



Australian Government

Department of Health

H7N9 Avian Influenza

Important information for GPs

28 January 2014

As of 28 January 2014, 238 cases of avian influenza A(H7N9), including 55 deaths, have been reported in China (including Hong Kong) and Taiwan. Although the environmental source has not yet been definitively determined, a number of confirmed cases have been associated with contact with chickens or poultry or an animal “wet market” environment. Influenza (A)H7 viruses are a group of influenza viruses that normally circulate among birds. H7N9 is a reassortant derived from three different avian influenza viruses. This strain is distinct from the H1N1/09 swine influenza (that caused the 2009 pandemic in humans) and H5N1 avian influenza.

Key points for GPs

- Chinese New Year is celebrated in January and February of each year. During the latter part of January and the month of February the number of incoming passengers to Australia from China rises substantially. With the anticipated increase in incoming passengers during this period and the steady increase of confirmed H7N9 cases since 1 January 2014 there is a possibility of cases of H7N9 presenting in Australia.
- Most of the cases of H7N9 to date have presented with a severe acute febrile lower respiratory tract illness (with severe pneumonia and/or Acute Respiratory Distress Syndrome (ARDS)) although mild cases have been reported.
- There is currently no evidence of sustained person-to-person transmission of H7N9 influenza
- In general practice, common causes of pneumonia and influenza should be assessed through routine investigation and testing for community acquired pneumonia and influenza, as these remain much more likely than H7N9 infection even in persons returned from China.
- The information below is intended to guide GPs’ assessment of patients recently returned from China (including Hong Kong) or Taiwan who present with acute febrile lower respiratory tract infections.

Clinical presentation of confirmed H7N9 avian influenza cases to date

Most cases have presented with a severe acute febrile lower respiratory tract illness (with pneumonia and/or Acute Respiratory Distress Syndrome) although mild cases have been reported. There is currently no evidence of sustained person-to-person transmission of H7N9 avian influenza.

For patients with acute febrile lower respiratory tract illness who have not been to China

(including Hong Kong) and Taiwan

To date, there have been no reported cases originating outside China, so patients whose travel history does not include China can be reassured.

For patients with acute febrile lower respiratory tract illness who have recently returned (<7days) from China (including Hong Kong) and Taiwan

- For any patient returned from China (including Hong Kong) or Taiwan, who has acute febrile lower respiratory tract infection **and** hospitalisation is clinically indicated, arrange transfer to hospital and contact your local public health unit or State or Territory health department for advice and joint risk assessment for testing and further management.
- If the patient has a less severe respiratory illness, manage him/her according to your usual practice. You may contact your local public health unit or State or Territory health department for advice and joint risk assessment for testing and further management.

Investigating patients with acute febrile lower respiratory tract illness

Common causes of pneumonia and influenza should be assessed through routine investigation for community acquired pneumonia and influenza, as these remain much more likely than H7N9 infection even in persons returned from China.

Further detailed advice including a case definition, recommended diagnostic pathway for Australian hospital practitioners and laboratory testing guidance is provided at:

Avian Influenza (Bird Flu) in China Influenza A(H7N9)

(<https://www.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-avianflu-china.htm>)

What are the recommended isolation and PPE recommendations for patients in general practice?

Although no sustained person-to-person transmission of H7N9 has been reported, a cautious approach to infection control has been recommended until more is known. Standard precautions as outlined in the RACGP Infection Control Standards for Office Based Practice 4th edition are recommended.

In summary, for suspected cases, the following precautions are recommended:

- Ask the patient to wear a surgical face mask, if tolerated, and to follow respiratory hygiene and cough etiquette.
- Isolate the patient from other patients and staff (at least 1 metre) in a separate area, including minimising time spent in your waiting room.
- Ensure staff who come in contact with suspected cases take standard infection control precautions such as hand-washing and wear appropriate personal protective equipment.

Contact details for public health units and departments

Communicable Diseases Departments or Units

ACT

(02) 6205 2155

NSW

1300 066 055

Contact details for the public health offices in NSW Area Health Service Areas
(www.health.nsw.gov.au/publichealth/Infectious/phus.asp)

NT

(08) 8922 8044

Queensland

13 432 584

Contact details for the public health offices in QLD Area
(www.health.qld.gov.au/cdcg/contacts.asp)

South Australia

1300 232 272

Tasmania

1800 671 738

Victoria

1300 651 160

WA

(08) 9388 4801

After hours

(08) 9328 0553

Contact details for the public health offices in WA

(www.public.health.wa.gov.au/3/280/2/contact_details_for_regional_population__public_he.pm)