Interim Guidance for Implementation of CDC and OSHA Avian Influenza Recommendations

Delmarva Avian Influenza Joint Task Force

PLEASE NOTE: This document was created by the Delmarva (Delaware, Maryland, Virginia) Avian Influenza Joint Task Force based on existing CDC and OSHA Guidelines. It should be viewed as a work in progress and is subject to revision as additional guidelines become available or as the prevalence of Avian Influenza changes.
Delmarva Avian Influenza Joint Task Force

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Summary:

- In response to identification of Avian Influenza (AI) in poultry on the Eastern Shore of Maryland, in addition to reports of human illness in other countries, a task force mobilized to develop procedures based on CDC and OSHA recommendations (1, 2).
- This document provides practical guidance related to human AI infection prevention and control, including guidance related to training of workers, basic infection control, use of personal protective equipment, decontamination measures, vaccine and antiviral use, surveillance for illness, and appropriate evaluation of persons who become ill.
- For the maximum protection of workers, procedures follow the guidelines recommended by the US Centers for Disease Control and Prevention and the United States Department of Agriculture (5).
- Poultry companies will work in conjunction with state and local Public Health authorities.
- The Medical Departments of the poultry companies will closely monitor workers after their involvement with depopulation efforts for one week after last exposure as recommended by the CDC.
- Workers not employed or contracted by a particular poultry company will be monitored by the health department consistent with their residency.

Background:

Avian influenza viruses are influenza viruses that mainly infect birds. Although AI viruses do not usually infect humans, rare cases of human illness caused by AI have been documented throughout the world, including in the United States. The human illnesses documented to have been caused by AI viruses have ranged from severe, sometimes fatal respiratory infections, such as those caused by the avian influenza A H5N1 virus in Asia during 2004-2005, to mild illnesses like conjunctivitis, an inflammation of the lining of the eye. Some human infections with AI even appear to result in no symptoms. To date, most human AI infections have been acquired from direct contact with infected birds; person-to-person transmission may have occurred in several cases, but appears to be generally, extremely uncommon. However, although person-to-person transmission of AI appears to be rare, one major concern is that a person infected with AI could also become co-infected with a normal human influenza virus. Genetic material could be exchanged between the AI and the human influenza virus, which could result in an AI virus that is spread
easily from person-to-person. If this were to happen, a severe worldwide epidemic of influenza (pandemic) could ensue (3, 4).

To protect persons exposed to AI from becoming infected and ill, and to attempt to prevent an AI-associated pandemic, guidelines have been developed by several organizations, including in February 2004, by the US Centers for Disease Control and Prevention (CDC) (1) and, more recently by the Federal Occupation Safety and Health Administration (OSHA) (2). In response to outbreaks of AI in chickens in Delaware and the Maryland portion of the Delmarva Peninsula in Spring 2004, and using the CDC and OSHA guidance as a basis, a task force of representatives of the Delmarva poultry industry, the Delmarva local and state health and agriculture departments was convened beginning in December 2004. This interim guidance represents the work of the task force, and makes operational for the Delmarva region the current CDC and OSHA guidance. This guidance will be updated as important new information becomes available.

**Target Human Populations:**

I. Poultry companies’ depopulation employees, typically service people.
II. Contract Bobcat operators (contracted by the poultry companies).
III. Composters (typically Bobcat drivers).
IV. Contract growers and their families.
V. Employees of agencies or organizations (i.e., Department of Agriculture, lab workers, USDA field workers, etc.)
VI. Not at increased risk: Litter truck drivers, who dump the litter outside the house.
VII. Groups I, II, and III will be identified in advance; several from each company, will form a “Strike Team.” This group will be trained, educated, vaccinated (with seasonal human flu vaccine), and be prepared to mobilize and receive antiviral therapy when the occasion arises. There will be a central listing of the Strike Team members and contact information. This listing will be maintained by the poultry companies.

**Procedures: A Safety and Medical Officer Will Be Identified On-Site To Assure Compliance with Procedures**

I. **Training**
   All Strike Team members or persons, who may be exposed to AI virus infected live poultry or premises contaminated with the AI virus, will be trained by their employer with assistance from the Local or State Health Department as needed and be required to complete the “Training Checklist” *(Attachment I).*

II. **Basic Infection Control**
   By this document, and via team leaders, workers will be educated about the importance of strict adherence to and proper use of hand hygiene after
contact with infected or exposed poultry; contact with contaminated surfaces; or after removing gloves. Hand hygiene should consist of washing with soap and water for 15-20 seconds or the use of other standard hand-disinfection procedures as specified by the poultry company’s medical department. This will happen at all breaks (especially where smoking or snacking will occur), at lunch/bathroom breaks, and prior to leaving the affected farm.

III. Personal Protective Equipment (PPE)
A. Cloth gloves over nitrile disposable gloves shall be worn. Gloves must be changed if torn or otherwise damaged. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces.
B. “Throwaway clothes,” clothing that is inexpensive and will be discarded after the event. No special protective clothing need be worn. Clean clothes will be brought and changed into after showering out of the environment.
C. Disposable shoes, protective shoe covers, or rubber or polyurethane boots that can be cleaned and disinfected should be worn.
D. Eye protection shall be worn to protect the mucous membranes of eyes.
E. Disposable particulate respirators (N-95 or higher level of protection) will be worn. Fit testing is required initially and annually.
F. Disposable PPE will be incinerated on site or a licensed medical waste provider will be contracted. Non-disposable PPE should be cleaned and disinfected after use. Hand hygiene measures should be performed after removal of PPE.

IV. Decontamination
A. All workers involved in the interior spaces of poultry houses will shower at the end of the work shift, either on site at a decontamination trailer or via arrangements with local hotels (utilizing a dirty room for clothing removal and showering and a clean room for dressing in clean clothing to be worn home).
B. No clothing worn in the poultry house can be worn home; this includes shoes, underwear, etc. Shoes do not have to be discarded if they are inside boots that are disinfected or covered by disposable shoe covers that remain intact.

V. Vaccine and Antiviral Drugs:
A. All Strike Team members should receive the seasonal human flu vaccine from their respective companies in order to prevent the presence of flu from providing an opportunity for the AI virus to
recombine with human influenza virus. Other workers not affiliated with a poultry company who may have exposure to AI during depopulation efforts, will be offered flu vaccine at the depopulation site by the State or Local Health Department. Laboratory staff are encouraged to receive flu vaccine. A declination form will be signed if flu vaccine is refused (Attachment 2).

B. Although there is no data on outcomes from prophylactic use of antiviral drugs, every precaution should be taken in keeping with current CDC guidelines for their use. The recommended antiviral drug of choice is currently Oseltamivir (Tamiflu). The recommended dose of 75 mg twice a day on any day the associate is involved on-site with the depopulation efforts on known AI-positive farms. Prophylaxis is to be given daily continuing 5 days after last day of potential virus exposure (1). Antiviral drug treatment will be arranged by each company with their respective medical professionals (physicians). Individuals not affiliated with a poultry company will consult with their primary care provider or State or Local Health Department for a prescription/medication (Attachment 3).

VI. Surveillance Monitoring of Strike Team Members
A. Before going to a site, all workers will complete the AI Exposure Symptom Questionnaire (Attachment 4); anyone answering “yes” to any question on the health assessment section baseline (Day 0) of the matrix will be excluded from that depopulation episode.
B. The questionnaire will be administered again by the poultry company to which that individual is affiliated on or about day 7 and again day 14 after the depopulation. Anyone answering “yes” to any question will be referred to the State or Local Health Department of home residence for further examination and specimen collection.

VII. Surveillance Monitoring of Workers Not Affiliated with a Specific Poultry Company
A. Baseline data will be collected by the State or Local Health Department where the affected farm is located. This will be sent to the Health Department of residence for follow-up surveillance.
B. Surveillance of individuals not affiliated with a specific poultry company (includes, but is not limited to: USDA, poultry grower, MDA, etc.) will be the responsibility of the State or Local Health Department of residence.
C. Any person who is in the category as defined in B. above will be contacted by the State or Local Health Department and asked to complete the AI Exposure Symptom questionnaire (Attachment 4); anyone answering, “yes” to any question on the health assessment section of the matrix will be followed up by the State or Local Health Department including identification of
additional contacts of these individuals for further evaluation and specimen collection.

D. A letter of instruction for medical providers will be given to the poultry grower and family members (Attachment 5).

E. State or Local Health Departments of residence will coordinate evaluation, prophylaxis, and treatment of poultry growers and their families. This should be facilitated by face to face contact unless the situation involves a novel virus in which protocol would limit direct contact.

VIII. Evaluation of Ill Workers

A. Reports of ill workers will be submitted to the state or local health department consistent with residency.

B. Medical follow-up will be the responsibility of the poultry companies who employ or contract the individuals or agency’s employee health/worker’s compensation for state agency employees.

C. A letter of instruction for medical providers for evaluation of illness will be given to the poultry grower and family members (Attachment 6). Medical Providers will be encouraged to follow CDC Guidelines, Respiratory Hygiene/Cough Etiquette.

D. Specimen collection will be coordinated by the State or Local Health Department and will include oropharyngeal swab and acute serum (convalescent serum may be obtained 2-8 weeks later if appropriate).

E. Workers will be instructed to be vigilant for the development of fever, respiratory symptoms, and/or conjunctivitis (i.e., eye infections) for 1 week after last exposure to AI-infected or exposed birds or to potentially AI-contaminated environmental surfaces. Workers will be instructed who to contact regarding questions and/or symptoms of illness.

IX. Coordination and Access to Resources

A. In response to an AI event, Incident Command will involve the local and/or state Emergency Management Agency (EMA) as appropriate. Additional resources and coordination of efforts may be requested by Incident Command through EMA.

B. If the AI event requires resources beyond those available at the local or state level the National Veterinary Stockpile (NVS) may be accessed by the State Veterinarian through the Liaison Officer in the incident command structure. Detailed information on the NVS is found in the document entitled “The National Veterinary Stockpile – A Planning Guide for Federal, State, And Local Authorities”, April 2013. This document can be obtained through USDA/APHIS.
References:
1. CDC. "Interim Guidance on Influenza Antiviral Chemoprophylaxis of Persons Exposed to Birds with Avian Influenza A Viruses Associated with Severe Human Disease or with the Potential to Cause Severe Human Disease". March 12, 2015
   Downloaded from http://www.cdc.gov/flu/avianflu/guidance-exposed-persons.htm


4. CDC. "Key Facts About Avian Influenza (Bird Flu) and Avian Influenza A (H5N1) Virus" March 18, 2005. Downloaded from http://www.cdc.gov/flu/avian/gen-info/facts.htm

Additional Resources:

CDC Interim Guidance on Testing, Specimen Collection, and Processing for Patients with Suspected Infection with Novel Influenza A Viruses with the Potential to Cause Severe Disease in Humans January 30, 2015 Downloaded from http://www.cdc.gov/flu/avianflu/severe-potential.htm

Delmarva Avian Influenza Incident Command Structure (12.31.08)

Worcester County Health Department “Rapid Response Team: Avian Influenza, Health Department Response” (revised March, 2015).

Maryland Department of Health and Mental Hygiene “Algorithm for Avian Flu” 10.2.2014
Training Checklist for Workers Exposed to Avian Influenza (AI) Virus Infected Live Poultry or Premises Contaminated with AI Virus

Delmarva Avian Influenza Joint Task Force

Please read, circle appropriate response, and initial each item below. Sign form at bottom when completed.

1. I understand/do not understand (circle one) that the H7N2 strain of avian influenza and all previous US outbreaks of AI have not been found to cause disease in any humans in the US.

2. I understand/do not understand (circle one) that these guidelines provided by my employer are the recommendations of the Centers for Disease Control and Prevention (CDC) and the United States Department of Agriculture (USDA) for maximum protection for workers exposed to AI virus and that these precautions are being taken for my personal protection against the extremely low risk of human infection with AI virus.

3. I have/have not (circle one) completed and passed the “Avian Influenza Exposure Symptom Questionnaire” prior to being exposed to AI infected poultry or premises contaminated with AI virus.

4. I have/have not (circle one) received the seasonal human flu vaccine. I received this vaccine at least two weeks prior to today/today (circle one.) If I refuse vaccination I agree/not agree (circle one) to sign the declination form. I understand/do not understand (circle one) that this vaccination will not prevent human infection by AI viruses but is intended to minimize the likelihood of an AI virus from recombining with human influenza viruses.

5. I have/have not (circle one) been offered antiviral medications and agree/do not agree (circle one) to take them as directed by medical professionals.
6. I agree/do not agree (circle one) to wear the Personal Protective Equipment (PPE) recommended by my employer at all times during possible exposure to AI virus. This PPE includes but is not limited to: cloth gloves over nitrile disposable gloves (replace gloves immediately if torn or otherwise damaged), discardable clothing and foot wear or washable boots that can be cleaned and disinfected on site, eye protection, disposable particulate N-95 (or higher) type respirator, and hair bonnet. I have/have not (circle one) been instructed on how to properly remove contaminated PPE to prevent cross contamination.

7. I have/have not (circle one) been fit tested and approved to wear an N-95 equivalent or higher respirator during the completion of physically strenuous activities.

8. I have/have not (circle one) been instructed about the importance of strict adherence to and proper use of hand hygiene after contact with AI infected poultry or AI virus contaminated surfaces. After removing protective gloves I agree/do not agree (circle one) to thoroughly wash my hands with soap and water for at least 10-15 seconds or to use other hand disinfection procedures as specified by the Medical Officer.

9. I agree/do not agree (circle one) to shower at the end of the work shift in a decontamination unit on site or via arrangements with local hotels using a dirty room for clothing removal and showering and a clean room for dressing in clean clothing to be worn home. Under no circumstances will I wear clothing worn in an AI contaminated environment home: this includes shoes, underwear, etc....

10. I agree/do not agree (circle one) to complete the attached health questionnaire on or about day 7 and again on day 14 after possible exposure to AI virus. If I answer “yes” to any question I agree/do not agree (circle one) to be referred to the Medical Officer and to follow their instructions for further examination and specimen collection as needed. I understand that my personal health information may be shared with appropriate county and state health departments and agree/do not agree (circle one) to follow additional directions from these agencies if requested to do so.

11. I understand/do not understand (circle one) that both Safety and Medical Officers will be on site to answer any questions that I may have concerning these guidelines.

Printed Name: ___________________________________   Date: ____________________

Signature: ____________________________________________________________________
Declination of Human Influenza Vaccine

I understand that due to my potential occupational exposure to avian influenza, I am being offered the seasonal human influenza vaccine. This vaccination will help to prevent the seasonal human influenza virus from recombining with the avian influenza virus potentially causing a new strain of influenza virus. I understand that by declining this vaccine I continue to be at risk of acquiring seasonal human influenza virus. If in the future I want to be vaccinated with seasonal flu vaccine, I can request the vaccination.

Name (Print): ____________________________________________
Signature: ____________________________________________
Agency: ____________________________________________
Social Security Number (optional): ________________________________
Date: ____________________________________________

Reason for Declination:

☐ Medically contraindicated________________________________
☐ Other: ____________________________________________
MEMO

To: (Medical Provider)  
From: _______________ County Health Department  
Date: _______________  
Re: _______________ (patient name)  

The person identified above is referred to you for consideration of prophylaxis therapy for potential exposure to laboratory confirmed Avian Influenza. The duties leading to this potential exposure will include:  

___________________________________________________________________  

The duties stated will be performed on (mm/dd/yyyy).  

This patient ( ) has ( ) has not been vaccinated with the current season’s influenza vaccine.  

_CDC Interim Guidance on Influenza Antiviral Chemoprophylaxis of Persons Exposed to Birds with Avian Influenza A Viruses Associated with Severe Human Disease or with the Potential to Cause Severe Human Disease_  
(http://www.cdc.gov/flu/avianflu/guidance-exposed-persons.htm) recommends the following:  

“If antiviral chemoprophylaxis is initiated, treatment dosing for the neuraminidase inhibitors oseltamivir or zanamivir (one dose twice daily) is recommended in these instances instead of the typical antiviral chemoprophylaxis regimen (once daily)…..”  

Please consider this patient for prophylaxis treatment with antiviral therapy continuing for 5 days after the last potential virus exposure.  

If you would like a copy of the CDC, have questions, or need additional information, please contact the Communicable Disease staff at (phone number).
Avian Influenza Exposure Symptom Questionnaire

Date of interview (mm/dd/yy) _______________ Name of interviewer: ________________________________

Name: (Last) _______________________________ (First) ________________________________

Address (# Street Name): ____________________ City/State/ZIP: ______________________________

County of Residence: ________________________ Primary Language Spoken ________________

Home Phone: __________________ Work/cell phone: ____________________

Age (Years): _______________ DOB (mm/dd/yy): ____________________ Gender: □ M □ F

Vaccination Information:
Did you receive an influenza vaccination this year?
□ Yes (approximate date mm/dd/yy _______________) What type? □ Flu shot □ FluMist □ No

Work Information:
Occupation: ____________________________________________________________________________

Employer: Poultry Company ___________ Private contractor ___________ State/Fed Agency ______________

Type of work (check all that apply):
□ Care of live poultry □ Transportation of live poultry □ Cleaning of poultry houses, cages or trucks
□ Obtaining blood samples of poultry □ Process poultry specimens in a lab □ Obtain loacal or tracheal swabs
□ Slaughter poultry (not depopulation) □ Poultry depopulation □ Composting dead poultry
□ Disinfecting equipment □ Farm owner □ Other farm work
□ Other ________________________________________________________________________________

What is the most recent date you were performing any of the above activities (at any location)?
Date (mm/dd/yy): _______________ □ Still performing above duties

What is the most recent date you performed any of the above activities at a site where poultry were known to be infected with avian influenza?
Date (mm/dd/yy): _______________ □ Still performing above duties

When was the affected farm depopulated? Date (mm/dd/yy): ______________

While performing these activities (during the past two weeks), have you used personal protective equipment (PPE)?
□ Yes, always □ Yes, most of the time □ Yes, sometimes □ Never
Name: (Last) ___________________________ (First) ________________________________

Exposure Date (mm/dd/yy): ______________ Exposure Location _____________________ Exposure # ______

If you used PPE, which articles did you use? (Check all that apply)
- □ Protective clothing (such as disposable clothing)
- □ Disposable gloves
- □ Hair bonnet
- □ Fit-tested respirator (such as an N95 or higher mask)
- □ Eye Protection
- □ Disposable protective foot wear or washable boots
- □ Other ______________________________

Health Assessment:
Since your first possible contact with avian influenza infected birds, have you developed any of the following symptoms?

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Day 0 (Today’s Date: _______)</th>
<th>Day 7 (Today’s Date: _______)</th>
<th>Day 14 (Today’s Date: _______)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Circle One</td>
<td>Date of Onset</td>
<td>Date Resolved</td>
</tr>
<tr>
<td>Fever</td>
<td>Yes</td>
<td>No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Measured Temp &gt; 100F</td>
<td>Yes No Temp*: Yes No Temp*:</td>
<td>Yes No Temp*: Yes No Temp*:</td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td>Yes No</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Sore Throat</td>
<td>Yes No</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Runny Nose</td>
<td>Yes No</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Body Aches *</td>
<td>Yes No</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Red or Watery Eyes</td>
<td>Yes No</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Yes No</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Headache</td>
<td>Yes No</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>Yes No</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Other: ________________</td>
<td>Yes No</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
</tbody>
</table>

* Symptom by itself does not indicate referral to local health department for follow-up

Banknotes:
- Additional documentation may be on an attached form.

Did you seek medical care for your illness? □ No □ Yes

Name of primary provider: ______________ Address: ___________________________ Phone Number: ______________

Were you hospitalized? □ No □ Yes If yes, Name of Hospital ______________ Dates admitted ______________

Antiviral Information:
Have you taken any antiviral medication? [Amantadine(Symmetrel), Rimantadine (Flumadine), Oseltamivir (Tamiflu)]
- □ Yes Name of antiviral: ______________ First dose ______________ Last dose ______________ □ No

Have any of your family members or other close contacts developed any of the above symptoms? □ No □ Yes If yes, who?

<table>
<thead>
<tr>
<th>Name</th>
<th>Age (Yrs.)</th>
<th>Relationship</th>
<th>Contact #</th>
</tr>
</thead>
</table>

Revised 10/17/05
MEMO

To: Medical Provider
From: ________________ County Health Department
Date: ________________
Re: ________________(patient name)

The person identified above is referred to you for evaluation and follow-up due to their exposure to laboratory confirmed Avian Influenza. The exposure occurred on (date). The duties leading to this exposure included: ____________________________
__________________________

This patient ( ) has ( ) has not been vaccinated with the current season’s influenza vaccine.

_CDC Interim Guidance on Influenza Antiviral Chemoprophylaxis of Persons Exposed to Birds with Avian Influenza A Viruses Associated with Severe Human Disease or with the Potential to Cause Severe Human Disease_ (http://www.cdc.gov/flu/avianflu/guidance-exposed-persons.htm) recommends the following:

“If antiviral chemoprophylaxis is initiated, treatment dosing for the neuraminidase inhibitors oseltamivir or zanamivir (one dose twice daily) is recommended in these instances instead of the typical antiviral chemoprophylaxis regimen (once daily)…..”

Please consider this patient for prophylaxis treatment with antiviral therapy.

If you would like a copy of the CDC or guidelines, have questions, or need additional information, please contact the Communicable Disease staff at (phone number).
MEMO

To: (Medical Provider)
From: County Health Department
Date: 
Re: (patient name)

The person identified above is referred to you for evaluation and follow-up due to their exposure to laboratory confirmed Avian Influenza. An interview with the patient revealed the following information:

- Interview date 
- Exposure date 
- Duties leading to this exposure included: 
- Symptoms began on 
- Symptoms include 
- This patient ( ) has ( ) has not been vaccinated with the current season's influenza vaccine.
- This patient ( ) has ( ) has not received antiviral prophylaxis during the exposure period.

_CDC Interim Guidance on Testing, Specimen Collection, and Processing for Patients with Suspected Infection with Novel Influenza A Viruses with the Potential to Cause Severe Disease in Humans_ (www.cdc.gov/flu/avianflu/severe-potential.htm) recommends the following evaluation of ill workers:

- Workers who develop a febrile respiratory illness should have a respiratory sample (e.g., oropharyngeal swab or aspirate) collected. Optimally this specimen should be obtained within 7 days of illness onset.

The Health Department can assist you in submitting an oropharyngeal swab for Novel Influenza A testing to the state laboratory. If you would like a copy of the CDC guidelines, have questions, or need additional information, please contact the Communicable Disease staff at (phone number).
Lista de chequeo de entrenamiento para los obreros expuestos al pollo vivo infectado con el virus de Gripe Aviar o a una localización contaminada con el virus

Grupo de Fuerza en la tarea combatir la Influenza Aviar de Delmarva

Favor de leer, circular la respuesta apropiada, y poner sus iniciales en cada declaración de abajo. Firme el formulario abajo cuando es completado.

_______ 1. Yo entiendo/no entiendo (circule uno) que la cepa H7N2 de la influenza aviar y todos los casos anteriores en los EEUU de gripe aviar no se han encontrado causantes de ninguna enfermedad en los humanos en los Estados Unidos.

_______ 2. Yo entiendo/no entiendo (circule uno) que esta guía provisto por mi empleador es la recomendación de los Centros para el Control y Prevención de las Enfermedades para la protección máxima de los obreros expuestos al virus de Gripe Aviar y que estas precauciones han sido tomadas para mi protección personal contra el riesgo extremadamente bajo de la infección humana con el virus de Gripe Aviar.

_______ 3. Yo si he completado y pasado/no he completado y pasado (circule uno) el “Cuestionario de síntomas de exposición al gripe aviar” antes de estar expuesto al pollo infectado con el virus o con el área contaminada con el virus de Gripe Aviar.

_______ 4. Yo recibido/no he recibido (circule uno) la vacuna anual de la influenza humana. Yo he recibido esta vacuna hace como dos semanas/hoy (circule uno). Si rechazo la vacuna, estoy de acuerdo/no estoy de acuerdo en firmar el formulario de rechazo. Yo entiendo/no entiendo (circule uno) que esta vacuna no prevendrá la infección humana por los virus de Gripe Aviar pero su propósito es minimizar la probabilidad que el virus de Gripe Aviar se combine con los virus de influenza humana.

_______ 5. Me han ofrecido/No me han ofrecido (circule uno) los medicamentos contra el virus y estoy de acuerdo/no estoy de acuerdo (circule uno) en tomarlos según han sido dirigidos por los profesionales médicos.

_______ 6. Estoy de acuerdo/No estoy de acuerdo (circule uno) en ponerme el equipo de protección personal recomendado por mi empleador en todos los momentos en que la exposición al virus de Gripe Aviar exista. Este equipo de protección personal incluye, pero no es limitado: guantes de tela sobre guantes desechables de nitrilo (reemplaza los guantes
inmediatamente si están dañados o rotos), ropa desechable y zapatos o botas que se pueden
lavar o desinfectar en el sitio, la protección para los ojos, una respiradora desechable de la
partícula N-95 (o más), y una red de pelo para el cabello. **Me han enseñado/no me han
enseñado** (circule uno) cómo remover correctamente el equipo de protección personal
contaminado para prevenir el cruce de contaminación.

_______ 7. **Yo he estado/Yo no he estado** (circule uno) mesurado y aprobado para usar
una respiradora equivalente al N-95 o más alto mientras hago actividades que son vigorosas
físicamente.

_______ 8. **Yo he sido/No he sido** (circule uno) instruido acerca de la importancia de
seguir estrictamente el uso correcto higiénico de las manos después de tener contacto con el
pollo infectado con el virus de Gripe Aviar o con alguna superficie contaminada con el virus.
Después de remover los guantes de protección **estoy de acuerdo/no estoy de acuerdo**
(circule uno) de lavarme las manos completamente con jabón y agua por lo menos 20
segundos o de usar algún otro procedimiento de desinfectar las manos como es especificado
por un Oficial de Médico.

_______ 9. **Estoy de acuerdo/No estoy de acuerdo** (circule uno) en ducharme al final del
turno de trabajo en una unidad de descontaminación en el sitio o por algunos arreglos con los
hoteles locales para usar un cuarto sucio para quitar la ropa y la ducha y un cuarto limpio
para vestirme con ropa limpia que me puedo poner para ir a la casa. Bajo ninguna
circunstancia me voy a vestir en la ropa usada en un ambiente contaminado con el Gripe
Aviar para ir a la casa: esto incluye los zapatos, la ropa interior, etc.

_______ 10. **Estoy de acuerdo/No estoy de acuerdo** (circule uno) de llenar el
cuestionario de salud adjunto a este documento en más o menos el día 7 y otra vez en el día
14 después de exposición posible al virus de Gripe Aviar. Si contesto con “Sí” a cualquier
pregunta, **estoy de acuerdo/no estoy de acuerdo** (circule uno) de estar referido al Oficial de
Médico y de seguir sus instrucciones para tener más reexaminación y la colección de
cualquier espécimen si es necesario. Yo entiendo que la información de mi salud personal
puede ser compartido con los departamentos apropiados de salud en el estado o en el
donante y **estoy de acuerdo/no estoy de acuerdo** (circule uno) de seguir con las
instrucciones adicionales de estas agencias si me requieren hacerlo.

_______ 11. **Yo entiendo/Yo no entiendo** (circule uno) que el Oficial de Seguridad junto
con el Oficial de Medico estarán en el sitio para contestar cualquier pregunta que tenga en
referencia a este guía.

Nombre en letra de molde: _______________________________   Fecha:____________
Firma :_________________________________________________________________
## DRAFT Algorithm for Public Health Response to Avian Influenza in Poultry

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Responders (Primary Contacts)</th>
<th>Close contacts of responders (Secondary Contacts)</th>
</tr>
</thead>
</table>
| Detection of avian influenza in poultry or other bird populations that requires a response | - Before going on site, ensure responders complete AI Exposure Symptom Questionnaire – exclude anyone who responds “yes” in health assessment section  
- Provide seasonal flu vaccine  
- Provide antiviral prophylaxis from first day on site through 7 days after last day on site  
- Re-administer AI Exposure Symptom Questionnaire at day 7 and day 14 or according to guidance  
- No quarantine; isolate if develop symptoms  
- Report any illness immediately to health department | - Ensure close contacts self-monitor for symptoms  
- Encourage seasonal flu vaccine  
- No antiviral prophylaxis  
- No work quarantine |
| Evidence of symptoms in 1 responder (Concern for or confirmed bird-to-human transmission) | **Symptomatic responders:**  
- Test, isolate, and treat symptomatic person  
- Health Department will determine end of isolation  
- Ensure s/he has received seasonal flu vaccine  
- Report immediately to health department  
**Asymptomatic responders:**  
- No quarantine; isolate if develop symptoms | **Contacts of ill responder, the Health Department:**  
- Places on work quarantine (only if case is confirmed)  
- If contact is healthcare worker, restrict from work (i.e., place on full quarantine)  
- Monitors for symptoms  
- Ensures close contacts have received seasonal flu vaccine  
- Prior to confirmation of AI in ill responder: considers recommending antiviral prophylaxis for close contacts of ill responder  
- Once confirmed AI in ill responder: ensures antiviral prophylaxis for close contacts of ill responder |
| Evidence of symptoms in >1 responder (Concern for or confirmed efficient bird-to-human transmission) | **Symptomatic responders:**  
- Test, isolate, and treat all symptomatic persons  
- Health Department will determine end of isolation  
- Ensure they have received seasonal flu vaccine  
**Asymptomatic responders:**  
- “Work quarantine” all responders (if ruled out, discontinue quarantine) | **Contacts of ill responder, the Health Department:**  
- Places on work quarantine (only if case is confirmed)  
- If contact is healthcare worker, restrict from work (i.e., place on full quarantine)  
- Monitors for symptoms  
- Ensures close contacts have received seasonal flu vaccine  
- Prior to confirmation of AI in ill responder: considers recommending antiviral prophylaxis for close contacts of ill responder  
- Once confirmed AI in ill responder: ensures antiviral prophylaxis for close contacts of ill responder |

Contacts of asymptomatic responders, the Health Department:  
- Ensures close contacts self-monitor for symptoms
| Known human-to-human transmission | Symptomatic responders:  
- Test, isolate, and treat all symptomatic persons  
- Health Department will determine end of isolation  
- Ensure they have received seasonal flu vaccine  
Asymptomatic responders:  
- “Work quarantine” all responders (if ruled out, discontinue quarantine) | Contacts of asymptomatic responders, the Health Department:  
- Ensures close contacts self-monitor for symptoms |

**Elevated response by Public Health is indicated**

**Initial Response:**  
Symptomatic contacts of ill responders, the Health Department:  
- Ensures testing, isolation, and treatment of all symptomatic persons  
- Health Department will determine end of isolation  
- Ensures close contacts have received seasonal flu vaccine  
- Prior to confirmation of AI in ill responder: considers recommending antiviral prophylaxis for close contacts of ill responder  
- Once confirmed AI in ill responder: ensures antiviral prophylaxis for close contacts of ill responder  
Asymptomatic contacts of ill responder, the Health Department:  
- Monitors for symptoms  
- Ensures close contacts have received seasonal flu vaccine  
- Prior to confirmation of AI in ill responder: considers recommending antiviral prophylaxis for close contacts of ill responder  
- Once confirmed AI in ill responder: ensures antiviral prophylaxis for close contacts of ill responder  
- If close contact of ill responder or suspect case, then quarantine  

**Sustained Response:**  
- Subject to reassessment and adjustment as situation develops.

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**Definition or explanation**

Health Department: means local or state health department as determined by situation and residency

Isolation: Separation for the period of communicability of infected persons from others, so as to prevent or limit the direct or indirect transmission of the infectious agent from those who are infected to those who are susceptible.

Quarantine: To detain exposed persons until the incubation period of an infectious disease has passed.

Work quarantine: Restriction of activities to traveling directly from home to work without using public transit and without stopping at any other destination.