

## Draft algorithm: WHO PANDEMIC ALERT PHASE 3

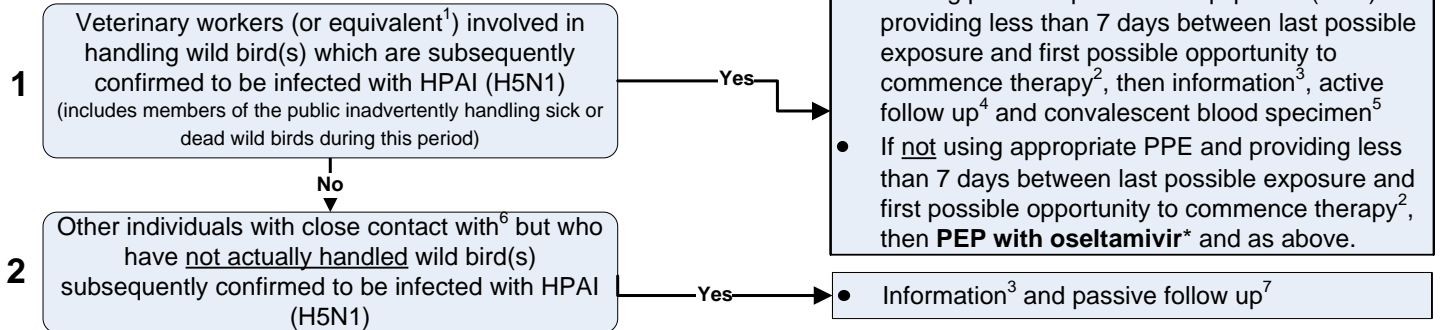
## Management of human contacts in the event of confirmed highly pathogenic avian influenza [HPAI] (H5N1) in one or more wild birds in the UK

Revised on 30 August 2007. Please check HPA website for updates.

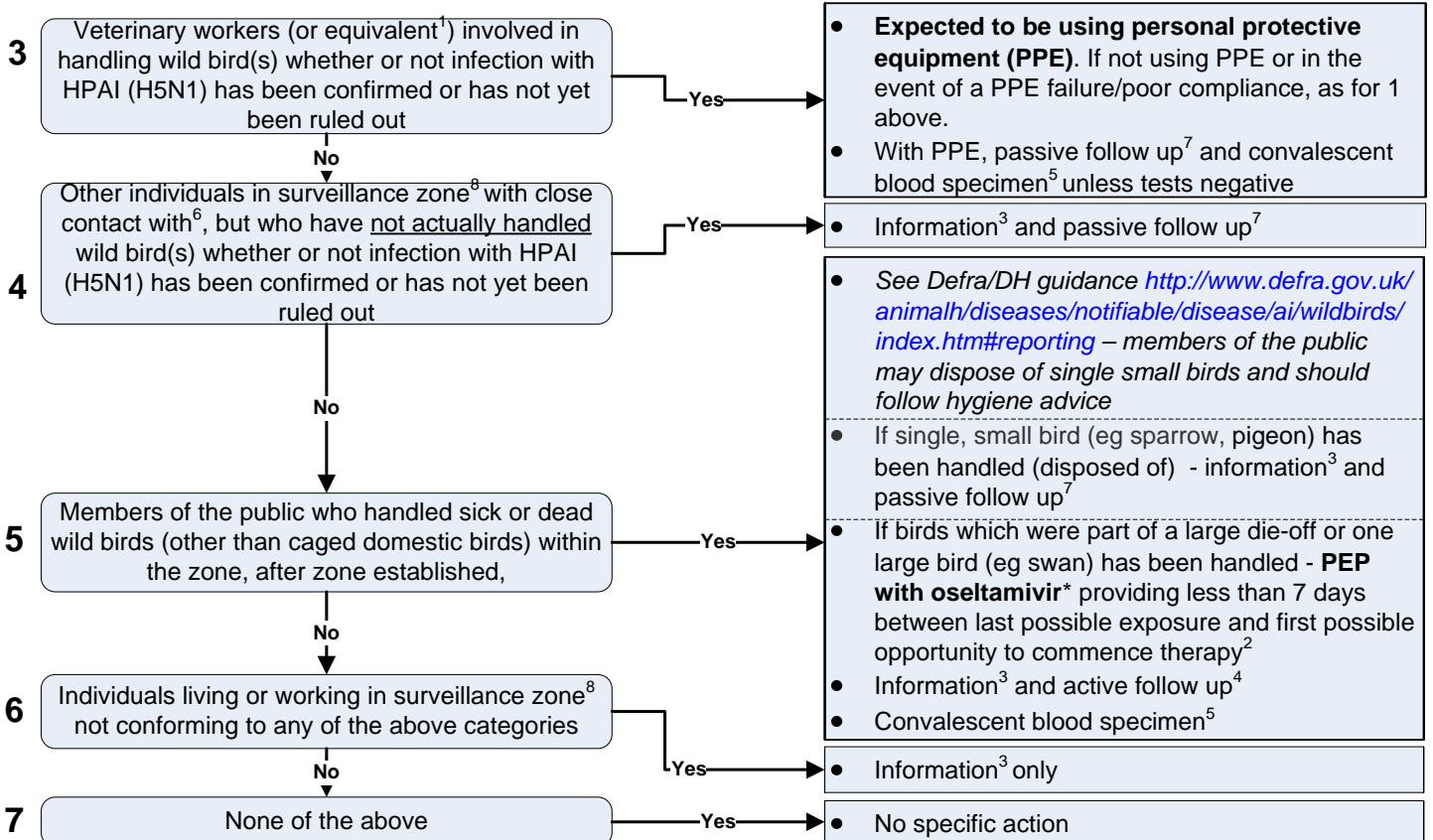


Algorithm for identification, assessment, post exposure prophylaxis (PEP) and follow up of relevant contacts and other relevant individuals. The local Health Protection Unit (HPU) **MUST** be involved in the assessment of all relevant contacts and will discuss with the Centre for Infections (Cfi) before initiating PEP.

## STAGE 1: Upon confirmation of HPAI (H5N1) in wild bird(s)



## STAGE 2: After declaration of a 10 km Defra wild bird surveillance zone and within this 10 km zone



\* Prophylaxis with Oseltamivir must be given as soon as possible and within 48 hours of exposure, if greater than 48 hours discuss with Cfi. Prophylactic dose of Oseltamivir (Tamiflu®) 75mg, 1 capsule per day for 10 days for adults (age >13 years old). Oseltamivir oral suspension, 1 dose per day for 10 days for children (1 < age < 13 years old) according to body weight [<15kg: 30mg once daily; 15kg < weight < 23kg: 45mg once daily; 23kg < weight < 40kg: 60mg once daily; >40kg: 75mg once daily (suspension or capsule)]

1. RSPB, local authority or other professional handling wild birds.

2. PEP need not be started if more than 7 days has elapsed between the last possible exposure and first opportunity to receive PEP.

3. Information as provided on the Department of Health and Defra websites.

4. HPU to coordinate active follow up: daily telephone call for up to 7 days after last contact to enquire for onset of febrile respiratory or other unexplained illness.

5. Obtain convalescent blood specimen (10ml clotted), 28 days after last contact with index case and send to HPA Influenza Reference Laboratory at the Cfi. HPU to arrange.

6. Close contact defined as being within 1 metre of sick or dead birds but not actual handling (where separate rules apply).

7. Passive follow up: provision of information to individual (or responsible carer) and request that any febrile respiratory or other unexplained illness within 7 days of contact be reported (24 hour telephone reporting).

8. 10 km surveillance zone: as defined by Defra.

**In case of uncertainty, discuss with Cfi Duty Doctor.**