

If avian influenza A/H5N1 is considered a possible diagnosis then before continuing with the initial assessment:

- Isolate patient to minimise contact/exposure to staff and other patients. Ask the patient to wear a fluid repellent surgical face mask.
- Wear personal protective equipment (PPE) ¹: This should be a correctly fitted FFP3 respirator, disposable apron/gown and gloves. If not available, wear a fluid repellent surgical face mask, plastic apron and gloves. Eye protection should be considered if there is likelihood of splash contamination.

If criteria not met:

- Unlikely to be Influenza A/H5N1.
- Treat, investigate and review as clinically indicated.

Criteria for classification:

Clinical:

- Fever $\geq 38^{\circ}\text{C}$ **AND** lower respiratory tract symptoms (cough or shortness of breath) OR CXR findings of consolidation OR ARDS **OR**
- Other severe illness suggestive of an infectious process.

AND

Epidemiological: Exposure within **7 days** of the onset of symptoms, consisting of:

- Close contact (within 1 metre) with live, dying or dead domestic poultry or wild birds, including live bird markets, in an **area of the world affected*** by avian influenza A(H5N1), or with any confirmed A(H5N1) infected animal **OR**
- Close contact (providing care/touching/speaking distance within 1 metre) with human case(s) of: severe unexplained respiratory illness / unexplained illness resulting in death **from listed areas***.

If hospitalisation is not warranted:

- Treat, investigate and review as clinically indicated.
- **Initiate testing for Influenza A and respiratory viral screen**³.
- Inform your HPT and laboratory by telephone prior to submission of samples (enhanced category B). Samples must be handled at Containment Level 3 ³.
- **Follow up by GP/HPT (check local arrangements) for further two days**, preferably by phone, to confirm recovery/improvement. The patient should be asked to undertake voluntary isolation, to self-monitor and report any change in symptoms to the GP/HPT.
- Isolation for contacts is not recommended.
- To complete clinical evaluation, a 10ml clotted blood specimen, as close to onset of symptoms as possible followed by a second 10ml clotted blood specimen 28 days after onset of symptoms should be obtained and sent to Influenza Reference Laboratory at PHE Colindale.

If criteria is met:

- **Discuss patient with infectious disease consultant.**
- **Start Oseltamivir treatment.**
- **Consider other possible causes of symptoms:** including malaria if the patient has travelled to malaria endemic areas ([TRAVAX](#)).
- Complete [case report form](#). Inform and discuss with local Health Protection Team (HPT).
- Does clinical severity warrant hospitalisation?

If A/H5N1 likelihood is high, then HPT to update Consultant Epidemiologist at HPS **immediately** ²

If patient deteriorates and hospitalisation is needed

If hospitalisation is warranted:

- Patient location:** isolation, preferably in a negative pressure room ¹.
- Staff PPE:** correctly fitted FFP3 respirator and compatible eye protection, disposable gown and gloves (ensure isolation and PPE are in use as soon as patient is admitted) ¹.
- Initiate urgent testing for Influenza A and respiratory viral screen** ³ - shipment to initial testing laboratory by enhanced category B and samples must be handled within **Containment Level 3**. Lower respiratory tract specimens should be provided when possible.
- Notify Health Protection Team:** HPT to update HPS.

- Laboratory informs HPT.
- HPT to notify Consultant Epidemiologist at HPS **immediately** ².
- Consultant Epidemiologist to consider next actions and inform SG and CVO.

If influenza A Positive and untypable ³:

- Local laboratory to initiate transfer of samples (enhanced category B) for further laboratory testing (H5 specific testing) to WoSSVC or Edinburgh SVC ⁴.

If Influenza A negative or typable H1N1 or H3N2:

- Laboratory informs HPT.
- Treat and investigate as clinically indicated.

If presumptive Influenza A(H5N1) positive:

- WoSSVC or Edinburgh SVC to initiate transfer of samples (enhanced category B) for confirmatory testing to PHE Colindale.
- Initiate antiviral prophylaxis for close contacts of confirmed case ⁵.
- Influenza A positive samples for which no subtype can be determined at the WoSSVC or Edinburgh SVC, should be sent to PHE Colindale for further exploratory testing.

* Bangladesh, China, Egypt, Indonesia and Vietnam, plus countries listed at: <http://www.oie.int/animal-health-in-the-world/update-on-avian-influenza>

¹ For further guidance please refer to the [Infection control advice for MERS-CoV and Avian influenza](#) and the [National Infection Prevention and Control Manual](#).

² Consultant Epidemiologist at HPS - tel: 0141 300 1100 (day) or 0141 211 3600 (out of hours)

³ Influenza A(H5N1) is detected by the matrix Influenza A screening PCR primers used across Scottish virology labs but the result is influenza A. For H5 specific testing, the samples have to be sent to WoSSVC or Edinburgh SVC. All the Scottish virology laboratories have containment level 3 facilities available.

⁴ WoSSVC (office hours: 0141 201 8722, out of hours: 0141 211 4000); Edinburgh SVC (office hours: 0131 242 6086, out of hours: 0131 536 1000).

⁵ Please see [Management of contacts of human cases of avian influenza A\(H5N1\)](#).