

Highly Pathogenic Avian Influenza

Interim Provincial Infection Prevention and Control Recommendations for Health Care Settings

March 25, 2025

Revision 3.0 — updated from June 27, 2023, Memo: Highly Pathogenic Avian Influenza – Interim Infection Prevention and Control Recommendations for Health Care Settings

Table of Contents

Guideline Approval	3
Document Version	3
Acknowledgement	3
Background	4
Purpose	4
Interim Infection Prevention and Control Recommendations	5
Testing for Avian Influenza (H5) Virus.....	6
Notification and Reporting	6
Regional Public Health Contact Information (For Health Professionals Only)	7
Additional Resources	7
References	8

Guideline Approval

Approval From	Date
BC Ministry of Health	March 12, 2025
Provincial Infection Prevention and Control Steering Committee	January 24, 2025

Document Version

Document Version	Summary of Major Changes
Highly Pathogenic Avian Influenza Interim Provincial Infection Prevention and Control Recommendations for Health Care Settings	<ul style="list-style-type: none"> Updated high risk exposures based on updates from BCCDC’s Avian Influenza - Interim Guidelines for H5N1 Avian Influenza Outbreak (August 2024). Revised PPE recommendations for respirators in alignment with Public Health Agency of Canada’s Interim recommendations for infection prevention and control of avian influenza in healthcare settings (October 2024). Additional infection prevention and control measures for managing patients with confirmed, probable, and persons under investigation for highly pathogenic avian influenza. Updated additional resources and references.
Memo: Highly Pathogenic Avian Influenza – Interim Infection Prevention and Control Recommendations for Health Care Settings	Published on June 27, 2023

Acknowledgement

Land Acknowledgment

As a health improvement network, Provincial Infection Control Network of BC (PICNet) operates on the unceded, traditional, and ancestral lands of First Nations across British Columbia (BC). PICNet’s main office in Vancouver is located on the traditional and ancestral lands of the x^wməθk^wəyəm (Musqueam), Skwxwú7mesh (Squamish), and səliłwətał (Tsleil-Waututh) Nations. We acknowledge the traditional and ancestral lands and territories of First Nations throughout BC in which the contributors to this resource work, live, and play.

Guideline Contributors

PICNet would like to acknowledge and thank the following groups that provided review and feedback to draft sections of this guidance:

- Provincial COVID-19 Infection Prevention and Control/Workplace Health and Safety Working Group
- BCCDC Communicable Diseases Medical Health Officers Group
- BCCDC Primary Care Reference Group

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.¹⁻⁵ 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 and sustained human-to-human transmission has not been observed at this time.^{3,6,7} Thus far, most human cases have been infections among individuals exposed to influenza A(H5) virus through contact with infected poultry or other animals (e.g., cattle) with exposure via secretions (mucus, saliva), unpasteurized (raw) milk, blood, feathers, and feces of infected animals or contaminated environments (e.g., animal farms, animal markets including live poultry markets).^{1,3,6-8} The potential risk, therefore, is higher in those with occupational or recreational exposures to infected animals or contaminated environments.⁷ Transmission of the virus from animal to human occurs via inhalation or contact with mucus membranes.⁷

Purpose

The purpose of this guidance is to provide updated recommendations on infection prevention and control (IPC) measures in health care settings in the event that a person under investigation with probable or confirmed avian influenza is identified within a health care facility. This includes acute care, urgent and primary care centres, and primary care clinics. The following recommendations have been revised from PICNet's June 27, 2023 Highly Pathogenic Avian Influenza – Interim Infection Prevention and Control Recommendations for Health Care Settings Memo, to align with Public Health Agency of Canada's (PHAC) [Interim recommendations for infection prevention and control of avian influenza in health care settings](#) (updated October 30, 2024). PHAC recommendations reflect the potential for higher risk in individuals with occupational or recreational exposures to infected animals or contaminated environments, and the pandemic potential of avian influenza.⁷

Interim Infection Prevention and Control Recommendations

- Follow the IPC recommendations below for patients who present in health care settings with symptoms **and** an exposure to avian influenza-infected birds or animals or their feces and other high-risk material:

- **Be alert to patients who present with symptoms AND exposures to infected birds or animals.**

- Assess the patient for signs and symptoms of influenza A infection.
 - Symptoms can range from conjunctivitis to influenza-like illness (i.e., cough, fever, sore throat, shortness of breath, congestion, muscle aches, etc.,) to severe respiratory illness.^{4,9,10}
- Determine if the patient reports close exposure to birds, other animals, or another human with confirmed avian influenza A virus infection within 10 days before symptom onset. Consult with IPC team (where available) for assistance with the initial assessment and as needed. Exposures may include the following with insufficient personal protective equipment (PPE)⁹:
 - Workers/individuals who work in a poultry or dairy farm;
 - Milk technicians/individuals who milk or handle milk from potentially infected cattle;
 - Workers/individuals involved in the handling and/or slaughtering of live poultry and other animals (e.g., live animal markets, areas with infected animals/birds, or visitors to an area where such activities are undertaken);
 - Close contact exposure to a flock or group of sick or dead animals infected with avian influenza or to particular animals that have been directly implicated in human cases;
 - Personnel involved in handling sick animals or exposed to affected environments including animal disposal as part of outbreak control efforts (e.g., poultry depopulation/culling and barn clean up).
- For further information on exposure risk factors, refer to the BCCDC's [Avian Influenza - Interim Guidelines for H5N1 Avian Influenza Outbreak](#)

- **Management of patients:**

For patients with symptoms of viral respiratory illness (VRI) without exposure risk factors for HPAI, follow [setting specific VRI infection prevention and control guidelines](#).

For management of a patient who is [confirmed, probable, or person's under investigation](#) for HPAI, (refer to BCCDC's [Avian Influenza Case Definitions](#)), implement the following IPC measures, in addition to following [routine practices](#):

- Have the patient wear a medical mask (if tolerated), when presenting at reception areas, outside their room or care area, and perform hand hygiene.
- Place the patient in a single occupancy room or an airborne infection isolation room (AIIR/negative pressure rooms), where available, with the door closed. Cohorting of

patients with known exposures to avian influenza is not recommended. Consult with IPC team (where available), for guidance on patient placement, as needed.

- Wear the following PPE when providing care, entering the patient's room or when within two metres of the patient:
 - Gloves;
 - Long-sleeved protective gown;
 - Eye protection (refer to the [Eye and Facial Protection Selection Fit Tool](#));
 - Seal-checked and fit-tested respirator (e.g., N95 respirator or equivalent).
- Post [additional precaution sign](#) outside the patient room.
- Avoid performing [aerosol generating medical procedures \(AGMPs\)](#) unless medically necessary. If an AGMP is necessary, implement the following:
 - Wear a seal-checked and fit tested respirator, eye protection, gloves, and long-sleeved protective gown.
 - AGMPs should be performed in an AIIR with the door closed. If an AIIR is unavailable, use a single occupancy/private room with the door closed and located furthest away from other patients, visitors, and health care workers.
 - Only essential personnel with appropriate PPE should enter the patient room during the AGMP.
 - For health authority-operated sites adhere to additional IPC and WHS guidelines for AGMPs. Post an [AGMP sign](#) outside the room.
- In consultation with IPC team, implement [enhanced cleaning and disinfection](#) for the patient room.
- For further consultation and before discontinuing additional precautions in a confirmed case, contact IPC team in health authority-operated sites and Public Health in community or primary care settings.

Testing for Avian Influenza (H5) Virus

- Contact and consult with the medical microbiologist on call, at [BCCDC Public Health lab](#) or local health authority microbiology lab, to facilitate expedited and confirmatory testing for avian influenza.
- Refer to the BCCDC's [Avian Influenza](#), [eLab Handbook](#) and the latest Avian Influenza bulletins on the BCCDC's [Emerging Respiratory Viruses](#) webpages for information on optimal specimen collection, BCCDC medical microbiologist contact information, and testing.

Notification and Reporting

- **Immediately and directly notify Public Health (see below), and IPC team and WHS** (where available) of patients who meet the case definition for notification.
- Refer to BCCDC's [Avian Influenza Case Definitions](#) for notification to/within public health Cases of avian influenza are reportable under the [Reporting Information Affecting Public Health Regulation](#)

of the Public Health Act.

Regional Public Health Contact Information (For Health Professionals Only)

- Fraser Health:
 - Business hours: 1-866-990-9941
 - After business hours: 604-527-4806
- Interior Health:
 - 1 866 457-5648 (24/7)
- Island Health:
 - Business hours: see [Medical Health Officers](#) webpage.
 - After business hours: 1-800-204-6166
- Northern Health:
 - Business hours: 250-645-3794
 - After business hours: 250-565-2000, press 7, ask for the MHO on call.
- Vancouver Coastal Health:
 - 604 675-3900 (M-F, 8:30-5:00) **OR**
 - 604-527-4893 (after hours)

Additional Resources

For more information, please see:

- Additional infection prevention and control resources:
 - [Public Health Agency of Canada Notice: Interim recommendations for infection prevention and control of avian influenza in health care settings](#)
 - [Public Health Agency of Canada Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings](#)
 - BCCDC [Interim Public Health Guidelines for H5N1 Avian Influenza Outbreak](#)
 - PICNet [PPE resources](#) including [posters](#) and [videos](#)
 - PICNet [British Columbia Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Healthcare Settings and Programs](#)
- 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](#)

References

1. World Health Organization (WHO). Avian influenza- Surveillance Western Pacific. Accessed November 7, 2024. <https://www.who.int/westernpacific/wpro-emergencies/surveillance/avian-influenza>
2. Adloch, Cornelia, Fusaro, Alice, Gonzales Jose L, et al. Avian influenza overview December 2021 – March 2022. 2022;(European Food Safety Authority). doi:doi:10.2903/j.efsa.2022.7289
3. Canadian Food Inspection Agency. *Status of Ongoing Avian Influenza Response by Province*. Canadian Food Inspection Agency; 2024. <https://inspection.canada.ca/en/animal-health/terrestrial-animals/diseases/reportable/avian-influenza/latest-bird-flu-situation/status-ongoing-avian-influenza-response>
4. Skowronski, Danuta M, Montoya, Suzana, Kaweski, Samantha, et al. *Risk Assessment: Human Health Implications of the Clade 2.3.4.4b Highly Pathogenic Avian Influenza (HPAI) H5Nx Epizootic, 2021-2022*. BC Centre for Disease Control; 2022:1-22. http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Epid/Influenza%20and%20Respiratory/ERV/HPAI_H5N1_Risk_Assessment_19_May_2022.pdf
5. World Health Organization (WHO). *Rapid Risk Assessment. Assessment of Risk Associated with Recent Influenza A(H5N1) Clade 2.3.4.4b Viruses*. World Health Organization; 2022. 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
6. U.S. Centers for Disease Control and Prevention (U.S. CDC). H5 Bird Flu: Current Situation. Avian Influenza (Bird Flu). Published November 6, 2024. Accessed November 7, 2024. <https://www.cdc.gov/bird-flu/situation-summary/index.html>
7. Public Health Agency of Canada (PHAC). *Notice: Interim Recommendations for Infection Prevention and Control of Avian Influenza in Healthcare Settings*. Public Health Agency of Canada; 2024. <https://www.canada.ca/en/public-health/services/diseases/avian-influenza-h5n1/health-professionals/interim-recommendations-infection-prevention-control-avian-influenza-healthcare-settings.html>
8. World Health Organization (WHO). *Influenza at the Human-Animal Interface*. World Health Organization; 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
9. BC Centre for Disease Control (BCCDC). *Avian Influenza*. BC Centre for Disease Control (BCCDC) <http://www.bccdc.ca/health-info/diseases-conditions/avian-influenza>

10. BC Centre for Disease Control (BCCDC). *Avian Influenza: Case Definitions for Notification to/within Public Health*. BC Centre for Disease Control; 2023. <http://www.bccdc.ca/health-professionals/clinical-resources/case-definitions/avian-influenza>