

Highly Pathogenic Avian Influenza Virus Monitoring Instructions for Local Health Departments

This document provides guidance for local health department (LHD) staff for the monitoring of individuals who have had known or possible exposure to Highly Pathogenic Avian Influenza (HPAI) H5N1 virus.

1. AVIAN INFLUENZA BACKGROUND

HPAI H5N1 viruses were identified in the United States in January 2022 and since then have infected wild birds and mammals and caused widespread outbreaks in commercial and backyard flocks. From January 2022 to December 27, 2023, nineteen sporadic human cases of A(H5N1) were reported from eight countries, including one U.S. case. Nearly all reported cases had recent exposure to sick or dead poultry, and no cases of human-to-human virus transmission were identified. The public health risk remains low, but people who have job-related or recreational exposures to infected birds, sick or dead mammals might be at higher risk of infection.

2. MONITORING

A. Overview. The purpose of monitoring is to ensure that individuals who become ill within the monitoring period after a known or suspected exposure to an HPAI H5N1 virus are identified as soon as possible after symptom onset so they can be rapidly evaluated, tested and treated. Persons with known or suspected exposure to infected birds or other animals should be monitored for signs and symptoms of acute respiratory illness beginning after their first exposure and for 10 days after their last exposure.

B. Initial Assessment. An initial assessment should start with completing an online questionnaire/survey to assess illness and gather contact and exposure information. Please use this [link](#) to access the survey.

C. General Monitoring Instructions. Upon receiving notification of a returning responder from another state or of an individual who had exposure to HPAI virus within the state, the LHD should contact the exposed person to complete the online survey, and ask the person to self-monitor by sharing the self-monitoring document available in the [CD Manual](#). The monitored person should also be instructed to call the LHD or Epi On-Call immediately if ill. LHD staff should make follow-up calls on day 5 and 10 after the last date of exposure. Monitoring progress should be recorded using the initial interview survey.

If any symptoms develop, the LHD should immediately call the Communicable Disease Branch Epi On-Call at 919-733-3419 for consultation

3. CONTROL MEASURES

Standard, Contact, and Airborne precautions are recommended when providing direct patient care (including specimen collection) to patients under investigation for novel influenza A viruses, including HPAI H5 viruses. More information on infection control recommendations can be found at <http://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm>. Home isolation is acceptable for ill patients who do not require hospitalization.

4. MEDICAL EVALUATION, TESTING AND TREATMENT

HPAI testing is done solely by the NC State Laboratory of Public Health. For exposed persons who become ill during their monitoring period, the Communicable Disease Branch will work with the LHD to facilitate prompt evaluation, testing and treatment in a medical facility and ensure that proper precautions are taken to avoid potential exposures.

5. IMPORTANT DOCUMENTS/LINKS

Additional information, documents and guidance referenced in this document can be found at:

https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/other_diseases.html

CDC Information on Avian Influenza:

[Interim Recommendations for Prevention, Monitoring, and Public Health Investigations](#)

<http://www.cdc.gov/flu/avianflu/index.htm>

[Evaluating and Managing Patients Exposed to Birds Infected with Avian Influenza Viruses](#)