## Ministry of Health

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publique

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April 5, 2024

## **MEMORANDUM**

TO: Vice Presidents. Clinical

**Ontario Health** 

FROM: Dr. Kieran Moore,

Chief Medical Officer of Health

RE: **Avian Influenza Surveillance in Hospitalized Patients** 

Dear colleagues,

Highly pathogenic avian influenza (HPAI) H5N1 continues to circulate in Canada and internationally among domestic and wild birds, as well as detections in wild and domestic mammals that have had exposure to infected birds, including domestic cats and dogs.

Recently, HPAI has also been detected for the first time among livestock, including goats and cattle. In dairy cattle herds, infection has resulted in illness and decreased milk production. HPAI has also been detected in unpasteurized milk from infected cows, creating a potential risk of exposure to people who consume raw milk. Even more concerningly, the same virus has been detected in an occupationally exposed individual resulting in mild illness and conjunctivitis.

At this point, the risk to the general population is low, and the greatest risk is for occupational exposures to infected poultry, livestock, and other animals.



Due to this evolving risk, we are enhancing surveillance for avian influenza amongst hospitalized patients for the period from **April 15 to September 15, 2024**. We are asking 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.
  - 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 AND your <u>local public health unit</u>. Hospital infection prevention and control will advise further on necessary infection prevention and control precautions.
  - o Further <u>information for health professionals</u> is available from the Public Health Agency of Canada.
  - 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.
- Laboratory surveillance: For patients in hospital with influenza A (non-H3/non-H1, if known) should be forwarded to PHOL for sub-typing.
  - For more information on laboratory testing, see <u>test information</u> from the Public Health Ontario Laboratory (PHOL).
  - Patients without a relevant exposure history for HPAI do NOT require additional infection prevention and control measures while this surveillance testing is completed.
- Any ill patient (hospitalized or not) who presents with a history of potential exposure to an infected bird or animal should be reported to the local public health unit for further evaluation and testing, including sub-typing if influenza A positive.

We will continue to monitor the epidemiology of avian influenza and provide updates as needed.

Thank you for your cooperation, and for more information on Avian Influenza, please visit the <u>Ontario avian influenza in poultry webpage</u>.

Sincerely,

Dr. Kieran Moore,

Chief Medical Officer of Health, Public Health

Cc: Dr. Wajid Ahmed, Associate Chief Medical Officer of Health

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