

## AVIAN FLU PANDEMIC ALERT (PHASE 3) PLAN

Pandemic flu planning (Phase 6) is underway to Nebraska Health and Human Services (NHHS) in conjunction with the Centers for Disease Control (CDC) and the World Health Organization (W.H.O.) According to the W.H.O., we are in a phase 3 pandemic alert period in the United States right now.

### W.H.O. Framework for Pandemic Planning

Interpandemic Period	
Phase 1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or diseases is considered to be low.
Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
Pandemic Alert Period	
Phase 3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
Pandemic Period	
Phase 6	Pandemic phase: Increased and sustained transmission in general population.
Postpandemic period Return to interpandemic period.	

Our goal while in phase 3 is to **rapidly** identify persons who may be risk for Avian flu.

There are four reasons:

1. There is a relatively short lag time between exposure to the virus and onset of symptoms.
2. Respiratory specimens for testing need to be collected by persons wearing protective equipment (gowns, gloves, goggles, N-95 masks).
3. Respiratory specimens will be sent to Nebraska Public Health Laboratory for testing per CDC protocols. Due to safety issues, the hospital clinical laboratory will not be doing any testing.
4. If the patient is admitted to the hospital or ER, they will be put into a negative airflow room immediately.

**OUR PLAN:**

When a person with influenza-like symptoms arrives at the health care provider, the following protocol should be followed:

- A travel history (epidemiological criteria) will be elicited immediately. Please note that the epidemiological criteria are different depending on the severity of the respiratory illness.

Clinical Criteria	Epidemiological Criteria
Hospitalized patient with ▪ <b>Severe respiratory illness</b> (i.e. x-ray evidence of pneumonia, ARDS) and ▪ No alternative diagnosis	History of travel within 10 days of onset to a country with documented avian influenza A (H5N1) infections in poultry or humans (1).  - AND -
-OR-	

Any ill patient with ▪ <b>Documented fever</b> (>100.4F, >38C) and ▪ One or more of: cough, sore throat, or shortness of breath	History of <b>close contact</b> either with poultry e.g., visited a poultry farm, a household raising poultry, or a bird market) in an H5N1-affected country, or with a known or suspected human case of influenza a (H5N1) within 10 days prior to onset of Symptoms.  - AND -
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1. For a regularly updated listing of H5N1-affected countries, see the OIE website at [http://www.oie.int/eng/en\\_index.htm](http://www.oie.int/eng/en_index.htm) and the WHO website at <http://www.who.int/en/>
- The clinician calls the emergency room (ER) physician on call to discuss the patient and free up a negative air flow room for immediate use.
  - The ER physician calls Douglas County Health Department (DCHD). They will contact the state epidemiologist on call to get approval for testing by the Nebraska Public Health Laboratory.
  - The ER notifies Infection Control staff on call. They will help facilitate the patient care process.
  - The patient is placed in a negative air flow room immediately on arrival in the ER. The nasopharyngeal aspirate is collected by respiratory therapy personnel wearing appropriate protection (gowns, gloves, goggles, N-95 masks).
  - The specimen will be hand carried to the laboratory with an orange label saying “Caution: Potential Avian flu”. The Nebraska Public Health Laboratory personnel will pick up specimen. No viral testing will be done in our laboratory per CDC guidelines.
  - NPHL will offer testing STAT; 24 hours a day, 7 days a week. The turn around time for Avian flu testing results is 12 to 24 hours.
  - NPHL will do a CDC provided polymerase chain reaction (PCR) panel (includes Influenza A and antigen specific tests for H<sub>1</sub>, H<sub>3</sub>, H<sub>5</sub>, H<sub>7</sub> and Influenza B).
  - If the Avian Influenza PCR panel is negative, then a respiratory viral culture panel will be set up to look for RSV, parainfluenza 1, 2, 3 and adenovirus. Laboratory results will be available when culture becomes positive or when a final negative is read at 14 days.