





**Table 1: Summary of Public Health Management of Exposed Persons in response to Avian Influenza incident**

EXPOSURE CATEGORY (Sect 4.3)	ANTIVIRAL CHEMOPROPHYLAXIS (Sect 4.5)		SURVEILLANCE (Sect 4.4)	RISK LEVEL
<b>CATEGORY A:</b> Occupational exposure to AI prior to identification of an incident, in those who were <b>NOT WEARING APPROPRIATE PPE</b> at all times during exposure. This could include: <ul style="list-style-type: none"> <li>➤ Farm workers, other exposed workers, owners of backyard flocks or other people resident at the premises who have had exposure to birds or infected materials</li> <li>➤ Veterinary and technical staff</li> </ul>	<b>Chemoprophylaxis</b> is advised to be started up to 7 days after the last exposure.  The minimum course of 10 days' duration for Oseltamivir 75mg once daily is recommended.		<b>ACTIVE FOLLOW-UP</b> is required for <b>every day up to 10 days</b> from the last date when exposure occurred without APPROPRIATE PPE.  (Category A workers should follow <b>PASSIVE FOLLOW-UP</b> once the active period is completed. Passive follow-up involves provision to the individual of information on human AI symptoms and emergency contact instructions.)	<b>HIGH RISK</b>  
<b>CATEGORY B:</b> Occupational contact with an avian source during the response to an incident, whilst <b>WEARING APPROPRIATE PPE</b> . This could include anyone involved in: <ul style="list-style-type: none"> <li>➤ the culling, disposal and clean-up operations at a premises or rendering facilities or</li> <li>➤ rangers/vets handling of wild birds.</li> </ul>	<b>POULTRY/CULLING Scenarios</b> Chemoprophylaxis (Oseltamivir 75mg, once daily) should be started prior to individuals having contact with birds e.g. in culling scenarios and should be <b>given daily while in contact and for 10 days after last exposure</b> . If exposure has already occurred, prophylaxis should be started within seven days of the last exposure and continued for 10 days.  The maximum recommended duration of prophylaxis is <b>42 days</b> , and advice should be sought from NVRL if it is likely to be required for longer than this.	<b>WILD BIRDS</b> A risk assessment on an individual incident basis is required to determine whether a breach in PPE has occurred and if chemoprophylaxis is required.	If the individual has been exposed to the incident whilst wearing <b>COMPLETE PPE</b> during all exposures, then they should undergo <b>PASSIVE FOLLOW-UP until 10 days</b> after the last exposure to the infected site.  Any individual who has <b>NOT WORN COMPLETE PPE</b> during all exposures will require <b>ACTIVE FOLLOW-UP</b> according to <b>CATEGORY A</b> from the date of the last exposure without full PPE.	<b>MEDIUM RISK depends on RISK ASSESSMENT</b>  
<b>CATEGORY C:</b> Non-occupational exposures which may include members of the public (or others) inadvertently handling sick or dead birds, or their faecal matter that is <b>CONFIRMED to be infected with AI</b> . These individuals are unlikely to have been using appropriate PPE.	<b>CHEMOPROPHYLAXIS</b> is advised to be started up to 7 days after the last exposure.  The minimum course of 10 days' duration for Oseltamivir 75mg once daily is recommended.*		To be considered for <b>ACTIVE FOLLOW-UP for 10 days</b> from the date of exposure	<b>HIGH RISK</b>  
<b>CATEGORY D:</b> Non-occupational exposures which may include members of the public or others inadvertently handling sick or dead birds, or their faecal matter - <b>where AI status CANNOT be confirmed</b> (examples of such situations include a single or large bird die-off.)	These individuals will generally be managed under the standard approach, unless information or risk assessment suggests a different approach.		These individuals will generally be managed under the standard approach, unless information or risk assessment suggests a different approach.	<b>LOW RISK</b>  

\*For A(H7N9) a "treatment dose" of 75mg Oseltamivir, twice daily is recommended and should be continued for 5 or 10 days. If exposure was time-limited and not on-going, 5 days of medication from the last known exposure is recommended. If exposure is likely to be on-going (e.g., household setting), 10 days is recommended because of the potential for prolonged infectiousness in the avian influenza A(H7N9) patient. A treatment dose is recommended for prophylaxis, due to concerns over potential resistance to Oseltamivir. If any individuals are unable to take Oseltamivir, this should be discussed with the NVRL.