

AVIAN INFLUENZA

Infection, prevention and control guidance for healthcare and health settings.

December 2024

Overview	<p>See <u>Communicable Disease Control Manual Chapter on Avian influenza</u> .</p> <p>Please note that sustained person to person transmission of avian influenza has not occurred.</p>
Symptoms	<p>See <u>Clinical criteria</u> . This includes symptoms of fever, upper respiratory tract symptoms (cough, sore throat, runny nose), lower respiratory tract symptoms (shortness of breath, pneumonia), gastrointestinal symptoms, conjunctivitis, muscle or joint pain, headache, fatigue, and other severe or life-threatening illness suggestive of infective process.</p> <p>Symptoms range in severity, from no symptoms or mild illness to severe disease. Apply a high index of suspicion for any symptomatic people with relevant travel/exposure history (i.e. those who meet the <u>epidemiological criteria of</u> contact within the last 10 days of people or animals or environments contaminated (or suspected to be contaminated) with avian influenza. See here for full <u>Epidemiological criteria</u> .</p>
Assessment	<p>Assessment on entry to health care. Place masks on patients with influenza-like symptoms and ask those who meet epidemiological criteria to self-identify for immediate isolation. Inform IPC team.</p>
Transmission	<p>Droplet/ Airborne and Contact. People are exposed when infectious droplets (or contaminated dust in the air- if in animal/ wild settings) are inhaled or come into contact with a person's eyes, nose, or mouth.</p>
Precautions and room	<p>Airborne, contact and standard precautions. Single room with own bathroom. AIIR Airborne infection isolation room to be used. Clear signage in place.</p> <p>Airborne, contact and standard precautions. Single room with own bathroom. AIIR Airborne infection isolation room to be used. Clear signage in place. Airborne, contact and standard precautions. Single room with own</p>

	bathroom. AIIR Airborne infection isolation room to be used. Clear signage in place. Attendance log required for all staff entering the room as restricted access required.
PPE and hand hygiene	<p>Minimum PPE: Gloves and long-sleeved gown. Facial PPE: Seal checked P2/N95 and eye protection.</p> <p>Gloves and gown to be removed in room, or anteroom. Remove eye protection and N95/P2 in anteroom with sanitised hands.</p> <p>Perform hand hygiene once PPE items are removed. Alcohol based hand rub is effective against influenza.</p>
Sample taking	PPE as above. To minimise the risk of environmental contamination and transmission, HCWs are to remove gloves, perform hand hygiene, and put on a new pair of gloves after completing the specimen collection. Check CDCM for swab type and transport.
Patient Equipment	<p>Single use equipment or dedicated equipment.</p> <p>Cleaned and disinfected after removal from room, wear PPE.</p> <p>Patient notes and charts must not be designated for in room or external to room as per local procedure.</p> <p>Portable fans, dry dusting and vacuuming must not be used</p>
Patient requirements	<p>Encourage patient to stay in room.</p> <p>Patient does hand hygiene and wears mask for transport.</p>
Visitors	Essential well visitors only, not contacts, instructed in PPE.
Transport/transfers	Inform new area and transport staff that contact/ airborne precautions are required. Patient to wear a mask.
Waste management	Use infectious waste bag (yellow). Wear PPE for waste bag handling.
Linen	Usual infectious linen processes

Food services	Nursing staff to provide food service initially. Usual airborne and contact requirements.
Cleaning Curtains	Wear gloves and gown and P2/N95 respirator when cleaning room. Nurse to clean frequently touched points at least twice daily e.g. bed rails, call bell to decrease bioburden. Isolation/ terminal clean/clinical clean and disinfect on discharge using above PPE. <u>Use appropriate product.</u> Clean and disinfect all equipment on discharge as per usual isolation processes.
Care of deceased	PPE as above. Body Bag required.
Discharge and de-isolation	Designate liaison with Public Health on discharge from facility. Public Health will liaise on ongoing restrictions.
HCW, patient exposure	HCW exposure management as per <u>Contact management in CDCM</u>

Resources:

Interim Guidance for Infection Control Within Healthcare Settings When Caring for Confirmed Cases, Probable Cases, and Cases Under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease | Bird Flu | CDC

Conjunctival Swab Specimen Collection for Detection of Avian Influenza A(H5) Viruses

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