

## Memo

**To: Norfolk General Hospital, West Haldimand General Hospital, Haldimand War Memorial Hospital**

**From: Infectious Diseases Team**

**Date: October 25, 2024**

**Re: Enhanced Surveillance for Highly Pathogenic Avian Influenza (HPAI) in Hospitalized Patients**



Dear colleagues,

On April 23, 2024, Haldimand Norfolk Health Unit issued a memo about highly pathogenic avian influenza (HPAI) H5N1 and enhanced surveillance of hospitalized patients. In that memo the enhanced surveillance was scheduled to be discontinued by September 15, 2024, in anticipation of the arrival of seasonal influenza.

However, in the United States HPAI H5N1 continues to circulate among dairy cattle, and more concerningly, H5 influenza was detected in a hospitalized patient in the United States with an unknown source of exposure.

Due to this evolving risk of HPAI, there is a necessity for continued enhanced influenza surveillance of hospitalized patients to maintain our ability to detect novel, non-seasonal influenza amidst circulation of seasonal influenza virus.

### Laboratory surveillance

Public Health Ontario Laboratory has updated their [Test Information Sheet: Avian Influenza-Real-time PCR](#) to include the following guidance regarding influenza testing to maintain enhanced surveillance for HPAI.

The criteria for selection of positive influenza specimen for submission for influenza A subtyping or whole genome sequencing under PHO's enhanced influenza surveillance program is:

1. Specimens that cannot be subtyped by the primary testing laboratory using their current commercial or lab developed test (LDT) PCR assays (i.e. nonH3/non-H1 samples)
2. Specimens from cases of suspected animal-to-human transmission of influenza A virus

3. Specimens from patients with suspected influenza anti-viral resistance
4. Specimens from all ICU patients regardless of typing results

## Hospital surveillance

In addition to the enhanced laboratory surveillance, we continue to ask for your cooperation in maintaining a heightened index of suspicion for patients with severe influenza (i.e., being admitted to hospital) as part of enhanced surveillance for avian influenza. This includes:

- **Screening of hospitalized patients:** Obtain a history from individuals with severe influenza/influenza-like symptoms regarding **potential exposures to infected birds or mammals, or to contaminated environmental surfaces, in the past 14 days prior to illness onset.**
  - o This includes occupational or recreational (e.g., hunting, hobby farms) close contact exposure to poultry, wild game, livestock, or other mammals. or consumption of raw/unpasteurized dairy products or undercooked meat from infected cattle.
  - o If there is a relevant exposure history, notify your hospital infection prevention and control who will advise further on necessary infection prevention and control precautions AND Haldimand Norfolk Health Unit.
  - o Further information for health professionals is available from the Public Health Agency of Canada's [Avian Influenza webpage](#)
  - o Screening of all patients with influenza/influenza-like symptoms in the community or emergency department is NOT recommended due to the low risk to the public.

## Reporting requirements

- Avian Influenza is a reportable disease under the Health Protection and Promotion Act, R.S.O. 1990, c. H.7.
  - o Any suspect cases should be promptly reported to the health unit at **519-426-6170 ext. 3438; after hours 1-877-298- 5888.**

Thank you for your continued diligence in working collaboratively with the health unit.  
The Infectious Disease Team

For questions, please contact our Infectious Disease Team at 519-426-6170 ext. 3438 or e-mail us at [idt@hnhss.ca](mailto:idt@hnhss.ca) For after hours and weekends, please contact on-call at 1-877-298-5888