

Management of Avian Influenza in University Hostels

Management of the university hostels should take appropriate measures to ensure maximum protection of residents and staff.

(A) Acquire an understanding of seasonal influenza / avian influenza / influenza pandemic

- INFLUENZA or 'flu' can be caused by different types of influenza viruses. It is important to differentiate the three different entities of seasonal influenza, avian influenza and influenza pandemic. Influenza spreads mainly by respiratory droplets generated by coughing and sneezing or contact with contaminated surfaces.
 - SEASONAL INFLUENZA occurs in human populations. In Hong Kong, influenza peaks in January to March and July to August every year. The commonest circulating strains are influenza A (H1N1 and H3N2) and influenza B.
 - AVIAN INFLUENZA normally infects birds, including poultry. Possible strains include influenza A (H5, H7 and H9) viruses. Human cases of avian influenza have been reported, mostly resulting from close contact with sick birds. Efficient spread between human beings is not known.
 - INFLUENZA PANDEMIC occurs when a new viral strain emerges and spreads rapidly among the human race which does not possess immunity to the disease. The new viral strain may originate from a human influenza virus or an avian influenza virus. As large numbers of people will fall ill or die from it, great human, social and economic loss will result. Many people would not be able to work due to the sickness, having to stay at home to care for the sick, or upon Government's advice to reduce social contact. Community and economic activities will have to be scaled down.
- According to the World Health Organization, the incubation period for avian influenza H5N1 is 7 days. After being infected, persons may develop symptoms in seven days, but they may start spreading the disease one day before symptoms develop.
- The initial clinical presentation of avian influenza is like other types of influenza, which may include fever, cough, sore throat, headache and muscle ache. However, avian influenza is more often associated with a history of travel to a place with affected poultry and/or contact with sick birds or related laboratory specimens. Some avian flu patients may also present with shortness of breath and diarrhoea. Avian flu may progress to develop high fever, chest infection, lung failure, multi-organ failure and death.

(B) Get prepared for avian influenza

- Study the Hong Kong Government - Emergency Preparedness for Influenza Pandemic in Hong Kong and develop in-house supplies of protective equipment.

(http://www.chp.gov.hk/files/pdf/checklist-e_flu_eng_20051105.pdf).

- Ensure a clean and hygienic hostel environment.
 - ◆ regular disinfection of hostel equipment, door knobs and lift buttons with 1:99 diluted household bleach (one part of 5.25% hypochlorite solution in 99 parts of water);
 - ◆ cleaning of floor, doors and windows regularly;
 - ◆ proper maintenance of toilet facilities and floor drains including adequate supply of liquid soap, disposable towels or hand-dryers; and
 - ◆ maintaining good indoor ventilation, including opening windows as widely and as many as possible and/or well-maintained air conditioning system together with turning on exhaust fans at the same time.
- Relieve staff members from work if they are sick. Offer surgical masks to residents and staff if they have influenza-like symptoms while they arrange to see a doctor.
- Prepare to keep a visitor record during serious and emergency response levels.

(C) Before Hong Kong enters pandemic stage

If there are residents / visitors / staff being affected by avian influenza

- Centre for Health Protection (CHP) of Department of Health (DH) will inform the management of the university hostels that there are residents / visitors / staff being affected by avian influenza. The role of CHP is to assess the risk of spreading the disease by the affected residents / visitors / staff during the infectious period or to identify the source of infection who may be staying at the hostel during the incubation period.
- In general, CHP will make a site visit to the affected hostel to conduct case investigation and the following may be commenced as appropriate after risk assessment:
 1. Contact tracing
 2. Medical surveillance
 3. Chemoprophylaxis
 4. Disinfection
- Management of the university hostel should cooperate with DH in case investigation and contact tracing by
 - ◆ providing details of residents, staff and visitors who have contact with the index patient if available;
 - ◆ providing floor plan, resident list, staff list and visitor list;
 - ◆ arranging venues for interviews with residents / staff;
 - ◆ complying with CHP's instructions regarding confinement of residents and staff;
 - ◆ restricting visitors;
 - ◆ suspending intake of new residents to the affected floor before thorough disinfection and during on-site confinement period;

- ◆ assisting in follow-up of health status of residents and medical surveillance of contacts (residents and staff) if necessary;
 - ◆ assisting in monitoring the residents' compliance to chemoprophylaxis if necessary;
 - ◆ giving advice to and facilitating any resident or staff who develops influenza-like symptoms to consult a doctor and take any other measures as deemed necessary;
 - ◆ refraining sick staff and staff requiring home / camp confinement from work;
 - ◆ disinfecting the hostel with 1:49 diluted household bleach (one part of 5.25% hypochlorite solution in 49 parts of water); and
 - ◆ strictly observing hostel precautionary measures for maximum protection of residents and staff.
- The contacts (residents / staff) requiring confinement are expected to
 - ◆ strictly observe personal and environmental hygiene;
 - ◆ refrain from work or attending classes during the confinement period;
 - ◆ stay in areas for confinement;
 - ◆ report symptoms of influenza to designated person / CHP direct; and
 - ◆ comply with the chemoprophylaxis regimen.

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