

All healthcare providers and staff:

On April 1, 2013, the World Health Organization (WHO) reported the first known human infections with a novel avian influenza A (H7N9) virus in China. As of today, April 24, 2013, a total of 108 human cases of avian influenza A(H7N9) virus infection have been reported, including 22 deaths.

At this time, no cases have been detected outside of China. There is currently no evidence that the virus has become easily transmissible from person to person. We continue to monitor the situation in China closely and will provide updates as new information becomes available.

At Hoag, we need to continue to be vigilant about identifying patients with Influenza-like illness (ILI) and placing a mask on these patients upon arrival to any of our facilities until they can be placed into droplet isolation. In addition, these patients should be evaluated for their risk for Influenza A(H7N9).

Who should be considered a suspect case of avian influenza A(H7N9)?

A patient with influenza-like illness* (ILI) meeting either of the following exposure criteria:

- Recent travel (within ≤ 10 days of illness onset) to China; **OR**
- Recent contact (within ≤ 10 days of illness onset) with a confirmed or probable case of infection with novel influenza A (H7N9) virus.

*ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and cough and/or sore throat.

Infection control precautions for suspect, probable or confirmed cases

Healthcare personnel providing care for patients with confirmed or probable avian A(H7N9) infection, or cases under investigation should use **Standard Precautions, including eye protection, plus Contact and Airborne Precautions**. Aerosol-generating procedures should be performed on such patients only if they are medically necessary and cannot be postponed.

CDC has issued interim guidance for influenza A(H7N9) infection control precautions, which are available at: <http://www.cdc.gov/flu/avianflu/h7n9-infection-control.htm>

Testing for avian influenza A(H7N9)

- If Influenza A(H7N9) is suspected **because of travel/exposure history**, clinicians should obtain a nasopharyngeal wash (a minimum of 1ml).
- The CPOE order should be an "Influenza A/B, 2009 H1N1 PCR" and in the special instruction field type "Rule out H7N9 because of recent travel to China" or "Rule out H7N9 because of exposure to a known H7N9 case".
- The specimen will be refrigerated by the lab until picked up by Orange County Public Health for testing. Specimens should be collected using appropriate infection control precautions.

Treatment for suspect, probable or confirmed avian influenza A(H7N9) patients

CDC has issued interim guidance on antiviral treatment of human infections with avian influenza A (H7N9), which is available at: <http://www.cdc.gov/flu/avianflu/h7n9-antiviral-treatment.htm>. Because of the potential severity of illness associated with this infection, CDC recommends that all confirmed, probable, and cases under investigation, including outpatients with uncomplicated illness, be treated with neuraminidase inhibitors as early as possible. Clinicians should not wait for laboratory confirmation of influenza before initiating treatment.

Reporting suspect cases

Clinicians should notify Orange County Public Health immediately at 714-834-8180 or 714-628-7708 (off hours) of any suspect H7N9 case.

Thank you for your help in our influenza surveillance efforts around avian influenza A(H7N9).

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