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| Subject Matter Expert | Keeley Morris, MPH Emerging and Acute Infectious Disease Branch Epidemiologist |
| Signed by | Keeley Morris |

Monitoring Guidance for Individuals Potentially Exposed to Avian Influenza – Demobilized Responders

(rev. date 1/29/2016)

All correspondence regarding monitoring for Avian Influenza should be sent to:

EAIDBMonitoring@dshs.texas.gov

For urgent matters after-hours call: 512-221-6852

Monitoring Guidance for Individuals Exposed to an Infected Flock in Another State

The following guidance applies to monitoring of individuals who have been exposed to infected bird populations outside of the state of Texas. This includes U.S. Department of Agriculture (USDA)/Animal and Plant Health Inspection Service (APHIS) workers and contract workers involved in bird depopulation activities.

Texas DSHS will be notified by the Centers for Disease Control and Prevention (CDC) via Epi-X of all USDA/APHIS workers and contract workers who demobilized to the state of Texas the previous day. These individuals will be actively monitored for influenza-like illness for 10 days following their last potential exposure to avian influenza. Once DSHS has been notified about a demobilized responder, contact information will be forwarded to the appropriate DSHS Health Service Region (HSR) and local health department (LHD).

The local health departments should:

- Contact the individual (henceforth referred to as a Person Under Monitoring or PUM) by phone within 24 hours of receipt of contact information. The “AI Monitoring Calls Checklist” may be used as a guide for initial and all subsequent contacts.
- At initial contact, confirm that the individual has arrived in Texas.
 - If the PUM has not arrived, determine what day they plan to arrive in Texas as well as his/her current whereabouts (street address, city, state).
 - If the PUM reports that they will not return to Texas within the next 10 days collect information on where the individual will be staying (street address, city, state) and notify DSHS Region and Central offices so that the PUM can be transferred to the appropriate jurisdiction.
- Verify contact information and establish a process to communicate monitoring results (i.e. symptoms, well-being) and any travel plans during the monitoring period.
- Confirm the dates of potential exposure including:
 - The date the PUM last had contact with birds
 - The date the PUM last had exposure to an impacted poultry farm
 - The date the individual arrived to Texas

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- Once initial contact has been made, send a confirmation email to DSHS Region and Central Offices indicating that the PUM has been reached.
 - Communicate any information relevant to monitoring including changes to potential exposure dates and/or types of exposure.
 - Submit a completed “Responder Notification of Travel” form if the responder reported any travel plans or indicated that they are in another jurisdiction.
- Make plans to contact the PUM with a frequency appropriate to the risk level and types of exposure.
 - The purpose of the monitoring is to check for symptoms (see Symptomatic PUMs section below) until the conclusion of the 10-day monitoring period.
 - Initial and final contacts (i.e., date of arrival to Texas and day 10 post-exposure) must be made by phone. Additional contacts during the monitoring period may be made by phone, text message, or email communication.
- If the PUM reports any symptoms, notify the DSHS Region and Central Offices immediately by phone. If necessary a consultation with the HSR and DSHS Central Office can be conducted to determine if an individual should be tested for HPAI.
- Record the monitoring results in the provided form “Daily Monitoring Log for AI Responders”. The monitoring logs should be completed electronically and emailed to the DSHS Region and Central Offices within 48 hours of the completion of monitoring.
- At the completion of the 10-day monitoring period, contact the PUM by phone (not text or email) to verify that the PUM remains healthy and to notify the PUM of the conclusion of his/her monitoring period. Once the PUM has successfully been contacted for his/her closeout call, note it in the log and submit the log to the DSHS Region and Central Offices.

Risk Assignment and Monitoring Guidelines

Based on the initial report from CDC a risk level will be assigned to the PUM and monitoring frequency will be established. The risk categories and monitoring recommendations are broadly defined as follows:

| Risk Level | Description | Monitoring recommendation |
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| Low (but not zero) risk | An individual involved in response activities associated with an HPAI-infected flock but who did not have contact with bird populations (e.g., worked at incident command, administrative role). | Monitoring at Day 0, 5, and 10 of the incubation period. Initial and final contacts must be made by phone. <i>Note: For transfers from other jurisdictions initial contact should be made by the receiving health department regardless of the monitoring day.</i> |

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| Some risk | An individual involved in response activities associated with an HPAI-infected flock who had exposure to the infected facility and/or participated in response and depopulation activities while wearing appropriate personal protective equipment (PPE) at all times | Once daily monitoring by phone, text, or email on each day of the 10-day monitoring period. Initial and final contacts must be made by phone.* |
| High risk | An individual involved in response activities associated with an AI-infected flock who: <ul style="list-style-type: none"> • had exposure to the infected facility and/or participated in response and depopulation activities AND • had a known breach in PPE, OR an unknown level of PPE coverage at any point during flock exposure. | Once daily monitoring by phone, text, email on each day of the 10-day monitoring period. Initial and final contacts must be made by phone.* |

*Please note, monitoring requirements are the same for all individuals who had direct contact with birds or poultry facilities (some or high risk).

Transfer Notification Process

PUMs should be asked during every monitoring contact if they have any upcoming travel plans during their monitoring period. If a PUM reports intention to travel, the “Avian Responder Notification of Travel” form should be completed and submitted to DSHS Region and Central Office immediately. The following required fields must be completed:

- PUM ID Number (CDC-##)
- Dates of planned travel (at minimum the departure date must be included)
- Destination address (Street address preferred but city, state, and country are required).
- Will the LHD continue to monitor the individual during travel?

It is recommended that any PUMs who will leave the jurisdiction and will not return within the 10-day monitoring period be transferred to the receiving jurisdiction (unless the traveler is within 48 hours of completion of monitoring). For any travelers who will be in another jurisdiction for less than 48 hours and will return to their original jurisdiction prior to the end of the 10-day monitoring period, it is recommended that the home jurisdiction continue to monitor while the PUM is traveling. This minimizes monitoring gaps and keeps the monitoring process simple for the PUM to help ensure monitoring compliance. Travel notification for these PUMs must still be sent to CDC and should therefore still be reported to DSHS Region and Central Offices regardless of which jurisdiction will monitor the PUM during travel.

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Inability to Reach a PUM

For demobilized responders with whom initial contact has NOT been established:

For initial contact as many attempts as possible should be made to reach a demobilized responder within 24 hours of notification from DSHS Central Office that a demobilized responder will be arriving in the local jurisdiction. This includes at minimum:

- At least 3 phone calls made at different times of day (morning, afternoon, evening) to all numbers provided for the responder and the responder's emergency contact, AND
- An email sent to all email addresses provided at least once per day.

If the demobilized responder has not been reached within 24 hours of initial notification from DSHS Central Office, an email should be sent immediately to DSHS Region and Central Offices.

For missing PUMs with whom at least initial contact has been established:

If an LHD was able to establish initial contact with a PUM but has been unable to reach the PUM for the regular monitoring check, the LHD should:

- At least 3 phone calls made at different times of day (morning, afternoon, evening) to all numbers provided for the responder and the responder's emergency contact, and an email sent to all email addresses provided at least once per day.
- Once the individual is contacted, the monitoring schedule appropriate to the PUM's risk level may be resumed.
- If a PUM has been unreachable for more than 48 hours, notify DSHS and continue to attempt to make contact.

For PUMs with whom final monitoring contact cannot be made:

- Attempt to contact the PUM the following business day using all phone numbers and email addresses provided (including the emergency contact). At least 3 phone calls made at different times of day (morning, afternoon, evening) to all numbers provided for the responder and the responder's emergency contact, and an email sent to all email addresses provided
- If you are unable to contact the PUM by the following business day, notify DSHS Region and Central Offices and record the missing contact in the daily log. No further attempts to contact are required except as warranted by circumstance (e.g., the PUM had developed symptoms immediately prior to loss of communication).

Symptomatic PUMs

Any individual reporting possible symptoms of AI should be evaluated for testing. These individuals are referred to as Persons Under Investigation (PUIs). In accordance with CDC guidance, a low threshold for testing possible PUIs will be used as long as resources permit. If necessary, a consultation among the

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LHD, DSHS, and CDC can be arranged to evaluate the need for testing based on symptom progression and possible exposures.

Symptoms of Avian Influenza include:

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| Fever or feeling feverish and/or chills | Fatigue |
| Cough | Muscle or body aches |
| Runny or stuffy nose | Headaches |
| Eye tearing, redness, irritation | Nausea |
| Sneezing | Vomiting |
| Sore throat | Diarrhea |
| Difficulty Breathing | Seizures |
| Shortness of breath | Rash |

If medical care at a healthcare facility is not needed, instruct the PUI to self-isolate and continue to monitor his/her health until instructed otherwise by the local health department.

Referring a PUI to a Healthcare Facility:

We encourage local health departments to communicate with and pre-identify facilities that can be prepared to implement appropriate isolation and infection prevention measures as well as appropriately obtain and ship laboratory specimens. Whenever possible, PUIs should be referred to these facilities.

If a PUI needs to seek medical care, the LHD should work with the individual and the local hospital or outpatient clinic to arrange for treatment and testing. Whenever possible, the medical facility should be alerted before the PUI arrives so that the facility can prepare and rapidly isolate the PUI. Any individual needing emergency medical treatment should report to the nearest emergency facility immediately. CDC guidelines for the isolation and treatment of persons under investigation for novel influenza can be found here:

<http://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm>

If testing is deemed necessary, the PUI should be tested for seasonal influenza as well as novel influenza viruses at a public health laboratory (DSHS Austin or one of the Texas Laboratory Response Network [LRN] Laboratories). Culture testing should never be performed on a specimen from a patient suspected or known to be infected with a novel influenza virus. When collecting specimens for testing the hospital and local health department should refer to the, “DSHS Laboratory Surveillance Protocol for

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Symptomatic Responders Who Participated in an Avian Influenza Outbreak Response” document for Guidance.

CDC guidelines for specimen collection can be found at: <http://www.cdc.gov/flu/avianflu/severe-potential.htm>

Antiviral Treatment

Until more information is available, antiviral treatment should be given to all patients with possible infection with novel influenza A viruses with the potential to cause severe disease or in humans or known to cause severe disease in humans. Local health departments should encourage all PUIs to discuss antiviral treatment with their healthcare provider. Information on antiviral treatment of novel influenza A viruses associated with severe human disease can be found at:

<http://www.cdc.gov/flu/avianflu/novel-av-treatment-guidance.htm>