Public Health Monitoring Plan for USDA/APHIS Responders to Detections of Avian Influenza Virus in Poultry

This document provides guidance to local, state, and federal public health authorities on monitoring of persons potentially exposed to avian influenza viruses during official United States Department of Agriculture Animal and Plant Health Inspection Service (APHIS) response activities in the United States. Response activities may include depopulation, disposal, and cleaning and disinfection activities related to affected birds or their environments, or other activities deemed by the Centers for Disease Control and Prevention (CDC) or APHIS to be response-related. Avian influenza viruses of public health concern include those viruses, which are known to have caused severe disease in humans, such as Eurasian lineage A/goose/Guangdong/1/96 (gs/GD)-like HPAI H5N1 virus and Asian lineage LPAI and HPAI H7N9 viruses. Avian influenza viruses that are similar to viruses known to cause severe disease in humans also are of public health concern because of their perceived potential to cause severe disease in humans. These include gs/GD HPAI H5 and North American lineage LPAI and HPAI H7 viruses associated with poultry outbreaks in the United States between 2014 and 2017. Other avian influenza viruses may be determined to be of public health concern based on specific circumstances.

The purpose of this monitoring plan is to facilitate timely identification of possible human infections with avian influenza viruses in order to ensure that exposed responders[1] receive prompt medical evaluation and treatment, if needed, and to prevent potential secondary spread.

CDC recommends (https://www.cdc.gov/flu/avianflu/h5/infected-birds-exposure.htm) that all persons exposed to infected birds or virus-contaminated environments, with avian influenza viruses of public health concern, be monitored for illness for 10 days after their last exposure. State health departments should notify CDC immediately when testing any patient under investigation for avian influenza virus infection.

Although this monitoring plan is directed toward avian influenza outbreak responders, the guidance it contains may also be used to monitor persons who are not USDA or Contractor responders but have had exposure to birds infected with avian influenza viruses (e.g., workers or residents of farms where avian influenza viruses have been identified in birds). State and local public health departments should identify exposed persons who fall outside of the "responder" category and monitor them according to the guidance contained in this plan. Please refer to Sections 1-6 and Attachments 5 and 6 of this document for guidance that may be appropriate for non-responders.

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[1] An APHIS responder is any APHIS employee qualified to fill an emergency response position in support of an agricultural or all-hazard incident.

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Section 1: Background and rationale for monitoring exposed responders

In response to large poultry outbreaks of avian influenza virus in the United States in 2014 and 2015, the CDC and APHIS drafted joint monitoring recommendations for persons exposed to infected poultry in the United States. Given the risk of transmission from birds to humans for these viruses was unclear, stringent monitoring recommendations were drafted based on what was known about Eurasian lineage gs/GD HPAI H5 viruses.

These recommendations called for active monitoring of persons exposed to virus. Active monitoring meant that someone contacted each responder daily to assess the health status. Monitoring was recommended both during the exposure period as well as for 10 days after the last exposure for illness defined using a broad illness definition for respiratory illness or conjunctivitis. Persons found to be ill were swabbed and tested at the state public health laboratory using the CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel for the detection of influenza viruses.

In addition, the recommendations meant that in a large response, large numbers of people were followed for long periods, which was very resource intensive. As such, the current recommendations for monitoring responders possibly exposed to avian influenza viruses in the United States may be too stringent. After several years of collecting response data, CDC and APHIS reviewed the data (including both responder data and risk assessment evaluations for gs/GD HPAI H5 and North American lineage LPAI and HPAI H7 viruses associated with poultry outbreaks in the United States between 2014 and 2017[2]) and revised the recommendations for monitoring based on the best available evidence (submitted for publication).

Results of the collected data indicated the following -

- Existing data from the Influenza Risk Assessment Tool (IRAT) suggests low to moderate risk (see https://www.cdc.gov/flu/pandemic-resources/monitoring/irat-virus-summaries.htm).
- No human infections detected.
- Risk to responders was low, although the power to say this with confidence varied by year and by virus.
- Most data were from responders wearing personal protective equipment (PPE), which could limit interpretation of the results.

Because of these findings, APHIS and CDC jointly reviewed the findings and determined that passive monitoring of persons wearing PPE and responding to certain H5 and H7 viruses that have no history of causing human infections could resume, both during mobilization and demobilization, replacing previous recommendations for active monitoring procedures of these persons.

[2] Eurasian A/goose/Guangdong/1/1996-lineage (gs/GD/96) HPAI H5N8 clade 2.3.4.4 virus; reassortants of gs/GD/96 H5N8 with North American wild bird lineage (LPAI) viruses (reassortant H5N2 and reassortant H5N1); North American wild bird lineage LPAI and HPAI H7N8 virus; and North American wild bird lineage LPAI and HPAI H7N9 virus

Section 2: Outline of the revised monitoring plan

Revised recommendations for monitoring based on the best available evidence includes the following proposals.

- If responding to a previously unreported avian influenza virus of public health concern, active monitoring recommendations remain the same.
- If responding to one of the assessed viruses[2], HPAI H5N8 and H5N2; LPAI and/or HPAI H7N8 or H7N9:
    - Active monitoring of persons exposed with no PPE or breach in PPE (no change to recommendation);
    - Passive monitoring of persons wearing PPE [change recommendation to have responders self-monitor and report any illness to safety officer (during response) or public health authorities (10-days post last exposure)];
    - Recommendations outline factors for reinstating active monitoring (e.g., new genetic or antigenic evidence suggesting an increase in animal-to-human transmission risk).

Consistent with the previous monitoring plan and the revised recommendations, the following procedures will continue.

- Upon response activation to avian influenza virus identification, APHIS will provide all APHIS responders with mobilization instructions, including a description of this monitoring plan, a list of signs and symptoms consistent with respiratory illness or conjunctivitis, and instructions to report symptoms to APHIS Safety Officers immediately (Attachment 1). Similarly, contract companies will provide all contracted responders with mobilization instructions, including a description of this monitoring plan, a list of signs and symptoms consistent with respiratory illness or conjunctivitis, and instructions to report symptoms to their Contract Safety Officers immediately.
- APHIS and CDC will train all APHIS Safety Officers on the procedures specified in the monitoring plan (Attachment 2). APHIS and CDC will train all Contract Safety Officers on the procedures specified in the monitoring plan.
- APHIS will provide all APHIS responders, upon demobilization, with instructions for reporting any respiratory/conjunctival illness to the state/local public health office of their state of destination (typically, the state of residence) (Attachment 3). Contract companies will provide all contractor responders, upon demobilization, with instructions for reporting any respiratory/conjunctival illness to the state/local public health office of their state of destination (typically, the state of residence). CDC/Influenza Division will provide points of contact to be used.
- APHIS will generate a daily report of demobilizing responders and share with CDC/Influenza Division (Attachment 4). Contract companies will also generate a daily report of demobilizing responders and share with the CDC/Influenza Division. CDC/Influenza Division will distribute a report to the appropriate State Public Health points of contact via secure, password-protected Epi-X notifications.
- CDC/Influenza Division will provide additional guidance (Attachment 5) to state and local health departments on how to follow up with any demobilized APHIS or contract responder in their state as needed.

Section 3: Monitoring mobilized and demobilized responders

Many state and local health departments have extensive experience monitoring people for signs and symptoms of infectious diseases. CDC recognizes that states may have established protocols or preferred methods for monitoring persons exposed to avian influenza infected birds or virus contaminated environments. Different monitoring protocols may be employed for a broad set of signs and symptoms that are consistent with influenza (beyond traditional influenza-like illness (ILI) symptoms), if possible.

CDC recommends that all persons exposed to infected birds or potentially contaminated environments involving a previously unreported avian influenza virus of public health concern should be monitored as per previous recommendations, i.e., that responders should be actively monitored for illness during their exposure and for 10 days after their last exposure.

In addition, CDC recommends that all persons exposed to infected birds or potentially contaminated environments, with one of the assessed viruses[2] HPAI H5N8 and H5N2; LPAI and/or HPAI H7N8 or H7N9 use the following procedures:

- Active monitoring of persons exposed with no PPE or breach in PPE (no change to the previous recommendation).
- Passive monitoring of persons wearing PPE, whereby responders are asked to self-monitor and report any illness to the safety officer during the response, or to the public health authorities for 10-days after their last exposure **(a change to the previous recommendation)**.

State health departments, APHIS Safety Officers, and Contractor Safety Officers should share responsibility for evaluation, monitoring and subsequent management of persons who develop illness during their deployment. State health departments are responsible for monitoring responders after their deployment (i.e., for 10 days after they are "demobilized", which is also considered the responder's 10-day post-exposure period).

For responders who become ill during their deployment or during their 10-day post-exposure period, state health departments should assist with evaluation and facilitate prompt patient isolation (home isolation is acceptable for patients who do not require hospitalization for illness) and RT-PCR testing for influenza at a state public health laboratory as appropriate.

State health departments also should notify CDC immediately when testing any patient under investigation for avian influenza virus infection. During a responder's deployment, the state health department in which the response activity is taking place should notify CDC immediately if they are testing a patient under investigation for avian influenza virus infection; after a responder's deployment (during their 10-day post-exposure monitoring period), the responder's state of residence should notify CDC immediately if testing a patient under investigation for avian influenza virus infection.

Additional guidance on testing persons for avian influenza virus infections, infection control recommendations, and treatment and prophylaxis of persons who may be infected with avian influenza viruses can be found at http://www.cdc.gov/flu/avianflu/healthprofessionals.htm.

For mobilized responders under active surveillance, APHIS Safety Officers or Contractor Safety Officers will monitor responders for illness and report to state or local health departments (see Attachment 2).

For demobilized responders under active surveillance, CDC recommends that state and local health departments implement a monitoring protocol that includes at least telephone contact during the 10-day post-exposure period as follows. More frequent or in-person monitoring may be employed as resources

permit. The following is a guideline for the minimum level of active monitoring recommended for demobilized responders.

- **Day 1 of post-exposure period (or upon return to state of residence):** Establish phone contact to: (i) evaluate for any illness consistent with influenza, (ii) describe parameters of monitoring plan, including what is expected of responders during days 2-9 (see below), (iii) provide additional instructions to follow if illness manifests (as needed), and (iv) verify and exchange contact information.

  Determine and record during first phone conversation the nature of the highest level of exposure during the most recent mobilization. Exposures may be categorized into (at least) the following three levels:
  i. No exposure to infected birds or their environment (e.g., administrative duties in an Incident Command post).
  ii. Exposure to infected birds and/or their environment while wearing recommended personal protective equipment (PPE) at all times.
  iii. 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).

- **Day 2 through Day 9 of post-exposure period:** Responders should observe themselves daily for signs and symptoms consistent with influenza, and contact state/local health department if signs or symptoms consistent with influenza develop.
- **Day 10 of post-exposure period:** Establish phone contact to verify health status and inform responder that their monitoring period has concluded.

When active monitoring of outbreak responders is ongoing, CDC is requesting the following information from state health departments:

- **Immediate** (telephone) notification when testing any case under investigation (CUI) for avian influenza virus infection.
- **Immediate** (telephone) notification of any respiratory specimen that tests positive for influenza A/H5 or A/H7 virus or is influenza A virus positive but unsubtypeable at the State Public Health Laboratory.
- A **daily** line list (emailed to aimonitoring@cdc.gov) with information describing all CUIs, to include all mobilized or demobilized responders, and all other persons exposed to infected birds or contaminated environments. CDC will provide the line-list template.
- **Weekly** aggregate counts (emailed to aimonitoring@cdc.gov) of demobilized responders and other persons in the health department's jurisdiction who have been exposed to birds infected with avian influenza viruses or their environment.

Section 4: Prophylaxis and antiviral treatment for responders

Chemoprophylaxis is not routinely recommended for persons who used PPE while involved in depopulation, disposal, or cleaning and disinfection activities. Decisions to initiate antiviral chemoprophylaxis should be based on clinical judgement, with consideration given to the type of exposure and to whether the exposed person is at high risk for complications from influenza. If post-exposure antiviral chemoprophylaxis is initiated, treatment dosing for the neuraminidase inhibitors oseltamivir or zanamivir (one dose twice daily) is recommended in these instances instead of the typical antiviral chemoprophylaxis regimen recommended in some circumstances for seasonal influenza exposures (one dose once daily). For more information, please see Interim Guidance on Influenza Antiviral Chemoprophylaxis of Persons Exposed to Birds with Avian Influenza A Viruses Associated with Severe Human Disease or with the Potential to Cause Severe Human Disease.

If a responder develops signs or symptoms consistent with influenza during their monitoring period, prompt initiation of treatment with influenza antiviral medications is recommended while laboratory testing is pending. Recommended treatment is two doses per day of oral oseltamivir or inhaled zanamivir for 5 days. When warranted, antiviral treatment should be initiated as early as possible, even if more than 48 hours has elapsed since illness onset.

There should be a low threshold to initiate treatment in symptomatic responders while laboratory testing is pending. If laboratory testing is negative for influenza virus, treatment can be stopped. For more detailed information please see Interim Guidance on the Use of Antiviral Medications for Treatment of Human Infections with Novel Influenza A Viruses Associated with Severe Human Disease. For responders who require antiviral treatment or post-exposure prophylaxis, state and federal stockpiles of oseltamivir may be available for use by state health departments. For further guidance, contact CDC/Influenza Division at 404-639-3747.

For specific dosage recommendations for treatment, or prophylaxis using treatment dosing, please see Influenza Antiviral Medications: Summary for Clinicians. Physicians should consult the manufacturer's package insert for dosing, limitations of populations studied, contraindications, and adverse effects. If exposure was time-limited and not ongoing, five days of medication (one dose twice daily), from the last known exposure is recommended.

Section 5: Introduction to responder monitoring via text messaging

Monitoring after demobilization is likely to be conducted by state and local health departments using telephone calls, which can be a slow and time-consuming process. CDC has partnered with the National Association of Country and City Health Officials (NACCHO) and Compliant Campaign to develop a monitoring system using two-way Short Message Service (SMS)/text messaging to aid in the process. Text messaging is a potentially more efficient method to elicit, manage, and act on any post-deployment influenza symptoms experienced by responders, and research studies have used text messaging to monitor for influenza symptoms with success. Participation in the text monitoring program would be voluntary for both the state/local health departments and the responders. Consenting responders residing in participating state and local municipalities would automatically receive one text message each day for 10 days asking whether or not the responder has symptoms consistent with influenza. State/local health officials would immediately be alerted to any affirmative answers and to any responders who fail to respond to two consecutive messages (i.e., two days of no response to the message). All information shared through the text messaging service would remain confidential and would not be shared beyond the appropriate state/local health officials. If a state is interested in using this platform, they should contact CDC/Influenza Division at 404-639-3747.

Section 6: Criteria for implementing, suspending, and reinstating monitoring

Recommendations for implementing, suspending, and reinstating monitoring of responders exposed to birds infected with avian influenza viruses will be informed by a risk assessment. The risk assessment should include the following.

- An analysis of the magnitude and distribution of outbreaks in birds
- New scientific data that change the understanding of transmission (e.g., genetic, antigenic, or animal-model evidence of increased or decreased infectivity due to a change in the virus)
- Epidemiologic evidence of a change in transmission risk (e.g., identification of human cases thought to be the result of animal-to-human or human-to-human transmission)

CDC's risk assessment is guided by an Influenza Risk Assessment Tool (IRAT; see http://www.cdc.gov/flu/pandemic-resources/tools/risk-assessment.htm), which evaluates 10 risk elements

associated with influenza viruses. These 10 elements can be categorized into the following three major areas: (i) properties of the virus, (ii) attributes of the population, and (iii) the ecology and epidemiology of the virus. The IRAT is intended to evaluate influenza A viruses that are not circulating in the human population.

Possible contributing criteria for implementing avian influenza monitoring

- Identification of HPAI H5, and HPAI or LPAI H7 viruses in poultry flocks in the United States

Possible contributing criteria for suspending avian influenza monitoring

- Cessation of bird outbreaks in the United States
- Absence of human infection among a specified number of exposed persons or after a specified period of time (e.g., one season of bird outbreaks)
- Genetic and antigenic evidence suggesting that avian influenza viruses remain genetically unchanged after a specified period of time (e.g., one season of bird outbreaks)
- Alternate mechanisms for evaluating responders for illness are developed, which are thought to be adequate
- A series of IRAT assessment scores which indicate the risk of a pandemic posed by these avian influenza viruses is low

Possible contributing criteria for reinstating avian influenza monitoring

- New genetic or antigenic evidence suggesting an increase in animal-to-human transmission risk
- Identification of human infections with avian influenza viruses in persons exposed to infected birds during response activities
- A change in the scope or number of avian influenza identifications in birds (e.g., more states affected, new bird species affected) after monitoring activity has stopped
- Identification of a novel reassortant avian influenza virus in US poultry flocks

<u>Attachment 1: Mobilization Instructions</u> (to be given to responders when beginning response activities)

For more information, please see:

- CDC/Influenza Division (Information for People Exposed to Birds Infected with Avian Influenza Viruses of Public Health Concern): https://www.cdc.gov/flu/avianflu/h5/infected-birds-exposure.htm
- CDC/Influenza Division (Self-Observation Instructions for Demobilizing Bird Flu Responders): https://www.cdc.gov/flu/avianflu/h5/demobilizing-responders.htm

As a responder to animal health disease outbreaks, such as avian influenza, you may participate in activities that expose you to birds infected with avian influenza virus or potentially virus contaminated surfaces and environment during depopulation, disposal, and cleaning and disinfection of affected flocks. Although the risk of human illness due to avian influenza viruses is low and very few human infections with these viruses have been found in the United States to date, it is essential that you follow all United States Department of Agriculture (USDA) Animal and Plant Health Inspection Services (APHIS) and Centers for Disease Control and Prevention (CDC) precautions and instructions carefully. Correctly follow all personal protective equipment (PPE), biosecurity, and Safety Officer operating guidelines while on duty. Following these instructions will help to protect your health and the health of others working with you. Do not hesitate to ask questions to ensure your health and safety.

1. Monitor your health carefully **during your mobilization** and for **<u>10 days</u>** from the end of your mobilization. Look for new onset or worsening of any of the following signs and symptoms:

   - Fever or feeling feverish/chills
   - Cough
   - Sore throat
   - Runny or stuffy nose
   - Eye tearing, redness, irritation ("pink eye")
   - Sneezing
   - Difficulty breathing
   - Shortness of breath
   - Fatigue (feeling very tired)
   - Muscle or body aches
   - Headaches
   - Nausea
   - Vomiting
   - Diarrhea
   - Seizures
   - Rash

   Having any of these signs or symptoms does not necessarily mean you are infected with an avian influenza virus, but it is important that you notify your Safety Officer right away so you can be evaluated and receive treatment if needed.

2. If you have any of the above signs or symptoms at any time during your deployment, contact the following people **immediately**. **(**The below information will be completed on site by the APHIS or Contractor Safety Officer).

   In an emergency situation, seek medical attention immediately.

   a. Safety Officer name (dates of operation): _____
      i. Primary Phone Number: _____
      ii. Mobile Phone Number: _____

   b. (If your Safety Officer changes during your mobilization)
      Safety Officer Name (dates of operation): _____
      i. Primary Phone Number: _____

ii. Mobile Phone Number: _____

c. If you are unable to contact your Safety Officer and need to seek medical attention, please give the following State/Local Public Health Department contact information to your physician and tell them you are an incident responder for the avian influenza virus outbreak in that state:
   i. State/Local Public Health Department _____
   ii. Phone Number: _____

The state/local public health department may ask you to seek medical attention to collect a respiratory specimen for a test that determines if you have an influenza virus infection. The RT-PCR test (to determine if you have influenza) will be conducted at no additional cost to you or your health insurance as long as the state/local public health department asks you to get tested and arranges for the testing. You are responsible for any other medical costs related to the care of your illness. Federal employees may file a workers' compensation claim anytime they perceive there is a work related injury or occupational illness. There must be medical documentation that supports that claim, otherwise it may be denied by the Department of Labor.

Thank you for your contribution to the response and for your cooperation to help ensure that your health and the health of other incident responders is monitored and well maintained. Your health and safety is our priority.

Attachment 2: Instructions to APHIS and Contractor Safety Officers (to be given to USDA/APHIS Safety Officers and Contractor Safety Officers involved in avian influenza response activities)

Self-Monitoring Guidance:

- It is important that all responders understand the importance of self-monitoring as part of an effective surveillance and reporting process. Frequent reminders of the importance of self-monitoring should be disseminated through effective communication channels at each Incident Command Post and should include a list of influenza signs and symptoms.
- APHIS and Contractor Safety Officers should provide direct points of communication and contact between incident responders and State and Local public health authorities. These responders rely on their Safety Officer to answer questions and should be available for assistance when responders report illness. It is the responsibility of the APHIS Safety Officer to follow the protocol below when reporting suspected avian influenza infection in responders to the state/local public health department (S/LPHD). Timely notification and coordination between health care facility staff, the S/LPHD, USDA/APHIS, and CDC is important to ensure that appropriate testing is conducted and appropriate medical care is delivered.

Symptom Reporting Process:

1. Concurrent with the beginning of avian influenza response activities, the APHIS or Contractor Safety Officer contacts the state public health department (contact info to be provided to APHIS by CDC upon response activation) for the jurisdiction where avian influenza response activities are occurring. Safety Officers should work with state public health officials regarding 1) location of the response, 2) approximate number of responders and 3) a point-of-contact at the state health department to notify in case signs and symptoms consistent with influenza are identified among any responders. APHIS and Contractor Safety Officers will update the state public health department with any change in the location of the response and significant changes in the number of responders mobilized in the state. Safety Officers should work with the state health department to identify options for obtaining respiratory specimens for avian influenza virus testing at the state public health laboratory.

2. Instruct incident responders to contact you, their designated Safety Officer immediately, if they have any symptoms consistent with influenza during mobilization (symptom list available below and in Attachment 1 “Mobilization Instructions”). Using effective communication channels, provide daily or frequent reminders to all responders of the importance of self-monitoring*; provide a list of flu symptoms. Visually assess any responders you interact with for signs and symptoms of influenza. Wear appropriate PPE while interacting with responders if responders display signs consistent with influenza.

   * Note: If the response is to a previously unreported avian influenza virus of public health concern, active monitoring of responders will be conducted.

3. Safety Officers should follow the symptom reporting process below for any avian influenza incident responder who reports new onset or worsening of the following signs or symptoms, including:

- Fever or feeling feverish/chills
- Cough
- Sore throat
- Runny or stuffy nose
- Eye tearing, redness, irritation ("pink eye")
- Sneezing
- Difficulty breathing
- Shortness of breath
- Fatigue (feeling very tired)
- Muscle or body aches
- Headaches
- Nausea
- Vomiting
- Diarrhea
- Seizures
- Rash

4. The APHIS Safety Officer will have the following initial communication with the APHIS avian influenza incident responder (Contractor Safety Officers will have the same initial communication):
    a. If this is a medical emergency, advise calling 911 immediately or going to nearest medical facility. If human infection with avian influenza virus is suspected, the 911 operator should be notified of that concern.
    b. Note the start and duration of the signs and symptoms the responder is experiencing.
    c. Note the activities the responder participated in during the previous 10 days and the specific locations of those activities.
    d. Note where the responder is currently staying and if they intend to travel outside the current jurisdiction within the next 2 days.
    e. Note whether the responder is staying with others (i.e., sharing a room) and if others are ill. Inform the symptomatic responder to self-isolate to prevent others from getting ill.
    f. The Safety Officer notifies the incident responder that the Safety Officer is sharing the responder's information with the S/LPHD for public health reasons so the S/LPHD can determine if testing for avian influenza flu is needed.
    g. Offer guidance on behaviors to prevent exposure of other individuals. Please see http://www.cdc.gov/flu/takingcare.htm for more information.

5. The Safety Officer notifies the appropriate S/LPHD immediately that a responder has reported symptoms consistent with influenza. The Safety Officer works with the employee, S/LPHD, and the health care facility to ensure appropriate medical care is delivered. In consultation with the clinical care provider, the S/LPHD will determine if avian influenza flu testing is needed and notify the health care facility as needed.
    - S/LPHD contact information will be provided.
    - Note – If Safety Officer is unaware of appropriate S/LPHD to contact, please immediately contact **CDC/Influenza Division at 404-639-3747 or after hours contact CDC/Emergency Operations Center (EOC) at 770-488-7100.**

6. The Safety Officer and S/LPHD official will have a follow-up conversation with the ill avian influenza responder:
    a. Provide directions to an agreed upon healthcare facility.
    b. The Safety Officer will inform the responder that medical care costs may vary depending on their personal health care plan and the local health care facility. If the S/LPHD was notified of symptoms and testing has been authorized, the RT-PCR influenza diagnostic test will be provided at no additional cost to the employee or their health insurance. Other costs associated with routine clinical care of the illness will be the responsibility of the responder. Federal employees may file a workers' compensation claim anytime they perceive there is a work related injury or occupational illness. There must be medical documentation that supports that claim, otherwise it may be denied by the Department of Labor.
    c. If the responder returns to his/her current location after receiving medical care, they should follow the advice of their physician and S/LPHD to reduce spread of any infectious disease. If a responder is being tested for avian influenza, patient isolation is recommended and no travel outside of the current jurisdiction should occur until test results are known.
    d. Emphasize the importance of compliance for ensuring the health of the ill responder and others.

7. The Safety Officer will notify the following person of the reported illness and whether avian influenza testing was authorized by the S/LPHD:
    a. VS Incident Coordination Group (ICG) Health & Safety – Michael Stracka (301-851-3428) [Michael.J.Stracka@aphis.usda.gov]
    b. In turn, ICG Health & Safety will notify Dr. Richard Walker, VS ICG One Health and CDC/Influenza Division.
        i. Dr. Richard Walker, APHIS Medical Officer [Thomas.R.Walker@aphis.usda.gov]
        ii. VS ICG One Health [VS.SPRS.OHCC@aphis.usda.gov]
        iii. CDC/Influenza Division at 404-639-3747 [aimonitoring@cdc.gov]

8. The Safety Officer will notify the other Safety Officers in the same incident response unit/location of the reported illness to raise awareness of a potential human infection.

9. If a responder leaves a response location for any reason with the intent to return to the response location (e.g., due to family emergency or holiday), he/she should remain under the jurisdiction of the APHIS site Safety Officer for illness monitoring purposes and should contact the site APHIS site Safety Officer immediately if they develop signs or symptoms consistent with influenza. If a responder contacts the APHIS site Safety Officer due to illness while away from the response location, the APHIS site Safety Officer should (1) advise the responder to self-isolate and contact the public health department in the state where the responder is currently located, and (2) contact CDC/Influenza Division at 404-639-3747 [aimonitoring@cdc.gov].

Attachment 3: Demobilization Instructions (to be given to responders upon completion of response activities)

- For more information, please see: CDC/Influenza Division (Self-Observation Instructions for Demobilizing Bird Flu Responders): https://www.cdc.gov/flu/avianflu/h5/demobilizing-responders.htm

Thank you for your contribution to the Animal and Plant Health Inspection Service's (APHIS) response efforts. APHIS places the utmost priority on responder health and safety, and as an incident responder to the avian influenza outbreak, you may have participated in activities that exposed you to birds infected with avian influenza virus or potentially virus contaminated surfaces and environment during depopulation, disposal, and cleaning and disinfection of affected flocks. Although the risk of illness due to avian influenza viruses is low and few human infections with these viruses have been found in the United States to date, it is essential that you follow all APHIS and the Centers for Disease Control and Prevention (CDC) precautions and instructions carefully and monitor yourself for any signs or symptoms of illness for 10 days after the end of your mobilization. Early identification of a persons infected with avian influenza viruses is important for treatment and other appropriate response measures and to prevent possible spread to others.

Please follow the instructions below carefully:

1. Monitor your health carefully for **10 days** from the end of your mobilization. Look for new onset or worsening of any of the following signs and symptoms:

- Fever or feeling feverish/chills
- Cough
- Sore throat
- Runny or stuffy nose
- Eye tearing, redness, irritation ("pink eye")
- Sneezing
- Difficulty breathing
- Shortness of breath
- Fatigue (feeling very tired)
- Muscle or body aches
- Headaches
- Nausea
- Vomiting
- Diarrhea
- Seizures
- Rash

2. If you have any of the above signs or symptoms at any time during the 10 days after your demobilization, please contact your state/local public health department **immediately**. Please see attached list for contact information for your state/local public health department.

In an emergency situation, seek medical attention immediately.

3. The state/local public health department may ask you to seek medical attention to collect a respiratory or conjunctival specimen for a test to determine if you have an influenza virus infection. The RT-PCR test to determine if you have influenza will be at no additional cost to you or your health insurance as long as the state/local public health department asks you to get tested and arranges for the testing. You are responsible for other medical costs related to the care of your illness. Federal employees may file a workers' compensation claim anytime they perceive there is

a work related injury or occupational illness. There must be medical documentation that supports that claim, otherwise it may be denied by the Department of Labor.

4. In addition to your self-monitoring, your contact information has been shared with state/local public health department officials so that they may contact you by phone, text, or email to verify that you are healthy. Contact frequency will vary by state based on your assessed risk and the procedure of the state, and can range from no contact to daily contact for the 10 days following your date of demobilization. State and local public health authorities also may provide you with additional instructions and information.
    a. Your contact information will not be shared outside of official public health channels and will only be used to contact you for the purpose of monitoring you for illness after exposure to avian influenza infected birds and/or potentially-contaminated environments.
    b. Any information you provide during this contact will be strictly confidential.

Thank you for your contribution to the avian influenza response and for your cooperation to help ensure that your health and the health of other incident responders is monitored and well maintained. Your health and safety is our priority.

Attachment 4: Process For Identifying Demobilizing Responders (when appropriate)

- APHIS will generate a daily demobilization spreadsheet at 1100 Eastern Time. The report will include all APHIS employees demobilized during the previous 24 hours.

- Each contract company will generate a daily demobilization spreadsheet at 1100 Eastern Time. Each report will include all contract employees demobilized during the previous 24 hours.

- Each daily APHIS and contract demobilization spreadsheet will contain the following fields.
    - Report Date (This will be in the naming convention used for the report)
    - Organization
    - Incident:
    - Last Name
    - First Name
    - Incident Site (unique identifier which may include the State)
    - Group assigned (IMT section)
    - Position assigned
    - E-mail address
    - Primary Phone Number
    - Mobile Phone Number
    - State
    - City
    - County
    - Zip Code
    - Street address of destination (when available)
    - Mobilization date
    - Release Date (Demobilization date)

- APHIS will email a password-protected report to the CDC/Influenza Division by 1200 Eastern Time each day.

- Each contract company will email a password-protected report to CDC/Influenza Division by 1200 Eastern Time each day.

- CDC/Influenza Division will distribute sections of the list to the appropriate state public health department points of contact via Epi-X notifications (a secured password-protected website portal).

Attachment 5: Guidance For Evaluating Exposed Responders (to be used by state and local health departments)

Note: The comments on this page (Attachment 5) are for use by public health authorities only and should not be provided to responders self-monitoring for illness after demobilizing.

State health departments have requested more detailed guidance on how to determine whether an exposed responder should be tested for possible avian influenza virus infection. All potentially-exposed responders who exhibit signs or symptoms consistent with influenza should be tested. Since the risk of animal-to-human transmission of avian influenza viruses is currently considered to be low, and the list of signs and symptoms provided by CDC is broad, this may result in testing many people for influenza, the vast majority of whom will likely test negative for avian influenza virus infection. This may create a considerable burden on state and local public health resources and lead to a desire to limit testing to persons deemed to be "at greatest risk".

Avian influenza virus outbreaks in birds may occur during the peak of the influenza season in the United States, during which time many responders may become ill with seasonal influenza. This could result in a large number of people who would qualify for testing. These persons should be tested for influenza, as people with seasonal influenza who present with "classic" ILI signs and symptoms are exactly the people who should be tested for avian influenza virus infection under this monitoring plan. Without RT-PCR testing, it is not possible to determine whether a responder with ILI has a seasonal or avian influenza virus infection.

If resources permit, CDC/Influenza Division recommends that all exposed responders exhibiting signs or symptoms consistent with influenza be tested. If demand for testing exceeds local or state public health capacity, then prioritizing cases under investigation (CUIs) for testing may be considered. Unfortunately, CDC cannot offer a prioritization algorithm to address all CUIs; states must use their best judgement and consider each CUI on a case by case basis. However, here we describe some guiding principles:

- We recommend a low threshold for testing persons exposed to birds infected with avian influenza viruses or potentially-contaminated surfaces and environments. Currently, little is known about the clinical manifestation of human infection with these avian influenza viruses; however, human infection with these avian influenza viruses may share characteristics of human infection with other avian influenza viruses (e.g., Eurasian lineage HPAI H5 viruses and Asian lineage LPAI and HPAI H7N9 viruses), and a wide range of clinical presentations may be possible, including mild clinical illness such as conjunctivitis only or self-limited influenza-like illness.
- If prioritizing CUIs for testing, you may want to consider both (i) a patient's clinical signs and symptoms and (ii) the nature of his or her exposure. The signs and symptoms listed in the monitoring plan and provided here list more classic respiratory illness signs and symptoms in the *left* column, and other signs and symptoms in the *right* column. New onset or worsening of any sign or symptom from the left column should prompt testing for influenza. A CUI with an isolated sign or symptom from the right column (e.g., headache only, generalized fatigue, diarrhea only) may be of lower priority for testing, depending on the nature of the exposure. Direct and/or prolonged exposure (e.g., a breach in PPE that was not discovered until the end of an 8-hour culling shift) may mean that testing should be prioritized, even in CUIs with an isolated sign or symptom from the right column. The presence of multiple signs or symptoms from the right column may also mean that testing should be prioritized.

  Monitor your health carefully **during your mobilization** and for **10 days** from the end of your mobilization. Look for new onset or worsening of any of the following signs and symptoms:

- Fever or feeling feverish/chills
- Cough
- Sore throat
- Runny or stuffy nose
- Eye tearing, redness, irritation ("pink eye")
- Sneezing
- Difficulty breathing
- Shortness of breath
- Fatigue (feeling very tired)
- Muscle or body aches
- Headaches
- Nausea
- Vomiting
- Diarrhea
- Seizures
- Rash

- The comments on this page (Attachment 5) are for use by public health authorities only and should not be provided to responders self-monitoring for illness after demobilizing. Responders, APHIS, and Contractor Safety Officers should notify the state public health department if they experience any of the signs or symptoms on either column of the list.
- CDC will continue to evaluate guidelines for testing exposed persons as more information on the epidemiology and potential for transmission of these avian influenza viruses from animals to humans becomes available.
- If you have questions about whether testing is appropriate for a CUI and wish to discuss with CDC, please call the Influenza Division at 404-639-3747 during normal business hours and the CDC Emergency Operations Center at 770-488-7100 after hours.

Please note that previous human infections with certain avian influenza viruses have resulted in conjunctivitis (and sometimes this has been the only presenting sign). For that reason, if patients present for influenza testing as a CUI with conjunctivitis, CDC recommends obtaining both respiratory specimens (see https://www.cdc.gov/flu/avianflu/severe-potential.htm for more information), and a conjunctival specimen. If the state public health laboratory is not able to test the conjunctival specimen for influenza, it may be forwarded to CDC for testing.

For additional information on testing for patients under observation for potential avian influenza virus infection, (including specimen collection and processing) please see http://www.cdc.gov/flu/avianflu/severe-potential.htm.