



IZO ALGORITHM 1 - PUBLIC HEALTH RESPONSE TO A HUMAN EXPOSURE OF A CONFIRMED/SUSPECTED CASE IN AN ANIMAL (AVIAN OR MAMMALIAN) (Version 1.0 – 23/02/2026)

SCOPE: Applies to human exposures to **confirmed or suspected** animal infections with avian/zoonotic influenza A (e.g. H5, H7, H9, H10) in birds or mammals, including **ruminants and raw milk/animal secretion exposures**.

A. PRELIMINARY RISK ASSESSMENT

Step 1 — Confirm exposure & timeline

- **Exposure window:** From first exposure and for 10 days after last exposure.
- Include direct contact with infected/suspected animals (alive or dead), contaminated environments, unpasteurised/raw milk or milk-derived materials from affected ruminants, and laboratory incidents.

Step 2 — Assess PPE adequacy

- Adequate PPE = respirator (**Ireland:** FFP2/3 or equivalent), eye protection, gloves, fluid-resistant coveralls, boots, correct don/**doff with immediate hand hygiene**, and no breach.

B. COMPLETE RISK ASSESSMENT

Step 3 — Categorise exposure risk (PHRA)

- **Low risk:** Full PPE, no breach; controlled setting. *Examples:* Trained personnel culling/sampling on infected premises with full PPE; biosafety level 3 (BSL-3) lab procedures.
- **Management:** Passive monitoring for 10 days; no routine Oseltamivir PEP; no asymptomatic swabs unless local epidemiology changes.
- **Moderate risk:** Partial/inadequate PPE OR brief, open-air contact (e.g., single carcass handling outdoors without gloves).
- **Management:** Passive monitoring (10 days); **consider Oseltamivir PEP within 7 days**; consider asymptomatic swabs (Days 2, 5, & 8).
- **High risk:** No PPE OR PPE breach in enclosed/high-dose settings (e.g., barns/poultry houses; aerosolising tasks; splashes to eyes/face; raw milk handling).
- **Management:** Offer oseltamivir PEP ASAP (≤ 7 days); passive monitoring (10 days); recommend asymptomatic swabs (Days 2, 5, & 8); avoid healthcare/high-risk work for 10 days.

Special populations:

- **Paediatric:** Prioritise active monitoring; swabbing may require assistance; early referral if symptomatic.
- **Maternity:** Prioritise active monitoring; early prophylaxis; consult maternity services for treatment decisions.
- **Immunocompromised:** Active monitoring; early antiviral initiation if symptomatic; avoid further exposure.

Special exposure scenarios

- **Ruminant/raw milk:** Treat unprotected handling as high risk; avoid unpasteurised milk/products.
- **Wild birds:** Single outdoor contact without gloves = moderate risk; mass die-offs escalate to high risk.
- **Lab incidents:** Any unprotected handling or breach = high risk.

C. PUBLIC HEALTH ACTIONS

Step 4 — Monitoring and self-care

- Monitor for fever ($> 38.0^{\circ}\text{C}$), respiratory symptoms, conjunctivitis, or neurological symptoms for 10 days; report symptoms immediately.
- Provide contact letter and clear return-for-care pathways; consider **active monitoring** for special populations or congregate settings.

Step 5 — Testing strategy

- **Asymptomatic:** Consider Days 2, 5, 8 for moderate/high-risk contacts.
- **Symptomatic:** Immediate RT-PCR; notify HPSC and NVRL.

Step 6 — Antiviral Oseltamivir PEP

- Oseltamivir for moderate (consider) and high-risk (offer) contacts; start ASAP, ideally ≤ 7 days post exposure.
(Paediatric dosing: weight-based; maternity scenario: consult specialist; immunocompromised scenario: early treatment.)

D. NO FURTHER PUBLIC HEALTH ACTION REQUIRED

Step 7 — If no symptoms develop during monitoring period

- No further action needed after 10 days of monitoring.

PUBLIC HEALTH CONTACT DETAILS

Public Health HSE Dublin and North East: (046) 928 2700;
Public Health HSE Dublin and Midlands: (057) 9359891;
Public Health Dublin and South East: (0818) 473 674;
Public Health HSE South West: (021) 4927601; **Public Health HSE Mid-West:** (061) 483 338; **Public Health West and North West:** (091) 775 200/(0)71 917 4750;
OOH contact for PUBLIC HEALTH - via NEOC and ask to be connected to Public Health on call.

E. FURTHER CLINICAL ACTION REQUIRED (within monitoring period)

Step 8 — If symptoms develop

1. Immediate actions by the individual:

- **Self-isolate immediately** and avoid contact with others.
- **Wear a mask** if tolerated, before and during clinical assessment.
- **Call ahead** before attending any healthcare facility.

2. Contact pathways:

- **During office hours:** Contact your **Regional Public Health Team** for guidance and risk assessment.
- **Out of hours:** Contact the **nearest Emergency Department (ED)** for urgent evaluation.
- Inform healthcare providers that you are an **influenza of zoonotic origin contact**.

3. On arrival at ED or healthcare setting:

- **Present with your contact letter.**
- Notify staff immediately of your exposure status to ensure IPC measures.

4. Clinical management:

- Arrange **immediate RT-PCR testing** for IZO.
- Initiate **antiviral treatment promptly** as per national protocols.
- Follow **HCID IPC protocols** for isolation and care.

5. Special populations:

- **Paediatric, maternity, and immunocompromised individuals** should be referred urgently to appropriate specialist services.

6. Notifications:

- **Urgent notification to:**
 - Regional and National Public Health; **NVRL** (National Virus Reference Laboratory); **NIU** (National Isolation Unit); and **CHI** (Children's Health Ireland) if paediatric case.

OTHER CONTACT DETAILS

NIU (Mater) Contact: 01 803 2063 (Mater Switchboard); * **CHI (Paediatric ID on-call) Contact:** 01 409 6100 (CHI - Crumlin Switchboard) ; **NVRL Contact:** 01 716 4401 (OOH: 01 716 4050)