

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 A (HPAI) (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. As a general precaution, people exposed to HPAI-infected birds (including people wearing personal protective equipment (PPE)) will be monitored by their local health department 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 infected sick or dead birds or infected flocks. Infected refers to infection with HPAI
- Notification of a person(s) exposed to an infected flock is expected to come through MDARD or MDNR to MDHHS. MDHHS will in turn contact the local health department (LHD)
- LHDs will likely be informed by Animal Control services or local residents who have identified a sick or dead bird(s). In this case, LHDs are asked to notify MDHHS to initiate the protocol

III. Monitoring Protocol

- Upon notification, 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 fever and respiratory symptoms (e.g., cough, sore throat, shortness of breath, difficulty breathing, conjunctivitis (red/inflamed eyes))
 - 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. At the end of the 10-day monitoring period the person under monitoring will return the symptom monitoring log to the LHD
- 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.

IV. 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

V. Instructions for a Monitored Person who becomes Symptomatic

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

VI. 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 exposed person is at high risk for complications from influenza

VII. Non-compliance

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

The HPAI situation in Michigan is evolving and guidance will be updated as needed. *The documents mentioned above are or will soon be posted to the MDHHS websites below. Please refer to the following websites 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)**