IZO ALGORITHM 2 - MANAGEMENT of SYMPTOMATIC HUMAN CONTACTS UNDER PUBLIC HEALTH SURVEILLANCE (Version 1.0 – 23/02/2026)

SCOPE: Applies to individuals under active or passive monitoring following exposure to confirmed/suspected influenza of zoonotic origin (IZO) (from either avian or mammalian sources) who develop symptoms during the 10-day monitoring period. and who presents **with a Public Health contact letter or following an alert from Public Health.**

A. PRELIMINARY IZO CLINICAL RISK ASSESSMENT

Immediate IPC at Triage

- **Mask the patient** immediately.
- **Isolate in a single room** (preferably negative pressure if available).
- Staff must apply **HCID PPE** (see **G. Standard & Transmission-based Precautions**)

Suspected IZO Case:

- **Patient of any age** (including infants & children) presents with:
  - At least **one of the following clinical criteria**: ARI, ILI, SARI, conjunctivitis, neurological presentation (e.g. encephalitis) including fever > 38.0°C **AND**
  - At least **one of the following epidemiological criteria** in the preceding 10 days prior to the onset of symptoms: close contact with a probable or confirmed human case of zoonotic influenza; close contact with an influenza-infected animal; having been in an environment (e.g. home, farm, market, work) with suspected influenza-infected animals; laboratory exposure to zoonotic influenza virus.

No IZO risk → **B. NO IZO RISK IDENTIFIED**

1. No further IZO-specific precautions required.
2. Proceed with **routine clinical assessment, investigations and precautions**, appropriate to the patient's age and presentation.

POSSIBLE IZO RISK

No IZO risk → **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.

C. COMPLETE IZO CLINICAL RISK ASSESSMENT

To be completed by a senior member of the medical team, such as an Emergency Medicine Consultant or admitting team Consultant. See **Algorithm 1 - Box B - Complete risk assessment.**

***For paediatric patients**, this should involve a Paediatric Consultant with support from local Consultant in Clinical Microbiology and CHI Consultant in Infectious Diseases on call.*
***For maternity patients**, this should involve an Obstetric Consultant.*

IZO RISK IDENTIFIED

IZO RISK IDENTIFIED

D. HIGH-RISK SYMPTOMATIC PATHWAY (IZO risk identified; high-risk exposure)

1. **Isolation & Escalation**
   - **Immediate isolation** in a suitable area; apply **HCID IPC** (FFP2/3 respirator, eye protection, gloves, fluid-resistant gown/coveralls).
   - **Notify immediately:**
     - **Regional & National Public Health; NVRL** (urgent prioritisation of testing); **NIU** (National Isolation Unit) for advice/possible transfer
     - **CHI** (if paediatric case)
2. **Diagnostics**
   - **Urgent RT-PCR** (influenza A with H5-specific assays).
   - Collect appropriate respiratory and, if indicated, conjunctival specimens.
   - Ensure safe specimen packaging/transport per national SOPs.
3. **Treatment**
   - **Start antivirals promptly** (oseltamivir) as first-line unless contraindicated.
   - Provide supportive care; consider **early ID consultation**.
4. **Special Populations (Immediate Referral)**
   - **Paediatric:** Early discussion with **CHI Paediatric ID**; weight-based antiviral dosing; child-friendly IPC; **Maternity:** Expedite review in **maternity services**; run benefit–risk for antivirals; obstetric input; **Immunocompromised:** Early specialist input; consider prolonged monitoring and tailored therapy.
5. **Transport**
   - If transfer to **NIU** or designated HCID facility is required, coordinate with **NAS**; maintain strict IPC during transport.
6. **IMT Consideration**
   - If multiple symptomatic contacts emerge or operational complexity increases, **convene an IMT** (Public Health Chair/Co-chair; facility management; IPC; clinical; communications; DAFM if animal exposure ongoing).
7. **Ongoing Review & Exit Criteria**
   - Reassess daily pending results and clinical course.
   - **Exit to ARI management** if IZO ruled out and clinically stable.
   - If IZO confirmed, remain on **HCID pathway** until resolution and clearance criteria met.

E. STANDARD SYMPTOMATIC CONTACT PATHWAY (IZO risk identified; exposure not high-risk)

1. **Clinical Assessment & Testing**
   - Clinical triage and full history (exposure details; PPE adequacy; onset/timeline).
   - **RT-PCR** for influenza A with **H5-specific** testing as per national pathways.
   - Consider conjunctival swab if ocular symptoms; respiratory specimen as standard.
2. **Antiviral Treatment**
   - **Initiate oseltamivir** promptly in line with national protocols and clinical judgement.
3. **Special Populations (Priority)**
   - ***Paediatric:** Facilitate assisted swabbing; weight-based dosing; early **CHI** input if needed. **Maternity:** Early prophylaxis/treatment; review in **maternity services**; balance benefits/risks. **Immunocompromised:** Lower threshold for treatment; consider enhanced monitoring; avoid further exposure.*
4. **Notifications (Same Day)**
   - **Regional & National Public Health** (surveillance status and clinical update).
   - **NVRL** (specimen coordination, testing updates); **CHI** (if paediatric case); **NIU** (if clinical severity/escalation requires HCID pathway consideration).
5. **Transport & IPC**
   - If transfer required, coordinate with **National Ambulance Service (NAS)**; ensure appropriate PPE for patient and staff.
6. **Follow-Up & De-escalation**
   - Maintain daily symptom review until diagnosis/result available.
   - If **IZO negative** and clinically stable → **exit to ARI management** with advice.
   - If **IZO positive** → transition to **HCID clinical pathway**; continue public health case management.

F. OTHER CONSIDERATIONS

Documentation & Data Capture

- **Record** all decision points (risk classification; reason for high vs non-high risk).
- **Capture** testing dates, specimen types, antiviral start times, and notification timestamps (Public Health, NVRL, NIU, CHI).
- **Update surveillance databases** and ensure traceability for audit/outbreak investigation.
- **File** any PPE breach details and lessons learned into quality improvement processes.

Communications

- Provide **clear written instructions** (contact letter) covering isolation, care-seeking, and ED call-ahead.
- Align public messaging with **HSE Communications** and, where relevant, **DAFM** for joint statements

NOTE: This algorithm represents a **planned preliminary clinical risk assessment** for symptomatic contacts under surveillance. It should be applied consistently with national Public Health Risk Assessment (PHRA) principles and international best practice.

Healthcare facilities must be alerted promptly—either by the patient **before arrival** or by the **Regional Public Health Team**—to ensure immediate IPC measures (masking, isolation, HCID PPE) and safe triage.

G. STANDARD & TRANSMISSION-BASED PRECAUTIONS (S&TP)

- **Isolate the patient in a SINGLE ROOM (preferably negative pressure, if available)** with ensuite facilities where possible.
- Put on PPE. A local risk assessment will determine the appropriate level of PPE.

Minimum Level 1 PPE:

- Fluid-resistant long-sleeved gown
- Fluid-resistant surgical face mask
- Goggles or face shield
- Gloves

Level 2 PPE:

- For unstable patients under investigation
- Patients with bleeding, vomiting, or diarrhoea
- Patients requiring invasive or aerosol-generating procedures

Airborne Precautions:

- Use FFP2/3 mask in addition to Level 2 PPE for aerosol-generating procedures.

Paediatric-Specific Caveats (to be applied within the above framework)

- **Parent/Guardian Presence:**
  - For children, especially younger ones, a parent or guardian may remain with the child during isolation, where feasible and safe.
  - The accompanying adult must be asymptomatic:
    - Must undergo symptom screen at same time as child(ren), with capacity for undergoing assessment outlined in Box D.
    - Receive training in PPE use (donning/doffing).
    - Be supervised by staff when entering/exiting the isolation area.
  - This should be assessed on a case-by-case basis in consultation with Public Health and Infectious Diseases teams.
- **Handling and Comforting:**
  - PPE protocols must allow for safe handling of children, including lifting and comforting where clinically appropriate.
- **Clinical Assessment:**
  - Use age-appropriate triage and consider differential diagnoses common in children (e.g., UTIs, bacterial meningitis, pneumonia, malaria, dengue).
  - ***Early and ongoing involvement of Paediatric Infectious Disease** clinicians is recommended during full assessment.**
- **Documentation:**
  - Clearly record decisions regarding parental presence, PPE compliance, and risk assessments.

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)

HSE Public Health: National Health Protection Office
FSS Sláinte Poiblí: An Oifig Náisiúnta um Chosaint Sláinte