

## Infection Prevention and Control Protocol at a Glance Suspect/Confirmed Case of Avian Bird Flu (Influenza A (H5N1))

Avian influenza or bird flu refers to the disease caused by infection with avian (bird) influenza (flu) Type A viruses. These viruses naturally spread among wild aquatic birds worldwide and can infect domestic poultry and other bird and animal species. Bird flu viruses do not normally infect humans. However, sporadic human infections with bird flu viruses have occurred. Most human cases have reported a history of exposure to dead or ill poultry although there is evidence of human-to-human transmission of Influenza A (H5N1) via close physical contact e.g. household contact. The incubation period after exposure is usually 1 to 5 days and up to 10 days.

Human infection from Influenza A (H5N1) must be reported to [Nova Scotia Health Public Health](#), irrespective of symptoms or severity.

### Infection Prevention and Control Actions:

1. **Identify** suspected case through screening and provide patient a medical mask. Look for:
  - Exposure within the previous ten (10) days to any of the following:
    - **Unprotected, direct contact with infected sick or dead birds, livestock, other wild animals, their fluids, feces or contaminated environment within 10 days before symptom onset. This includes caring for, handling, slaughtering, defeathering, butchering, or culling;**
    - **Direct contact with water or surfaces contaminated with feces, or parts (carcasses, internal organs, etc.) of infected or sick animals; or**
    - **Persons who have had prolonged exposure to infected or sick birds or other animals in a confined space.**
  - Respiratory Symptoms such as: cough, fever, shortness of breath, diarrhea (in severe cases), headache, myalgia, sore throat, rhinorrhea, mucosal bleeding, fatigue, jaundice, conjunctivitis
  - Imaging studies may show bilateral pulmonary infiltrates, segmental or lobular consolidation
2. **Isolate** patient in a single room/private exam room and close the door.
  - Isolate the patient on Droplet, Contact, and Airborne precautions in an Airborne Infection Isolation Room (AIIR) or a negative pressure room. If unavailable, use a single room/private exam room with door closed pending transfer to an AIIR or negative pressure room.
3. **Collect NP swab for respiratory specimens** from the patient to test for influenza A viruses.
4. **Inform** local Public Health, Infection Prevention and Control and Occupational Health departments. If the suspected case is being transferred to another health care facility, such as Emergency Departments or blood collection clinic, please notify them in advance.
5. **Consider initiation of empiric antiviral treatment of suspect/confirmed case of Influenza A (H5N1) in consultation with Infectious Disease.**