



**COUNTY OF ORANGE  
HEALTH CARE AGENCY**

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**PUBLIC HEALTH  
EPIDEMIOLOGY & ASSESSMENT**

February 16, 2006

**Avian Influenza A (H5N1) Update**

To: Orange County Physicians, Emergency Departments, and Infection Control Practitioners

From: Michele Cheung, MD, MPH, and Hildy Meyers, MD, MPH, Epidemiology

Avian influenza H5N1 outbreaks continue to spread outside of Asia and positive birds have also been detected in Europe, the Middle East, and Africa, as of 2/16/06. Additional human cases (169) and deaths (91) have also been confirmed in China, Cambodia, Indonesia, Iraq, Thailand, Turkey, and Vietnam since winter 2003. Since the situation is constantly changing, please see the Orange County Health Care Agency (OCHCA) website at <http://www.ocalthinfo.com/epi/af/index.htm> for the updated list of involved countries. Currently, we are in World Health Organization (WHO) Pandemic Phase 3 (of 6), meaning that a novel virus has been detected that can infect humans and cause serious illness, but only limited person-to-person transmission has occurred in close contacts. For more information, see [http://www.who.int/csr/disease/avian\\_influenza/en/](http://www.who.int/csr/disease/avian_influenza/en/).

**Early identification of the importation of avian influenza H5N1 into the United States is critical to slow transmission and depends on health care providers such as yourself to identify patients with the appropriate exposure history who may have avian influenza and promptly report them to us.**

**Recommendations (subject to change as the avian influenza situation evolves):**

**Clinical criteria:** Please contact **OCHCA Epidemiology at 714-834-8180** with any patients meeting the following criteria:

1) **Hospitalized patients with:**

- radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other unexplained severe respiratory illness, **AND**
- history of travel to or immigration from a country with documented H5N1 infections in poultry and/or humans within 10 days of symptom onset (for current information on affected countries, see <http://www.ocalthinfo.com/epi/af/index.htm>);

**OR**

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.

**Laboratory Testing:** Commercial antigen detection testing can be conducted at hospital laboratories but specimens should ALSO be sent to Public Health for polymerase chain reaction (PCR) testing for influenza and subtyping. The best specimens are nasopharyngeal aspirates or swabs; in addition, throat swabs may increase the ability to detect the virus. Respiratory viral cultures should NOT be performed on suspect H5N1 cases because of laboratory safety requirements. Please contact Epidemiology at 714-834-8180 to arrange for testing.

**Infection Control:** Hospitalized patients with suspect or confirmed influenza A (H5N1) infection during the current pandemic phase should be isolated using airborne, contact, and standard precautions (and eye protection within 3 feet) for 14 days after onset of symptoms unless an alternative diagnosis is established and/or influenza infection is excluded. (Note: the CDC and State infection control guidelines for H5N1 are currently under revision). For more detailed information or for guidelines for outpatients or discharged patients, contact Epidemiology at 714-834-8180. ALL health care facilities should follow the CDC's **Respiratory Hygiene/Cough Etiquette** guidelines (<http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>) to prevent the spread of respiratory infections within health care settings.