

## Influenza: Avian Flu

**Problem** Report of suspect Avian Influenza in patient with recent travel to a country with documented H5N1 avian influenza in poultry and/or humans.

### Action

1. Obtain name, DOB, address of the patient
2. Obtain name, telephone number of reporting party.
3. Complete the "Suspect Avian (H5N1) Influenza Case reporting form for each potential case, including probable cases or contacts.
4. Report immediately to the Second Duty Officer.
5. Testing of Avian influenza A (H5N1) is indicated for hospitalized patients with:
  - Radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established, **AND**
  - History of travel within 10 days of symptom onset to a country with documented H5N1 avian influenza in poultry and/or human (list of affected countries can be found at [www.who.int/en/](http://www.who.int/en/))
6. Inform physician that patients with suspected Avian Influenza must be on Droplet Precautions with a private room.

Reporting Form: [Suspect Avian \(H5N1\) Influenza Case reporting form](#)

Fax all reports to the Riverside County Public Health Department, Disease Control at:  
(951)358-5102