Avian Influenza The Human Health Aspect

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Back to Basics – Influenza 101

- Influenza is a contagious respiratory illness caused by influenza viruses
 - Can cause mild to severe illness
 - Can result in hospitalization or death



Individuals at High Risk for Complications

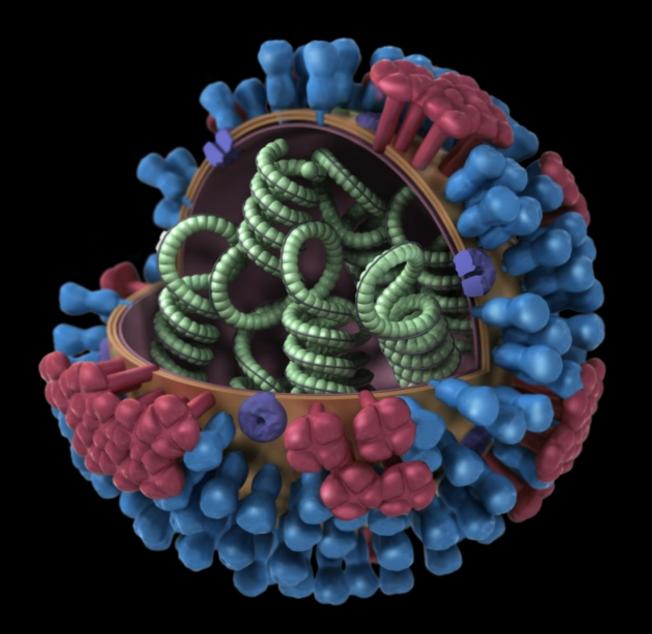
- Children younger than 5, especially children younger than 2
- Adults 65 years and older
- Pregnant women
- Residents of long term care facilities
- American Indians and Alaska Natives
- Individuals with underlying medical conditions
 - Asthma, heart disease, lung disease, metabolic disorder, morbid obesity etc.

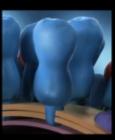
Influenza viruses

- RNA virus (Orthomyxoviridae family)
- Two main types of influenza viruses
 - Influenza A
 - Broken down into subtypes
 - H1 and H3 are most common seasonal strains
 - Influenza B
 - Broken down into lineages
 - Victoria or Yamagata

Influenza A viruses

- 18 different H antigens
 - H1 H18
- 11 different N antigens
 - N1 N11
- Each subtype can have multiple strains with different pathogenic profiles
- Some subtypes are pathogenic to one species but not others
 - All known subtypes of influenza A viruses have been found among birds except subtype H17N10 and H18N11 which have only been found in bats

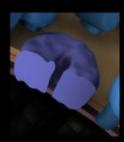




Hemagglutinin



Neuraminidase



M2 Ion Channel



RNP

Non-human species that are known to get influenza





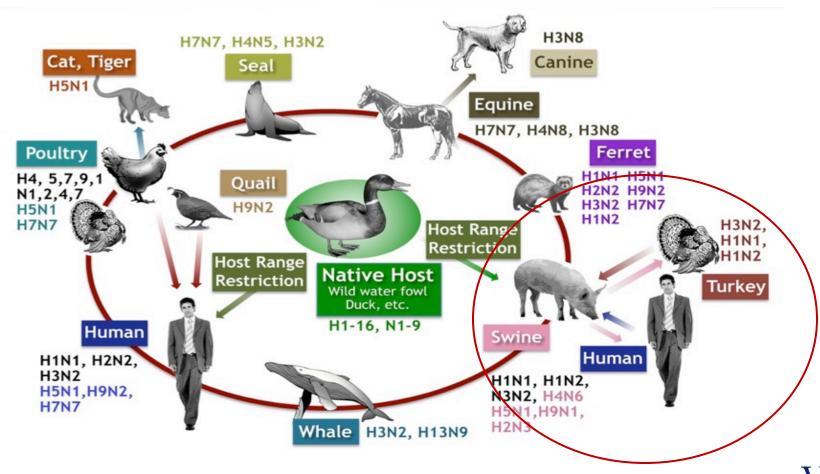








It all starts with wild water fowl:



Adapted from: http://www.medicalecology.org/diseases/influenza/influenza.htm#sec3



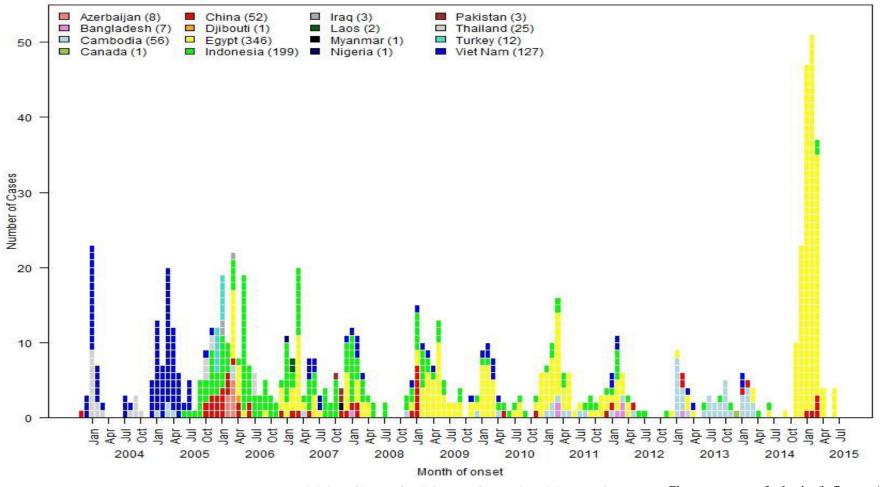


Avian influenza in humans

- Most avian influenza viruses do not cause disease in humans
 - No human cases associated with the 2014-2015 HPAI outbreak in the United States
- Most well known example of zoonotic avian influenza is H5N1 which has caused human disease and deaths since 1997
 - Since 2003 there have been 844 laboratory confirmed cases from 16 countries with 449 deaths (53% fatality rate)

Epi curve of avian influenza A(H5N1) cases in humans by reporting country and month of onset

Number of Confirmed Human H5N1 Cases by month of onset as of 2015-07-06

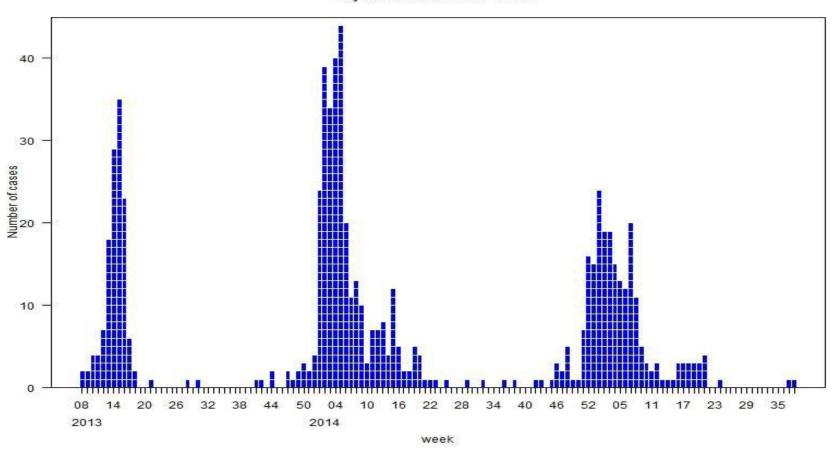


Recent avian influenza

- Influenza A(H5N6) detected in China
 - -4 cases since 2014
- Influenza A(H7N9)
 - Since 2013 there have been 679 laboratoryconfirmed cases with at least 275 deaths (41% fatality rate)
 - All cases have a connection to China

Epi curve of avian influenza A(H7N9) cases in humans by week of onset

Number of Confirmed Human H7N9 Cases by week as of 2015-10-15

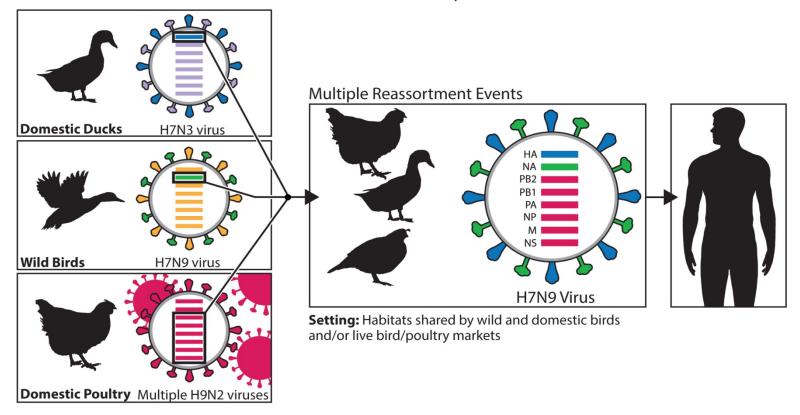


So.....

• If there are no known cases from the US outbreak why do we care?

- Influenza has high mutation rates and frequent genetic reassortment
 - The only predictable thing about influenza is its unpredictability
- Other avian strains not associated with the outbreak may be found in humans

Genetic Evolution of H7N9 Virus in China, 2013



The eight genes of the H7N9 virus are closely related to avian influenza viruses found in domestic ducks, wild birds and domestic poultry in Asia. The virus likely emerged from "reassortment," a process in which two or more influenza viruses co-infect a single host and exchange genes. This can result in the creation of a new influenza virus. Experts think multiple reassortment events led to the creation of the H7N9 virus. These events may have occurred in habitats shared by wild and domestic birds and/or in live bird/poultry markets, where different species of birds are bought and sold for food. As the above diagram shows, the H7N9 virus likely obtained its HA (hemagglutinin) gene from domestic ducks, its NA (neuraminidase) gene from wild birds, and its six remaining genes from multiple related H9N2 influenza viruses in domestic poultry.



Humans symptoms of avian influenza

Typical symptoms

- Influenza-like illness
 - Fever greater than 100°F plus cough or sore throat
- Rhinorrhea
- Fatigue
- Myalgia
- Arthralgia
- Headache
- Difficulty breathing

Atypical symptoms

- No fever
 - More common in patients
 under 5 or over 65 years old
 or with immune-suppression
- Nausea
- Vomiting
- Diarrhea
- Conjunctivitis



What is Maine CDC's role in avian influenza outbreaks?

Responder Monitoring

• CDC recommends that all persons exposed to potentially-infected birds be monitored for illness during their response activities and for 10 days after their last exposure

• Purpose is the facilitate timely identification of possible human infections with HPAI H5 viruses in order to ensure prompt medical evaluation and treatment and to prevent secondary spread

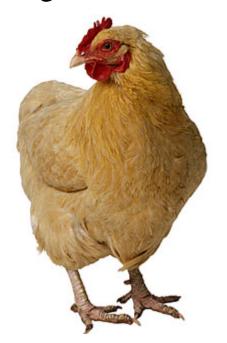
Responder Monitoring

During mobilization/exposure

- USDA/APHIS Safety
 Officers, Contract Safety
 Officers, and Facility Safety
 Officers are responsible for evaluation and monitoring
- Will coordinate with state if testing is needed during response

After mobilization/exposure

 State health department is responsible for evaluation and monitoring



State Led Monitoring

- USDA and contractors generate a daily report of demobilizing responders and provide to federal CDC
 - Federal CDC will notify Maine CDC for any Maine residents demobilizing via Epi-X
- If the exposure occurred in Maine, Maine CDC would collaborate with DACF, IF&W, and USDA to determine who requires monitoring
- Maine CDC initiates post-exposure monitoring

Post Exposure Monitoring

- Day 1: Establish phone contact, determine level of exposure, and provide instructions on what to do if illness manifests
 - Low: No exposure to potentially-infected birds and/or their environment (e.g., administrative duties)
 - Medium: Exposure to potentially-infected birds and/or their environment while wearing recommended PPE
 - High: Exposure to potentially-infected birds and/or their environment while not wearing recommended PPE (e.g., exposure prior to donning PPE or a document breach in PPE)

Chemoprophylaxis

 Not routinely recommended for personnel with low or medium exposures

- Decision to initiate antiviral chemoprophylaxis should be based on clinical judgement with consideration given to type of exposure and whether the person is at high risk for complications for influenza
 - If chemoprophylaxis is initiated treatment dosing is recommended instead of prophylaxis dosing (twice a day instead of once a day)

Post Exposure Monitoring

- Day 2 through Day 9: Employ self-observation
 - Notify Maine CDC if signs or symptoms of influenza develop

 Day 10: Establish phone contact to verify illness status and let responders know their monitoring period has concluded

If individual has symptoms

- Notify Maine CDC immediately before seeking care
 - Except in emergency situations
- Maine CDC will coordinate with the selected care location to make sure appropriate precautions are taken
- Maine CDC will coordinate influenza testing
- Maine CDC will recommend initiating Tamiflu
 - SNS may be used if needed

Novel influenza testing

- Maine's Health and Environmental Testing
 Laboratory (HETL) is the only lab in the state
 that can determine if an influenza virus is a novel
 strain
 - HETL can test for 4 H strains (H1, H3, H5, H7)
 - HETL can detect swine components of influenza viruses
- Confirmation of a human case of avian influenza is performed by federal CDC

Human avian influenza case

- Ensure individual is receiving appropriate care
- Complete case report form (federal CDC and WHO notification)
- Monitor, test, and provide prophylaxis for close contacts as necessary
- Coordinate with animal health for monitoring and testing

Only you can stop bird flu!













Questions?

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