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Avian Influenza A (H5N1) Update

To: Emergency Departments, Infection Control Practitioners, Physicians

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On August 12, 2004, the Vietnamese Ministry of Health officially reported to the World Health Organization (WHO) three recent human deaths from confirmed avian influenza H5 infection. Additional tests are needed to determine whether the virus belongs to the same H5N1 strain that caused 22 human cases (15 deaths) in Vietnam and 12 cases (8 deaths) in Thailand earlier this year. Prior to today, the last human case of avian influenza officially confirmed and reported to the WHO by Vietnam occurred in February 2004.

Cambodia, China, Indonesia, Japan, Laos, South Korea, Thailand, and Vietnam were previously affected by widespread H5N1 outbreaks in poultry during early 2004. At that time, more than 100 million birds either died from the disease or were destroyed in efforts to contain the outbreaks. Beginning in late June 2004, however, new outbreaks of highly pathogenic avian influenza A (H5N1) among poultry were reported by China, Indonesia, Thailand, and Vietnam. The deaths reported by Vietnam on August 12 are the first reported human cases associated with this second wave of H5N1 infection among poultry. As the H5N1 situation in Asia may change constantly, please see http://www.who.int/csr/disease/avian_influenza/en/ for the latest updates.

Recommendations for surveillance, diagnostic evaluation, and infection control precautions for possible avian influenza have not changed since our last update on February 4, 2004. We ask that all clinicians maintain a high index of suspicion for influenza A (H5N1) infection in patients who meet the following criteria and **contact Orange County Epidemiology at 714-834-8180** for assistance with testing and specimen submission:

- 1) **Hospitalized** patients with:
 - radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other unexplained severe respiratory illness, **AND**
 - history of travel within 10 days of symptom onset to a country with documented H5N1 avian influenza infections in poultry or humans (for current information on affected countries, see http://www.oie.int/download/AVIAN%20INFLUENZA/A_AI-Asia.htm);
- 2) **Hospitalized or ambulatory** patients with:
 - documented temperature $>38^{\circ}\text{C}$ ($>100.4^{\circ}\text{F}$), **AND**
 - cough, sore throat, and/or shortness of breath, **AND**
 - history of contact with poultry (e.g., visited a poultry farm, a household raising poultry, or a bird market) in an H5N1-affected country or with a known or suspected human case of influenza A (H5N1) within 10 days of symptom onset.

Testing for influenza A (H5N1) infection will be performed on all patients meeting both criteria under (1) above and on select patients meeting all three criteria under (2). Respiratory viral cultures should NOT be ordered or performed locally on patients suspected of having H5N1 infection since working with these viruses requires special laboratory biosafety conditions. Commercial antigen detection testing can be conducted at hospital laboratories but specimens should ALSO be sent to the local public health laboratory which will arrange for polymerase chain reaction (PCR) testing at the State. Please contact Epidemiology at 714-834-8180 to arrange for testing. **Hospitalized patients diagnosed with or under evaluation for influenza A (H5N1) should be isolated using airborne, contact, and standard precautions, as well as eye protection within 3 feet**, for 14 days after onset of symptoms unless an alternative diagnosis is established and/or influenza infection is excluded. Outpatients or discharged patients should be isolated in the home setting for the same time period.