



## Department of Human Services

Incorporating: Health, Community Services, Mental Health, Senior Victorians and Housing

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### **Vigilance for Highly Pathogenic Avian Influenza (HPAI or Influenza A H5N1)**

#### **An update for Victorian General Practitioners and Hospital Medical Officers – December 2007**

Dear Colleagues,

Human cases of avian influenza due to influenza A H5N1, and outbreaks of H5N1 amongst birds, are continuing to occur in several countries overseas. Since 2003 340 confirmed human cases have been reported globally, with a mortality rate of about 60%. Cases have been reported in the following countries: Azerbaijan, Cambodia, China, Djibouti, Egypt, Indonesia, Iraq, Laos, Nigeria, Thailand, Turkey and Vietnam.

Recently, there have been cases reported from Pakistan, Myanmar, China, and Indonesia. We ask you to be particularly vigilant regarding returned travellers from these countries.

#### **Information for Travellers to Avian Influenza Affected Countries**

The Australian Department of Foreign Affairs and Trade (DFAT) has a regularly updated avian influenza travel bulletin and updated travel advice to avian influenza affected countries. The advice does not recommend against travelling to any affected country on the basis of avian influenza risk. See [www.smartraveller.gov.au](http://www.smartraveller.gov.au). The essential points as at 20 December 2007 are:

- Australians travelling to areas affected by avian influenza can reduce their risk of infection by:
  - avoiding situations where they may come into contact with farms and live bird markets;
  - ensuring all uncooked poultry and eggs are handled hygienically with careful attention to hand washing after handling and then cooked thoroughly (proper cooking destroys the virus in poultry and eggs); and
  - Washing hands thoroughly after contact with infected or potentially infected birds, their faeces or other body fluids.
- In affected areas, you should avoid contact with cats and their faeces as there is some evidence that these animals can be infected with H5N1.
- Australians who reside in an avian influenza affected area for an extended period to consider, as a precautionary measure, having access to influenza antiviral medicine for treatment.
- Australians intending to travel to avian influenza affected areas for shorter periods are at much lower risk of infection, but should discuss the risk of avian influenza with their doctor as part of their routine pre-travel health checks.

#### **Countries Reporting Avian Influenza**

Given the rapid changes in the international situation, for regularly updated information on the countries and areas in which there have been confirmed human cases of HPAI, please see:

[http://www.who.int/csr/disease/avian\\_influenza/en/](http://www.who.int/csr/disease/avian_influenza/en/)

Countries where HPAI has been reported (proven/suspected) in birds in the last 12 months can be found at [www.oie.int](http://www.oie.int) whilst regularly updated maps of the distribution of proven Influenza A H5N1 amongst birds can be found at:

<http://gamapserver.who.int/mapLibrary/app/searchResults.aspx>

## When to Suspect Avian Influenza

Have a high index of suspicion for Avian Influenza in returned travellers who have influenza-like illness with onset of symptoms within seven days of having been in the following situations:

- Have been in affected areas and have had close contact with poultry, poultry farms, or raw poultry products (for example in food markets);
- Have had contact with a person who is a confirmed or possible case of avian influenza;
- Laboratory workers possibly exposed to avian influenza.

## Remember

- Assess returned travellers who meet the above criteria in a separate room or at their own home;
- Provide the patient with a mask and wear full protective equipment, this includes a mask (preferably P2/N95), gloves, gown and eye protection (goggles, visor or face shield);
- Take a travel/work history from all patients with fever or influenza-like symptoms;
- **Report any suspected cases immediately by telephone to the DHS on 1300 651 160.**

The DHS officer will assess if laboratory investigation is warranted. If so, we will request that you:

- Take a throat swab PLUS nasal swab;
- If available, place all swabs in a single vial of viral transport medium. If this is not available, dry swabs can be collected and sent to VIDRL as long as the total time from collection to reaching VIDRL is less than 8 hours (please ensure cold chain is maintained by transporting in esky with ice brick);
- Send to the state reference laboratory clearly marked:

*Victorian Infectious Diseases Reference Laboratory (VIDRL)  
10 Wreckyn St North Melbourne 3051  
"URGENT, SUSPECTED H5N1 INFLUENZA — FOR TESTING AT VIDRL"*

If you would like further information please see our website at [www.health.vic.gov.au/ideas](http://www.health.vic.gov.au/ideas), or call the Communicable Disease Control Unit on 1300 651 160.

Yours sincerely



DR JOHN CARNIE  
Chief Health Officer