Health New Zealand
Te Whatu Ora

Avian Influenza

Information sheet for health sector stakeholders

17 October 2024

Avian influenza, commonly known as bird flu, is a viral disease with Low Pathogenicity Avian Influenza (LPAI) and High Pathogenicity Avian Influenza (HPAI) strains that mainly affect domesticated and wild birds, however the virus is known to be transmissible to mammals including humans in rare cases. Pathogenicity refers to disease severity in poultry, not humans. Both low and high pathogenicity avian influenza can cause disease in humans.

Infection in humans is uncommon and generally occurs after prolonged, unprotected exposure to infected animals (e.g. poultry, wild birds, dairy cattle) in areas experiencing an avian influenza outbreak. The virus does not easily spread between people. However, high reported case-fatality rates in infected humans, and the emergence of the HPAI A (H5N1) 2.3.4.4b strain which has spread around the world via migratory birds and been detected in places and in species where it has not previously been reported are causes for concern.

Local risk

The overall public health risk to New Zealand remains low - no HPAI cases in animals or humans have ever been detected.

LPAI viruses have been detected in New Zealand in wild birds. Biosecurity New Zealand has an active surveillance programme for LPAI.

Local preparedness

Health New Zealand (Health NZ), the Ministry of Health | Manatū Hauora and Institute of Environmental Science and Research (ESR) are monitoring the international situation and are working with the Ministry for Primary Industries and the Department of Conservation to prepare for avian influenza cases in animals or humans in New Zealand.

The avian influenza (formerly titled Highly Pathogenic Avian Influenza) chapter of the Communicable Disease Control (CDC) Manual has been extensively reviewed and updated by a Health NZ led national Clinical Technical Advisory Group. This chapter provides public health professionals with detailed operational guidance to respond to future cases and outbreaks of avian influenza. This guidance is for the current risk level and epidemiology and will be updated in the event of increasing incidence in NZ, evidence of sustained person to person transmission globally or other changes in risk level.

See here for a link to the **avian influenza chapter**.

Additional preparedness work includes:

- Provision of the **HPAI incursion health sector framework**– a joint Ministry of Health and Health NZ document that outlines the health sector preparedness and response activities for an epizootic of HPAI in Aotearoa.
- Publication of public facing HPAI information: **Avian influenza (info.health.nz)**
- Ongoing work with Pharmac and MOH to agree expansion of pharmaceutical schedule for antiviral treatment and prophylaxis.
- Health NZ and MoH led training for Public Health Medicine Specialists and Medical Officers of Health to be held on 22 October 2024.

- Training sessions to be held for Public Health Services by end of November 2024.
- Webinar session to be held for Primary Care providers by end of November 2024.
- ESR will publish an updated case report form in November.
- Development of health and safety guidance for occupational groups at risk of exposure to avian influenza, including PPE requirements. (Ready for distribution in November).
- Development of health and safety guidance for the general population (Ready for distribution in November).
- Development of case and contact management letters, and public facing information sheet (Ready for distribution in November).

For Public Health Services

Interim guidance for accessing antiviral post-exposure prophylaxis

- Currently oseltamivir (the recommended antiviral for treatment and post-exposure prophylaxis unless contraindications exist) is restricted by Pharmac for use by hospitalised patients only.
- Health NZ and the Ministry of Health are working with Pharmac to extend access of oseltamivir to include post-exposure prophylaxis for contacts of avian influenza, and treatment of non-hospitalised avian influenza cases.
- An outcome is expected by November 2024. Following this, the avian influenza chapter of the CDC Manual will be updated and communicated to Public Health Services. Should antivirals be needed prior to this, please contact the National Public Health Service Protection Clinical team for guidance at **protection.clinical@tewhatuora.govt.nz**

For Primary Care and Hospital clinicians

Guidance for clinicians seeing patients in hospital or community settings remains unchanged. Clinicians are asked to continue to follow guidance provided in the Health NZ Public Health Advisory provided on 10 June 2024 and in HealthPathways, in particular:

- Consider avian influenza in people with compatible symptoms and the following epidemiological risk factors:
  - Recent overseas travel (within 10 days before symptom onset) to countries with ongoing HPAI outbreaks **AND** contact with sick or dead animals or birds (or droppings/faeces) or visited dairy/poultry farms or live bird markets overseas within 10 days before symptom onset.
- Isolate the patient and follow airborne and contact infection control precautions.
- Notify the local Public Health Service on suspicion of avian influenza.
- In conjunction with public health, seek infectious disease and microbiology advice regarding assessment, testing and treatment.
- Further guidance is also available in the **avian influenza chapter**.

For Microbiology and Laboratory teams

When avian influenza is suspected, please could microbiology and laboratory teams:

- Ensure diagnostic samples (ideally throat, nose and conjunctival viral swabs) are taken for influenza PCR, noting avian influenza risk factors on the laboratory form (see **Laboratory testing guidelines** in the chapter for detailed testing guidance).
- Ensure laboratories which identify influenza A positive samples from patients with suspected avian influenza arrange further sub-typing.

Questions or queries regarding this content can be directed to
protection.clinical@tewhatuora.govt.nz