

Guidance for Protection of Employees Involved with Avian Influenza Control and Eradication Activities

Updated March 2016

*This guidance is advisory in nature and informational in content. It is not a standard or a regulation, and it neither creates new legal obligations nor alters existing obligations.

This guidance may be implemented by the Incident Commander in the event of a suspected or confirmed avian influenza incident at a poultry facility.

PLEASE NOTE: This document should be viewed as work in progress and is subject to revision as additional guidelines become available or as the Avian Influenza (AI) changes.

Summary:

- This document provides practical guidance for human AI infection prevention and control, including guidance related to the 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 (CDC).
- The Occupational Health Unit or Safety Officer of private companies that raise, transport or process poultry should take action to educate and train employees before AI is identified in West Virginia. The Safety Officer for WVDA should take action to educate and train employees expected to participate in AI response before AI is identified in West Virginia.
- When AI has been identified in West Virginia, after public notification by the West Virginia Department of Agriculture (WVDA), the Division of Infectious Disease Epidemiology (DIDE) will notify local health departments (LHDs), health facilities, laboratories and providers to have heightened awareness for cases of novel influenza in humans and take appropriate infection control measures for evaluation of persons for possible infection with AI.
- Private companies, United States Department of Agriculture (USDA) and WVDA should work in conjunction with the designated Safety Officer during an incident. State and local public health officials will work with the Safety Officer to assure Emergency Response Worker safety.
- At the time of demobilization, Emergency Response Workers should be given:
 - Information on signs and symptoms of AI and instructions on self-monitoring for signs and symptoms;
 - Emergency contact information for the Safety Officer, LHD and DIDE in case they develop symptoms.
- In the event that an emergency response worker becomes ill, DIDE will coordinate with the hospital, the LHD and the Safety Officer to assure that they ill emergency response worker is evaluated appropriately using adequate infection control precautions. Laboratory testing will be coordinated by DIDE through the Office of Laboratory Services.

Background:

AI 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. Reported AI illnesses 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 sporadically, but appears to be extremely uncommon. Although person-to-person transmission of AI is rare, a person infected with AI could become co-infected with a seasonal influenza virus. In theory, genetic material could be exchanged between the AI and the human influenza virus, resulting in an AI virus that is spread easily from person-to-person. If this were to happen, a worldwide epidemic of influenza (pandemic) might ensue with potential for widespread severe human illness.

This interim guidance reflects the current CDC and OSHA guidance. This guidance will be updated as important new information becomes available.

Target Human Populations:

Most human infections with AI have occurred in persons not using appropriate personal protective equipment (PPE) who had one of these exposures:

1. Direct physical contact with infected birds or surfaces contaminated by the viruses.
2. Being in close proximity (e.g., within about 6 feet) to infected birds.
3. Visiting a live poultry market.

Exposure may include: contact with infected birds (e.g., handling, slaughtering, defeathering, butchering, preparation for consumption); direct contact with surfaces contaminated with feces or bird parts (carcasses, internal organs, etc.); or exposure to sick or dead birds in a confined space (e.g. a poultry house).

Emergency Response Workers, Definition

For the purposes of monitoring for avian influenza Emergency Response Workers (ERWs) are defined all individuals involved in the investigation or control birds infected with HPAI H5 viruses and all those persons exposed to infected birds or potentially contaminated surfaces.

. This includes:

- Responders reporting no exposure to infected birds or their environment (e.g., those who have administrative duties in an Incident Command post).
- Responders reporting exposure to infected birds and/or their environment while wearing PPE).
- Responders reporting exposure to infected birds and/or their environment when not wearing recommended PPE (e.g., exposure prior to donning PPE or a breach in PPE during response activities).

Training:

All ERWs who may be exposed to AI virus, infected live poultry, or premises contaminated with the AI virus should complete the compliance checklist (Attachment 1) immediately before deployment to document preventive measures and training offered by the employer or Safety Officer. Attachment 1 includes a symptom screen intended to exclude symptomatic workers from the response.

If possible, employees should receive the training outlined in this section well in advance of an incident. At the time of assignment to an incident, the worker should receive brief 'just-in-time' training as a refresher. If a worker has not received this training at the time of an incident, he or she should receive all necessary training and sign the compliance checklist before assignment to emergency response.

ERWs must receive training on:

- Risk of human illness from avian influenza;
- Use of seasonal vaccine to prevent complications of seasonal influenza and avian influenza;
- Use of hand hygiene to prevent infection with AI or contamination of environmental surfaces;
- Use of PPE, including:
 - When to use PPE;
 - What PPE is necessary;
 - How to properly put on, use, take off, properly dispose of, and maintain PPE; and
 - The limitations of PPE.
- Use of respirators to include all of the following:
 - Proper fit-testing, wearing and use of respirators;
 - Safe removal of respirators;
 - Safe disposal of single-use respirators or cleaning and disinfection of reusable respirators;
 - Medical contraindications to respirator use.
- Process for self-monitoring for signs and symptoms of influenza during deployment and for 10 days after deployment.
- Instructions for making contact with the Safety Officer, LHD or DIDE in the event that the employee or other response team member becomes ill.

Employee Protection and Use of Personal Protective Equipment (PPE):

Basic Infection Control-Hand Hygiene

All employers who will assign employees to work in situations where exposure to AI is possible should assure that employees are educated about hand hygiene. This includes 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 10-15 seconds or the use of other standard hand-disinfection procedures as specified by the Safety Officer. This will happen before all breaks (especially where smoking or snacking will occur), before lunch/bathroom breaks, and prior to

leaving the affected farm. During an event, hand hygiene should be reinforced as part of just-in-time training and enforced by Team Leaders and Safety Officers.

PPE

Recommended PPE includes: properly-fitted safety goggles, disposable gloves, boots, a NIOSH-certified respirator (e.g. N95), and disposable fluid-resistant coveralls.

NIOSH-approved N95 (or higher) respirators are recommended for employees who have contact with HPAI virus-infected birds, carcasses or potentially infected materials. Respirator use should be in the context of a comprehensive respiratory protection program in accordance with the Occupational Safety and Health Administration (OSHA) Respiratory Protection standard (29 CFR 1910.134) and other requirements.

CDC / National Institute of Occupational Safety and Health (NIOSH) have recommendations on worker safety at: <http://www.cdc.gov/flu/avianflu/h5/worker-protection-ppe.htm> Detailed information on respiratory protection programs, including fit testing procedures, can be accessed at OSHA's Respiratory Protection eTool: www.osha.gov/SLTC/etools/respiratory. Employers should review this information in detail and assure that employees and designated Team Leaders and Safety Officers are fully trained on this material. During an incident, Team Leaders and Safety Officers should enforce appropriate use of PPE for all workers who will be exposed to live or dead poultry or contaminated premises.

Vaccination

It is recommended that all ERWs should receive their seasonal human influenza vaccine from their respective companies/agencies annually; this includes laboratory workers. A declination form should be signed if flu vaccine is refused (Attachment 2).

Antiviral Chemoprophylaxis for Persons Exposed to Poultry with HPAI

- Chemoprophylaxis with influenza antiviral medications can be considered for all exposed persons. Decisions to initiate antiviral chemoprophylaxis should be based on clinical judgment, with consideration given to the type of exposure and to whether the exposed person is at high risk for complications from influenza. Employees and response workers who want more information about chemoprophylaxis should be referred to their private physicians.
- Chemoprophylaxis is not routinely recommended for personnel involved in culling non-infected or likely non-infected bird populations as a control measure or personnel involved in handling sick birds or decontaminating affected environments (including animal disposal) who used proper personal protective equipment.
- For more information on chemoprophylaxis, see: <http://www.cdc.gov/flu/avianflu/guidance-exposed-persons.htm>

Initiation of Surveillance for Human Illness:

The WVDA should notify the DIDE at 304-558-5358 or 800-423-1271 ext. 1 (in WV) in the event that AI is detected in West Virginia. When that notification is released by WVDA to the public,

DIDE will communicate with LHDs, health facilities, health providers, laboratories, the Office of Laboratory Services and other partners to increase surveillance for novel influenza infection in humans. DIDE will also alert health facilities and health providers to use appropriate infection control measures (standard, contact and airborne precautions) when evaluating a patient with possible novel influenza.

ERW Monitoring and Education During Deployment

1. Every ERW shall complete the Compliance Document for Avian Influenza Virus Emergency Response Workers (Attachment 1). This form should be completed on-site, immediately prior to assignment to emergency response and after just-in-time training and given to the on-site safety officer.
2. Regardless of the employer – USDA, WVDA, private poultry company or contractor – the employer and the designated Safety Officer are responsible for educating ERWs about self-monitoring for signs and symptoms of AI. ERWs with fever greater than 100 °F or acute respiratory symptoms (cough, sore throat, runny nose) should be excluded from the response. ERWs are responsible for reporting symptoms. The Safety Officer and Team Leaders are responsible for excluding ill ERWs from the response effort.
3. ERWs should be instructed by the Safety Officer to self-monitor for signs and symptoms of illness for the duration of their deployment. ERWs should report any acute respiratory symptoms immediately to their safety officer or team leader.
4. If an ERW develops any acute respiratory symptoms during deployment the designated safety officer or team leader shall contact the LHD or the DIDE at (304) 558-5358, extension 1 or (800)-423-1271, extension 1. If the Safety Officer is not available, the employee should contact the LHD or the DIDE at (304) 558-5358, extension 1 or (800)-423-1271, extension 1.

Monitoring of USDA Employees After Deployment

USDA employees are covered under a comprehensive protocol that includes safety training and monitoring by the Safety Officer during deployment. The employee will be educated to monitor their health during deployment and for the subsequent 10 days. After deployment, the employee will be reported to the health department in the state of residence through Epi-X (a secure communication system between CDC and state and local health departments). DIDE will communicate with the LHD who will be primary contact for the following:

1. The LHD will contact the USDA employee on day 1 of the 10-day monitoring period to administer the monitoring questionnaire (attachment 3), assess risk and evaluate for illness compatible with influenza, explain the monitoring plan, and provide instructions on actions to take if illness occurs.
2. If the employee becomes ill during the monitoring period, the employee should contact the local health department who will alert the hospital to take appropriate infection control measures before the employee arrives at the hospital. The LHD will work with DIDE to coordinate adequate diagnostic workup and appropriate infection control measures with the hospital.
3. The LHD will contact the employee on day 10 of the monitoring period to assure that accurate data is collected on signs and symptoms of illness.

1. LHD will be responsible for monitoring post-deployment and submitting completed questionnaire and log to DIDE by fax Attn: Outbreak Team, (304) 558-8736 or by email dhhrbphepi@wv.gov.

Monitoring of Employees (Private Poultry Company and WVDA and Contractors) During the 10-day Monitoring Period

2. Poultry Companies, WVDA and other large employers are responsible for monitoring employees for 10 days after deployment.
3. On day 1 of the 10-day monitoring period to administer the monitoring questionnaire (attachment 3), assess risk and evaluate for illness compatible with influenza, explain the monitoring plan, and provide instructions on actions to take if illness occurs. Safety Officer shall forward monitoring questionnaire to DIDE by fax Attn: Outbreak Team, (304) 558-8736 or by email dhhrbphepi@wv.gov.
4. Employees should self-monitor for signs and symptoms of illness for 10 days following their last exposure to AI and document their signs and symptoms on a symptom log (attachment 5).
5. If the employee becomes symptomatic, the Safety Officer should contact the LHD or the DIDE at (304) 558-5358, extension 1 or (800)-423-1271, extension 1. If the Safety Officer is not available, the employee should contact the LHD or the DIDE at (304) 558-5358, extension 1 or (800)-423-1271, extension 1.
6. The LHD and DIDE will be responsible for alerting the hospital to expect a patient with exposure to AI and to take appropriate infection control precautions. The LHD and DIDE are also responsible for working with the hospital to assure that the employee is evaluated appropriately for AI and other viral respiratory pathogens of interest. Specimen collection will be coordinated with DIDE through the WV Office of Laboratory Services (OLS), in collaboration with LHD and hospital.
7. Further guidelines on public health management of AI are found at: <http://www.dhhr.wv.gov/oeps/disease/flu/Documents/avian-flu-protocol.pdf>.
8. DIDE will be responsible for ongoing communication with the appropriate Safety Officers during the 10-day monitoring period.
9. At the end of the 10-day monitoring period, the employee is expected to give their completed monitoring form to their Safety Officer who will then forward to DIDE by fax Attn: Outbreak Team, (304) 558-8736 or by email dhhrbphepi@wv.gov.

Monitoring of All Others (Farm Families, Self-Employed Workers, etc.)

1. The LHD will be notified by DIDE that AI has been identified in their county.
2. The LHD will be responsible for assuring completion of a monitoring questionnaire (Attachment 3) for all exposed persons, and share copies of the completed forms with DIDE by fax (304) 558-8736 or by email dhhrbphepi@wv.gov .
3. The LHD will instruct exposed individuals to self-monitor for signs and symptoms of illness for 10 days following their last exposure to AI. Exposed individuals will be provided with instructions on self-monitoring and a log to document their symptoms daily. (Attachments 4 and 5)

4. If the exposed person becomes symptomatic, they should contact the LHD or the DIDE at (304) 558-5358, extension 1 or (800)-423-1271, extension 1.
5. The LHD and DIDE will be responsible for alerting the hospital to expect a patient with exposure to AI and to take appropriate infection control precautions. The LHD and DIDE are also responsible for assuring that the symptomatic exposed person is evaluated appropriately for AI and other viral respiratory pathogens of interest. Specimen collection will be coordinated with DIDE through the OLS, in collaboration with LHD and hospital.
6. At the completion of the 10 day monitoring period individuals will submit their symptom logs to the LHD.
7. The LHD will fax the completed symptom logs to DIDE, Attn: Outbreak Team at (304) 558-8736 or email to dhhrbphepi@wv.gov.
8. If an individual is an out of state resident, DIDE will notify the state health department of residency for monitoring.

Evaluation of Ill Individuals:

1. Anyone who becomes aware that an ERW has become ill, should notify the LHD or DIDE immediately. Symptoms include fever or respiratory symptoms or conjunctivitis.
2. The risk of human infection with H5 avian influenza is small; however the healthcare facility should be notified by the LHD or DIDE to expect a patient for evaluation of AI, and evaluate that person using standard, contact and airborne precautions.
3. Specimen collection will be coordinated through DIDE. The Office of Laboratory Services can test for seasonal and novel influenza as well as multiple respiratory viral pathogens.
4. The West Virginia DIDE protocol for surveillance and control of avian influenza is found at: <http://www.dhhr.wv.gov/oeps/disease/flu/Documents/avian-flu-protocol.pdf>

Reference:

CDC. "Information on Avian Influenza" December 30, 2015. Downloaded from <http://www.cdc.gov/flu/avianflu/index.htm>.

Abbreviations

AI	Avian Influenza
BPH	Bureau for Public Health
CDC	Centers for Disease Control and Prevention
DIDE	Division of Infectious Disease Epidemiology, West Virginia BPH
ERW	Emergency Response Workers, including employees and other workers who participate in an emergency response on a farm or premises affected by AI
LHD	Local health department
OLS	WV Office of Laboratory Services
PPE	Personal protective equipment
USDA	United States Department of Agriculture
WVDA	West Virginia Department of Agriculture

Attachment: 1

Compliance Documentation for Avian Influenza Virus Emergency Response Workers

Please read and initial each item, where applicable. Sign form when completed. Indicate date and time signed. This form should be completed on-site, immediately prior to assignment to emergency response and after just-in-time training.

1. _____ I understand that current strains of avian influenza identified in poultry and wild birds in the US have not resulted in infections in people.
2. _____ I understand these guidelines provided by my employer are the recommendations of the Centers for Disease Control and Prevention (CDC) 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 none of the following signs or symptoms:
 - ___ Measured Temperature > 100°F
 - ___ Cough
 - ___ Sore Throat
 - ___ Runny Nose
 - ___ Body Aches
 - ___ Red or Watery Eyes
 - ___ Diarrhea
 - ___ Headache
 - ___ Other: _____
4. _____ I have received the seasonal flu vaccine at least two weeks prior to today.
5. _____ I understand that the 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.
6. _____ I refuse(d) the seasonal flu vaccine, and I agree to sign the declination form.
7. _____ I agree to wear the Personal Protective Equipment (PPE) recommended by my employer at all times during situations indicated as possible AI virus exposure events.
8. _____ I have received training on how to properly remove contaminated PPE to prevent cross contamination.
9. _____ I have been fit tested and approved to wear an N-95 equivalent or higher respirator during the completion of physically strenuous activities.

(Continue next page)

10. _____ I have been trained on the importance of strict adherence to and proper use of hand hygiene after contact with AI infected poultry or AI virus contaminated surfaces.
11. _____ I agree 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 Safety Officer.
12. _____ I agree to shower at the end of the work shift in a decontamination unit or at another approved location. Under no circumstances will I wear clothing worn in an AI-contaminated environment offsite.
13. _____ I agree to complete the monitoring questionnaire at the close of the response as part of demobilization and submit the completed questionnaire to the safety officer prior to leaving the response site.
14. _____ I agree that after exposure to infected birds or carcasses or environment I will self-monitor for signs and symptoms of illness during the response and for 10 days following the last day of exposure and will follow instructions provided regarding reporting signs and symptoms.
15. _____ I understand that my personal health information may be shared with appropriate county and state health departments and agree to follow additional directions from these agencies if requested to do so.
16. _____ I understand that a Safety Officer will be on site to answer any questions that I may have concerning these guidelines.

Printed Name: _____

Employer: _____

Location of emergency response assignment: _____

Assigned emergency response role: _____

Signature: _____

Date: _____ Time: _____ AM / PM

Attachment: 2 Declination of Human Influenza Vaccine

Influenza is serious disease can that can lead to hospitalization and even death; 36,000 Americans die every year from influenza-related causes. Healthy people can get sick from influenza and spread the disease to others. The Centers for Disease Control and Prevention recommends that everyone 6 months of age and older get the influenza vaccine every season.

There are many benefits to receiving the vaccine. Protecting yourself from flu also protects those around you from becoming ill. Though there is a still a possibility of getting ill even after being vaccinated, flu vaccinations may make your symptoms milder and may greatly reduce the risk of more serious flu-related outcomes, like hospitalizations and death.

Seasonal influenza vaccination will not prevent infection with avian influenza A viruses, but can reduce the risk of co-infection with human and avian influenza A viruses. It will also help prevent seasonal human influenza virus from recombining with avian influenza virus, potentially creating a new viral strain.

I acknowledge that I have read the information above and I am aware of the following:

- Influenza vaccination is recommended for me and others who are in involved in avian influenza response for protection from potential illness and complications that make be associated with infection with the season influenza viruses.
- Even if I become infected with influenza, I can shed the virus for 24 hours before any influenza-related symptoms may develop. My shedding the virus can lead to others becoming infected.
- If I become infected with influenza, even if my symptoms are mild or non-existent, I can still spread the virus to others.
- Because strains of circulating influenza viruses change from year to year, seasonal influenza vaccinations are recommended yearly.
- I cannot get influenza virus from the vaccine.
- The consequences of my refusal to get vaccinated may result in illness to others with whom I may have contact, including my family and co-workers.
- I can change my mind and accept the seasonal flu vaccine at any time, if available.

I have decided not to obtain the season influenza vaccine because:

- I have an allergy or medical contraindication to receiving the vaccine.
- My philosophical or religious beliefs prohibit vaccination.
- Other: _____

Name

Signature

Date

Attachment: 3
Avian Influenza (AI) Monitoring Questionnaire

Please complete the monitoring questionnaire to determine exposure to AI.

I. General:

Date Completing Questionnaire (mm/dd/yy): _____

Name (Last, First): _____

Gender: Male Female

Date of Birth (mm/dd/yy): _____

County of Residence: _____

Address: _____

Phone: _____

City: _____ State: _____ Zip: _____

Alternate contact name: _____

Alternate contact phone: _____

II. Vaccination Information:

Did you receive an influenza vaccination this year?

No Yes

If yes, approximate date (mm/yy) _____ what type? Flu shot FluMist (nasal spray)

III. Work Information: The next set of questions is related to your current work as a result of avian influenza (AI) identified on a farm.

What is the name of the farm identified with AI you worked on today: _____

Please list the name of company/agency you currently represent on the farm today:

Poultry Company: _____ Private Contractor: _____ State/Fed Agency: _____

Farm Owner/Family _____ Other: _____

What has been your role/occupation on the farm in response to AI identified on the farm: _____

What is the type of work you did on the farm after birds began getting ill or were identified with AI (check all that apply)

Care of live poultry

Slaughter poultry (not depopulation)

Obtaining blood samples from poultry

Poultry depopulation (for AI)

Transportation of live poultry

Composting dead poultry

Disinfecting equipment

Other: _____

Cleaning of poultry houses, cases or trucks

IV. Exposure: Please check the type of exposures that have occurred while on the AI identified farm (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Handling birds | <input type="checkbox"/> Direct contact with surfaces contaminated with feces |
| <input type="checkbox"/> Slaughtering birds | <input type="checkbox"/> Contact with bird parts (carcasses, internal organs, etc.) |
| <input type="checkbox"/> Defeathering birds | <input type="checkbox"/> Spent time with possibly sick birds in a confined space |
| <input type="checkbox"/> Butchering birds | <input type="checkbox"/> None of These |
| <input type="checkbox"/> Preparing birds for consumption | <input type="checkbox"/> Other _____ |

What is the most recent date you were performing any of the above work activities?
Date (mm/dd/yy): _____

- While performing these activities, have you used personal protective equipment (PPE)?
- Yes, always
 - Yes, most of the time
 - Yes, sometimes
 - No

Describe any exposures when you DID NOT use PPE:

What is the most recent date of exposure when you were NOT using PPE? _____

If you used PPE, which articles did you use? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Protective clothing (disposable clothing) | <input type="checkbox"/> Eye protection |
| <input type="checkbox"/> Disposable protective foot wear or washable boots | <input type="checkbox"/> Hair protection |
| <input type="checkbox"/> Fit-test respirator (N95 or higher mask) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Disposable gloves | _____ |

*****Safety Officer / DIDE Use ONLY (Check one):*****

- No exposure** to potentially-infected birds or their environment (e.g., administrative duties in ICP).
- Exposure** to potentially-infected birds and/or their environment **while wearing recommended PPE.**
- Exposure** to potentially-infected birds and/or their environment **when not wearing recommended PPE** (e.g., exposure prior to donning PPE or a documented breach in PPE during culling activities).

Name of Safety Officer: _____ Date: _____ Safety Officer Phone: _____

Completed questionnaires should be faxed to: Attn: Outbreak Team, (304) 558-8736 OR scanned and emailed to: dhhrbphepi@wv.gov

INSTRUCTIONS

Each Emergency Response Worker (ERW) should complete this form (Attachment 3) upon demobilization. The Safety Officer/LHD representative should review the form for completeness and assure completion of all missing data. Fax the completed questionnaire to DIDE, Attn: Outbreak Team at (304) 558-8736 or email to dhhrbphepi@wv.gov.

The ERW should also receive a copy of monitoring instructions (Attachment 4) with the emergency contact information completely filled out. Complete the name and phone number for the agency responsible for following the ERW during the 10 day monitoring period.

If the employer (e.g., USDA, self-employed persons, contract workers) has no designated Safety Officer, leave the 'Safety Officer' blank.

For West Virginia residents, complete the name and phone number for the LHD in Attachment 4. A full list of LHDs is found at: <http://www.dhhr.wv.gov/localhealth/pages/map.aspx> .

Explain the 10-day self-monitoring process (Attachment 4) to the ERW and answer all their questions. Give the ERW a symptom log (Attachment 5) to use and complete during the 10 day monitoring period. At the completion of the 10 day monitoring period individuals will submit their symptom logs to the safety officer/LHD representative. The safety officer/LHD representative will fax the completed symptom logs to DIDE, Attn: Outbreak Team at (304) 558-8736 or email to dhhrbphepi@wv.gov.

Attachment: 4
Personal Health Self-Monitoring Instructions
For Persons Exposed to Avian Influenza

Health Information for People in Contact with Avian Influenza

This information is being provided because you may have been in contact with birds infected with avian influenza. Avian influenza is a viral disease that affects all species of birds. People can come in contact with avian influenza through direct contact with sick birds or by contact with objects or environments that have been contaminated by droppings or nasal discharge from an infected bird.

Avian influenza: Risk to people

Your risk of getting sick from avian influenza is very low. No one has ever gotten sick with the strain of avian influenza that is now infecting birds in the U.S. However, similar avian influenza viruses have made people sick in other parts of the world.

Monitoring for symptoms

Even though your risk of getting sick from avian influenza is very low, it is important that you monitor yourself for any symptoms that could be concerning for infection with avian influenza. These could include any of the following:

- Fever
- Sore throat
- Cough
- Runny nose
- Shortness of breath
- Eye inflammation/conjunctivitis
- Muscle aches

Having these symptoms does NOT necessarily mean you are infected with avian influenza. However, it's important to notify us right away so we can help you get testing and treatment.

Individuals assigned to respond to avian influenza incidents are instructed to self-monitor for signs and symptoms of illness during the response and for 10 days following their last day of exposure to Avian Influenza. Use the Avian Influenza Symptom Monitoring Log to help you do daily health checks. When you have completed the 10 day monitoring period please fax your completed log to the Division of Infectious Disease Epidemiology at (304) 558-8736.

If you get sick

If you get sick within ten (10) days after your last possible exposure to avian influenza, please do the following:

1. **Call the number listed here to arrange for possible medical evaluation, testing and treatment.** Unless you are having a medical emergency, please call this number *before* going to the doctor so appropriate precautions can be taken. ***In a medical emergency, go to the nearest emergency room.*** When you arrive, inform them about your possible exposure to avian influenza.
2. **Take steps to prevent the spread of germs to others.** This means staying home from work or school and avoiding close contact such as kissing or sharing toothbrushes or drinks. This also means washing your hands often and covering your coughs and sneezes.

WHO DO I CALL?	Safety Officer Name: _____ Telephone Number: _____	Local Health Department: _____ Telephone Number: _____
Division of Infectious Disease Epidemiology (24/7/365) Phone: (304) 558-5358, extension 1 Toll Free: (800) 423-1271, extension 1 in WV Answering Service: (304) 925-9946		

Attachment 5 Avian Influenza Symptom Monitoring Log

Name: _____ Date of Birth (mm/dd/yy): _____
 Phone: _____ Date Monitoring Started (Day 0): _____

Symptoms	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10
Oral Temperature	_____ °F	_____ °F	_____ °F	_____ °F	_____ °F	_____ °F	_____ °F	_____ °F	_____ °F	_____ °F	_____ °F
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Runny Nose	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Body Aches	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Red/Watery Eyes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eye Infection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shortness of Breath	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nausea	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fatigue	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes:

At the end of 10 days turn this log into your designated safety officer/ LHD or fax to the state health department; Attn: Outbreak Team (304) 558-8736 or email to dhhrbphepi@wv.gov. If you are re-deployed to another response prior to completion of the monitoring period please fax log to the above number.