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Dear California Hospital Infection Preventionist,

On April 1, 2013, the World Health Organization (WHO) reported the first known human infections with a novel avian influenza A (H7N9) virus in China. As of today, a total of 105 human cases of avian influenza A(H7N9) virus infection have been reported, including 21 deaths. In addition, one asymptomatic case has been identified.

At this time, no cases have been detected outside of China. Most cases have been identified in the provinces of Jiangsu (23), Shanghai (34) and Zhejiang (40), all of which are on the east coast of China. A smaller number of cases have been identified in the provinces of Anhui (3), Henan (3), Beijing (1) and Shandong (1). New cases continue to be reported and case counts are likely to increase. Updates are available at: <http://www.who.int/csr/don/en/>.

While investigations are ongoing, there is currently no evidence that the virus has become easily transmissible from person to person. We continue to monitor the situation in China closely and will provide updates as new information becomes available.

Who should be considered a suspect case of avian influenza A(H7N9)?

A patient with influenza-like illness* (ILI) meeting either of the following exposure criteria:

- Recent travel (within ≤ 10 days of illness onset) to China; **OR**
- Recent contact (within ≤ 10 days of illness onset) with a confirmed or probable case of infection with novel influenza A (H7N9) virus.

*ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and cough and/or sore throat.

Cases under investigation with severe respiratory illness (including radiographically-confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness) of unknown etiology may be prioritized for diagnostic testing.

Infection control precautions for suspect, probable or confirmed cases

CDC has issued interim guidance for influenza A(H7N9) infection control precautions, which are available at: <http://www.cdc.gov/flu/avianflu/h7n9-infection-control.htm>

Healthcare personnel providing care for patients with confirmed or probable avian A(H7N9) infection, or cases under investigation should use Standard Precautions, including eye protection, plus Contact and Airborne Precautions. Aerosol-generating procedures should be performed on such patients only if they are medically necessary and cannot be postponed.

These recommendations are more stringent than the infection control precautions used routinely for seasonal influenza because there is currently:

- No H7N9 vaccine
- A suspected high rate of morbidity and mortality among infected patients
- An unknown potential for person to person transmission
- An absence of confirmed or probable H7N9 cases in the United States

Many primary care clinics will not be able to implement all elements of airborne precautions, i.e., placing patient in airborne infection isolation room. However, all possible precautions should be taken to minimize the risk of exposure to staff and patients, including the following:

- Receptionists and phone triage personnel should ask all patients with ILI if they have had travel to China within 10 days of symptom onset.
- Patients with ILI and a history of travel to China should be seen at the end of the day or when fewer people are in the clinic, if possible.
- Such patients should be given a surgical mask to wear upon entering the clinic and should be immediately placed in a room with a door that closes, and not remain in waiting areas.
- If a patient has already been evaluated for H7N9 and a respiratory specimen must be collected later, the patient may remain in their vehicle while the specimen is collected.

Testing for avian influenza A(H7N9)

Clinicians should obtain a nasopharyngeal swab or aspirate, place the swab or aspirate in viral transport medium, and contact their local health department to arrange transport of the specimen for testing. Specimens should be collected using appropriate infection control precautions. For additional guidance on diagnostic testing of patients under investigation for novel influenza A (H7N9) virus infection, please see guidance for avian influenza A(H5N1) testing, which is also applicable to H7N9, at: <http://www.cdc.gov/flu/avianflu/guidance-labtesting.htm>

Treatment for suspect, probable or confirmed avian influenza A(H7N9) patients

CDC has issued interim guidance on antiviral treatment of human infections with avian influenza A (H7N9), which is available at: <http://www.cdc.gov/flu/avianflu/h7n9-antiviral-treatment.htm>. Because of the potential severity of illness associated with this infection, CDC recommends that all confirmed, probable, and cases under investigation, including outpatients with uncomplicated illness, be treated with neuraminidase inhibitors as early as possible. Clinicians should not wait for laboratory confirmation of influenza before initiating treatment.

Reporting suspect cases

Clinicians should notify their local health department immediately of any suspect novel influenza cases, including H7N9. Specimens from patients with suspected avian influenza A(H7N9) virus infection should be submitted for testing regardless of on-site rapid influenza testing results.

Thank you for your help in our influenza surveillance efforts around avian influenza A(H7N9). Please share this information with your healthcare providers.