



<sup>1</sup>**Definition of a human contact** - An individual meeting the exposure criteria outlined in [guidance document](#) is defined as a contact whether or not PPE has been worn. If case identified in bird/ mammal then Area Public Health Teams should complete **Contact Surveillance Form** for all human contacts identified.

<sup>2</sup>**PPE** – For details of appropriate PPE for occupational exposures to birds/mammals please refer to [Appendix 5](#).

Note **all the following** must apply:

- trained in the correct use (including donning and doffing) of PPE
- fit-tested for the FFP3 respirator the individual wore
- wore the appropriate PPE with no breaches

<sup>3</sup>For further details on **Risk Categorisation** and all other exposures please see [here](#).

<sup>4</sup> **Health Surveillance** - following PHRA decide on method of surveillance. **Passive Health surveillance:** Provide instructions to self-monitor for the development of symptoms for 10 days after the last exposure to a known or highly suspected source of avian influenza virus, and report any symptom development immediately to public health. If, following PHRA, there are concerns about the contacts ability or willingness to complete passive monitoring - e.g. cognitive impairment or transient population - consider active surveillance. **Symptom Development:** if a human contact develops symptoms they have become a possible case, and should be managed as per possible case algorithm.

<sup>5</sup>**Asymptomatic Swabbing**- Consider testing of any asymptomatic individual with moderate risk exposure following risk assessment. For details on sampling procedure, refer to guidance [\(here\)](#).

<sup>6</sup>**Post-exposure chemoprophylaxis** considered based on risk assessment, refer to guidance [here](#).