



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
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*Commissioner*

### **2013 Alert #10: Avian Influenza A(H7N9)**

- **Ask about travel to mainland China in all patients with fever and respiratory symptoms consistent with influenza, especially in those requiring hospitalization.**
- **Report to the Health Department any persons with suspected influenza infection and recent travel to mainland China.**

**Please distribute to staff in the Departments of Critical Care, Emergency Medicine, Family Practice, Geriatrics, Internal Medicine, Infectious Disease, Infection Control, Obstetrics, Pediatrics, Pulmonary Medicine, Pharmacy, and Laboratory Medicine**

April 15, 2013

Dear Colleagues,

We are reminding New York City (NYC) clinicians about the importance of taking a travel history in patients with febrile respiratory illness, especially if the illness is severe enough to cause hospitalization. An outbreak of avian influenza A(H7N9) is occurring among birds and people in mainland China. To date, 4 eastern Chinese provinces and 2 municipalities have been affected (Shanghai, Beijing, Jiangsu, Anhui, Zhejiang, and Henan), with 60 human cases and 13 deaths reported. The median patient age is 65, and most confirmed infections have resulted in severe respiratory illness necessitating hospitalization. Milder illness has also been observed. Most cases have had direct or indirect contact with poultry. No person-to-person transmission has yet been documented definitively. No human cases have been documented in the United States or any other country outside of mainland China.

#### Screening and Diagnostic Testing for Suspect Cases

To rapidly detect the importation of avian influenza A(H7N9) into NYC, we request that providers take the following steps:

- Ask about travel to mainland China in patients with fever and respiratory symptoms consistent with influenza.
- Report patients to the Health Department who have influenza-like illness and meet one of the following criteria:
  - Traveled to mainland China in the 10 days before illness onset, especially if there was recent direct or close contact with animals (such as wild birds, poultry, or pigs), OR
  - Had recent contact with confirmed human cases of infection with avian influenza A(H7N9) virus.
- Obtain a nasopharyngeal swab or aspirate from these patients, place the swab or aspirate in viral transport medium, and contact the Health Department to arrange transport.
- When collecting specimens from suspect cases, use appropriate infection control precautions (see below).
- When testing specimens from suspect cases, do not perform viral culture.
- Interpret test results with caution. Commercially available rapid influenza diagnostic tests may not detect avian influenza viruses in respiratory specimens, i.e., a negative rapid influenza diagnostic test result does not exclude infection with influenza viruses. Clinical treatment decisions should not be made on the basis of a negative rapid influenza diagnostic test result, since the test has only moderate sensitivity.

### Infection Control

Healthcare personnel caring for patients under investigation for avian influenza A(H7N9) virus infection should adhere to Standard Precautions plus Droplet, Contact, and Airborne Precautions, including eye protection, until more is known about the transmission characteristics of the virus.

### Antiviral Treatment

Antiviral treatment is most effective when started as soon as possible (within 48 hours) after influenza illness onset. After 48 hours of symptoms, treatment may still benefit patients with moderate, severe, or progressive disease. The standard of care for suspected avian influenza A(H7N9) virus infection is the same as seasonal influenza, specifically:

- For all persons hospitalized with suspected influenza, clinicians should start empiric treatment with influenza antiviral medications (oral oseltamivir or inhaled zanamivir) as soon as possible, without waiting for laboratory confirmation.
- For high-risk persons (persons <5 years of age, ≥65 years of age, and those with certain underlying medical conditions), hospitalized or non-hospitalized with suspected influenza, clinicians should start empiric treatment with influenza antiviral medications as soon as possible, without waiting for laboratory confirmation.

### Reporting to DOHMH

During business hours, immediately report any suspected case to the Bureau of Communicable Disease at 347-396-2600. At all other times, call the Poison Control Center at 212-764-7667 or 1-800-222-1222.

**DOHMH does not recommend stockpiling oseltamivir or zanamivir.** There is currently no sustained, efficient transmission of avian influenza viruses from person-to-person occurring anywhere in the world. Clinicians should not provide prescriptions to patients for stockpiling, since doing so might lead to a decrease in the supply of antivirals and might foster resistance to both human and avian influenza viruses if the drugs were used improperly. Additionally, it is unclear how persons with personal stockpiles would know when to initiate therapy or what would constitute an effective regimen.

As always, we appreciate the cooperation of the medical community in New York City and will update you with further information when it becomes available.

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### Resources

CDC Avian Influenza Avian Influenza A(H7N9) Virus:

<http://www.cdc.gov/flu/avianflu/h7n9-virus.htm>

CDC Influenza Antiviral Use:

<http://www.cdc.gov/flu/professionals/antivirals/>

World Health Organization Avian Influenza A(H7N9) Virus:

[http://www.who.int/influenza/human\\_animal\\_interface/influenza\\_h7n9/en/index.html](http://www.who.int/influenza/human_animal_interface/influenza_h7n9/en/index.html)