

## Guidance for Avian Influenza A(H5N1) in Humans

### Risk Assessment Tool for Healthcare Providers and Local Health Departments

The purpose of the Risk by Exposure table is to help clinicians and public health practitioners to categorize the risk for novel influenza A virus infection among exposed human close contacts of symptomatic<sup>1</sup> confirmed or probable cases of human infection with novel influenza A virus, to inform decisions about prescription of antiviral post-exposure prophylaxis to close contacts.

Risk by Exposure to Inform Clinical Decision Making			
Exposure Category	Transmission Risk	Groups at Risk	Prophylaxis
Highest Risk	Recognized risk of transmission	Household members <sup>2</sup> or other persons with prolonged, unprotected close contact to a symptomatic confirmed or probable case of human infection with a novel influenza A virus in a room or other enclosed space, including a healthcare setting.  Healthcare personnel <sup>3</sup> with prolonged unprotected close contact to a symptomatic confirmed or probable case of human infection with a novel influenza A virus in a healthcare setting.	Post-exposure prophylaxis should be administered.
Moderate Risk	Variable risk of transmission	Persons <sup>4,5</sup> with prolonged, unprotected close contact to a symptomatic confirmed or probable case of human infection with a novel influenza A virus outside of a room or other enclosed space.  Laboratory personnel <sup>6</sup> with unprotected direct or close exposure to a novel influenza A virus.	Post-exposure prophylaxis can be considered on a case-by-case basis.
Low Risk	Transmission unlikely	Persons, including health care personnel, wearing all recommended personal protective equipment, with prolonged close contact to a symptomatic, confirmed, probable or suspected case of human infection with a novel influenza A virus in a room or other enclosed space, including in healthcare settings.  Persons who are not household members, such as social, work, or school contacts with a short duration of unprotected, close contact to a symptomatic confirmed or probable, case of human infection with a novel influenza A virus in a non-hospital setting outside the home (e.g., in a community, school, or workplace environment).	Post-exposure prophylaxis is not routinely recommended.

1. Confirmed and probable cases whose symptom status was unknown at the time of exposure should be treated as symptomatic for purposes of follow up and management of close contacts.
2. Household members who have prolonged unprotected close contact to a symptomatic person with confirmed or probable novel influenza A virus infection may be at higher risk of exposure and infection than others because of the duration of exposure in a closed setting.
3. Health care personnel with prolonged unprotected close contact to a symptomatic person with confirmed or probable novel influenza A virus infection may be at higher risk of infection than others through caring for patients with severe illness who may have levels of virus in the respiratory tract.
4. Persons with prolonged unprotected close contact to a symptomatic person with confirmed or probable novel influenza A virus infection and mild illness may have a higher risk of infection than those with short duration of exposure.
5. Persons with prolonged, unprotected close contact to a symptomatic person with confirmed or probable human infection with a novel influenza A virus outside of a room or other enclosed space have an unknown risk of infection and need to be evaluated on a case-by-case basis.
6. Laboratory personnel with unprotected direct or close exposure to a person with confirmed or probable novel influenza A virus infection have an unknown risk of infection depending upon the specific exposures and need to be evaluated on a case-by-case basis.