

Algorithm 3: Investigation and management of possible human cases of avian influenza in individuals not under Public Health surveillance

Avian Influenza Case Definition POSSIBLE human case

One or more of the following symptoms:

- Fever > 38°C
- Acute onset of at least one of the following respiratory symptoms: cough (+/- sputum), hoarseness, nasal discharge or congestion, SOB, sore throat, wheezing, sneezing.
- Acute onset conjunctivitis
- Any other severe or life threatening illness suggestive of an infective process
- **ADDITIONALLY in the 10/7 prior to symptom onset, the patient must have been exposed to a confirmed Avian Influenza incident in Ireland¹.**
- Individuals with symptoms should be advised to contact local public health in hours and if out of hours to call their local ED (NAS if very unwell) and inform them that they are an H5N1 contact

N.B. PPE for Health and Care Workers
Undertake a point of care risk assessment with every patient at each interaction.

Healthcare professional (HCP) assesses patient to determine if the case definition for **possible human case of Avian Influenza is met?**

No

Unlikely to be Avian Influenza

- Transfer to appropriate care pathway
- Recommend/suggest testing for other respiratory pathogens

Yes

If case definition met:

- **Notify & discuss with Area Public Health Teams**, if not already aware
- Public Health to complete [Enhanced Surveillance Form](#)
- **START TREATMENT DOSE ANTIVIRALS** - [see here](#)
- Area Public Health Teams discuss with National Virus Reference Laboratory (NVRL)
- **Arrange clinical assessment & specimens taken by appropriate health professional using recommended infection prevention and control measures^{2,3}**

Is hospitalisation warranted?

Yes

No

- Ensure ambulance & hospital staff are aware of infection prevention and control (IPC) measures
 - **Staff PPE:** correctly fitted respirator mask (FFP2/3), gown, gloves and eye protection
 - **Patient placement:** preferably in a negative pressure isolation room, if none available - a single room with ensuite toilet facilities
 - **IPC Precautions:** Standard, contact and airborne precautions
 - **Patient:** to wear surgical facemask (if tolerated)
- Public Health alert NHPSI

- Advise to self-isolate⁴
- Ensure relevant Area Public Health Team is notified

- Influenza A positive but unsubtypeable or influenza A (H5) or H7 positive³

- Influenza A negative, or
- Influenza A positive subtyped as seasonal H3N2 or H1N1pdm09, or influenza B positive

- CPHM/SPHM to alert DPH who will alert Chair ACMT, duty consultant, DNHP, AND EM and DAFM

Notes

1. This includes direct or close contact with infected birds/animals (i.e. unwell or dead birds/animals, or birds/animals that were asymptomatic but become symptomatic or died within the **48 hours** following contact), their faecal matter or contaminated litter or other materials including eggs, and or parts of infected premises considered contaminated by animal health.
2. If identified in **GP/non-acute hospital setting**. GP to contact local Area PH Teams directly. D/W PH/NAS and arrange transfer to hospital. Alert hospital.
3. Appropriate testing required to ensure sample is sub-typable. Can be facilitated by PH-NAS-NVRL pathway:
 - PH contact NAS and NVRL to inform, discuss sampling and sample transport.
 - NAS collect sample(s) and transfer to NVRL
 - NVRL alert PH (+/- clinician) following processing
4. If unable to self-isolate in own environment consider referral to National Infectious Diseases Isolation Facility, Portrane [\[link\]](#)