

April 25, 2022

Dear Health Care Provider:

Re: Update on Avian Influenza in Manitoba

Recently, highly pathogenic avian influenza (HPAI), subtype H5N1, has been detected in wild birds and a domestic poultry farm in Manitoba. Multiple outbreaks of HPAI H5N1 have been occurring in North America and Europe this year. At this time, transmission to humans has been rare, with one asymptomatic case report in the UK. The risk of transmission to humans is currently thought to be low.

Poultry producers and industry service personnel are aware of an increased risk of HPAI transmission during this year's wild bird spring migration and remain vigilant on maintaining biosecurity measures on and around poultry farms. CFIA is leading the animal response on infected farms, which includes bird depopulation and disinfection.

Public Health Response

Public health will be notified of all domestic flocks infected with HPAI and will follow-up on exposed contacts. The response will include:

- identifying and interviewing contacts,
- recommending/providing seasonal influenza vaccine,
- instructing contacts to monitor for ILI symptoms for 10 days after the last exposure, and
- advising anyone with ILI symptoms during the monitoring period to isolate and seek medical care.

Signs and symptoms of HPAI in humans include fever, cough, shortness of breath, sore throat, myalgias, headache, conjunctivitis, and less commonly diarrhea, nausea, and vomiting. The incubation period averages 2-5 days, and may be up to 10 days.

If a contact develops symptoms and seeks medical care:

- **Use droplet and contact precautions** when in contact with the patient (i.e.: procedure/surgical mask, protective eye wear, gowns, and gloves). Perform hand hygiene with donning and doffing of personal protective equipment. For more information, see *Appendix VIII – Elements That Comprise Droplet and Contact Precautions in the Routine Practices and Additional Precautions* document (<https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf>)
- **Notify the local public health office** by completing a clinical notification form found here: https://www.gov.mb.ca/health/publichealth/cdc/protocol/mhsu_0013.pdf. After-

hours, the Medical Officer of Health on-call can be reached at 204-788-8666 if further advice is required.

- Obtain a **nasopharyngeal swab for influenza virus testing**. On the laboratory requisition, specify under clinical indication/history: “Exposure to avian influenza”.
- **Prescribe antiviral treatment**, unless contraindicated. Oseltamivir is the preferred treatment. Ideally, treatment should be started within 24 hours of symptoms onset, but can be considered if patient is presenting after that. **Note:** if avian influenza infection is suspected, antiviral treatment should be provided without delay; waiting for laboratory confirmation is not recommended. If laboratory testing is negative for influenza virus, antiviral treatment can be stopped.

Health care providers are also advised to continue vigilance for the recognition, reporting and prompt investigation of patients with Severe Acute Respiratory Illness (SARI). The SARI report form is available at https://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu_7274.pdf.

Respiratory specimens obtained from any patient with a history of exposure to animals (e.g. pigs or chickens) should be identified on the requisition to support further characterization by the laboratory if positive for influenza.

Further information, links, and other supporting materials can be found at <https://www.gov.mb.ca/health/publichealth/environmentalhealth/avian.html>.

Sincerely,

“Original signed by”

Carol Kurbis, MD FRCPC
Medical Officer of Health
Communicable Disease Control