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NOTIFICATION OF A SUSPECTED HUMAN CASE OF AVIAN INFLUENZA AND PROCESSES

CIRCULAR 2: Updated February 2009

Avian influenza refers to influenza A viruses found chiefly in birds. The initial outbreak of highly pathogenic avian influenza A(H5N1) among poultry and people in Hong Kong in 1997 increased awareness of our vulnerability to a global pandemic. Since late 2003 the accelerated geographical spread of A(H5N1) among birds in Asia, Europe, Middle East and Africa has heightened concerns. As of February 2009, more than 407 confirmed cases of human infection with A(H5N1) in 15 countries have been reported to WHO.

There have been no cases of avian influenza in birds or humans in the UAE. However, proximity to countries with avian influenza outbreaks and the inflow of people from countries with human cases of avian influenza puts the UAE at risk.

62 Countries Report H5N1 Avian Influenza in Domestic Poultry/Wildlife 2003-2009 (World Organization for Animal Health)

- Afghanistan, Albania, Austria, Azerbaijan
- Bangladesh, Benin, Bosnia and Herzegovina, Bulgaria, Burkina Faso
- Cambodia, Cameroon, China, Côte d'Ivoire, Croatia, Czech Republic
- Denmark, Djibouti
- Egypt
- France
- Georgia, Germany, Ghana, Greece
- Hong Kong (SARPRC), Hungary
- India, Indonesia, Iraq, Iran, Israel, Italy
- Japan, Jordan
- Kazakhstan, Korea (Republic of), Kuwait
- Laos
- Malaysia, Mongolia, Myanmar
- Nepal, Niger, Nigeria
- Pakistan, Palestinian Autonomous Territories, Poland
- Romania, Russia
- Saudi Arabia, Serbia and Montenegro, Slovakia, Slovenia, Spain, Sudan, Sweden, Switzerland
- Thailand, Togo, Turkey
- Ukraine, United Kingdom
- Vietnam

For the most updated information on countries with outbreaks of avian influenza in poultry:

http://www.oie.int/download/AVIAN%20INFLUENZA/A_AI-Asia.htm

Cumulative Number of Confirmed Human Cases of Avian Influenza A(H5N1) Reported to WHO

11 February 2009

Country	2003		2004		2005		2006		2007		2008		2009		Total	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Azerbaijan	0	0	0	0	0	0	8	5	0	0	0	0	0	0	8	5
Bangladesh	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0
Cambodia	0	0	0	0	4	4	2	2	1	1	1	0	0	0	8	7
China	1	1	0	0	8	5	13	8	5	3	4	4	7	4	38	25
Djibouti	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
Egypt	0	0	0	0	0	0	18	10	25	9	8	4	4	0	55	23
Indonesia	0	0	0	0	20	13	55	45	42	37	24	20	0	0	141	115
Iraq	0	0	0	0	0	0	3	2	0	0	0	0	0	0	3	2
Lao People's Democratic Republic	0	0	0	0	0	0	0	0	2	2	0	0	0	0	2	2
Myanmar	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0
Nigeria	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1
Pakistan	0	0	0	0	0	0	0	0	3	1	0	0	0	0	3	1
Thailand	0	0	17	12	5	2	3	3	0	0	0	0	0	0	25	17
Turkey	0	0	0	0	0	0	12	4	0	0	0	0	0	0	12	4
Viet Nam	3	3	29	20	61	19	0	0	8	5	6	5	1	0	107	52
Total	4	4	46	32	98	43	115	79	88	59	44	33	12	4	407	254

Total number of cases includes number of deaths. WHO reports only laboratory-confirmed cases. For the most updated information on cumulative numbers of confirmed human cases go to: www.who.int/csr/disease/avian_influenza/country/cases_table

Current (February 2009) WHO phases of Pandemic alert.

Inter-pandemic phase New virus in animals, no human cases	Low risk of human cases	1
	Higher risk of human cases	2
Pandemic alert New virus causes human cases	No or very limited human-to-human transmission	3
	Evidence of increased human-to-human transmission	4
	Evidence of significant human-to-human transmission	5
Pandemic	Efficient and sustained human-to-human transmission	6

CRITERIA FOR SUSPECTED HUMAN CASE OF AVIAN INFLUENZA

1. High temperature (more than 38C) **AND**
2. Cough or breathing difficulty **AND**
3. One or more of the following exposures 7 days prior to the onset of symptoms:
 - a) Direct contact with infected animals (chicken and other animals in an avian influenza infected geographical area)*
 - b) Close contact with a person who is categorised as 3(a), that is, a suspected or probable human case of avian influenza
 - c) History of travel to an infected area

* An infected geographical area is a declared defined area (village, farm) in which highly pathogenic avian influenza disease or a highly virulent strain of AI virus exists, or is believed to exist.

PROCESS TO MANAGE A SUSPECTED HUMAN CASE OF AVIAN INFLUENZA

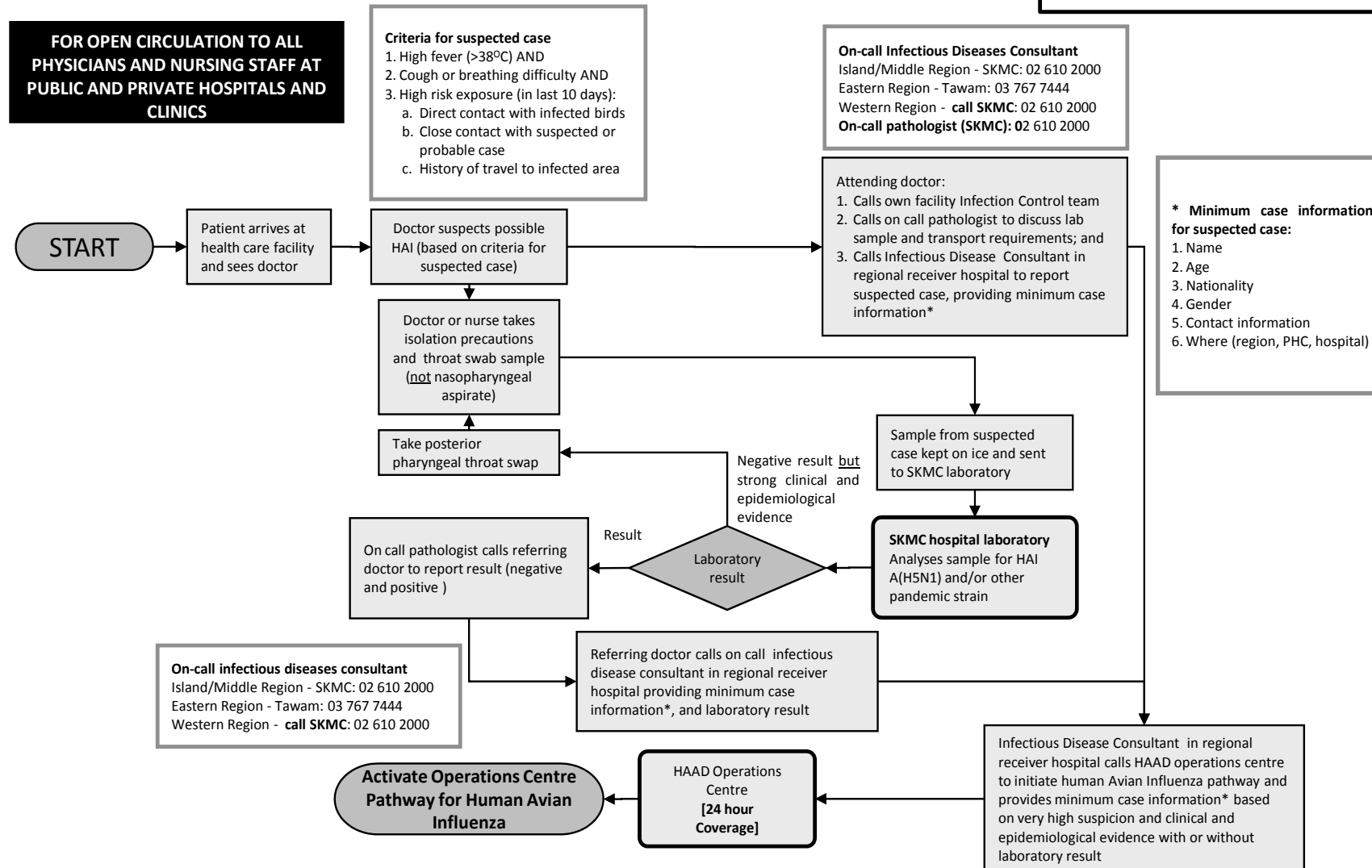
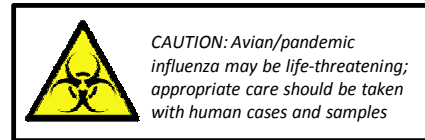
Event	Action	Person responsible									
1. Patient arrives at healthcare facility	<ol style="list-style-type: none"> 1. Take vital signs and temperature 2. Screening question <ul style="list-style-type: none"> • Travel history in last 7 days • cough 	Nurse Nurse									
2. Doctor suspected avian influenza based on criteria for suspected human case of avian influenza	<ol style="list-style-type: none"> 1. Isolate the patient 2. Take standard infection control precautions 3. Take posterior pharyngeal throat swab 4. Call infection control team 5. Call pathologist at SKMC (on call) to discuss lab sample and transport requirements for samples (02-6102000) 6. Call infectious diseases consultant in regional receiver hospital to report suspected case 	Nurse Nurse /Doctor Nurse/ Doctor Attending doctor Attending doctor Attending doctor									
	<table border="1"> <thead> <tr> <th>Region</th> <th>Receiver Hospital</th> <th>Tel. No.</th> </tr> </thead> <tbody> <tr> <td>Island/Middle</td> <td>SKMC</td> <td>02-610 2000</td> </tr> <tr> <td>Eastern</td> <td>Tawam</td> <td>03-767 7444</td> </tr> </tbody> </table>	Region	Receiver Hospital	Tel. No.	Island/Middle	SKMC	02-610 2000	Eastern	Tawam	03-767 7444	
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	Western	M. Zayed	02-610 2000 (SKMC covers M. Zayed)
	<p>7. Provide infectious diseases consultant with minimum case information for suspected case</p> <ul style="list-style-type: none"> • Patient name • Age • Nationality • Gender • Contact information(Tel. ,work) • Location (Region, PHC, Hospital) 		
<p>3. On call pathologists at SKMC laboratory call referring doctor with negative or positive result</p> <p>Final diagnosis pending confirmation at WHO reference laboratory</p>	<p>1. Negative results: Retake sample if strong clinical and epidemiological evidence still present.</p> <p>2. Positive results: Call Infectious Diseases Consultant in regional receiver hospital to report suspected case providing minimum case information and laboratory results.</p>		
<p>Flow chart of this process is shown bellow</p>			

All HAAD avian influenza circulars are available at the HAAD website.

You can access the circulars at: **www.haad.ae/flu**

Process for suspected case and initial management of possible Human Avian Influenza (HAI)





NOTES

- This pathway is to be used only for suspected human case/s of Avian Influenza and NOT for reporting of animal infections or deaths
- The three regional receiver hospitals for Human Avian Influenza (HAI) cases are:
 1. Island/Middle Region – SKMC (Infectious disease consultants available)
 2. Eastern Region – Tawam Hospital (Infectious disease consultants available)
 3. Western Region – Madynat Zayed Hospital (SKMC infectious disease consultant covers Western Region)
- On call infectious disease consultant must make a clinical decision if this is a highly suspicious case for HAI based on:
 - Clinical history
 - Epidemiology
 - Laboratory result
- In case of high suspicion for HAI, the on call infectious disease consultant must activate their hospital Avian Influenza response plan, and notify the HAAD Operations Centre
- HAAD Operations Centre will then call the key contacts to activate the Abu Dhabi and national Avian Influenza plans
- Note: all animal or bird related cases or suspected cases should be phoned through to the national hotline at the Abu Dhabi Environment Agency which is: (02) 800-9990