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TO: Wisconsin Health Care Providers
FROM: Jeffrey P. Davis, MD, Chief Medical Officer and State Epidemiologist for Communicable Diseases
RE: Guidance to clinicians presented with a person following exposure to avian influenza
DATE: April 21, 2015

Three outbreaks of H5N2 influenza among domestic poultry have recently occurred in Wisconsin. This follows the occurrence of outbreaks among birds in Minnesota, South Dakota, Missouri, Iowa, and several other states caused by this H5N2 strain of influenza A virus.

- 1) To date, the H5N2 influenza virus causing the current outbreaks in U.S. poultry has not been demonstrated to be pathogenic in humans. However there is concern about the virus' potential to mutate and increase its host range.
- 2) Persons at risk include only those who had direct unprotected contact (i.e., no use of personal protective equipment) with the infected flock or who have been on the farm premises within the past 10 days.
- 3) If a person at risk is **not** ill and has simply been exposed to infected birds, we recommend oseltamivir (Tamiflu) prophylaxis using a treatment dosage.
 - a. Adult dose: 75 mg orally BID for 10 days
 - b. Pediatric dosing for children > 12 months:
 - Weight <15kg (<33 pounds) - oseltamivir 30 mg orally twice daily for 7-10 days
 - Weight 16-23kg (34-51 pounds) - oseltamivir 45 mg orally twice daily for 7-10 days
 - Weight 24-40kg (52-88 pounds) - oseltamivir 60 mg orally twice daily for 7-10 days
 - Weight >40kg (>88 pounds) - oseltamivir 75 mg orally twice daily for 7-10 days
 - c. Dosing adjustments for persons with known renal impairment can be found at www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm in Table 5.
- 4) If an exposed person has an influenza-like illness or conjunctivitis, he or she should be seen for evaluation and testing. Please mask the patient upon clinic entry and take directly into an exam room. Airborne and contact precautions are advised (gloves, gown, eye protection such as goggles or face shield, and N-95 or PAPR) for all patient care activities.
 - a. Collect a nasopharyngeal (NP) and oropharyngeal (OP) swab, place both into the same viral transport media, and submit the specimen to the Wisconsin State Laboratory of Hygiene (WSLH) for influenza testing and strain identification.

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Please use the Enhanced Surveillance Form when submitting specimens to WSLH. The form is available by calling the WSLH Customer Service department at 608-262-6386 or online at www.slh.wisc.edu/wcln-surveillance/surveillance/virology-surveillance/ Contact the Division of Public Health to obtain approval for testing (608-267-9003 during office hours, 608-258-0099 after hours).

- b. We recommend that oseltamivir be prescribed for exposed persons who are symptomatic with influenza-like illness. Dosages are the same as for prophylaxis (see point 3 above), but treatment duration is typically 5 days. Longer treatment courses for patients who remain severely ill after 5 days of treatment can be considered.
 - c. Consider oseltamivir prophylaxis for other household members if the index patient tests positive for influenza.
- 5) Notify the Wisconsin Division of Public Health promptly if you have seen a patient with influenza-like illness who had exposure to infected birds. Be prepared to provide demographic details and exposure information for the patient. Please call our Bureau of Communicable Diseases at 608-267-9003.