



TABLETOP EXERCISE 09.14.06

MOCK AVIAN INFLUENZA HEALTH ALERT #1

Sept. 8, 2008

H5N1 Avian Influenza Alert – WHO declares Pandemic Alert Phase 4

The purpose of this advisory is to update San Francisco clinicians on Avian influenza infection (H5N1) cases in China and Indonesia. This alert and additional information on influenza are posted on the SFDPH website (www.sfdph.org/cdcp).

ACTIONS REQUESTED OF ALL CLINICIANS:

1. Be on the **alert** for persons with symptoms who meet the case definition of H5N1 infection.
2. **Collect specimens** from symptomatic individuals who meet the case definition.
3. **Report** suspect cases that meet the criteria described below to the **Communicable Disease Control Unit (CDCU) at 554-2830**.
4. **Implement respiratory and hand hygiene** strategies for all person with an Influenza-like illness and add **infection control measures for all suspect cases** as described below.

China. The Ministry of Health in China has confirmed the country's 32nd case of human infection with the H5N1 avian influenza virus. Of the 32 laboratory-confirmed cases in China reported to date, 17 have been fatal. The latest patient is a 31-year-old man who is a brother of another patient who died 2 weeks ago. He is also the 3rd person from the same factory who has been infected with the H5N1 virus. WHO has determined this to be a small cluster of human-to-human transmission.

Indonesia. The Ministry of Health in Indonesia has confirmed the country's 141st case of human infection with the H5N1 avian influenza virus. The case, which was fatal, occurred in a 14-year-old from East Jakarta, Jakarta Province. Two of his siblings are also infected with the virus in addition to 3 children in the sibling's school. WHO confirms this as a second small cluster.

CASE DEFINITION of SUSPECTED AVIAN INFLUENZA (H5N1) includes:

Hospitalized patients with:

- a. Radiographic confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established, AND
- b. History of contact with another person diagnosed with H5N1 infection or travel within 10 days of symptom onset to a country with documented H5N1 avian influenza in poultry and/or humans. See www.who.int/csr/disease/avian_influenza/country/cases_table_2006_08_23/en/index.html for an updated list of countries affected by H5N1 avian influenza.

OR

Hospitalized or ambulatory patients with:

- a. Documented temperature of >38°C (>100.4°F), AND
- b. One or more of the following: cough, sore throat, shortness of breath, AND
- c. History of contact with poultry (e.g., visited a poultry farm, a household raising poultry, or a bird market) or contact with a known or suspected human case of influenza in an H5N1-affected country within 10 days of symptom onset.

REPORTING

There are currently no human or bird cases of H5N1 avian influenza in the U.S. However, if you suspect avian influenza call SFDPH Disease Control at (415) 554-2830 immediately for consultation to determine the need for testing.

LAB TESTING

Collect (a) both a nasopharyngeal AND a throat specimen or (b) a nasopharyngeal swab or a throat swab AND any specimen from the lower respiratory tract (e.g. sputum, bronchoalveolar lavage, tracheal aspirate or pleural fluid tap) PRIOR TO TREATMENT and forward to local public health laboratory for testing. See <http://www2a.cdc.gov/han/ArchiveSys/ViewMsgV.asp?AlertNum=00246> for up-to-date specimen collection and testing guidelines. **Do NOT send specimens to a commercial laboratory. Testing for H5N1 is only available at public health laboratories.**

INFECTION CONTROL MEASURES

For the current H5N1 Influenza strain, use of standard, contact, airborne, and eye protection precautions are recommended. N95 masks are recommended for contact with suspect or confirmed cases. Download complete recommendations or visit our website for information on patient placement and visitor procedures. Install hand sanitizer stations at entrances to hospitals, clinics, healthcare provider offices, and patient care rooms as soon as is practical; and instruct all staff and visitors entering to sanitize their hands. Wash hands with soap and water or sanitize hands before leaving the patient's area, after removing personal protective equipment, or after touching the patient's environment. Respiratory etiquette/cough hygiene is an important part of infection control and includes: 1) instruct all people to cover the mouth and nose with a tissue when coughing or sneezing; 2) encourage coughing people to wear a surgical mask; and 3) perform hand hygiene after any contact with respiratory secretions or contaminated objects. Download the complete Infection Control Recommendation for Pandemic Influenza Phase 4/5 at <http://www.sfdcp.org/index.cfm?id=98>.

ADDITIONAL INFORMATION

Avian Influenza

SFDPH website: www.sfdph.org/cdcp, click on Avian Influenza link

CDC website: www.cdc.gov/flu/avian

WHO website: www.who.int/csr/disease/avian_influenza/country/cases_table_2006_08_23/en/index.html

Pandemic Influenza

SFDPH website: www.sfdph.org/cdcp, click on Pandemic Influenza link

CDC website: www.pandemicflu.gov

WHO website: www.who.int/csr/disease/influenza/pandemic/en/