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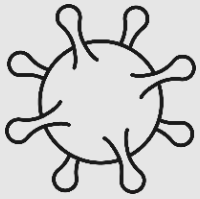
Prevention and Management of Avian Influenza in Health Care Settings

Transmission

- Highly pathogenic avian influenza (HPAI) is an infection caused by avian influenza A viruses (e.g., H5N1) that typically causes severe clinical disease in birds.
- Avian Influenza A (H5N1) has been detected in animal populations across Canada, including poultry, wild waterfowl, and mammals, and in the United States in livestock such as dairy cattle.
- Avian influenza A viruses can be transmitted to humans through direct or indirect contact with, or inhalation of infectious respiratory particles carrying the virus.
- Most human infections occur through direct or indirect contact with an infected wild bird or mammal, or materials/environments associated with infected animals.

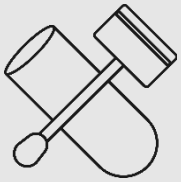


Case Identification

- Per normal practice, screen all patients/residents/clients (P/R/C) entering the health care setting for signs/symptoms of acute respiratory infection (ARI) and test as indicated.
- Assess for common presentations of HPAI such as fever, cough and/or conjunctivitis.
- Consider and test for HPAI (in addition to other potential causes of ARI) if the P/R/C has compatible symptoms and reports exposure to potentially infected birds, wildlife, livestock or other animals.
- Consider testing those with unexplained viral encephalitis or meningoencephalitis to investigate influenza as a potential cause.
- Report suspected or confirmed cases of HPAI to the local public health unit.

Specimen Submission

- Obtain both a nasopharyngeal swab and a throat swab.
- Follow instructions for additional specimen types and specimen collection for testing for HPAI. Specimen types other than respiratory (e.g. conjunctival swabs) require approval by a PHO microbiologist. Contact PHO laboratory customer service prior to specimen submission. The investigation number for avian influenza is ONT-2022-00001.



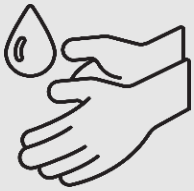
Additional Precautions

- Implement Contact, Droplet and Airborne Precautions for suspected or confirmed cases of HPAI.
- Use gloves, a gown, eye protection and a fit-tested, seal-checked N95 respirator when entering the P/R/C room.
- Accommodate P/R/C in an airborne infection isolation room (AIIR). If unavailable, accommodate in a single room with the door kept closed. Consider portable high efficiency particulate air (HEPA) filtration units to supplement ventilation in areas where ventilation does not meet Canadian Standards Association (CSA) standards.

- If the P/R/C must leave the room, they are to perform hand hygiene and wear a medical mask, if tolerated.
- Postpone elective aerosol-generating medical procedures (AGMPs) until the illness resolves. Perform non-elective AGMPs in an AIIR, using appropriate personal protective equipment with a minimum number of people in the room.

Routine Practices

- Perform a point-of-care risk assessment prior to every interaction with the P/R/C.
- Perform hand hygiene (i.e., using 70–90% alcohol-based hand rub or soap and water) according to the Four Moments for Hand Hygiene.
- If medical equipment/devices cannot be dedicated to the P/R/C, clean and disinfect shared medical equipment/devices after each use.
- Ensure thorough cleaning and disinfection of the environment, focusing on high touch surfaces.



Resources

- Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings
- Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings

The information in this document is current as of December 2024.

Ontario