

Attachment L: Case Identification and Testing

Guidance on Avian and Novel Influenza Case Identification and Testing

MDH and CDC recommend H5N1 testing for all hospitalized patients with:

- Radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternative diagnosis has not been established
AND
- History of travel within 10 days of symptom onset to a country with documented H5N1 AI infections in poultry or humans.

Note: The MDH website includes a link to a list of countries with AI cases, with detailed reports about each outbreak, and overall infection rates in each country ([Update on Avian Influenza in Animals from Asia \(Type H5\)](#)).

- MDH and CDC recommend that testing be considered on a case-by-case basis in consultation with the MDH for hospitalized or ambulatory patients with:
 - Documented temperature >38 C (>100.4 F)
AND
 - Cough, sore throat, or shortness of breath;
and either
 - History of contact within 10 days prior to onset of symptoms with:
 - Poultry (domestic) birds, e.g., visited a poultry farm, a household raising poultry, or a bird market in an H5N1 affected country;
or
 - A patient with known or suspected influenza A (H5) infection.

The MDH website includes information on avian and novel influenza case identification and testing including:

- Links to WHO and CDC website

Confirmed and sustained human-to-human transmission of avian or other novel influenza in humans will impact recommendations. A suspect case definition for AI will be established by the CDC and posted on the MDH websites at

<http://www.health.state.mn.us/divs/idepc/diseases/flu/avian/surveillance.html>.

- Specimen collection and submission guidance

Recommendations for testing are specific to travel and potential exposure history, and are therefore modified based on the occurrence of AI in birds and in humans, worldwide.