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AVIAN INFLUENZA DETECTED IN BIRD IN FRANKLIN COUNTY

Current situation in Benton and Franklin Counties

- Confirmed bird from Franklin County
- Presumptive positive birds from both Benton and Franklin Counties

The avian influenza A(H5N1) viruses identified in early 2022 in birds within the U.S. have, to-date, not caused any illness among humans. However, similar avian influenza viruses have caused human illnesses in other countries.

Exposure to avian flu viruses can occur from contact with live or dead infected birds, their feces, body fluids, or being in a confined environment (e.g. henhouse) with infected birds. The incubation period in humans is up to 10 days.

Exposed persons may present to a healthcare facility for antiviral prophylaxis or for influenza testing and treatment.

If an exposed ill person presents for care, use standard, contact and airborne precautions.

Immediately notify Benton-Franklin Health District at 509-539-0416 of a suspect human avian influenza case. If the health district is not available, call the Department of Health Communicable Disease Epidemiology Office at 206-418-5500.

I. Symptoms of Concern

Per CDC, an avian flu exposed person who is within 10 days of last exposure who has new onset or worsening of any of the symptoms below is considered a case under investigation.

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

Contact the Benton-Franklin Health District (509-539-0416) or Department of Health to discuss symptoms of concern in an avian flu exposed person; consultation with CDC may be indicated regarding testing, treatment and infection control.

II. Infection Control

If a person exposed to influenza-infected birds presents with symptoms of concern with onset within 10 days of last exposure to birds with suspect or confirmed avian influenza:

- If notified before patient arrival, contact the local health jurisdiction to determine if there is a designated healthcare facility for the patient and direct them to that facility.
- If patient will be seen, identify a room, ideally an airborne infection isolation room (AIIR), that can be reached without going through a waiting area or other heavily used area. Staff in contact with the patient should wear personal protective equipment, as described below, and perform frequent hand hygiene. Meet the patient outside the facility, provide the patient with a surgical mask, and conduct the person to the designated room.
- Standard, contact, and airborne isolation precautions are recommended by CDC for all persons under investigation for possible avian influenza or other novel influenza A virus infection.
- If hospitalized, the patient should be placed in an AIIR and staff should use appropriate PPE including a NIOSH approved respirator (such as a fitted N-95 or powered air purifying respirator), eye protection, gown, and gloves.
- If an AIIR is not available, place patient in a private room with the door closed.
- If NIOSH approved respirator is not available, healthcare workers should wear a surgical mask, eye protection, gown, and gloves.
- All entering the room should wear the appropriate PPE as described above for a period of time after the patient leaves the room as indicated by CDC or up to 3 hours if the air changes per hour are unknown.

For more information on infection control: <http://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm>

III. Testing Post-Exposure if Symptoms Develop

- **Notify the local health jurisdiction if testing for avian influenza.**
- **Use standard, contact and airborne precautions.**
- If testing for influenza is indicated, **collect nasopharyngeal swab in viral transport medium for testing at the Washington State Public Health Laboratories.** Use full PPE when collecting specimens.
- Do *not* send specimens commercially or rely on rapid influenza tests for avian influenza, which can give false negative results.
- For details on collecting and shipping specimens to the Washington State Public Health Laboratories, see <https://www.doh.wa.gov/Portals/1/Documents/pubs/301-018-InfluenzaTestingPHL.pdf>

III. Treatment Post-Exposure if Symptoms Develop

- See CDC guidance: <http://www.cdc.gov/flu/avianflu/novel-av-treatment-guidance.htm>
- Initiation of antiviral treatment with a neuraminidase inhibitor is recommended as early as possible for hospitalized patients who are confirmed cases, probable cases, or cases under investigation of human infection with novel influenza A viruses associated with severe human disease, even if more than 48 hours has elapsed since illness onset.
 - The standard dose of oseltamivir is 75 mg twice daily for 5 days.
 - For pediatric dosing, see Table 2:
<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.

IV. Post-Exposure Prophylaxis

- Per CDC guidance, 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>
- Per CDC, chemoprophylaxis is *not* routinely recommended for persons who used proper personal protective equipment (PPE) while involved in culling bird populations, 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, the adult dosage is Oseltamivir 75 mg twice daily for 5 days.
- 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>

Contact Benton-Franklin Health District at 509-539-0416 to report suspect cases or for questions.