



DIVISION OF PUBLIC HEALTH

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Department of Health and Family Services

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To: Local Health Officers
Infection Control Professionals
Division of Public Health Regional Offices
Tribal Health Centers

From: Thomas Haupt, M.S.

RE: Update on human cases of avian influenza
Wisconsin enhanced surveillance for avian influenza

**PAKISTAN AND MYANMAR ADDED TO LIST OF COUNTRIES WITH
HUMAN CASES OF H5N1**

- Enclosed is an update on avian influenza and current surveillance criteria for identification of suspect avian influenza cases in Wisconsin.
- It should be noted that with prior approval from the Wisconsin Division of Public Health (DPH), specimens from ill patients that meet the criteria for possible avian influenza cases will be transported to, and tested at the Wisconsin State Laboratory of Hygiene (WSLH) (by PCR and/or virus isolation), at no charge.
- Please note that the approval of testing of specimens from patients that meet testing criteria is a priority, and should be done immediately
- Once specimens are received at the WSLH, testing is usually completed with 4-6 hours
- At the discretion of the DPH and WSLH, arrangements can be made for tests to be performed after-hours and on weekends
- Tests requested to “rule out” avian influenza will not be approved. Testing will be done only when all criteria is completely met.
- Submitters and local health officials will be notified of tests results by the DPH as soon as they become available

If you have any questions please contact:

Epidemiology and Surveillance:
Thomas Haupt M.S.
Wisconsin Division of Public Health
608-266-5326

Laboratory Issues:
Carol Kirk
Wisconsin State Laboratory of Hygiene
608-262-1021

UPDATE ON HUMAN CASES OF (H5N1) AVIAN INFLUENZA WORLDWIDE

27 December 2007

Country	2003		2004		2005		2006		2007		Total	
	cases	deaths										
Azerbaijan	0	0	0	0	0	0	8	5	0	0	8	5
Cambodia	0	0	0	0	4	4	2	2	1	1	7	7
China	1	1	0	0	8	5	13	8	5	3	27	17
Djibouti	0	0	0	0	0	0	1	0	0	0	1	0
Egypt	0	0	0	0	0	0	18	10	21	6	39	16
Indonesia	0	0	0	0	20	13	55	45	41	36	116	94
Iraq	0	0	0	0	0	0	3	2	0	0	3	2
Lao People's Democratic Republic	0	0	0	0	0	0	0	0	2	2	2	2
Myanmar	0	0	0	0	0	0	0	0	1	0	1	0
Nigeria	0	0	0	0	0	0	0	0	1	1	1	1
Pakistan	0	0	0	0	0	0	0	0	1	0	1	0
Thailand	0	0	17	12	5	2	3	3	0	0	25	17
Turkey	0	0	0	0	0	0	12	4	0	0	12	4
Viet Nam	3	3	29	20	61	19	0	0	7	4	100	46
Total	4	4	46	32	98	43	115	79	79	53	343	211

Total number of cases includes number of deaths.
WHO reports only laboratory-confirmed cases.
All dates refer to onset of illness.

IDENTIFICATION OF SUSPECT CASES OF H5N1, AVIAN INFLUENZA

The Wisconsin Division of Public Health (DPH) and the Wisconsin State Laboratory of Hygiene (WSLH) are requesting that health care providers collect specimens from any patient who meets the following criteria:

1. The patient presents with signs and symptoms characteristic of influenza (fever, cough or sore throat, myalgia), AND
2. The patient has returned from anywhere in Southeast Asia (especially Viet Nam, Cambodia, Thailand, Laos, China and Indonesia), Myanmar, Pakistan, Turkey, Iraq, Egypt, Azerbaijan, Djibouti or Nigeria, within 10 days prior to the onset of signs and symptoms.

Specimen collection should include:

1. One oropharyngeal (throat) swab AND one nasopharyngeal (NP) swab in the same vial of viral transport medium
2. Swabs used for specimen collection should have a dacron tip and aluminum or plastic shaft
 - Calcium alginate swabs, cotton swabs and wooden-shaft swabs are not recommended
 - Specimens should be placed at 4°C (40° F) immediately after collection and maintained at refrigerator temperatures during transport to the WSLH
3. IF, testing on the initial specimens are negative, and the clinical presentation is indicative of severe influenza-like illness, consult with the DPH regarding collection and submission of additional specimens

RESPONSE TO SUSPECT CASES OF AVIAN INFLUENZA

1. Patients with symptoms that meet the criteria (see above) for suspect avian influenza:
 - If the patient is hospitalized, place in a negative pressure isolation room, OR
 - if their condition does not require hospitalization, the patient will be asked to stay home and avoid contact with others (as much as possible) until test results are available
2. Local public health officials will be notified of any patient who meets the criteria for testing
3. Tracing of contacts is not necessary until a diagnosis of avian influenza is confirmed
4. If avian influenza is confirmed, DPH will work with local health and the health care facility to identify case contacts
 - A case contact is defined as a household contact and anyone who had face-to-face contact with the confirmed case-patient in the 10 days before onset of illness (Contact Monitoring Worksheet)
 - Contacts should be monitored for fever and respiratory symptoms for 10 days following their last exposure to the confirmed case
 - Contacts may be placed on home quarantine at the discretion of local public health officials. Factors in this decision may include:
 - The likelihood of the virus spreading from human-to-human based on the current status worldwide (currently there is no confirmed, sustained human-to-human spread)
 - The compliance of the contact to monitor signs and symptoms and report to local public health officials is questionable
 - Routine use of antiviral medication for prophylaxis is not recommended for asymptomatic contacts at this time. If human to human spread is confirmed in the future, this recommendation could change
 - Contacts with fever and at least one sign or symptom of influenza should be tested for avian influenza and placed on home isolation until the test results are known

PROMPT SHIPPING OF SPECIMENS IS NECESSARY!!

PLEASE NOTIFY THE WISCONSIN DIVISION OF PUBLIC HEALTH BEFORE SPECIMENS ARE SUBMITTED TO THE WISCONSIN STATE LABORATORY OF HYGIENE

During office hours (7:45 AM to 4:30 PM, Monday-Friday) call 608-266-5326
After hours call 608-258-0099 and ask for the Communicable Disease Epidemiologist "on-call"

SPECIMENS SHOULD ARRIVE AT THE STATE LABORATORY OF HYGIENE WITHIN 24 HOURS.

If this cannot be done, laboratories should call the WSLH emergency number at 608-263-3280 for assistance in prompt delivery of the specimens. Please be aware that only specimens sent with this completed requisition form will be tested for avian influenza (i.e. PCR and virus isolation)

**SHIPMENT OF VIRAL SURVEILLANCE SPECIMENS VIA DUNHAM EXPRESS
TO THE WISCONSIN STATE LABORATORY OF HYGIENE**

Specimen Packaging (WSLH Kit # 18 or equivalent):

- **Triple package as “Biological substance, Category B UN 3373”**
- Securely tape the cap of the specimen container, wrap specimen with absorbent material; place the specimen vial into a biohazard bag; place the completed requisition form into the outer pocket of the bag.
- Place the bagged specimen and form in the styrofoam mailer with a frozen kool-pak.
- Replace lid on the styrofoam box; close and securely tape the cardboard box shut.
- Attach the WSLH address label to the package:
**State Lab - Virology
465 Henry Mall
Madison, WI 53706**
- Attach the “*Biological substance, Category B / UN 3373*” label to the package.
- Attach your *return address* label; include the *name and telephone number* of the person who knows the content of the package (requirement) with the return address

Shipping Arrangements:

- The WSLH has a contract with Dunham Express for shipment of specimens to the WSLH, with charges billed to the WSLH. **You are not required to ship via Dunham Express unless you wish to have the transport charges billed to the WSLH.**
- Specimens will be picked up during regular working hours, but you must confirm the time with the Dunham Express office in your area.
- Specimens will be delivered to the WSLH the following day, except Fridays. **If you must ship on Fridays or on the day before a holiday, include an extra coolant.**
- All package preparation should be completed before the courier arrives.
- Contact the Dunham Express office in your area (see list below);
Appleton area: Call 920-722-6360 or 1-800-236-7128
Eau Claire area: Call 715-834-3200 or 1-800-236-7129
LaCrosse area: Call 608-779-4588
Madison area: Call 608- 242-1000
Milwaukee area: Call 414-435-0002 or 1-800-236-7126
Niagara area: Call 715-251-1909 or 1-800-298-1909
Wausau area: Call 715-848-4882 or 1-800-298-4882
- Give the office the following information:
The State Lab-Virology account number: 7274
Account name: State Lab - Virology
Your name and phone number
Your pickup address, including other location information (e.g., room number)
The destination: State Lab - Virology, 465 Henry Mall, Madison, WI 53706
Shipment description, if asked: Viral specimens for overnight delivery

If it has been agreed that delivery of the package requires “stat” service, and the package is expected to arrive at the State lab **AFTER** normal business hours (7:00-4:30, Monday-Friday), instruct the Dunham Express driver to call the WSLH Emergency Answering Service at (608) 263-3280 when driver is 1 hour from the State Lab to arrange for receipt of specimen.

Patient Information		Submitter Information	
Name (Last, First):		(Your Institution's Agency Number If Known)	
Address:		(Your Institution's Name)	
City:	State:	Zip:	(Your Institution's Address)
Date of Birth:	Gender:	M F	(City, State, Zip Code)
Occupation:		(Telephone Number)	
Your Patient ID Number (optional):		Health Care Provider Full Name:	
Your Specimen ID Number (optional):		<i>WSLH Use Only</i> Study: VI SURV-ENHANCED	<i>WSLH Use Only: Bill To:</i> (WSLH Account # 74201)

Specimen Submitted for: Avian Influenza Surveillance

Other _____

If patient is part of an illness cluster, please identify group or provide name and address of institution.

Date Collected:	Specimen Type: <input type="checkbox"/>
	Other _____
	<input type="checkbox"/> Nasopharynx Swab (dry) <input type="checkbox"/> Nasopharynx Swab (in VTM) <input type="checkbox"/> Combined Throat/Nasopharynx Swab

Date of Onset: _____

General Symptoms	Respiratory Symptoms	Digestive Symptoms
<input type="checkbox"/> Anorexia	<input type="checkbox"/> Conjunctivitis	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Arthralgia	<input type="checkbox"/> Ear Pain	<input type="checkbox"/> Nausea / Vomiting
<input type="checkbox"/> Fever	<input type="checkbox"/> Nasal Congestion	CNS
<input type="checkbox"/> Headache	<input type="checkbox"/> Nasal Discharge	<input type="checkbox"/> Encephalopathy
<input type="checkbox"/> Lymphadenopathy	<input type="checkbox"/> Pharyngitis	<input type="checkbox"/> Delirium
<input type="checkbox"/> Malaise	<input type="checkbox"/> Hoarseness	<input type="checkbox"/> Meningismus
<input type="checkbox"/> Myalgia	<input type="checkbox"/> Cough (<i>circle one</i>) <u>productive / nonproductive / barking</u>	
<input type="checkbox"/> Photophobia	<input type="checkbox"/> Crackles	
<input type="checkbox"/> Rash	<input type="checkbox"/> Dyspnea	
<input type="checkbox"/> Mouth Lesions	<input type="checkbox"/> Wheeze	
	<input type="checkbox"/> Pneumonia	

Vaccination History (Influenza): Was patient vaccinated? Yes No Unknown

If Yes, Date Vaccinated: / /

Travel History (Places and dates):

Was patient hospitalized? Yes No Unknown

If Yes, where: _____

WISCONSIN STATE LABORATORY OF HYGIENE USE ONLY

WSLH Test Code: To Be Determined On Receipt