



ALSO FAMILIARIZE YOURSELF WITH:

- Government Health Ministry recommendations on how to obtain and use rapid tests for influenza diagnosis.
- Government Health Ministry recommendations on which laboratory tests are most useful to identify avian (bird) influenza virus in human specimens.
- Guidelines on how to properly collect, handle, transport and store human and animal specimens for the diagnosis of avian (bird) influenza.
- Your local/regional/national guidelines for the sharing of information on virus specimens, especially specimens that have the potential to become a pandemic strain.
- Lists of local or regional laboratories that can safely assist with the diagnosis of potential avian (bird) influenza samples.
- Guidelines on how to treat humans potentially infected with avian (bird) influenza.

For further information, review the *World Health Organization Interim Infection Control Guideline for Health Care Facilities*. (www.who.int/csr/disease/avian_influenza/guidelines/infectioncontrol1/en)

Always remember, if you are exposed to a patient who is diagnosed with or is suspected of having avian (bird) influenza, MONITOR YOUR HEALTH FOR AT LEAST 7 DAYS.



Tell your supervisor or a doctor if you have any of the following symptoms:

- Fever over 38°C
- Sore throat or cough
- Respiratory distress or failure

Also tell them you had contact with patients possibly infected with avian (bird) influenza.

Prepared by the Academy for Educational Development for the USAID Avian Influenza Program

AVIAN (BIRD) INFLUENZA

A Guide for Health Care Administrators

Health care facilities play an essential role in helping to treat sick patients, preventing health care workers and visitors from getting sick, and preventing the spread of disease. The following are considerations for all health care facilities to help control avian (bird) influenza as part of an overall infection control policy.

ALL HEALTH CARE FACILITIES SHOULD FOLLOW:

Standard and Contact Precautions, such as hand washing, and wearing appropriate personal protective equipment during patient contact and waste handling.



Airborne Precautions, such as wearing masks over the mouth and nose for health care workers and potentially infected patients, avoiding mouth-to-mouth patient resuscitation, and placing infected patients in rooms separate from other patients.



Routine Hygienic Precautions, such as cleaning patient care equipment and areas properly, and disposing of sharp objects in safety boxes.



PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE - including masks, gloves, foot covers, gowns, coveralls, aprons, goggles, eye protection, and head protection – are an integral part of avian (bird) influenza prevention and control in health care facilities. Health care administrators must have adequate supplies of PPE for all of their health care workers, as well as for patients and other visitors to the facility.

It is also important for health care administrators to facilitate the correct use of PPE by providing their health care workers with the following:

- Training on recommended infection control precautions and the basis for these recommendations.
- Training on how to use PPE correctly. Incorrect use of PPE may

not protect patients and health care workers and may not prevent them from spreading disease. Workers should be told to properly wear their PPE while providing direct patient care or while in a patient's room, and to follow the recommended process for removing and disposing of PPE to avoid contaminating themselves and others.

- Job aids to reinforce the correct way to put on and remove PPE. (Please refer to *How to Wear Personal Protective Equipment, How to Remove Personal Protective Equipment*).
- Education on how to properly wash their hands thoroughly with soap and water or using antiseptic rubs.



VISUAL ALERTS AND GUIDANCE TO PATIENTS

Part of preventing the spread of avian (bird) influenza is educating patients and visitors to take proper precautions. You can accomplish this by:

Posting infection control instructions specific to avian (bird) influenza at the entrance to the health care facility.

When patients register for care, ask them (and their family or friends) to tell health care workers if they have symptoms of a respiratory infection. Also ask if they have been in contact with potentially infected poultry, or have been to an area where an outbreak was detected.



Posting visual alerts for patients to practice good respiratory hygiene/cough etiquette. These include:

- Covering the nose/mouth when coughing or sneezing and refraining from spitting on the ground.
- If available, using tissues to contain mucous and disposing of them in the nearest waste bin after use.
- Washing hands thoroughly with soap and water after having contact with blood, mucous, saliva or other respiratory fluids.



Ensuring that your facility has toiletries and cleansing products (such as tissues, soap and water, hand towels, antiseptic rub, and waste bins) that patients and their families can use for good respiratory hygiene/cough etiquette. This includes:

- Providing easily accessible tissues and bins for used tissue disposal.
- Providing soap and water or other hand cleaner for hand washing in a convenient location.



EARLY IDENTIFICATION AND REPORTING OF POSSIBLE CASES OF AVIAN (BIRD) INFLUENZA

All health care facilities should establish methods to ensure that possible avian (bird) influenza cases are identified and investigated. It is important to:

- Begin infection control precautions immediately when avian (bird) influenza is suspected. Have a plan for keeping people who might be infected separate from other patients.
- Monitor possible cases and report these cases to health authorities or the local health officer.
- Educate your staff on all of the possible symptoms of avian (bird) influenza and when a diagnosis of avian flu should be considered. Make sure health care workers obtain a patient history, including a travel history, for each patient.

Health care administrators should also pay attention to any of their workers who experience severe respiratory symptoms, and report these cases as soon as possible, as this might be a sign of human-to-human spread of avian (bird) influenza.

WHEN TO CONSIDER AVIAN (BIRD) INFLUENZA¹

In countries with known avian (bird) influenza (AI) in animals or humans, consider avian flu:

- In all patients with fever over 38°C, cough and shortness of breath, or other severe unexplained illness (e.g., encephalopathy or diarrhea), particularly in patients with a history of exposure to sick birds, exposure to known or suspected AI-infected patients, or exposure to other severely ill people within the two weeks prior to symptoms.
- In all family members who accompany suspected AI-infected patients to the health care facility.

In countries without known avian (bird) influenza in animals or humans, consider avian flu:

- In all patients with fever over 38°C, cough and shortness of breath, or other severe unexplained illness (e.g., encephalopathy or diarrhea), who have traveled to an AI-affected country within the previous two weeks AND who have had exposure to sick birds, exposure to known or suspected AI-infected patients, or exposure to other severely ill people while in an AI-affected country during this time period.

¹ U.S. Centers for Disease Control and Prevention. "Updated Interim Guidance for Laboratory Testing of Persons with Suspected Infection with Avian Influenza A (H5N1) Virus in the United States." June 2006.