

**WHO interim recommendations for the protection of persons involved in the mass slaughter of animals potentially infected with highly pathogenic avian influenza viruses** (WHO Regional Office for the Western Pacific, Manila, 26 January 2004)

Avian influenza is a highly contagious disease of birds which is currently epidemic amongst poultry in Asia. Exposure to infected poultry and their feces or dust/soil contaminated with feces) can result in human infection. These recommendations have been developed because human infections have been identified in association with the current poultry epidemic. They will be updated as more information becomes available.

1. Cullers and transporters should be provided with appropriate personal protective equipment:
  - protective clothing, preferably coveralls plus an impermeable apron or surgical gowns with long cuffed sleeves plus an impermeable apron;
  - heavy duty rubber work gloves that may be disinfected
  - N95 respirator masks are preferred<sup>1</sup>. Standard well-fitted surgical masks should be used if N95 respirators are not available<sup>2</sup>
  - goggles;
  - rubber or polyurethane boots that can be disinfected or protective foot covers that can be discarded
2. All persons who have been in close contact with the infected animals should wash their hands frequently with soap and water. Cullers and transporters should disinfect their hands after the operation.
3. Environmental clean up should be carried out in areas of culling, using the same protective measures as above.
4. All persons exposed to infected chickens or to farms under suspicion should be under close monitoring by local health authorities.
  - It is recommended that oseltamivir be readily available for the treatment of suspected H5N1 respiratory infections in cullers and farm workers involved in the mass culling.<sup>3</sup>
  - They should also be vaccinated with the current WHO recommended influenza vaccine to avoid simultaneous infection by human influenza and avian influenza and to minimize the possibility of a re-assortment of the virus's genes<sup>4</sup>.

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<sup>1</sup> US NIOSH certified N-95, European CE P2, or comparable national/regional standards applicable to the country of manufacture. Higher level particulate respirators may also be used.

<sup>2</sup> In the control of the outbreak of avian influenza in the Netherlands in 2003, N95 or equivalent respiratory protection was used.

<sup>3</sup> For treatment, oseltamivir phosphate (Tamiflu®): 75 mg capsule twice daily, for 5 days.

<sup>4</sup> All concerned (persons at risk both environmentally and occupationally) should be vaccinated with the current WHO recommended influenza vaccine as soon as possible prior to anticipated risk exposure (2 weeks are required to develop preventive immunity by vaccination.). This does not specifically protect against H5N1.

- Additional health monitoring of chicken cullers, others involved in the process and their family members should be carried out. These individuals should report any relevant health problems (respiratory complaints, flu-like illnesses or eye infections) to a health care facility. Persons at high risk for severe complications of influenza (e.g. immunocompromised, over 60 years old, or with known chronic heart or lung disease) should avoid working with affected chickens.
- 5. Serological surveillance of exposed animal workers and veterinarians is encouraged.
- 6. In liaison with designated laboratories, full blood and post mortem specimens (intestinal contents, anal and oro-nasal swabs, trachea, lung, intestine, spleen, kidney, brain, liver and heart) of animals (including pigs) should be collected for investigation of new viral isolates.

*It is important that both the animal/agricultural and the human health sectors work together to improve the implementation of the above measures.*

*The above measures may be revised if new information on the local situation becomes available.*