250-645-3794
 - After business hours: 250-565-2000, press 7, ask for the MHO on call
- Vancouver Coastal Health:
 - Business hours: 1-855-675-3900
 - After business hours: 604-527-4893

References

1. World Health Organization (WHO). Avian Influenza Weekly Update Number 841 Human infection with avian influenza A(H5) viruses. 2022;(841). www.who.int/docs/default-source/wpro---documents/emergency/surveillance/avian-influenza/ai_20220422.pdf?Status=Master&sfvrsn=5f006f99_93
2. Adlhoch C, Fusaro A, Gonzales JL, et al. Avian influenza overview December 2021 – March 2022. *EFSA J.* 2022;20(4). doi:10.2903/j.efsa.2022.7289
3. Canadian Food Inspection Agency. Status of ongoing avian influenza response by province. *Food Insp Programs*. Published online 2022:1-7. <https://inspection.canada.ca/animal-health/terrestrial-animals/diseases/reportable/avian-influenza/response-to-detections-of-highly-pathogenic-avian-/eng/1640207916497/1640207916934>
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6. US Centers for Disease Control and Prevention (CDC). Case definitions for investigations of human infection with avian influenza A viruses in the united states. Published 2022. Accessed May 12, 2022. www.cdc.gov/flu/avianflu/case-definitions.html