TECHNICAL GUIDANCE DOCUMENT
ON PROCEDURE FOR COMMUNICATION TO MEMBER STATES AND THE COMMISSION ABOUT INFLUENZA A/H5 EVENTS.

Update: 09/03/2004

HUMAN INFLUENZA A/H5

Fast exchange of information and prompt notification during the first stages of influenza A/H5 (IA/H5) outbreaks in humans are essential in enabling Member States and the Commission to respond with common positions in public communications, and alert properly their structures, so that measures can be implemented in a timely manner.

To this end, information on IA/H5 confirmed human cases is to be communicated to the Members of the Network for the Surveillance and Control of Communicable Diseases as described below.

1. First IA/H5 human case in a Member State:
   The Early Warning and Response System (EWRS) member concerned communicates to the EWRS by means of HSSCD information on a IA/H5 confirmed case as defined in ANNEX 1 as soon as this information has been obtained. Outside normal working hours, weekends and during other Commission offices closing periods, the procedure for urgent communications to the Commission should be followed.

2. Information on other cases: confirmed cases of IA/H5 in humans, other than those singled out above, will be communicated to the EWRS by means of HSSCD daily in aggregated form, using the template attached, until a specific communication procedure, agreed by the Member States and the Commission, is in place (e.g. use of a dedicated mailbox, telephone conferences, communication of total number of cases, etc.)

3. Information on measures: information on measures intended or applied will be communicated to the EWRS by means of HSSCD immediately, until a specific communication procedure, agreed by the Member States and the Commission, is in place (e.g. use of a dedicated mailbox, telephone conferences, etc.)

4. The Acceding Countries: the Health Authorities in the Acceding Countries acting as EWRS contact points will provide the information identified under point 1-4 to the Commission according to the procedures described for each point, except that the communication will be carried out by e-mail to the address sanco-lux-ewrs@cec.eu.int.

5. For the information related to the points 1-4 above:

   - the Commission will distribute the information received through EWRS to the Health Authorities in the Acceding Countries.
   - The Commission will distribute to the Member States and EEA Countries, through EWRS, the information received from Acceding Countries.

6. As is the case with the Member States and EEA Countries, the Health Authorities of the Acceding Countries receiving the information referred above may not make the information available to the public without the explicit consent of the original source of the information.

ANNEX 1

These case definitions are extracted from 'WHO Guidelines for global surveillance of influenza A/H5' at
http://www.who.int/csr/disease/avian_influenza/guidelines/en/globalsurveillance.pdf

NOTE ON THE STRATEGY FOR LABORATORY INVESTIGATIONS

A. For countries and territories where influenza A/H5 viruses **have been** identified as a cause of illness in human or animal populations since 1 October 2003, the decision on whether to test for influenza A/H5 viruses should be the result of a case-based risk assessment that considers the following factors:

- Clinical presentation, including death due to unexplained acute respiratory illness;
- scope of reported High Pathogenicity Avian Influenza (HPAI) outbreaks in the local animal populations;
- during the 7 days before the onset of symptoms, contact (within touching or speaking distance) with a confirmed human case of influenza A/H5 infection;
- during the 7 days before the onset of symptoms, contact (within touching or speaking distance) with a person with an unexplained acute respiratory illness that later resulted in death;
- positive laboratory result for influenza A.

Note: Laboratory investigations for influenza A/H5 may also be undertaken in the context of targeted epidemiological studies. Laboratory-confirmed cases identified in these circumstances should also be reported, regardless of the clinical presentation.

B. For countries and territories where influenza A/H5 viruses **have not** been identified as a cause of illness in human or animal populations since 1 October 2003, the decision on whether to test for influenza A/H5 viruses should be the result of a risk assessment that considers both geographical proximity to countries or territories where HPAI outbreaks are reported in animal populations and the following case-based factors:

- clinical presentation, including death due to unexplained acute respiratory illness;
- occupational exposure;
- living in an area in which there are rumours of deaths of domestic fowl;
- history of travel, during the 7 days before the onset of symptoms, to a country or territory with reported HPAI outbreaks due to influenza A (H5N1) in the animal populations AND one or more of the following:
    - contact (within 1 meter) with live or dead domestic fowl, wild birds, or swine in any setting;
    - exposure to settings in which domestic fowl or swine were or had been confined in the previous 6 weeks;
    - contact (within touching or speaking distance) with a confirmed human case of influenza A/H5 infection;

- contact (within touching or speaking distance) with a person with an unexplained acute respiratory illness that later resulted in death;
- positive laboratory result for influenza A.

CONFIRMED CASE DEFINITION

A confirmed case of influenza A/H5 infection is an individual, alive or deceased, in whom laboratory testing demonstrates one or more of the following:

- positive viral culture for influenza A/H5;
- positive polymerase chain reaction (PCR) for influenza A/H5;
- positive immunofluorescence antibody (IFA) test for H5 antigen using H5 monoclonal antibodies;
- 4-fold rise in H5-specific antibody titre in paired serum samples.

The laboratory tests for the diagnosis of influenza A/H5 infection included in the case definition are considered the standard for the identification of these viruses.

TEMPLATE FOR COMMUNICATION

Reporting Country:	
Name of reporting Institution/Organization	
Contact details of reporting person	
Name	
Telephone	
Fax	
E-mail	
web page	
Date of current report (dd/mm/yyyy)	
Date of last report (dd/mm/yyyy)	

Name of reporting second administrative level[1,2]	Number of new confirmed cases since last update[3]	Cumulative number of confirmed cases since *date to be agreed*	Number of new deaths among confirmed cases since last update[4]	Cumulative number of deaths among confirmed cases since *date to be agreed*	Number of health care workers among confirmed cases	Number of confirmed cases with no at-risk animal exposure and no laboratory exposure[5]	Number of confirmed cases for which exposure history is unknown[6]
Total[7]							

Notes

1 Second administrative level is defined as second public health jurisdictional level below the national level.

2 Add as many lines as needed to accommodate all reporting second administrative levels.

3 Also includes cases reclassified as confirmed cases.

4 Also includes deaths occurred among cases reclassified as confirmed cases.

5 Includes confirmed cases with no reported at-risk animal exposure and no laboratory occupational exposure. At-risk animal-related occupations include occupations such as domestic fowl or swine farm worker, domestic fowl processing plant worker, domestic fowl culler (catching birds, bagging birds, transporting birds, disposing of dead birds), worker in live animal market, chef working with live or recently killed domestic fowls, dealer or trader of pet birds. Domestic fowl are birds that are commonly reared for their flesh, eggs, or feathers, and kept in a yard or similar enclosure, including chickens, ducks, geese, turkeys, guinea-fowls.

6 Includes confirmed cases for which exposure history is unknown or undetermined.

7 Includes cases in all case categories.