



Continued Monitoring of H7N9

There continue to be more cases of people with diagnosed H7N9 infection in multiple Provinces of China clustered in the same region. One additional case has been reported in Taiwan. As of April 24, the WHO reported 108 confirmed cases and 22 deaths with a case fatality rate of 20%.

Most of the cases have presented as severe respiratory illnesses although some have had only mild symptoms. To date, there has been no documented human-to-human transmission. Most of those infected have had exposure to live or dead poultry or contaminated areas, including live markets or farms. THIS IS STILL CONSIDERED TO BE AN ANIMAL VIRUS AND NOT A HUMAN VIRUS.

Since the distribution of the virus is unknown, the WHO and CDC recommend watchful monitoring for updates and changes in recommendations, rapid detection, investigation, and management of suspect cases based on travel or exposure history, STANDARD infection control practices for respiratory droplet, and reporting of possible cases that have met the case definition to local/state health authorities. There is NO recommendation against travel by the CDC or WHO.

Concern regarding this influenza virus and its potential for widespread infection is based on the fact that it is an H7 virus, typically a bird/poultry specific virus, and its current ability to cause severe infection deaths in humans. It also appears capable of infecting other mammals easier than other viruses of this type. If this virus were to become human-to-human transmissible, it has the potential to spread rapidly. Therefore, it is reasonable to consider the precautionary actions:

1. Review current infection control practices and make sure personnel are aware of PPE indicated for respiratory droplet protection and assure that each individual knows how to correctly choose, don and doff PPE. Hand hygiene is essential and should include washing hands frequently with soap and running water. Hand Sanitizers, with a minimum of 60% alcohol, can be used when soap and water is not available but is not a substitute for hand washing.
2. Alert health care workers (HCWs) to the current case definition for H7N9 and update this information as often as needed. Make sure they know the information could change rapidly.
 - a. **Current Case Definition:** Patient(s) with fever, cough, or shortness of breath with travel or exposure to one of the affected areas of China within in the last 10 days. Exposure may be contact with a sick person who has a travel history as above. Consider using 21 days if the patient or ill contact is a child (children shed influenza virus longer).



3. Assure that there is enough PPE and disinfection equipment available for frequent use in any place/area that ill patients would be brought.
4. Although HCWs should always follow standard precautions based on signs/symptoms of the patient, IF they find a patient with an upper respiratory illness that meets the definition for travel or exposure within the incubation period, they should:
 - a. Don PPE immediately to include at a minimum an N95 mask, eye protection via goggles or face shield (eye glasses are not a substitute), gloves, and a gown if splash or contact with droplet is possible.
 - b. Place the patient on a non-rebreather mask or surgical mask, as indicated. Avoid aerosol-producing procedures (e.g. nebulizer treatment), if at all possible. If not, minimize droplets when possible and realize that the dispersal of droplets will increase. When using a bag-valve-mask, utilize a HEPA filter on the exhalation port.
 - c. Isolate the patient from others
 - d. Minimize the number of people caring for the patient or in the immediate environment.
 - e. Consider the area and anything within (or has been within) 6 feet of the patient contaminated and needing disinfection
 - f. Assure that a patient that is ill with upper respiratory symptoms, even mild ones, and meeting the case definition is taken for follow-up care and testing.
 - g. Alert the receiving facility that a possible H7N9 patient is being brought to their facility. Whenever possible, this notification should be done via telephone or some other means to avoid transmitting this information over open-airwave radios, which may alert the media.
 - h. Clean and disinfect the equipment and area using an approved disinfectant. PPE should be worn during this process and disposed of in a biohazard waste receptacle.
 - i. The HCW should report their exposure through their appropriate channels. Depending on the exposure, influenza prophylaxis may be appropriate.
5. The following links are available for more information and specifics and are updated as needed:

www.cdc.gov/flu/avianflu/h7n9-virus.htm

http://www.who.int/influenza/human_animal_interface/influenza_h7n9/en/

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