AVIAN INFLUENZA A (H7N9)

CURRENT SITUATION:
As of June 3, 2013, China had reported more than 130 confirmed Avian Influenza (H7N9) infections in humans, from multiple jurisdictions in China. Almost all confirmed cases have been sporadic, with no epidemiologic link to other human cases, and are presumed to have resulted from exposure to infected birds. At this time, no sustained person-to-person transmission of the virus has been documented, and no cases of human infection with Avian Influenza A (H7N9) have been reported in the United States. Updated information is available here:
U.S. Centers for Disease Control [http://www.cdc.gov/flu/avianflu/h7n9-virus.htm](http://www.cdc.gov/flu/avianflu/h7n9-virus.htm)

Public Health officials are making these recommendations because there is currently no H7N9 vaccine, an unknown potential for person-to-person transmission and a suspected high rate of morbidity and mortality among infected patients.

CURRENT RECOMMENDATIONS:
1. SURVEILLANCE AND REPORTING
Clinicians should consider the possibility of Avian Influenza A (H7N9) virus infection in persons who present with respiratory illness compatible with influenza. Those presenting with respiratory influenza-like illness (temperature of 100°F (37.8°C) or greater and cough and/or sore throat) should be considered Suspect cases if the following exposure criteria are met:
   - Recent contact (within ≤ 10 days of illness onset) with a confirmed or probable case of infection with Avian Influenza A (H7N9) virus; OR
   - Recent travel (within ≤ 10 days of illness onset) to a country where human cases of Avian Influenza A (H7N9) virus have been recently detected or where Avian Influenza A (H7N9) viruses are known to be circulating in animals. (As of 6/3/2013, that country is China.)

All suspect cases should be reported to Contra Costa Public Health Communicable Disease Programs at (925) 313-6740 immediately.
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2. Testing:
Testing is recommended ONLY for those who meet the above exposure criteria and have severe respiratory illness requiring hospitalization.

- Obtain a nasopharyngeal swab or nasal aspirate, using the infection control precautions described above.
- Place in viral transport medium; ensure that the specimen is promptly refrigerated at 2-8 degrees Celsius.
- Call Contra Costa Public Health Communicable Disease Programs at (925) 313-6740 to arrange for testing and subtyping.
- Specimen test requisition forms and a required supplemental H7N9 form are available at http://cchealth.org/laboratory/
- Specimens will only be tested with REQUIRED INFORMATION. Please attach relevant medical records if available (H&P, micro results, discharge summary, etc.) Fax to 925-313-6465

3. Infection Control:
- Receptionists and phone triage personnel should ask all patients with influenza-like illness (ILI) if they have had travel to China or other country where cases have been reported within ≤ 10 days of symptom onset. (As of 6/3/2013, that country is China)
- Patients with ILI and a history of travel to a country where cases have been reported should be seen at the end of the day or when fewer people are in the clinic, if possible.
- Place a surgical mask on the patient upon entering the clinic, to reduce spread of respiratory secretions. Place the patient immediately in a room with a door that closes. Do not have patient remain in waiting area.
- Place the patient in an airborne infection isolation room if available.
- Aerosol-generating procedures should be performed only if they are medically necessary and cannot be postponed.
- Implement Standard, Contact and Airborne Precautions. Including eye protection and respirators, for healthcare personnel caring for patients.

4. Treatment:
Due to the potential severity of illness associated with Avian Influenza A:H7N9 virus infection, CDC now recommends that all confirmed, probable, and suspect cases of Avian Influenza A (H7N9) including outpatients with uncomplicated illness, be treated with neuraminidase inhibitors as early as possible without waiting for laboratory confirmation of influenza before initiating treatment.