

What to do when faced with a patient with possible avian influenza

(from [HPA Avian Influenza](#) & [WHO Pandemic Alert Phase 3 Algorithms](#))

Isolate patient preferably in side room with negative ventilation and not attached to main ventilation system.

Supply patient with surgical mask and full barrier nursing (FFP3 mask/gloves/gown/eye protection)

Limit access to minimum of staff, and keep a record of who sees patient

Ascertain likelihood of patient having disease using case definition below;

Case Definition

T>38 and respiratory symptoms AND

Travel <7 days to area known to have outbreak ([latest list](#)) AND contact with sick, dead or dying poultry/swine OR

close contact with known case/health worker cluster of unexplained respiratory illness/lab worker with potential exposure

If DOES fulfil above criteria:

Action

- Continue above isolation measures
- Contact local HPU (to contact HPA CfI duty doctor on 020 082004400)
- Inform hospital infection control/Occupational health/laboratory/Infectious disease consultant/Duty manager +/- Press Office
- NPA in viral transport media for H5N1 PCR
- CXR, FBC, LFT's, sputum culture, blood culture, Legionella and pneumococcal urinary antigens (Treat all samples as 'High Risk')
- Serology mycoplasma, Influenza A&B, adenovirus, RSV, Chlamydia, Coxiella & 20 mls reserve
- ?Commence Oseltamivir (Tamiflu) 75mg bd x 5/7
- Refer to Infectious diseases (NMGH)
- Also consider the possibility of [SARS](#)
- If patient has been sitting in waiting room, close doors and prevent anybody entering or leaving, record all names and take advice from HPA on further action
- Go on ambulance divert and close department