

HPAI Evaluation and Monitoring Protocol

Interim Guidance for the Michigan Department of Health and Human Services and Local Health Departments

Highly Pathogenic Avian Influenza Evaluation and Monitoring Protocol

I. Overview

On June 8, 2015, the Michigan Departments of Natural Resources (MDNR) and Agriculture and Rural Development (MDARD) announced the state's first confirmation of the presence of highly pathogenic avian influenza (HPAI) A/H5N2 in free-ranging Canada geese in Sterling Heights, Macomb County. Although the risk of infection is low for people, the Michigan Department of Health and Human Services (MDHHS) is coordinating with CDC and local health departments on appropriate human health measures in the event that people are exposed to infected or dead birds due to HPAI. Based on their risk, some people exposed to HPAI-infected birds may be monitored by their local health department (LHD) for any signs or symptoms of illness consistent with influenza. This document outlines the procedure for local public health to conduct active monitoring for those individuals who have been exposed to HPAI-infected birds.

II. Notification to Public Health

- An exposed person is defined as someone with contact in the past 10 days to HPAI infected sick or dead birds/flocks. Birds found to be affected by HPAI in the US have typically included commercial and backyard poultry, waterfowl and birds of prey.
- LHDs may be informed of local residents who have identified a sick or dead bird(s) or of workers and farm-dwellers who have been in contact with a potentially infected flock. In this case, LHDs are asked to notify MDHHS when local residents have been exposed to sick or dead birds. Notification of Animal and Plant Health Inspection Service (APHIS) responders who may have been exposed to infected birds/flocks as part of United States Department of Agriculture (USDA) response activities is expected to come through the CDC to MDHHS. MDHHS will pass on responder lists to the local health department for monitoring.
- HPAI positive test results from commercial/backyard poultry and wild birds will come to MDHHS from MDARD and MDNR, respectively. MDHHS will in turn contact the local health department.

III. Risk Assessment for Chemoprophylaxis Administration

- Local public health will be responsible for conducting risk assessments for individuals to determine level of exposure and need for chemoprophylaxis.

IV. Monitoring Protocol

- Upon notification and risk assessment, the LHD, in coordination with MDHHS, will immediately initiate follow-up for the 10-day observation period using the following monitoring protocol:
 - Make initial contact to establish rapport, assess understanding and compliance, and set the schedule for follow-up.
 - Provide fact sheet on HPAI,* a symptom monitoring log,* and LHD contact information at initial contact.
 - Establish preferred communication mechanisms for contact (text, phone, email).

- Individuals will be instructed to monitor themselves daily for 10 days after the last known exposure for the presence of any influenza-like symptoms (e.g., fever, cough, sore throat, congestion, shortness of breath, difficulty breathing, conjunctivitis, sneezing, fatigue, myalgia, headaches, nausea/vomiting, diarrhea, seizures and/or rash).
- Explain that if they become symptomatic, they should contact the LHD immediately.
- LHDs will contact the person under monitoring on Day 5 and Day 10 to check for wellness and compliance.
- During the final check-in of the 10-day monitoring period, inform individual that no further contact will be made. They should feel free to contact the LHD if they have any questions in the future.

V. Record Keeping and Reporting

- LHD will enter newly detected exposures into a line list of monitored persons and provide copy to MDHHS on a schedule to be determined (MDHHS will provide line list template).
- MDHHS will send state line list of monitored persons to CDC at least weekly while active monitoring is underway.

VI. Instructions for a Monitored Person who becomes Symptomatic

- If an individual reports symptoms consistent with influenza (as above) during the 10-day monitoring period:
 - The individual should self-isolate and call their LHD point of contact immediately.
 - The LHD will make a referral for prompt medical evaluation, antiviral treatment, and testing for avian influenza virus infection. Before the individual seeks medical attention, the healthcare provider should first be contacted by phone to alert them of their symptoms and exposure history.
 - MDHHS should be contacted immediately by the LHD to assess the situation and arrange for collection of respiratory specimen(s) for testing.

VII. Post-exposure Chemoprophylaxis of Exposed Persons

- Chemoprophylaxis with influenza antiviral medications can be considered for all exposed persons.
- Decisions to initiate chemoprophylaxis should be based on clinical judgement, with consideration given to the type of exposure and to whether the individual is at high risk for complications from influenza.
- The LHD should be prepared to provide chemoprophylaxis medications for high risk individuals.
- In a large scale event, the Strategic National Stockpile (SNS) would be available to provide the necessary quantities of chemoprophylaxis medications.

VIII. Non-compliance

- Any issues with non-compliance should be immediately reported to MDHHS. These will be evaluated in coordination with the LHD on a case-by-case basis.

IX. Public Health Monitoring Procedures for USDA/APHIS Avian Influenza Responders

- USDA/APHIS is developing procedures for monitoring USDA/APHIS responders exposed to HPAI during official USDA response activities.

- During deployment, State/local health departments, USDA/APHIS Safety Officers, and Contractor Safety Officers are expected to share responsibility for evaluation, monitoring, and subsequent management of persons who develop illness.
- After deployment (during the 10-day post-exposure period), State/local health departments are primarily responsible for monitoring responders.
- More details will be available once the Procedures document is released.

The HPAI guidance may be updated as the situation in Michigan changes.

*The documents mentioned above are posted to the MDHHS websites below. Please refer to these for the most current information:

- Michigan Department of Health and Human Services: www.michigan.gov/emergingdiseases and www.michigan.gov/cdinfo
- Centers for Disease Control and Prevention: www.cdc.gov/flu/avianflu/h5/

MDHHS Contact Information: Division of Communicable Disease: 517-335-8165 (during office hours) and 517-335-9030 (after hours)