



### Background

Avian Influenza H5N1 is a strain of Highly Pathogenic Avian Influenza virus that has caused large outbreaks in poultry flocks in Southeast Asia since late 2003. Over one hundred million birds have died or been destroyed after becoming infected with or exposed to H5N1. Experts now believe that H5N1 is endemic in the Southeast Asian region, and further concerns have arisen following recent localised outbreaks in several European countries. The explosive spread of H5N1 is unprecedented and, because it can occasionally infect humans, there is concern that the virus might acquire the capacity for person-to-person transmission, leading to a human influenza pandemic.

### Animal cases of H5N1

Since July 2004, H5N1 outbreaks in chickens have been reported in China, Malaysia, Vietnam, Thailand, Cambodia and Indonesia, with recent confirmed outbreaks in Russia, Turkey, Romania, and Croatia. Visit the Food and Agriculture Organisation (FAO) Avian Influenza website for up-to-date information: [www.fao.org/ag/againfo/subjects/en/health/diseases-cards/avian\\_update.html](http://www.fao.org/ag/againfo/subjects/en/health/diseases-cards/avian_update.html)

### Human cases of H5N1

As of 1 November 2005, the World Health Organization (WHO) has reported 122 confirmed human H5N1 cases (including 62 deaths) associated with these outbreaks. Most human cases have been reported in Vietnam. Visit the WHO Avian Influenza website for up-to-date information: [www.who.int/csr/disease/avian\\_influenza/en/](http://www.who.int/csr/disease/avian_influenza/en/)

Number of Confirmed Human Cases of Avian Influenza A/(H5N1) Reported to WHO, as of 1 November 2005

Date of onset	Indonesia		Viet Nam		Thailand		Cambodia		Total	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
26.12.03-10.03.04	0	0	23	16	12	8	0	0	35	24
19.07.04-08.10.04	0	0	4	4	5	4	0	0	9	8
16.12.04-to date	7	4	64	21	3	1	4	4	78	30
<b>Total</b>	<b>7</b>	<b>4</b>	<b>91</b>	<b>41</b>	<b>20</b>	<b>13</b>	<b>4</b>	<b>4</b>	<b>122</b>	<b>62</b>

### Notes

Total number of cases includes number of deaths.

WHO reports only laboratory-confirmed cases.

### Person-to-person transmission of H5N1

Nearly all confirmed human H5N1 cases have acquired their infections from close contact with infected poultry (or poultry faeces or blood). Although person-to-person transmission of H5N1 to close contacts (e.g. family members) of infected persons is suspected to have occurred in a few instances, there is no evidence of efficient person-to-person transmission of the H5N1 strain.

### Travel advice for H5N1

The WHO and the Australian Department of Foreign Affairs and Trade (DFAT) are not advising deferral of travel to affected countries to avoid H5N1 infection. However, DFAT is advising travellers to avoid contact with farms and live bird markets in areas that report outbreaks of avian influenza. Visit the DFAT website for up-to-date information: [www.smartraveller.gov.au](http://www.smartraveller.gov.au)

### Surveillance for human cases of H5N1 infection in Western Australia

Currently, there is no reason to suspect H5N1 infection in patients presenting to health care providers in Western Australia unless they have symptoms of influenza (i.e. fever, cough,



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## Guidelines for Medical Practitioners

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breathlessness) and a history of close contact, within 7 days (the presumed maximum incubation period for human H5N1 infection) prior to the onset of their symptoms, with:

- ◆ diseased poultry or other birds in a geographical region where H5N1 has been reported in these birds, or
- ◆ a person with confirmed or probable H5N1 infection, or
- ◆ laboratory specimens thought to contain the H5N1 virus.

#### **Current management of suspected human cases of H5N1 infection in Western Australia**

If a patient presents to a Medical Practice with symptoms of influenza and a specific H5N1 contact history (as defined above), then the attending doctor should immediately isolate the patient (e.g. in a single room or outside the surgery) with a surgical mask and contact the On-Call Clinical Microbiologist at PathWest (ph 9346 2536) or at Sir Charles Gairdner Hospital (ph 9346 3333) to discuss the management of the patient.

Unless there is a high index of suspicion of H5N1 infection in the patient, attending medical and nursing staff need not wear personal protective equipment beyond their normal practice (given that current evidence indicates that the risk of a traveller presenting with H5N1 infection and infecting an attending health care provider is inestimably small).

Depending on the history of exposure and severity of symptoms, the On-Call Clinical Microbiologist may recommend hospitalisation of the patient and screening for atypical pneumonia, including H5N1 infection. If the On-Call Clinical Microbiologist recommends hospitalisation and screening for H5N1, then he/she will notify the Communicable Disease Control Directorate (ph 9388 4801 – office hours) or the On-Call Duty Officer (ph 9328 0553 – after hours) to initiate the management of close contacts of the patient. If laboratory tests indicate H5N1 infection, then the attending doctor and other close contacts at the Medical Practice will be offered antiviral prophylaxis and monitored for H5N1 symptoms for 7 days from the date of exposure.

#### **Influenza vaccination**

Currently, there is no licensed human H5N1 vaccine available. Health care workers should be vaccinated annually (before winter) with human influenza vaccine to reduce the transmission of seasonal human influenza and to reduce the very small risk of co-infection with and reassortment of avian and influenza viruses and the emergence of a new pandemic influenza virus strain.

#### **More information**

Visit the following websites or phone the Communicable Disease Control Directorate on 9388 4863:

#### **Avian Influenza Websites**

- **Australian Department of Agriculture, Fisheries, and Forestry:**  
[www.daff.gov.au/birdflu#situation](http://www.daff.gov.au/birdflu#situation)
- **Food and Agriculture Organization of the United Nations:**  
[www.fao.org/ag/againfo/subjects/en/health/diseases-cards/special\\_avian.html](http://www.fao.org/ag/againfo/subjects/en/health/diseases-cards/special_avian.html)

#### **Pandemic Influenza Websites**

- **Western Australian Department of Health:**  
[www.health.wa.gov.au/disaster/pandemic\\_influenza/index.cfm](http://www.health.wa.gov.au/disaster/pandemic_influenza/index.cfm)
- **Australian Department of Health and Ageing:**  
[www.health.gov.au/internet/wcms/publishing.nsf/Content/health-avian\\_influenza-index.htm](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-avian_influenza-index.htm)
- **World Health Organization:**  
[www.who.int/csr/disease/influenza/en](http://www.who.int/csr/disease/influenza/en)