

TECHNICAL GUIDANCE DOCUMENT

PROCEDURE FOR COMMUNICATION TO MEMBER STATES, THE COMMISSION AND THE EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL ABOUT HIGHLY PATHOGENIC AVIAN INFLUENZA EVENTS IN HUMANS (Including IA/H5).

Update: 05/10/2005

The current epidemiological situation of avian influenza corresponds to “Pandemic alert period, phase 3, with human infection(s) with a new sub-type, but no human-to-human spread, or at most rare instances of spread to a close contact”, as defined by the World Health Organisation (WHO) in the “WHO global influenza preparedness plan”¹.

The evolution of the epizooty and the notification of new human cases in South-East Asia are closely monitored by the Commission Services and by International Agencies. WHO is regularly assessing the risk of human-to-human transmission. Should evidence of human-to-human transmission be substantiated, WHO would raise the pandemic influenza alert level to phase 4, corresponding to “small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.”

Fast exchange of information and prompt notification during the first stages of a pandemic influenza are essential in enabling Member States, the Commission and the European Centre for Disease Prevention and Control (ECDC) to respond with common positions in public communications, and alert properly their structures, so that measures can be implemented in a timely manner.

Therefore, information on highly pathogenic avian influenza (HPAI) confirmed human cases (including IA/H5) are to be communicated to the members of the Network for the Surveillance and Control of Communicable Diseases as described below.

1. First HPAI (including IA/H5) human case or alarming event related to HPAI in a Member State:

At the current level of pandemic alert period, **phase 3**, the Early Warning and Response System (EWRS) member concerned communicates to the EWRS by means of HSSCD information on:

- The first HPAI (including IA/H5) confirmed case as defined in ANNEX 1 immediately after this information has been obtained, using the template reported in ANNEX 3;
- Information on the follow up of cases under investigation updated as soon as significant information is available;

¹ http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_5.pdf

- Information on additional confirmed cases to the EWRS on a daily basis by means of HSSCD, using the template reported in ANNEX 3, until a revised communication procedure is agreed by Member States and the Commission to reflect the new epidemiological situation;
- Receipt of evidence of a highly suspicious source of HPAI (including IA/H5) infection i.e. a vector that may carry/carries infection or contamination with HPAI virus and goods that may be/are contaminated with a HPAI virus (including IA/H5).

Should influenza pandemic alert be raised to **phase 4**, and in addition to previously indicated situations, the EWRS member concerned communicates to the EWRS by means of HSSCD information on:

- Persons symptomatic during return travel in EU from affected areas as defined in ANNEX 2, to facilitate implementation of rapid measures should the case be confirmed;
- Person under investigation after a laboratory accidental exposure;
- Information on the follow up of cases under investigation updated as soon as significant information is available;
- Information on additional confirmed cases to the EWRS on a daily basis by means of HSSCD, , until a revised communication procedure is agreed by Member States and the Commission to reflect the new epidemiological situation;

3. Information on measures intended or applied shall 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.

4. In Acceding Countries the Health Authorities acting as EWRS contact points shall provide the information identified under point 1-3 to the Commission according to the procedures described for each point, except that the communication shall 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:

- Outside normal working hours, weekends and during other Commission offices closing periods, the procedure for urgent communications to the Commission should be followed;
- The Commission shall distribute the information received through EWRS to the Health Authorities in the Acceding Countries;
- The Commission shall 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

CONFIRMED CASE DEFINITION

A confirmed case of HPAI (including IA/H5) is an individual, alive or deceased, in whom laboratory testing demonstrates one or more of the following:

- positive polymerase chain reaction (PCR) for HPAI (including IA/H5);
- positive viral culture for HPAI (including IA/H5);
- positive immunofluorescence antibody (IFA) test for H antigens (including H5 antigen) using H monoclonal antibodies (including H5 monoclonal antibodies);
- 4-fold rise in H-specific antibody titre (including H5-specific antibody) in paired serum samples,

confirming the infection with the HPAI virus (including IA/H5 virus).

At present confirmation of subtype H5 is sufficient for reporting and triggering response measures. Further characterization should be performed by WHO reference laboratory for diagnosis of IA/H5 infection.

(list available at: http://www.who.int/csr/disease/avian_influenza/guidelines/referencelabs/en/)

ANNEX 2

**CASE DEFINITION FOR PERSONS SYMPTOMATIC
DURING RETURN TRAVEL IN EU FROM AFFECTED AREAS¹**

Fever (> 38°C) and respiratory symptoms (cough or shortness of breath)

OR

Other life threatening illness

AND

History of travelling to areas affected by avian influenza IA/H5 within the last 7 days

AND

Close contact (within 1 metre) with live or dead domestic fowl, wild birds, or swine in any setting

OR

Close contact (touching/speaking distance) with other case(s) of severe respiratory illness or unexplained death during the stay

OR

Part of health care workers cluster of severe respiratory illness

OR

Laboratory worker with potential exposure to IA/H5

OR

Positive laboratory result for IA/H5 infection

¹ Countries where cases of avian influenza H5 have been confirmed in birds, humans or other sources

ANNEX 3

REPORTING FORM

Information	
Full name of the reporting country	
Unique case identifier	
Date of onset of illness	
Sex	
Date of birth	
Date of reporting	
Date of hospital admission	
Short description of the clinical picture	