Public Health England

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# Investigation & management of possible human cases of avian influenza A/H7N9, in travellers returning to the UK

If avian influenza A/H7N9 is considered a possible diagnosis then **before continuing with the initial assessment:**

- Isolate patient to minimise contact/exposure to staff and other patients. Ask the patient to wear a surgical mask.
- Wear personal protective equipment – if possible, this should be a correctly fitted FFP3 respirator, gown, gloves and eye protection. If not available, wear a surgical mask, plastic apron and gloves. Eye protection may be considered if the likelihood of splash exists.

**Criteria for classification:**

CLINICAL

a) (Fever ≥ 38°C and (clinical or CxR findings of consolidation or ARDS))

or

b) other severe / illness suggestive of an infectious process

and

a) Patient has visited China in the 10 days before onset of symptoms

or

b) Patient has had close contact with avian influenza A(H7N9) confirmed case in 10 days before the onset of symptoms.

Criteria not met

Unlikely to be Influenza A/H7N9. Treat and investigate as clinically indicated.

Complete Possible Case Report Form1a[1]. Inform and discuss with local Health Protection Teams. Does clinical severity warrant hospitalisation?

No

**Hospitalisation not warranted**

- Treat and investigate as indicated.
- Suggest non-urgent molecular testing for influenza. Avian influenza is unlikely if clinical severity does not require hospitalisation.
- Follow up by primary care team/ HPU for further two days, preferably by phone, to confirm recovery/ improvement. The patient should be asked to consider voluntary isolation during this period.
- Isolation for contacts is not recommended.
- To complete clinical evaluation, a 10ml clotted blood specimen, as close to onset of symptoms as possible followed by a second 10 ml clotted blood specimen 28 days after onset of symptoms should be obtained and sent directly to Influenza Reference Laboratory at Colindale.

If patient deteriorates and needs hospital

Yes

If A/H7N9 likelihood is high, then Health Protection Services to notify Colindale duty doctor

Duty Doctor to follow Avian influenza Notification Flowchart.[3]

**Hospitalisation warranted**

1 Ensure isolation
2 Notify Health Protection Teams
3 Initiate testing[2]
4 Start Oseltamivir

The following precautions should be taken once the decision to admit has been made:

**Staff PPE:** correctly fitted FFP3 respirator, gown, gloves and eye protection.
**Patient location:** strict respiratory isolation, preferably in a negative pressure room.

**Influenza A Negative or Influenza A Positive and untypable**

- Laboratory informs local Health Protection Services
- Local Health Protection Services alert Colindale Duty Doctor who will use notification Flowchart.[3]

Negative

Test and investigate as clinically indicated

Footnotes:

1 H7N9 Epidemiological Protocols http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317139506255.

2 Liaise with the relevant local Public Health laboratory using PHE SOP–V7009 (formerly known as NSM 25) www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317138748453.

3 The avian influenza notification flow chart can be found in the MERS-CoV pages of the duty doctor pack.

For full avian influenza guidance see www.hpa.org.uk/infections/topics_az/influenza/avian/default.html. In case of uncertainty, discuss with local Health Protection Team.