



## Summary of H5N1 Avian Influenza Virus (Asian Strain) in Humans Case and Contact Management Recommendations

(Excerpts from the Public Health Measures Annex of the CPIP for the Health Sector)

The following table summarizes recommendations for the public health management of people with severe respiratory infection or severe ILI, who have may been infected with the H5N1 avian influenza virus (asian strain) and their close contacts. If a medical officer of health has a high level of suspicion that an ill individual might be infected with the H5N1 virus (e.g. an ill traveler with an epi-link to an affected area and for whom laboratory results are pending), the actions described below may be implemented as a precaution until the case can be confirmed.

More comprehensive information and recommendations pertaining to novel influenza viruses can be found in the Public Health Measures Annex of the Canadian Pandemic Influenza Plan for the Health Sector.

Canadian Pandemic Phase	Case Management	Contact Management
<b>3.1</b>	<ul style="list-style-type: none"> <li>-Isolate individuals presenting to hospital with SRI or severe ILI as per current infection control protocols until symptoms have resolved or for the period of communicability, whichever is longer.</li> <li>-Facilitate early treatment with antivirals (if available for this purpose)</li> <li>-Active surveillance for those isolated at home.</li> <li>-Report individual cases.</li> <li>-Facilitate laboratory testing.</li> </ul>	<ul style="list-style-type: none"> <li>-Health care workers who are contacts of cases due to occupational exposure should follow the directions provided by the occupational health and/or infection control departments within their facilities.</li> <li>-Active or passive surveillance for symptoms following exposure for 3 days or duration of incubation period if known.</li> <li>-Consider asking to defer travel for duration of surveillance period.</li> <li>-Consider post-exposure antiviral prophylaxis for severe or unusual cases or when human-to-human transmission cannot be ruled out.</li> <li>-Recommend annual flu vaccine.</li> </ul>
<b>4.1 or 5.1</b>	<ul style="list-style-type: none"> <li>- As per 3.1 above</li> </ul>	<ul style="list-style-type: none"> <li>-Active surveillance for symptoms following exposure for 3 days or duration of incubation period if known.</li> <li>-Quarantine or activity restriction to limit contact with others.</li> <li>-Consider post-exposure prophylaxis with antiviral drugs.</li> </ul>
<b>4.2 or 5.2</b>	<ul style="list-style-type: none"> <li>-As per 3.1 above</li> <li>-Report cases and clusters.</li> </ul>	<ul style="list-style-type: none"> <li>-As per 4.1 or 5.1 above.</li> <li>-For 5.2, recommend self-monitoring for those linked to a possible exposure site (instead of individual-focused active surveillance).</li> </ul>

**Note:** It is expected that a risk assessment will be performed prior to implementation of these recommendations. The assessment should be used to tailor the recommendations to ensure that the implemented strategy (e.g., active vs. passive surveillance) is appropriate for the risk presented by the specific situation.