

**QUICK LINKS****Avian Influenza—TRAVELER INFORMATION**

- General Information
- Prevention
- Need for Medical Assistance
- Special Considerations

## Traveler Information

**AVIAN INFLUENZA****GENERAL INFORMATION****Introduction**

Avian influenza A viruses occur naturally in wild aquatic birds and can infect domestic poultry, other birds, and animals. Infected birds shed the virus in saliva, nasal secretions, and feces. These viruses rarely infect humans, and they usually cause mild disease. However, several virus subtypes have caused severe illness in humans, with high death rates. Currently, 2 subtypes of avian influenza (sometimes called “bird flu”) are of potential concern to humans: influenza A(H5N1) and influenza A(H7N9).

**Transmission**

Most human cases result from direct contact with sick (H5N1) or infected (H7N9) birds or their droppings, feces, or eye secretions. There is no evidence of sustained human-to-human transmission.

- It is possible that transmission can also occur through contact with the virus on surfaces or by inhaling the virus.
- Exposure might also occur by eating undercooked eggs or poultry.
- Respiratory secretions, body fluids, and feces of persons with H5N1 or H7N9 virus should be considered potentially infectious.

**Risk Areas**

**H7N9:** Since February 2013, more than 350 human cases of H7N9 have been reported (including some deaths); all cases were acquired and occurred in China except for several cases that were acquired in China and exported to Taiwan, Hong Kong, and Malaysia. Cases were likely the result of contact with birds or poultry. The death rate in humans has been high, about 34%. Because infected poultry do not become ill, infected flocks are hard to detect.

**H5N1:** Since 2003, more than 650 human cases of H5N1 have occurred as a result of bird-to-human transmission. Infection has been fatal in approximately 59% of cases. The virus remains endemic in poultry in Bangladesh, China, Egypt, India, Indonesia, and Vietnam, with occasional outbreaks elsewhere. One imported case occurred in Canada in a traveler returning from China. This virus causes severe disease in both humans and poultry.

**Risk Factors**

Persons at potential risk include:

- Travelers to areas where human cases have occurred, especially if they had contact with birds/poultry or visited wet markets
- Travelers to areas where the H5N1 or H7N9 viruses are circulating in birds or poultry, especially if there was contact with birds/poultry or visits to wet markets
- Travelers who have eaten raw or undercooked poultry in affected areas
- Persons who have had close contact with confirmed human cases
- Laboratory personnel processing virus samples

**Symptoms**

Initially, avian influenza looks like severe seasonal influenza, with fever and typical influenza-like symptoms such as cough, runny nose, muscle aches, headaches, and chills; however, avian influenza progresses to pneumonia and acute respiratory distress 3-5 days into the illness.

Asymptomatic or mild disease is rare in H5N1 infections; information is limited regarding H7N9.

## PREVENTION

### Non-Vaccine

- Avoid places where direct contact with birds and poultry may occur, such as live animal markets and poultry farms in affected areas.
- Avoid consumption of all poultry in affected areas, as it is difficult to determine if the poultry is fully cooked just by looking.
- Observe hand and respiratory hygiene during travel.

### Antivirals

- See "Treatment."

### Vaccines

- H7N9: Several H7N9 vaccines are in development or undergoing clinical trials.
- H5N1: A number of human monovalent H5N1 vaccines and pre-pandemic vaccines have been licensed but are not commercially available.
  - In the U.S., 2 doses would be given 21 or 28 days apart, depending on which vaccine is used.
- Seasonal influenza vaccines do not include avian strains and offer no partial or cross-protection.

## NEED FOR MEDICAL ASSISTANCE

Any traveler with fever and respiratory symptoms within 10 days of travel in an affected area should:

- Practice cough etiquette: maintain distance from others, cover coughs and sneezes with clothing or disposable tissues, and wash hands frequently.
- Seek immediate medical care, informing the provider of travel history.

## SPECIAL CONSIDERATIONS

### Entry Screening

Travelers departing China should be aware that many countries have implemented enhanced health surveillance of incoming travelers, including thermal scanning at border points and random temperature checks, due to cases of H7N9. Several countries have indicated the possibility of mandatory hospital referral or confinement for suspect cases in ill arrivals.

### Treatment

#### *Antivirals*

Shoreland recommends the use of oseltamivir (Tamiflu) over zanamivir (Relenza), which is inhaled and more difficult to use for treatment of avian influenza. If oseltamivir is not available or widespread resistance to oseltamivir develops, zanamivir is preferred.

Travelers who carry oseltamivir or zanamivir should make every effort to start taking the drug only under medical advice. This could be at the destination or after telephone consultation with the prescribing provider at home.

- See *Use of Antiviral Drugs for Influenza*.

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Travax content represents decision-relevant, expert synthesis of real-time data reconciled with new and existing available advice from authoritative national and international bodies. Recommendations may differ from those of individual countries' public health authorities.

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