



## Avian Influenza (H5N1) in Humans: Travel/Exposure Screening Guidelines for Patients Presenting with Severe Respiratory Illness (SRI) and Severe Influenza-Like Illness (severe ILI)

### SRI\* or severe ILI\* patient encounter

ASK if any of the following occurred in the 10 days prior to onset of symptoms:

Travel to an affected area\*\* AND reside in or visit an area/ setting where sick or dead domestic poultry or wild birds have been reported

OR

Have close contact (within 1 metre) with an ill traveler from an affected area with known H5N1 in domestic poultry or wild birds

NO

### LOW LIKELIHOOD of Human infection with avian influenza (H5N1)

- Manage patient according to clinical symptoms and apply standard infection control best practices
- Conduct routine laboratory testing as appropriate based on clinical symptoms

YES

### CONSULT INFECTION CONTROL/ PUBLIC HEALTH/LABORATORY:

- **THINK: Be vigilant and use best practices! Implement infection control/case management best practices**, as defined by your provincial/territorial public health authorities
- **TELL: Consult your local Public Health Authorities to assist with detailed exposure history taking** [*Jurisdiction ADD telephone #*]  
**Detailed exposure history taking for the 10 days prior onset of symptoms includes the following:**
  - Close contact (within 1 metre, i.e. touching distance) with sick or dead domestic poultry or wild birds
  - Exposure to settings where sick domestic poultry were confined or had been confined (e.g. live markets, farms) in the previous 6 weeks, including exposure to areas contaminated with poultry or wild bird feces
  - Contact (within 1 metre, i.e. touching or speaking distance) with a confirmed human case of H5N1
  - Contact (within 1 metre, i.e. touching or speaking distance) with a person with an unexplained acute respiratory illness that later resulted in severe pneumonia or death
- **TEST: Consult Public Health laboratory for appropriate testing recommendations** [*Jurisdiction ADD telephone #*]  
Based on clinical and exposure criteria, laboratory and public health authorities will recommend appropriate collection of clinical specimens to ensure prioritization and testing for human infection with avian influenza (H5N1), as required

\* Non-respiratory symptoms/presentations may be possible, (i.e. encephalitis, gastroenteritis).

\*\*Affected area refers to any country/territory with confirmed H5N1 activity in humans and/or domestic fowl/ducks, as listed in the PHAC table of affected areas, available at:

<http://www.phac-aspc.gc.ca/h5n1/index.html>

Note: In regions where H5 subtype has been identified without confirmation of the “N” neuraminidase component, presence of mass poultry die off(s) should be considered in the risk assessment.