

# Occupational guidance for those responding to a suspected or confirmed avian influenza incident



1 January 2009. Please check for updates at:

[http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb\\_C/1195733851442?p=1160495617107](http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1195733851442?p=1160495617107)

**On declaration of incident (suspected or confirmed) of avian influenza in poultry/wild birds, the number of responders directly exposed to affected birds or contaminated material should be kept to a workable minimum to ensure that the least number of people are put at potential risk. The following is applicable:**

- **Personal protective equipment (PPE):**

Anyone involved in the response to an avian influenza outbreak or incident **and** who will be handling live or dead birds or their litter must wear the appropriate protective equipment described in current Health & Safety Executive advice at [www.hse.gov.uk/biosafety/diseases/aisuspected.pdf](http://www.hse.gov.uk/biosafety/diseases/aisuspected.pdf)

- **Antiviral prophylaxis:**<sup>1,2</sup>

**poultry incident**

- 1 – (a) Avian influenza subtypes H5 or H7 which are known to cause highly pathogenic avian influenza in birds is a veterinary notifiable disease and will be actively managed by Defra as an outbreak. These subtypes are also known to cause disease in humans. Antiviral prophylaxis should be started before responders access the site or have any contact with birds or their litter. This applies even if PPE is to be worn.
  - (b) Avian influenza subtypes with the potential to cause disease in humans but which are not notifiable in poultry, such as H9, H2, or H10, will not be managed as an exotic disease outbreak.<sup>3</sup> Use of antiviral prophylaxis will be determined once details of the virus subtype are known.
  - (c) Avian influenza subtypes not known to cause human disease or have pandemic potential. Provided PPE is worn, antiviral prophylaxis is not necessary and can be ceased if already started.<sup>4</sup>
- 2 – Antiviral prophylaxis should be continued for 10 days after last exposure to birds or their litter on the incident site. The maximum duration of prophylaxis is currently 42 days as per the product labelling. Advice should be sought if prophylaxis is likely to be continued longer than this.

**wild bird incident**

Antiviral prophylaxis is not considered necessary for a wild bird incident as long as the appropriate PPE is worn when there is any contact with birds associated to the incident.

- **Health surveillance:**

- Passive follow-up of individuals on antiviral prophylaxis should be instituted. If clinical illness is reported in responders or their close contacts, local arrangements should be in place to quickly initiate a comprehensive investigation to evaluate the cause of the illness and the likelihood of person-to-person transmission of avian influenza.<sup>4</sup>
- Information should be provided to responders and their families that includes advice on avian influenza, antiviral prophylaxis, signs and symptoms of human infection and actions to take if they have concerns or become ill. These should be available in their own language, if possible.

- **Vaccination with seasonal influenza vaccine:**

- It is recommended that all poultry workers and those who may be in regular contact with poultry are offered seasonal influenza vaccine annually.<sup>5</sup> This is because of a theoretical risk of reassortment should a person become co-infected with human and avian viruses. Ideally all those likely to be involved in responding to an outbreak or incident should have been pre-vaccinated. There are two reasons why this should be done:
  - (a) The development of a good antibody response can take up to 10 days.
  - (b) The vaccine may produce mild flu-like symptoms, complicating any health surveillance being undertaken.
- Those responders not already vaccinated with the current seasonal influenza vaccine can work at the site, however vaccination should be offered as soon as reasonably possible but it is a lower priority than starting antiviral prophylaxis.

- **Serology:**

- 1 – It has been agreed with the Advisory Committee on Dangerous Pathogens (ACDP) that:
  - (a) Any symptomatic individual reporting a clinical illness where an alternative non-flu cause cannot be ruled out should have paired sera taken.
  - (b) For healthy individuals in the post-exposure group:
    - For the H5 subtype a single blood sample taken 21-28 days post-exposure will be sufficient.
    - For any other H subtype, a sample taken at the time of the incident and a sample taken 21-28 days post-exposure will be required.
- 2 – Specimens should be sent to the HPA Influenza Reference Laboratory at Cfl. HPU to coordinate.

**If a contact or anyone receiving prophylaxis develops clinically apparent disease, and obvious causes of the symptoms can be excluded, then they should be considered as a possible case, investigated, and started on antiviral treatment. The local HPU should liaise with the Pandemic Influenza Office in the first instance. If unavailable, contact the consultant in the Respiratory and Systemic Infections Department / Virus Reference Laboratory at Cfl to discuss appropriate action in the first instance.**

Footnotes:

1 Refer to dosing schedule for oseltamivir prophylaxis (<http://www.bnf.org/bnf/bnf/current/119743.htm>). Persons in whom oseltamivir prophylaxis is recommended are also candidates to be offered seasonal influenza vaccine in due course. Although vaccine should be offered as soon as reasonably possible, this is a lower priority than rapid commencement of oseltamivir.

2 Antiviral prophylaxis need not be started if more than 7 days has elapsed between the last possible exposure and first opportunity to receive oseltamivir prophylaxis and the individual is no longer working in an at-risk area.

3 An exotic disease outbreak is a notifiable disease in animals which has never occurred in or has been eradicated from the UK.

4 Refer to [Guidance for Health Protection Units dealing with the human health implications of avian influenza in poultry and wild birds in the UK - September 2007](#)

5 Refer to [PL CMO \(2008\)3, PL CNO \(2008\)2, PL CPHO \(2008\)1: The influenza immunisation programme 2008/09.](#)

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