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January 29, 2009

To: Local Health Officers
Infection Control Professionals
Division of Public Health Regional Offices
Tribal Health Centers
Wisconsin State Laboratory of Hygiene

From: Thomas Haupt, M.S.

RE: Update on human cases of avian influenza
Wisconsin enhanced surveillance for avian influenza

- Enclosed is an update on avian influenza and current surveillance criteria for identification of suspect avian influenza cases in Wisconsin.
- It should be noted that with prior approval from the Wisconsin Division of Public Health (DPH), specimens from ill patients that meet the criteria for possible avian influenza cases will be transported to, and tested at the Wisconsin State Laboratory of Hygiene (WSLH) (by PCR and/or virus isolation), at no charge.
- Please note that the approval of testing of specimens from patients that meet testing criteria is a priority, and should be done immediately
- Submitters should arrange transport of the specimens on a priority basis, for specimens to be received at the WSLH **within 24 hours of collection**. If assistance is needed to arrange prompt delivery, call the WSLH emergency number at 608-263-3280.
- Once specimens are received at the WSLH, testing is usually completed with 4-6 hours (if appropriate notification is provided).
- At the discretion of the DPH and WSLH, arrangements can be made for tests to be performed after-hours and on weekends
- Tests requested to “rule out” avian influenza will not be approved. Testing will be done only when all criteria is completely met.
- Submitters and local health officials will be notified of tests results by the DPH as soon as they become available

If you have any questions please contact:

Epidemiology and Surveillance:
Thomas Haupt M.S.
Wisconsin Division of Public Health
608-266-5326

Laboratory Issues:
Carol Kirk
Wisconsin State Laboratory of Hygiene
608-262-1021

27 January 2009

Total number of cases includes number of deaths.
 WHO reports only laboratory-confirmed cases.
 All dates refer to onset of illness.

UPDATE ON HUMAN CASES OF (H5N1) AVIAN INFLUENZA WORLDWIDE

Country	2003		2004		2005		2006		2007		2008		2009		Total	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Azerbaijan	0	0	0	0	0	0	8	5	0	0	0	0	0	0	8	5
Bangladesh	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0
Cambodia	0	0	0	0	4	4	2	2	1	1	1	0	0	0	8	7
China	1	1	0	0	8	5	13	8	5	3	4	4	6	4	34	22
Djibouti	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
Egypt	0	0	0	0	0	0	18	10	25	9	8	4	2	0	52	23
Indonesia	0	0	0	0	20	13	55	45	42	37	22	18	0	0	139	113
Iraq	0	0	0	0	0	0	3	2	0	0	0	0	0	0	3	2
Lao People's Democratic Republic	0	0	0	0	0	0	0	0	2	2	0	0	0	0	2	2
Myanmar	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0
Nigeria	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1
Pakistan	0	0	0	0	0	0	0	0	3	1	0	0	0	0	3	1
Thailand	0	0	17	12	5	2	3	3	0	0	0	0	0	0	25	17
Turkey	0	0	0	0	0	0	12	4	0	0	0	0	0	0	12	4
Viet Nam	3	3	29	20	61	19	0	0	8	5	6	5	0	0	107	52
Total	4	4	46	32	98	43	115	79	88	59	42	31	8	4	403	254

IDENTIFICATION OF SUSPECT CASES OF H5N1, AVIAN INFLUENZA

The Wisconsin Division of Public Health (DPH) and the Wisconsin State Laboratory of Hygiene (WSLH) are requesting that health care providers collect specimens from any patient who meets the following criteria:

1. The patient presents with signs and symptoms characteristic of influenza (fever, cough or sore throat, myalgia), AND
2. The patient has returned from anywhere in Southeast Asia (especially Viet Nam, Cambodia, Thailand, Laos, China and Indonesia), Bangladesh, Myanmar, Pakistan, Turkey, Iraq, Egypt, Azerbaijan, Djibouti or Nigeria, within 10 days prior to the onset of signs and symptoms.

Specimen collection should include:

1. One oropharyngeal (throat) swab AND one nasopharyngeal (NP) swab in the same vial of viral transport medium (VTM)
2. Swabs used for specimen collection should have a dacron tip and aluminum or plastic shaft
 - Do not use calcium alginate swabs, cotton swabs and wooden-shaft swabs, as they may interfere with testing. Specimens should be placed at 4°C (40° F) immediately after collection and maintained at refrigerator temperatures during transport to the WSLH
3. IF testing is negative on the initial specimens, and the clinical presentation is indicative of severe influenza-like illness, consult with the DPH regarding collection and submission of additional specimens

RESPONSE TO SUSPECT CASES OF AVIAN INFLUENZA

1. Patients with symptoms that meet the criteria (see above) for suspect avian influenza:
 - If the patient is hospitalized, place in a negative pressure isolation room, OR
 - if their condition does not require hospitalization, the patient will be asked to stay home and avoid contact with others (as much as possible) until test results are available
2. Local public health officials will be notified of any patient who meets the criteria for testing
3. Tracing of contacts is not necessary until a diagnosis of avian influenza is confirmed
4. If avian influenza is confirmed, DPH will work with local health and the health care facility to identify case contacts
 - A case contact is defined as a household contact and anyone who had face-to-face contact with the confirmed case-patient in the 10 days before onset of illness (Contact Monitoring Worksheet)
 - Contacts should be monitored for fever and respiratory symptoms for 10 days following their last exposure to the confirmed case
 - Contacts may be placed on home quarantine at the discretion of local public health officials. Factors in this decision may include:
 - The likelihood of the virus spreading from human-to-human based on the current status worldwide (currently there is no confirmed, sustained human-to-human spread)
 - The compliance of the contact to monitor signs and symptoms and report to local public health officials is questionable
 - Routine use of antiviral medication for prophylaxis is not recommended for asymptomatic contacts at this time. If human to human spread is confirmed in the future, this recommendation could change
 - Contacts with fever and at least one sign or symptom of influenza should be tested for avian influenza and placed on home isolation until the test results are known

PROMPT SHIPPING OF SPECIMENS IS NECESSARY!!

PLEASE NOTIFY THE WISCONSIN DIVISION OF PUBLIC HEALTH BEFORE SPECIMENS ARE SUBMITTED TO THE WISCONSIN STATE LABORATORY OF HYGIENE

During office hours (7:45 AM to 4:30 PM, Monday-Friday) call 608-266-5326
After hours call 608-258-0099 and ask for the Communicable Disease Epidemiologist "on-call"

SPECIMENS SHOULD ARRIVE AT THE STATE LABORATORY OF HYGIENE WITHIN 24 HOURS.

If submitters need assistance to arrange prompt delivery of specimens, they should call the WSLH emergency number at 608-263-3280. Please be aware that only specimens sent with this completed requisition form will be tested for avian influenza.

**SHIPMENT OF VIRAL SURVEILLANCE SPECIMENS VIA DUNHAM EXPRESS
TO THE WISCONSIN STATE LABORATORY OF HYGIENE**

Specimen Packaging (WSLH Kit # 18 or equivalent):

- **Triple package as “Biological substance, Category B UN 3373”**
- Securely tape the cap of the specimen container, wrap specimen with absorbent material; place the specimen vial into a biohazard bag; place the completed requisition form into the outer pocket of the bag.
- Place the bagged specimen and form in the styrofoam mailer with a frozen kool-pak.
- Replace lid on the styrofoam box; close and securely tape the cardboard box shut.
- Attach the WSLH address label to the package:
**State Lab - Virology
465 Henry Mall
Madison, WI 53706**
- Attach the “*Biological substance, Category B / UN 3373*” label to the package.
- Attach your *return address* label; include the *name and telephone number* of the person who knows the content of the package (requirement) with the return address

Shipping Arrangements:

- The WSLH has a contract with Dunham Express for shipment of specimens to the WSLH, with charges billed to the WSLH. **You are not required to ship via Dunham Express unless you wish to have the transport charges billed to the WSLH.**
- Specimens will be picked up during regular working hours, but you must confirm the time with the Dunham Express office in your area.
- Specimens will be delivered to the WSLH the following day, Monday through Friday. **If you must ship on a Friday, contact the WSLH Emergency Answering Service at 608-263-3280 for instructions.** All package preparation should be completed before the courier arrives.
- **Contact the Dunham Express office in your area (see list below);**
Appleton area: Call 920-722-6360
Eau Claire area: Call 715-874-4595
LaCrosse area: Call 608-779-4588
Madison area: Call 608- 242-1000
Milwaukee area: Call 414-435-0002
Niagara area: Call 715-251-1909
Wausau area: Call 715-355-0400
- **Give the office the following information:**
The State Lab-Virology account number: **7263**
Account name: **State Lab –Emergency Response**
Your name and phone number
Your pickup address, including other location information (e.g., room number)
The destination: **State Lab - Virology, 465 Henry Mall, Madison, WI 53706**
Shipment description, if asked: **Viral specimens for overnight delivery**

If delivery to the WSLH within 24 hours cannot be accomplished using the standard Dunham Express (Monday through Friday) pick-up and delivery schedule, contact the WSLH Emergency Answering Service at 608-263-3280 for instructions.

rev.1/09

Patient Information		Submitter Information	
Name (Last, First):		(Your Institution's Agency Number If Known)	
Address:		(Your Institution's Name)	
City:	State:	Zip:	(Your Institution's Address)
Date of Birth:	Gender: M F	(City, State, Zip Code)	
Occupation:		(Telephone Number)	
Your Patient ID Number (optional):		Health Care Provider Full Name:	
Your Specimen ID Number (optional):		<i>WSLH Use Only</i> Study: VI SURV-ENHANCED	<i>WSLH Use Only: Bill To:</i> (WSLH Account # 74201)

Specimen Submitted for: **Avian Influenza Surveillance**
 Other _____
If patient is part of an illness cluster, please identify group or provide name and address of institution.

Date Collected: **Specimen Type:** Other _____
 Combined Throat/Nasopharynx Swab Nasopharynx Swab (in VTM) Throat Swab (in VTM)

Date of Onset:

General Symptoms	Respiratory Symptoms	Digestive Symptoms
<input type="checkbox"/> Anorexia	<input type="checkbox"/> Conjunctivitis	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Arthralgia	<input type="checkbox"/> Ear Pain	<input type="checkbox"/> Nausea / Vomiting
<input type="checkbox"/> Fever	<input type="checkbox"/> Nasal Congestion	CNS
<input type="checkbox"/> Headache	<input type="checkbox"/> Nasal Discharge	<input type="checkbox"/> Encephalopathy
<input type="checkbox"/> Lymphadenopathy	<input type="checkbox"/> Pharyngitis	<input type="checkbox"/> Delirium
<input type="checkbox"/> Malaise	<input type="checkbox"/> Hoarseness	<input type="checkbox"/> Meningismus
<input type="checkbox"/> Myalgia	<input type="checkbox"/> Cough (<i>circle one</i>) <u>productive / nonproductive / barking</u>	
<input type="checkbox"/> Photophobia	<input type="checkbox"/> Crackles	
<input type="checkbox"/> Rash	<input type="checkbox"/> Dyspnea	
<input type="checkbox"/> Mouth Lesions	<input type="checkbox"/> Wheeze	
	<input type="checkbox"/> Pneumonia	

Vaccination History (Influenza): Was patient vaccinated? Yes No Unknown
If Yes, Date Vaccinated: / /

Travel History (Places and dates):

Was patient hospitalized? Yes No Unknown
If Yes, where: _____

WISCONSIN STATE LABORATORY OF HYGIENE USE ONLY

WSLH Test Code: To Be Determined On Receipt