

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

Highly Pathogenic Avian Influenza (HPAI) virus outbreaks occur among poultry sporadically in the US. In February 2022, the US Department of Agriculture, Animal and Plant Health Inspection Service (USDA APHIS) announced a highly pathogenic avian influenza (HPAI) A(H5N1) virus outbreak in a commercial poultry facility followed by outbreaks in three US states, marking the first HPAI virus detections in commercial poultry in the US since 2020. Since February 2022, additional H5N1 bird flu outbreaks have been identified in poultry, including both commercial and backyard flocks in multiple states. A summary of the latest HPAI detections in the US is available at [H5N1 Bird Flu: Current Situation Summary | Avian Influenza \(Flu\) \(cdc.gov\)](#). On February 24, 2022, the Michigan Department Agriculture and Rural Development (MDARD) announced the state's first confirmation of the presence of (HPAI) A(H5N1) in a backyard flock of birds in Kalamazoo County. Although the risk of infection is low for people, the Michigan Department of Health and Human Services (MDHHS) is coordinating with the Centers for Disease Control and Prevention (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 (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 infected sick or dead birds and/or their environment (including handling eggs or consuming raw/undercooked eggs). Birds found to be affected by HPAI in the U.S. have typically included commercial and backyard poultry, waterfowl, and birds of prey.
- LHDs may be informed of 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 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 LHD 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 LHD.

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.
 - **Assess whether there was any egg handling just prior to flock depopulation, and/or within 2 days of the first indication of illness in birds, and/or within 2 days of the date that test-positive samples were taken. Eggs are considered part of the flock environment. Any person(s) handling and/or consuming raw/undercooked eggs within these parameters should be monitored.**
 - 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., cough, sore throat, congestion, shortness of breath, difficulty breathing, conjunctivitis, sneezing, fatigue, myalgia, headaches, nausea/vomiting, diarrhea, seizures and/or rash). Day 0 is the last day of exposure.
 - 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 OMS using the outbreak ID “**HPAI H5N1-2022-Statewide**”
- Monitoring information should be updated in the OMS. For instructions, reference the tip sheet [Monitoring Contacts using the OMS](#) and/or contact your regional epidemiologist.
- MDHHS will send state line list of monitored persons to CDC weekly while active monitoring is underway.

VI. Instructions for a Monitored Person who becomes Symptomatic

- If an individual reports ANY symptoms consistent with influenza (fever and respiratory symptoms, as above) during the 10-day monitoring period:
 - 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 the individual’s 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 influenza and SARS-CoV-2 testing by the MDHHS Bureau of Laboratories (BOL).
 - Testing at MDHHS BOL should not preclude influenza testing at a healthcare facility, but it is recommended that specimens be collected for both. In addition, it is recommended that healthcare facilities pursue PCR-based tests over rapid EIAs due to the low predictive value positive during times of low seasonal influenza activity.
 - Link to [Template for Standing Orders for Influenza Testing of Persons Potentially Exposed to Avian Influenza](#)

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 exposed person is at high risk for complications from influenza. Additional information along with treatment frequency and dosing can be found at <https://www.cdc.gov/flu/avianflu/guidance-exposed-persons.htm>.
- The LHD should be prepared to provide chemoprophylaxis medications for high risk individuals.
- Chemoprophylaxis provided to contacts should be entered into OMS in the 'Additional Assessments' section of the 'Data Points' tab.
- 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 will 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

- 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.
- See "[Public Health Monitoring Plan for USDA/APHIS Responders to Detections of Avian Influenza Virus in Poultry](#)".

The HPAI situation in Michigan is evolving and guidance will continue to be updated. Please refer to the following websites for the most current information:

- Michigan Department of Agriculture and Rural Development (MDARD): www.michigan.gov/birdflu
- Michigan Department of Health and Human Services: www.michigan.gov/emergingdiseases and www.michigan.gov/cdinfo
- Centers for Disease Control and Prevention: [Avian Influenza Current Situation Summary | Avian Influenza \(Flu\) \(cdc.gov\)](#)
- USDA 2022 Detections of HPAI: [USDA APHIS | 2022 Detections of Highly Pathogenic Avian Influenza](#)

MDHHS Contact Information:

The Communicable Disease Division can be reached at: 517-335-8165 (during office hours) and 517-335-9030 (after hours).