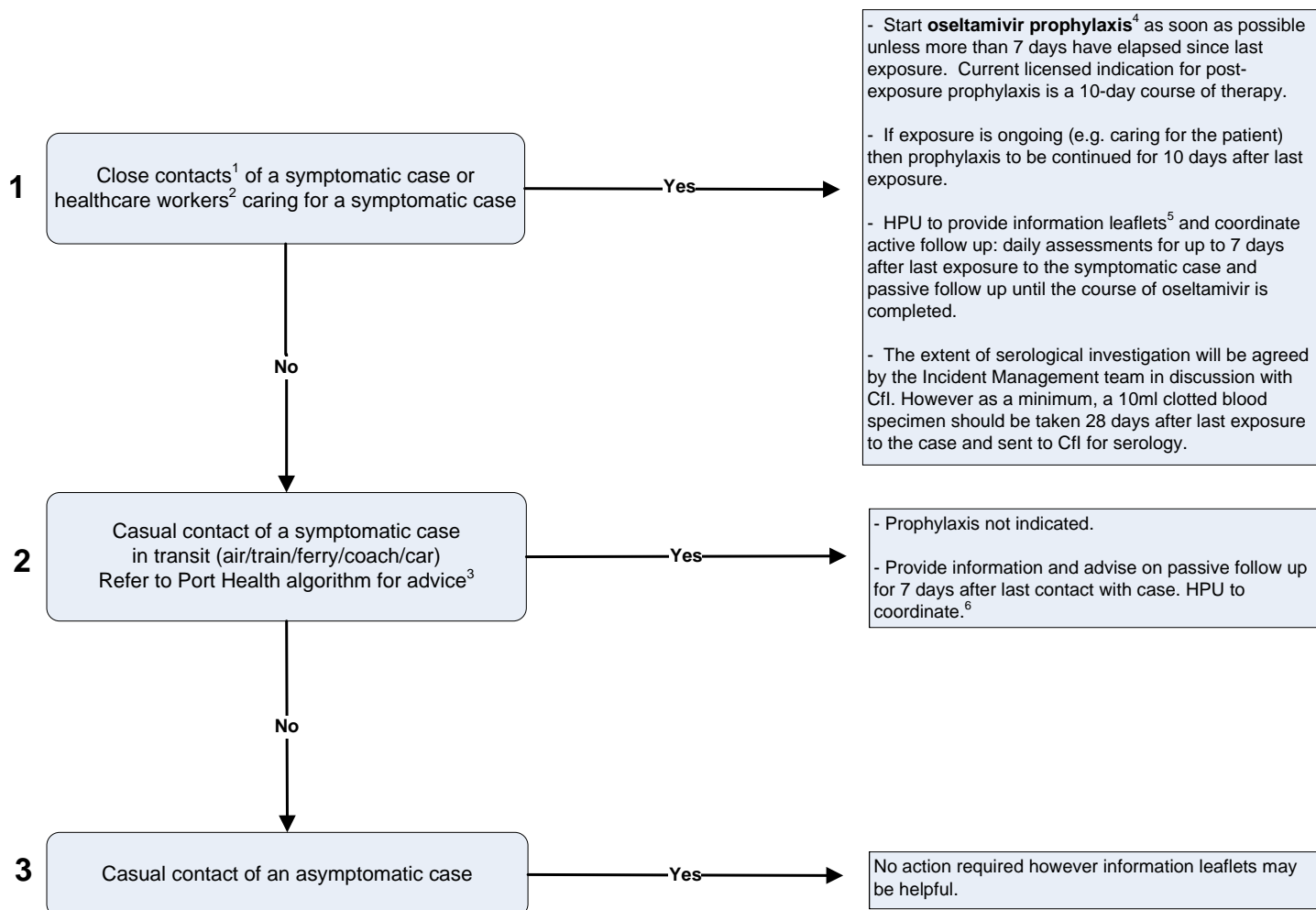


Management of asymptomatic contacts of confirmed human case(s) of avian influenza A/H5N1



1 January 2009. Please check for updates at:
http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1195733851442?p=1160495617107

The clinician attending a confirmed human case of avian influenza should notify the local Health Protection Unit (HPU) as soon as possible. The local HPU will advise, in liaison with HPA Centre for Infections (Cfl), on the assessment of contacts, clinical management and use of oseltamivir prophylaxis.



If a contact becomes unwell, the local HPU should liaise with the Pandemic Influenza Office in the first instance. If unavailable, contact appropriate consultant in the Respiratory & Systemic Infections Department or the Virus Reference Laboratory at Cfl to discuss next steps.

Footnotes:

1 A close contact is defined as an individual sharing a household or remaining unprotected whilst within speaking distance (<1 metre) while caring for a patient with confirmed or strongly suspected H5N1 infection. (adapted from WHO Rapid Advice Guidelines on pharmacological management of humans infected with avian influenza A(H5N1) virus, May 2006 www.who.int/csr/disease/avian_influenza/guidelines/pharmamanagement/en/index.html)

2 Health care worker or anyone else engaged in direct clinical care or examination of symptomatic patient. Ideally, the number of people involved should be kept to a minimum.

3 Port Health algorithm for information on travel exposures. (to follow)

4 Refer to dosing schedule for oseltamivir prophylaxis. (<http://www.bnf.org/bnf/bnf/current/119743.htm>)

5 Refer to information leaflets on active follow up. (link to information leaflets to follow)

6 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 last contact be reported (24 hour reporting).

In case of uncertainty, discuss with local Health Protection Unit.