

# Detection and Management of Suspect Cases of Avian Influenza H5N1 in Travelers

**IF patient presents with influenza-like illness (ILI) defined by:**

- **Fever  $\geq 100.4^{\circ}\text{F}$  ( $38^{\circ}\text{C}$ ) AND**
- **Respiratory symptom (cough, sore throat, dyspnea)**

**THEN ask the following two questions:**

1. **Within 10 days of symptom onset, did you travel to a country experiencing an H5N1 outbreak\*?**  
**AND**
2. **Did you have any of the following high-risk exposures in that country?**
  - ~ direct contact with sick or dead poultry
  - ~ direct contact with surfaces contaminated with poultry feces
  - ~ consumption of raw or incompletely cooked poultry
  - ~ direct contact with sick or dead wild birds
  - ~ close contact with a person who was hospitalized or died due to a severe unexplained respiratory illness
  - ~ close contact with an ill patient confirmed or suspected to have H5N1

Very low probability of H5N1 infection.  
Treat as clinically indicated

**IF NO**

**IF YES:**

to both questions, suspect avian influenza H5N1 infection and report to the local health department immediately.

- Place patient in a private room.
- Have patient wear a mask when not in a private room.
- Limit the number of staff caring for the patient.
- Ensure that staff caring for this patient wear appropriate PPE.\*

## Evaluation

- **Obtain several respiratory specimens from multiple sites (e.g. throat swab, nasopharyngeal swab, or nasal swab) and place into viral transport media; refrigerate at  $4^{\circ}\text{C}$  until specimen can be transported to the State Laboratory of Public Health.**
- **Collect 5 mL of blood for acute serology in a serum separator tube.**

**Commercial rapid influenza antigen testing** in the evaluation of suspected influenza H5N1 cases should be interpreted with caution. These tests have relatively low sensitivities, and a negative result would not exclude a diagnosis of influenza H5N1. In addition, a positive result does not distinguish between seasonal and avian influenza A viruses.

## Treatment/Management

- **Begin empiric antiviral treatment with a neuraminidase inhibitor (oseltamivir or zanamivir) in consultation with the health department.**
- **Review with health department the plan for isolation of suspect case and follow-up of close contacts.**

## Resources and Additional Information

For a listing of influenza H5N1-affected countries:

**CDC:** <http://www.cdc.gov/flu/avian/outbreaks/current.htm>

**OIE:** [http://www.oie.int/eng/en\\_index.htm](http://www.oie.int/eng/en_index.htm)

**WHO:** [http://www.who.int/csr/disease/avian\\_influenza/en/](http://www.who.int/csr/disease/avian_influenza/en/)



**To report a suspect case of H5N1 influenza infection, call your local health department immediately. If you are unable to reach your local health department, you may call the epidemiologist on call for North Carolina Division of Public Health at **919-733-3419**.**

For more information on infection control, see Part F of the *NC Pandemic Influenza Plan*

For more information on laboratory evaluation, see Appendix H of the *NC Pandemic Influenza Plan*

For more information clinical guidelines, see Appendix P of the *NC Pandemic Influenza Plan*



State of North Carolina  
Department of Health  
and Human Services  
Division of Public Health  
[www.ncdhhs.gov](http://www.ncdhhs.gov)  
N.C. DHHS is an equal opportunity  
employer and provider. 01/07 ©