

Occupational Medicine Response Diagram (HPAI Workers with Flu-Like Illness)

Individual Becomes Symptomatic ≤ 10 Days After Entering HPAI Containment

Occ Med phone consult to triage symptom/severity

- Fever >100F**
AND
 Sore throat
 Muscle/Body aches
 Cough
 Fatigue
 Runny/stuffy nose
 headaches
 diarrhea

Treatment Required

Treatment NOT Required

Emergency transport needed?

yes no

Patient instructed to:

- Call 911 and read the scripted message in the packet for arranging transport (specifies Hazmat)
- Don surgical mask
- **Brings HPAI packet/flu kit**
- Provide emergency responder with meeting location handout from packet

• Don surgical mask, isolate at home, record contacts
 • Monitor and report new/worsening symptoms
 • Report any symptoms arising in contacts
 • Consult Dr. Tim Key or Julie Allen before seeking treatment

OHS Notifies:

- **UAB ED Charge Nurse** to activate HPAI protocol:
Main ED: 934-5501
Charge nurse: 996-4201
- **UAB Media Relations #:**
205-934-3887 (work hours)
205-934-3411 (UAB paging, ask for "media specialist on-call")
- **JCDH #:**
205-930-1440 (7:45 am - 4:30 pm)
205-933-9110 (after hours)

Patient instructed to:

- Don surgical mask
- Self transport with packet/flu kit
- **Meet UAB ED staff outside at ED backdoor: 19th St. alley between 5th and 6th Ave S. Call 996-4201 on arrival.**

OHS Notifies:

- **UAB ED Charge Nurse** to activate HPAI protocol:
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Charge nurse: 996-4201
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205-930-1440 (7:45am - 4:30pm)
205-933-9110 (after hours)

Patient met by UAB ED staff outside ED, and escorted to isolation suite for nasal swab (use flu test kit, provided)

- Patient (+/- immediate contacts) prescribed appropriate antivirals
- Samples delivered to JCDH for transport to ADPH
- Contact/symptom logging activated
- OHS will notify OJI program

| | Work: | Mobile: |
|--------------|----------------|----------------|
| Timothy Key | (205) 934-2487 | (205) 837-8441 |
| Julie Allen | (205) 934-2487 | (205) 586-7936 |
| Justin Roth | (205) 934-2487 | (205) 276-5063 |
| Chad Dunaway | (205) 934-2487 | (205) 919-6529 |
| Julie Erwin | (205) 996-6011 | (205) 639-6535 |
| Erik Dohm | (205) 934-5558 | (205) 837-8441 |

HPAI+

• RO FOLLOWS SELECT AGENT EXPOSURE REPORTING SOP
 • RO NOTIFIES LOCAL FBI AGENT

Symptomatic Researcher Response Diagram (HPAI Workers with Flu-Like Illness)

Individual Becomes Symptomatic ≤ 10 Days After Entering HPAI Containment

Immediately Call Occupational Medicine for Consult

- Fever >100F**
AND
 Sore throat
 Muscle/Body aches
 Cough
 Fatigue
 Runny/stuffy nose
 headaches
 diarrhea

Treatment Required

Treatment NOT Required

Emergency transport needed?

yes no

Patient:

- Call 911 and read the scripted message (below[☆]) for emergency transport
- Don surgical mask
- **Bring HPAI packet/flu kit**
- **HPAI Notification Card to Emergency responder**

- Don surgical mask, isolate at home, record contacts
- Monitor and report new/worsening symptoms
- Report any symptoms arising in contacts
- Consult Tim Key before seeking treatment

OHS Notifies:

- UAB ED Charge Nurse to activate HPAI protocol UAB
- JCDH

Patient :

- Don surgical mask
- Self transport **with packet/flu kit**
- **Meet UAB ED staff at ED backdoor: 19th St. alley between 5th and 6th Ave. S. Call 996-4201 on arrival.**

OHS Notifies:

- UAB ED Charge Nurse to activate HPAI protocol UAB
- JCDH

- Patient met by UAB ED staff outside ED for escort to isolation suite
- nasal swab (use flu test kit provided by ADPH)

| | | |
|--------------|----------------|----------------|
| | Work: | Mobile: |
| Timothy Key | (205) 934-2487 | (205) 837-8441 |
| Julie Allen | (205) 934-2487 | (205) 586-7936 |
| Justin Roth | (205) 934-2487 | (205) 276-5063 |
| Chad Dunaway | (205) 934-2487 | (205) 919-6529 |
| Julie Erwin | (205) 996-6011 | (205) 639-6535 |
| Erik Dohm | (205) 934-5558 | (205) 837-8441 |

- Patient (+/- immediate contacts) prescribed appropriate antivirals
- Samples delivered to JCDH for transport to ADPH
- Contact/symptom logging activated
- Begin OJI paperwork with supervisor

HPAI+ → **RO OFOLLOWS SELECT AGENT EXPOSURE REPORTING SOP**

☆ "I work with highly infectious agents at UAB and I am experiencing symptoms that resemble those of the agent I work with. I need emergency transport to the UAB ED by appropriately trained responders."

Emergency Transport HPAI Notification Card:

Highly Pathogenic Avian Influenza (HPAI) Researcher with Flu-Like Illness

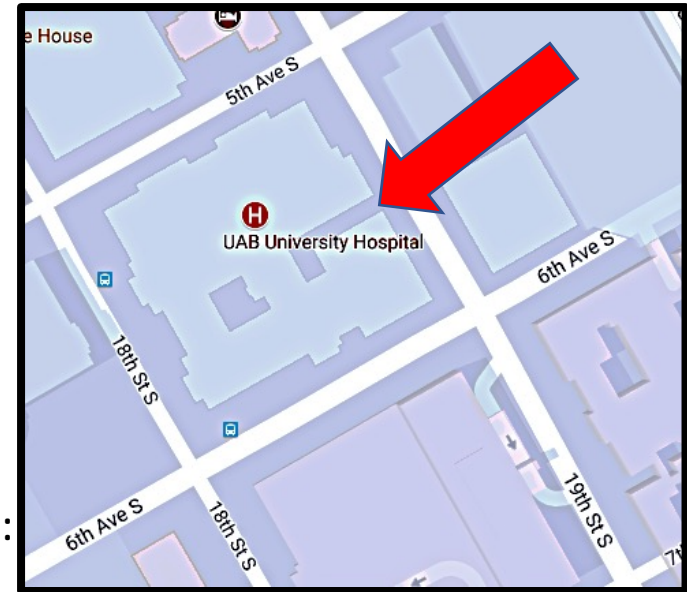
***Disclaimer: This protocol has been activated in an abundance of caution, due to the nature of this individual's work. These symptoms are most likely due to local transmission of seasonal influenza or other viruses, but **all precautions should be observed for serious infectious disease.**

Symptoms triggering HPAI response:

- **Fever >100F**
AND
- Sore throat
- Muscle/Body aches
- Cough
- Fatigue
- Runny/stuffy nose
- Headaches
- Diarrhea

Transport Patient to **backdoor entrance** of main UAB ED:

- 19th St. alley, between 5th and 6th Ave S.
- The charge nurse has been notified. Call 996-4201 on arrival



Contacts for follow-up questions:

Primary UAB Occ Med Contacts:

Timothy Key, MD:

Work:

(205) 934-2487

Mobile:

(205) 837-8441

Julie Allen, CRNP, MSN:

(205) 934-2487

(205) 586-7936

Alternate Contacts:

Justin Roth

(205) 934-2487

(205) 276-5063

Chad Dunaway

(205) 934-2487

(205) 919-6529

Julie Erwin

(205) 996-6011

(205) 639-6535

Erik Dohm

(205) 934-5558

(205) 837-8441



Document Contacts and Travel While Self Monitoring*

| | Contact names | Contact phone | Travel location | Travel time |
|---------------|---------------|---------------|-----------------|-------------|
| Day 1 | | | | |
| | | | | |
| Day 2 | | | | |
| | | | | |
| Day 3 | | | | |
| | | | | |
| Day 4 | | | | |
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| Day 5 | | | | |
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| Day 6 | | | | |
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| Day 7 | | | | |
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| Day 8 | | | | |
| | | | | |
| Day 9 | | | | |
| | | | | |
| Day 10 | | | | |
| | | | | |

*People infected with influenza are infectious before the onset of symptoms. If you suspect you may have been exposed, or if you are experiencing flu-like symptoms, limit contact with people and avoid public transportation while self monitoring. Use this form to document all contacts, including care givers or cohabitants, as well as any travel that may have caused others to be exposed.



STATE OF ALABAMA

DEPARTMENT OF PUBLIC HEALTH
DONALD E. WILLIAMSON, M.D. • STATE HEALTH OFFICER

BUREAU OF CLINICAL LABORATORIES
SHARON P. MASSINGALE, Ph.D., HCLD(ABB) • DIRECTOR

Guidance for Laboratory Testing for Influenza Viruses

What specimens should be submitted?

Specimens should be collected from:

- **All hospitalized patients** with influenza-like illness (ILI*)
- **All pregnant females with** ILI*
- **All patients with recent international travel** and ILI*
- **Any healthcare provider can submit influenza specimens year round**
 - Sampling as directed from outpatient visits with ILI*
 - Do not collect more than **one** specimen per family, household, or close contact.
 - Guidance and specimen threshold may change during the season, depending on influenza activity. . Check adph.org/epi, Influenza Webpage.

*ILI symptoms include 100.4° fever along with cough or sore throat with no other known cause

How do I order a flu test kit?

- Email flutestkit@adph.state.al.us
- Enter in Subject line" flu test kit"
- Explain in the body of email what you need, for example the entire flu test kit or individual items, like cooler, ice packs, Dacron swabs, viral/universal transport media, etc.

*****HPAI RESEARCHERS WILL BRING IN FLU TEST KIT AS PART OF THEIR RESPONSE PACKET**

What specimen should I collect?

- Nasopharyngeal swabs, nasopharyngeal aspirates/washes, throat swabs, and nasal swabs
- Swab specimens should be collected **only on swabs with synthetic tips** (polyester, Dacron, etc.) with aluminum or plastic shafts.
- Cotton swabs, wooden shafted swabs, and calcium alginate swabs are not acceptable. Calcium alginate can inhibit laboratory-testing procedures.
-
- **Specimens should be collected within 72 hours of onset of symptoms and shipped immediately to the Bureau of Clinical Laboratories (BCL).**
 - ✓ **If specimen cannot be shipped immediately, it must be stored in the refrigerator, but must be received at the BCL within seven days of collection.**
 - ✓ **DO NOT FREEZE** the specimens as this reduces viral recovery.

How do I collect the specimen?

Nasopharyngeal swab or aspirate/wash

Specimen should be collected by trained personnel per the instructions used at

collecting facility.

Throat swab

1. Ask patient to cough; swab the posterior pharynx and tonsil areas (avoid tongue).
2. Place swab into tube of viral/universal transport medium.
3. **Break shaft of swab** so that it does not protrude above the rim of the tube.
4. Screw cap on tube securely to avoid leakage.
5. Label the transport tube with the patient's name, specimen source, collection date.
6. Refrigerate specimen(s) until ready to ship to the laboratory as described above.
Note that refrigerated specimens must arrive at the laboratory within seven days of collection.

Nasal Swab

1. Insert a sterile Dacron swab into the nostril that presents the most secretion under visual inspection.
2. Using gentle rotation, push the swab until resistance is met at the level on the turbinates (less than one inch into the nostril).
3. Rotate the swab a few times against the nasal wall.
4. Place swab into tube of viral/universal transport medium.
5. **Break shaft of swab** so that it does not protrude above the rim of the tube and cap.
6. Label the transport tube with the patient's name and specimen source.
7. Refrigerate specimen(s) until ready to ship to the laboratory as described above.
Note that refrigerated specimens must arrive at the laboratory within seven days of collection.

How do I package the specimen? *****PACKAGE FOR SHIPMENT BUT USE JCDH COURIER SERVICE TO EXPEDITE**

1. Place swab or aspirate into viral/universal transport media.
2. **Break the swab shaft** off low enough for the cap to screw on tightly.
3. Place the media tube into a sealable plastic bag with absorbent material and place in Styrofoam box. More than one media tube may be placed in the plastic bag. A canister may also be used.
4. Place a **frozen** cold pack on top of the specimen(s).
5. Place the Styrofoam lid on the box.
6. Place the printed form from the Web Portal (or completed Requisition Form, adph.org/bcl) in a separate sealable plastic bag and place on the cooler in the box. (Make sure your facility name is included.)
7. Close and seal the cardboard box.
8. Place the appropriate shipping labels on the box: address label and UN 3373 (biological substance) label if not already on the outer box.

How do I submit the specimen?

- Log in to the facility's State Lab's Web Portal account and print out a bar code for shipping. You will receive the patients' results electronically.

- If you have not signed up for the Web Portal yet, contact Ron Howard at the BCL to be set up. (334-260-3409 or ron.howard@adph.state.al.us)
- Alternatively, you may complete the ADPH BCL Requisition Form, but your results will be mailed.

How do I ship the box?

1. You may ship the package on Monday through Thursday (specimen must be received within seven days of collection) to:

**Bureau of Clinical Laboratories
8140 AUM Drive
Montgomery, AL 36117**

2. You may take the box to your local county health department to be placed into the courier system (to be received within seven days of collection) Monday through Friday. The specimen **MUST** be properly packaged before taking to the county health department. Coordinate delivery prior to arrival to meet daily shipping cut-off times.

*****Please Contact Jefferson County Department of Health: 205-930-1440 (7:45am - 4:30pm)
205-933-9110 (after hours)**

Unsatisfactory Specimens

- Specimens received warm or hot because of missing or melted ice packs
- Specimens in media other than viral/universal transport media
- Dry swabs (not in transport media)
- Expired transport media
- Specimens that were collected and stored longer than seven days
- Specimens without patient identification
- Specimens where required CLIA demographics cannot be attained
- Incomplete lab slips

How Do I Get the Results?

- All influenza tests submitted using the secure Web Portal and associated printed forms will receive PCR results electronically immediately, upon completion.
- PCR results for influenza tests submitted using the ADPH BCL Requisition Form will be mailed .

Influenza Testing & Surveillance Contact information

- For more information about specimen collection, please go to www.adph.org/bcl, Seasonal Influenza or call 334-260-3429.
- For more information about influenza surveillance, please go to www.adph.org/Influenza or call 1-800-338-8374.

ADPH Influenza Specimen Submitting Collection Supply Order Form

- Please order a month's supply of material.
- You may order complete kits or items individually.
- Please allow 1 week for shipments to be delivered.

| Number Ordering | Item |
|-----------------|-----------------------------------|
| | Complete Specimen Collection Kits |

| Number Ordering | Individual Items Not in a Complete Kit |
|-----------------|-----------------------------------------------|
| | Styrofoam Cooler and Cardboard Shipping Boxes |
| | Dacron Swabs |
| | Ice Packs |
| | Plastic Zip Lock Bags |
| | UN 3373 Biological Substance Labels |
| | Flu PCR Lab Slips |
| | Viral Transport Media Vials |

Ship To

| | |
|-------------------------------|-----------------------|
| Practice Name | |
| Contact Person | |
| Physical Address | Street Address |
| | Suite # or Building # |
| | City and Zip |
| Contact Person's Phone Number | |

Fax the completed form to 334-274-9805 or email your request to:
FluTestKit@ADPH.state.AL.US.

For more information about specimen collection, please go to www.ADPH.org/BCL ,
Seasonal Influenza, or call 334-260-3429.

For more information about influenza surveillance, please go to www.ADPH.org/Influenza or
call 1-800-338-8374.

As of 1/1/14, all specimens (except newborn screening) require the patient's demographic and insurance information. Complete a separate form for each test requested.

| Patient Information | | | Healthcare Provider Information | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------|------|
| Patient ID Number/MRN | | Specimen Collection Date / / | Facility Name | | |
| Patient Name (Last and First) | | Date of Birth (mm/dd/yyyy) / / | Physician/Requestor Name (Last and First) | | NPI# |
| Specimen Source | Race (mark all that apply) <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Unknown | Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Unknown | Street Address | | |
| Date of Onset / / | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | City | State | Zip |
| Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No | | Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No | Phone Number | Fax Number | |
| Patient Street Address | | | Laboratory Use Only | | |
| City | State | Zip | | | |
| Patient SSN | Patient Phone Number | | | | |

| Insurance Information (Please include copy of insurance card) | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------|--------------------------------------------|------------------------------------------------------------------------|--|
| Bill To | <input type="checkbox"/> Patient's Insurance | <input type="checkbox"/> Patient | <input type="checkbox"/> Ordering Facility | <input type="checkbox"/> ADPH Program _____ | |
| Insurance Carrier | Policy Holder's Name (Last, First, MI) | | ID Number | Group Number | |
| <input type="checkbox"/> BC/BS <input type="checkbox"/> United Healthcare <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> No Insurance <input type="checkbox"/> Other (Specify) _____ | Policy Holder's DOB (mm/dd/yyyy) | Policy Holder's Mailing Address | | Patient's Relationship to Policy Holder (Self, Child, Spouse, Unknown) | |
| | Diagnosis Code(s) | Code 1 | Code 2 | Code 3 | |

| Test Requested | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Frequently Ordered Recent Travel? Yes/No When and where? _____ Recent Vaccine? Yes/No When and what type? _____ <input type="checkbox"/> CT/GC/TV <input type="checkbox"/> Syphilis History of treatment? Yes / No <input type="checkbox"/> HIV EIA HIV EIA Form # _____ <input type="checkbox"/> Blood Lead <input type="checkbox"/> Capillary <input type="checkbox"/> Venous Follow-up? Yes/No <input type="checkbox"/> HIV Viral Load <input type="checkbox"/> HIV Genotyping <input type="checkbox"/> Lymphocyte Subset (CD4) <input type="checkbox"/> Hepatitis B Surface Antibody <input type="checkbox"/> Hepatitis B Surface Antigen Post Vaccine Employee? Yes/No Needle Stick? Yes/No <input type="checkbox"/> CBC without differential Chemistry Panel (Only one form required per Chemistry Request) <input type="checkbox"/> Comprehensive Metabolic <input type="checkbox"/> Lipid <input type="checkbox"/> Basic Metabolic <input type="checkbox"/> Thyroid <input type="checkbox"/> Renal Function <input type="checkbox"/> TB <input type="checkbox"/> Hepatic Function <input type="checkbox"/> Electrolytes <input type="checkbox"/> Chemistry Analyte (s) _____ <input type="checkbox"/> Influenza Rapid test result: _____ <input type="checkbox"/> Urine Culture Symptomatic / Post Treatment / Other: _____ <input type="checkbox"/> Arboviral Testing Agent suspected: _____ <input type="checkbox"/> Other Test _____ | AFB/Mycology/Microbiology <input type="checkbox"/> AFB <input type="checkbox"/> Mycology <input type="checkbox"/> Microbiology – Reference/Gram Stain _____ <input type="checkbox"/> Microbiology – <i>Salmonella/Shigella</i> <input type="checkbox"/> Microbiology – PCR Test _____ <input type="checkbox"/> Other _____ Agent suspected: HPAI Researcher with Flu-like Illness Special Instructions: _____ _____ _____ _____ _____ _____ |