

Updated Interim Guidance for Laboratory Testing of Persons with Suspected Infection with Avian Influenza A (H5N1) Virus in the United States

The Centers for Disease Prevention and Control (CDC) recommends maintaining the enhanced surveillance efforts practiced currently by state and local health departments, hospitals, and clinicians to identify patients at increased risk for avian influenza A (H5N1), namely travelers to countries with documented H5N1 activity or laboratorians conducting research with the virus.

Testing for avian influenza A (H5N1) virus infection is recommended for:

A patient who has an illness that:

- requires hospitalization or is fatal; AND
- has or had a documented temperature of $\geq 38^{\circ}\text{C}$ ($\geq 100.4^{\circ}\text{F}$); AND
- has radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established; AND
- has at least one of the following potential exposures within 10 days of symptom onset:

A) History of travel to a country with influenza H5N1 documented in poultry, wild birds, and/or humans,† AND had at least one of the following potential exposures during travel:

- direct contact with (e.g., touching) sick or dead domestic poultry;
- direct contact with surfaces contaminated with poultry feces;
- consumption of raw or incompletely cooked poultry or poultry products;
- direct contact with sick or dead wild birds suspected or confirmed to have influenza H5N1;
- close contact (approach within 1 meter [approx. 3 feet]) of a person who was hospitalized or died due to a severe unexplained respiratory illness;

B) Close contact (approach within 1 meter [approx. 3 feet]) of an ill patient who was confirmed or suspected to have H5N1;

C) Worked with live influenza H5N1 virus in a laboratory.

Clinicians should contact the Oklahoma State Department of Health Communicable Disease Division at (405) 271-4060 or 1-800-234-5963 to arrange specimen collection and testing on patients meeting the above criteria. Testing for avian influenza A (H5N1) virus infection can also be considered on a case-by-case basis for a patient with mild or atypical disease who has one of the exposures listed above (criteria A, B, or C). Initial screening by PCR can be performed at the State Public Health Laboratory. Appropriate specimens from patients who screen positive for H5 or H7 influenza types will be forwarded to the CDC for confirmation.

† For a listing of influenza H5N1-affected countries, visit the CDC website at

<http://www.cdc.gov/flu/avian/outbreaks/current.htm> or the OIE website at

http://www.oie.int/eng/en_index.htm