



Monitoring Guidance for Individuals Exposed to Avian Influenza

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

FluTexas@dshs.texas.gov

To reach the Texas Department of State Health Services (DHS) Emerging and Acute Infectious Disease Unit (EAIDU) for urgent matters after-hours call: **512-221-6852**.

A person typically becomes infected with avian influenza (AI) after contact with infected animals or contaminated surfaces. Avian influenza has been detected in birds, pigs, cows, and other animals; however, sustained human-to-human transmission has not been known to occur. The following guidance applies to monitoring of any individual in Texas who has been exposed to certain infected animal populations and/or to a person with confirmed avian influenza.

The local or regional health department should:

- Contact the individual to be monitored (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 contact.
- Verify contact information and establish a process to receive PUM status updates (i.e., symptoms, well-being) and any travel plans during the monitoring period. If the PUM has travel plans outside the jurisdiction during their monitoring period refer to the "Transfer Notification Process" section of this document.
- Confirm the dates of potential exposure including:
 - The date the PUM last had contact with sick animals or sick people (ILI symptoms and/or conjunctivitis. Symptoms of conjunctivitis may include eye tearing, redness or irritation.)
 - The date the PUM last had exposure to an impacted facility (e.g., poultry farm, dairy farm, etc.)
- Once initial contact has been made, send a confirmation email to DSHS Regional and EAIDU indicating that the PUM has been contacted.
 - Include the completed **"Monitoring of Persons with Potential Exposure to Avian Influenza (AI) Checklist"** and communicate any other information relevant to monitoring, including changes to potential exposure dates and/or types of exposure.
 - Submit a completed **"Avian Influenza (AI) Person Under Monitoring Notification of Travel Form"** form if the individual reported any travel plans or indicated that they are in another jurisdiction.
- Make plans to contact the PUM with the frequency appropriate to the types of exposure (see the "Monitoring Guidelines" section of this document).
 - The purpose of monitoring is to check for symptoms (see Symptomatic PUMs section below) until the conclusion of the 10-day monitoring period and ensure rapid public health action.
 - Initial and final contacts (i.e., date of exposure and day 10 post-exposure) must be made by phone or other means. Additional contacts during the monitoring period may be made by phone, text message, or other communication based on

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PUM and public health jurisdiction preference.

- If the PUM reports any symptoms, notify the appropriate DSHS Public Health Region (PHR) and EAIDU immediately by phone. If necessary, a consultation with the PHR and EAIDU can be conducted to determine if an individual should be tested for avian influenza.
- Record the monitoring results in the provided form **“AI 10-Day Symptom Monitoring Log.”** The monitoring logs should be completed electronically and emailed to the DSHS PHR and EAIDU 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 PHR and EAIDU.

Monitoring Guidelines

Based on the initial assessment of the individual’s exposure activities, the local or regional health jurisdiction will determine the appropriate monitoring frequency. The monitoring recommendations are defined as follows:

Description	Monitoring Recommendation
For any individual who visited or worked on a confirmed or suspected premises (farm/facility).	Self-monitoring for 10 days after the last known date of exposure or continuously for ongoing exposure, ending 10 days after the last day of exposure.
For any individual who came in close contact with an animal, or an area where animal products or animal waste were present, on a confirmed or suspected premises (farm/facility).	Monitoring at Days 0, 5, and 10 for a single exposure or every 5 days thereafter for continued exposure, until 10 days after last exposure. Initial and final contact must be made. <i>Note: For transfers from other jurisdictions initial contact should be made by the receiving health department regardless of the monitoring day.</i>
For any individual who was in close contact with an animal or person with known avian influenza infection, or an animal or person with symptoms on a confirmed or suspected premises (farm/facility).	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.

Confirmed: A premises, where there are animals with clinically compatible signs and symptoms, with a confirmatory laboratory result from a bovine sample (e.g., milk, bovine tissue, OP/NP swab of bovine, etc.)

Suspected: A premises, where there are animals with clinically compatible signs and symptoms, with a confirmatory laboratory result of non-bovine origin/environmental samples (e.g., migratory birds, feral cats, etc.)



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 Influenza (AI) Person Under Monitoring Notification of Travel Form”** should be completed and submitted to DSHS PHR and EAIDU immediately. The following required fields must be completed:

- 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 Local Health Department or PHR prefer to 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 EAIDU and should therefore still be reported to DSHS PHR regardless of which jurisdiction will monitor the PUM during travel.

Inability to Reach a PUM

For potential cases with whom initial contact has NOT been established:

For initial contact, as many attempts as possible should be made to reach a PUM within 24 hours of notification. This includes at minimum:

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

If the individual has not been reached within 24 hours of initial notification of a PUM, an email should be sent immediately to DSHS PHR and EAIDU.

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

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

- Attempt at least 3 phone calls made at different times of day (morning, afternoon, evening) to all numbers provided for the individual and the individual’s emergency contact, and an email sent to all email addresses provided at least once per day.
- Once the individual is contacted, the appropriate monitoring schedule may be resumed.



- If a PUM has been unreachable for more than 48 hours, notify DSHS PHR and EAIDU 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). This includes at least 3 phone calls made at different times of day (morning, afternoon, evening) to all numbers provided for the individual and the individual'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 PHR and EAIDU 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 symptoms of avian influenza should be evaluated for testing. These individuals are referred to as Patients Under Investigation (PUIs). In accordance with Centers for Disease Control and Prevention (CDC) guidance, a low threshold for testing possible PUIs will be used as long as resources permit. If necessary, a consultation among the LHD, PHR, EAIDU, and CDC can be arranged to evaluate the need for testing based on symptom progression and possible exposures.

Symptoms of avian influenza can include:

- Fever (Temperature of 100°F [37.8°C] or greater) or feeling feverish/chills
- Diarrhea
- Cough
- Nausea
- Sore throat
- Vomiting
- Runny or stuffy nose
- Fatigue
- Sneezing
- Seizures
- Muscle or body aches
- Rash
- Headaches
- Eye tearing, redness, or irritation
- Difficulty breathing/shortness of breath

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:

LHDs should 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 assessment, 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 avian influenza can be found at:

<https://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 (e.g., the DSHS State Public Health Laboratory in Austin or one of the Texas Laboratory Response Network [LRN] Laboratories). It is not recommended to perform culture testing on a specimen from a patient suspected to be infected with avian influenza.

When collecting specimens for testing, the hospital and LHD should refer to the “DSHS Laboratory Surveillance Protocol for Symptomatic Individuals” document for guidance. CDC guidelines for specimen collection can be found at: <https://www.cdc.gov/flu/avianflu/severe-potential.htm>.

Antiviral Treatment and Prophylaxis

CDC currently recommends treatment as soon as possible with flu antiviral drugs for people who get sick with avian flu. Antiviral treatment works best when started as soon as symptoms begin. All PUIs should discuss antiviral treatment with their healthcare provider or local health department. Information on antiviral treatment of avian influenza viruses associated with severe human disease can be found at: <https://www.cdc.gov/flu/avianflu/novel-av-treatment-guidance.htm>.

Antiviral chemoprophylaxis may be indicated for individuals exposed to confirmed or probable case patients based on the risk level of exposure. Additional information can be found at: <https://www.cdc.gov/flu/avianflu/novel-av-chemoprophylaxis-guidance.htm>.