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**April 6, 2022**

**From the Infectious & Communicable Disease Team at Southwestern Public Health**

## **Highly Pathogenic H5N1 Avian Influenza**

Avian Influenza (AI) is a disease caused by a virus that primarily infects domestic poultry and wild birds such as geese, ducks, and shore birds. Each year, there is a “bird flu” season, and some forms of the “bird flu” are worse than others. Wild birds, especially waterfowl, are a natural reservoir for mild strains of AI. Highly pathogenic Avian Influenza (HPAI) H5N1 is a strain known to kill both wild birds and commercial poultry.

In March 2022, HPAI H5N1 virus has been detected in Ontario in wild and commercial poultry and has made its way onto a commercial turkey farm in Oxford County. This same strain of the virus has also been found in many other jurisdictions across the world, including in other Canadian provinces and American states. Southwestern Public Health is working closely with the involved agencies and farm workers to identify those in close unprotected contact with sick birds or their environment to offer information on monitoring for symptoms of acute respiratory infection (ARI) or Avian Influenza and when to seek medical care.

***The risk to the public of catching the HPAI H5N1 virus from domestic poultry or products is very low and there is no need to change food consumption habits or travel plans.***

### **For Healthcare Providers: Clinical Assessment Pathway for ARI Symptoms**

- Rule out COVID-19 and seasonal influenza, and offer testing where appropriate
- Review vaccination history for COVID-19 and seasonal influenza
- RARE: If individual has been exposed to a flock under investigation for Avian Influenza within the last 10 days, consider chemoprophylaxis as per current guidelines
- Recommend all patients who exhibit ARI symptoms to stay home until symptoms have been resolving over a 24-hour period and they are fever-free

### **What are the human symptoms for Avian Influenza?**

Based on studies of patients with the HPAI H5N1 virus, signs can range from very mild to severe, including:

- Fever
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle and/or body aches
- Headaches
- Fatigue or tiredness
- Conjunctivitis (red eyes)
- Shortness of breath or difficulty breathing

Less commonly, diarrhea, nausea, vomiting or seizures can occur. Diarrhea is more common with Avian Influenza than with seasonal influenza due to human viruses.

## **Infection Prevention and Control**

At present, persons suspected of having avian influenza should be managed using Routine Practices with Contact, Droplet and Airborne Precautions. These measures include:

- performing hand hygiene
- using airborne infection isolation rooms when possible
- masking the patient with a surgical mask when outside of an airborne infection isolation room
- using gloves, gowns, fit-tested, seal-checked N95 respirators and eye protection. A fit-tested N95 mask should be worn by health care providers. These patients should be kept separate from other patients.

## **Antiviral prophylaxis**

Anti-viral prophylaxis should be considered for individuals who have been exposed to large numbers of infected poultry or contaminated environmental surfaces in an outbreak situation without using full, appropriate personal protective equipment. Southwestern Public Health recommends that people receive 75 mg of oseltamivir twice daily for seven days after their last direct contact with the birds or the contaminated environment. Note that the recommended dose for prophylaxis of avian influenza exposures is twice daily medication, instead of the once daily approach used for seasonal influenza.

## **Antivirals for treatment**

When indicated, antiviral treatment is most effective when started as soon as possible after symptom onset. Early initiation of treatment provides a better clinical response, although treatment of moderate, severe, or progressive disease started 48 hours after symptom onset may still provide a benefit. Dosing as per AMMI is 75 mg once per day for 10 days. <https://jammi.utpjournals.press/doi/10.3138/jammi.2019.02.08>

## **Testing**

The Provincial approach for testing will be anyone symptomatic with exposure to an infected bird or premise only. No asymptomatic testing. PHOL has assigned a provincial investigation number for any testing that's needed:

**ONT-2022-00001.**

See PHO website for more information at <https://www.publichealthontario.ca/en/laboratory-services/testinformation-index/avian-influenza-rt-pcr>

## **More information**

- Additional information can be found on the CFIA website <https://inspection.canada.ca/animalhealth/terrestrial-animals/diseases/reportable/avian-influenza/eng/1323990856863/1323991018946> and PHAC <https://www.canada.ca/en/public-health/services/flu-influenza/fact-sheet-guidance-onprecautions-handling-wild-birds.html>
- Review the [Q and A from the Ministry of Health](#) for more information on the current Avian Influenza situation within Southwestern Public Health Region.

For inquiries regarding Avian Influenza in humans, contact Southwestern Public Health at 1-800-922-0096 ext. 1232 (St. Thomas/Elgin) or ext. 3500 (Woodstock/Oxford). All other Avian Influenza inquiries should be directed to the Ontario Ministry of Agriculture, Food and Rural Affairs or the Canadian Food Inspection Agency.

## **Infectious & Communicable Disease Team**

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