

**Subject: Highly Pathogenic Avian Influenza – Interim Infection Prevention and Control  
Recommendations for Health Care Settings**

Date: June 27, 2023

This memo is intended for those managing acute care facilities, urgent and primary care centres, and primary care clinics, as well as health authority infection prevention and control (IPC) and workplace health and safety (WHS) programs.

**Background**

Highly pathogenic avian influenza (HPAI) A infections (H5N1) are being detected in wild and domestic birds and other animals in BC, other Canadian provinces, and globally.<sup>1-4, 8</sup> At present, this is primarily a communicable disease affecting animals. 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 HPAI infections in humans remains low.** So far, most human cases are sporadic infections among individuals exposed to influenza A(H5) virus through contact with infected poultry or contaminated environments, including live poultry markets<sup>7</sup>. Sustained human-to-human transmission has not been observed at this time.<sup>1,2,4,7</sup> As a precautionary measure, PICNet is providing IPC recommendations should a patient access health care with symptoms and an exposure to avian influenza-infected birds or animals.

**IPC Recommendations For Caring for Patients Who Are Suspected or Confirmed to Have Avian Influenza**

- **Be alert to patients who present with symptoms AND exposures to infected birds or animals.**
  - 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.*<sup>4-6</sup>
  - Does the patient report close exposure to birds, animals, or another human with confirmed avian influenza A virus infection within 10 days before symptom onset?  
*Exposures may include:*
    - *close contact with a known infected bird, animal, or human case;*
    - *exposure to manure or litter containing a high concentration of virus;*
    - *exposure to contaminated air space/environment;*
    - *direct contact with surfaces contaminated by infected birds/animals;*
    - *visiting a live poultry market with confirmed bird infections or associated with a case of human infection;*<sup>2,4,6</sup>
    - *touching or handling sick/dying birds or animals;*
    - *consuming under- or uncooked poultry or egg products from a potentially contaminated source.*
- **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 **droplet and contact** precautions.
    - Consult IPC and organizational guidelines regarding patient placement. Preferred room placement is a single/private room with door closed.
    - Wear a medical mask, eye protection, gown, and gloves for any direct patient care

- and when within two metres of the patient.
- Conduct a point-of-care risk assessment to determine the need for additional PPE and follow institutional PPE guidance.
  - Refer to your organizational procedures for additional precautions, or the 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 (PPE).
  - For further consultation and before discontinuing droplet and contact precautions, contact IPC in health authority-operated sites and Public Health in community or primary care settings.
- Avoid performing aerosol generating medical procedures (AGMPs) unless medically necessary. If an AGMP is necessary, use airborne, droplet, and contact precautions:
    - Use an N95 respirator or equivalent and eye protection (e.g., goggles or face shield), gloves and gown for AGMPs.
    - Only essential personnel with appropriate PPE should enter the examination room during the AGMP.
    - For health authority-operated sites adhere to additional IPC and WHS guidelines for AGMPs. View a printable [AGMP sign](#) at this [link](#).
    - AGMPs should be performed in an airborne infection isolation room (also referred to as a negative pressure room). If unavailable, a single/private room located furthest away from other patients, visitors and health care workers should be used with the door closed.
  - 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 at BCCDC Laboratory services.
    - Refer to the BCCDC's [Respiratory Testing Bulletins](#) including [eLab handbook](#) for more information on testing.
  - **Notify Public Health (see below), IPC, and WHS immediately and directly.** Cases of suspected avian influenza are reportable under the [Reporting Information Affecting Public Health Regulation](#) of the Public Health Act.
  - Ensure you have the appropriate PPE supplies available in your clinics.
  - 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:
  - [BCCDC Emerging Respiratory Virus updates](#)
  - [BCCDC Avian Influenza](#)
- Updates on transmission in birds:
  - [Canadian Food Inspection Agency](#)
  - [Government of BC Avian Influenza](#)

**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 886 Human infection with avian influenza A(H5) viruses. 2022;(886). [https://www.who.int/docs/default-source/wpro---documents/emergency/surveillance/avian-influenza/ai\\_20230310.pdf?Status=Master&sfvrsn=22ea0816\\_25](https://www.who.int/docs/default-source/wpro---documents/emergency/surveillance/avian-influenza/ai_20230310.pdf?Status=Master&sfvrsn=22ea0816_25).
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*. Updated April 13, 2023. <https://inspection.canada.ca/animal-health/terrestrial-animals/diseases/reportable/avian-influenza/response-to-detections-of-highly-pathogenic-avian-eng/1640207916497/1640207916934>
4. Skowronski DM, Montoya S, Kaweski S, et al. Risk assessment: human health implications of the clade 2.3.4.4b highly pathogenic avian influenza (HPAI) H5Nx epizootic, 2021-2022. 2022; (May 19, 2022):1-22. [www.bccdc.ca/resource-gallery/Documents/Statistics and Research/Statistics and Reports/Epid/Influenza and Respiratory/ERV/HPAI H5N1 Risk Assessment 19 May 2022.pdf](http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Epid/Influenza%20and%20Respiratory/ERV/HPAI%20H5N1%20Risk%20Assessment%2019%20May%202022.pdf).
5. BC Centre for Disease Control (BCCDC). BCCDC Avian Influenza. Published 2022. Accessed April 28, 2022. [www.bccdc.ca/health-info/diseases-conditions/avian-influenza](http://www.bccdc.ca/health-info/diseases-conditions/avian-influenza).
6. BC Centre for Disease Control (BCCDC). Avian Influenza Case definitions for notification to/within public health. Accessed March 14, 2023. <http://www.bccdc.ca/health-professionals/clinical-resources/case-definitions/avian-influenza>.
7. World Health Organization (WHO). Influenza at the human-animal interface summary and assessment, 26 January 2023. Published 2023. Accessed March 14, 2023. [https://cdn.who.int/media/docs/default-source/influenza/human-animal-interface-risk-assessments/influenza-at-the-human-animal-interface-summary-and-assessment--from-6-to-26-january-2023.pdf?sfvrsn=abc6faf5\\_1&download=true](https://cdn.who.int/media/docs/default-source/influenza/human-animal-interface-risk-assessments/influenza-at-the-human-animal-interface-summary-and-assessment--from-6-to-26-january-2023.pdf?sfvrsn=abc6faf5_1&download=true).
8. World Health Organization (WHO). Rapid Risk Assessment. Assessment of risk associated with recent influenza A(H5N1) clade 2.3.4.4b viruses. Published Dec 21, 2022. Accessed March 14, 2023. [https://cdn.who.int/media/docs/default-source/influenza/avian-and-other-zoonotic-influenza/h5-risk-assessment-dec-2022.pdf?sfvrsn=a496333a\\_1&download=true](https://cdn.who.int/media/docs/default-source/influenza/avian-and-other-zoonotic-influenza/h5-risk-assessment-dec-2022.pdf?sfvrsn=a496333a_1&download=true).