

Monitoring of Persons with Potential Exposure to Avian Influenza (AI) Checklist

Please note all email communications should be sent to Central Office at <u>FluTexas@dshs.texas.gov</u> AND to the appropriate Regional office contacts for your jurisdiction.

I Phone Call Determine if the individual currently resides in	Tevas
If yes, obtain exact address:	i rexas.
	-
	-
 If no, determine the exact address where t (PUM) is currently resides. If the PUM plans 	s to come to Texas eventually
or routinely travels to Texas, find out wher the PUM will arrive and report to DSHS for	
	-
	-
Were you able to contact the individual after Γ	nultiple attempts?
 Notes on successful attempts to reach t 	he individual:
Confirm contact information.Best contact phone number:	
 Secondary phone number: Emergency phone number: 	•
Email address:	

P.O. Box 149347 • Austin, Texas 78714-9347 • Phone: 888-963-7111 • TTY: 800-735-2989 • dshs.texas.gov

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Commissioner

	Secondary/emergency contact of	email:	
	Verify exposure date. • Date last exposed to animals po	otentially infected with AI:	
	 Does the individual plan to cont regardless of symptomology? □ Yes □ No 	cinue working at an affected farm/facility	
	Was the individual involved in a USDA/APHIS response? ☐ Yes ☐ No • Date arrived/arriving in Texas:		
	Inform the individual of the monitorisk level using the risk level classic	oring process in Texas and establish their fication table below.	
Descr	iption	Monitoring Recommendation	
	ndividual who visited or worked on	Self-monitoring for 10 days after the last	
	n/facility in which avian influenza	known date of exposure or continuously	
has co	onfirmed or suspected ill animals on	for ongoing exposure, ending 10 days	
premises.		after the last day of exposure.	
Any individual who came in close contact		Monitoring at Days 0, 5, and 10 for a	
with an animal, or an area where animal		single exposure or every 5 days thereafter	
produ	icts or animal waste were present,	for continuous exposure. Initial and final	
on a f	arm/facility in which avian	contact must be made.	
	nza has confirmed or suspected ill		
animals or premises.		Note: For transfers from other jurisdictions	
		initial contact should be made by the receiving	
		health department regardless of the	
•	alternative and the second second	monitoring day.	
Any individual who was in close contact		Once daily monitoring by phone, text,	
	an animal with known avian	email on each day of the 10-day	
influenza infection or a symptomatic animal.		monitoring period. Initial and final	
anıma	JI.	contacts must be made by phone.	
	will be monitored for 10 days follow		

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Establish the best contact method and time.

Best contact method: _____Best contact time: _____

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	Confirm that the individual was provided edulinstructions, including the symptoms to wate If the individual did not receive education preferred method of contact with which to	ch fo an	or. d instructions, determine the	
	Ask if the individual is currently experiencing any of the following sympto (if yes, additional follow-up is required).			
	☐ Fever (Temperature of 100°F [37.8°C] or greater) o☐ Diarrhea		Sneezing	
	☐ Cough		Seizures	
	□ Nausea		Muscles or body aches	
	□ Sore throat		,	
	☐ Vomiting	_	Eye tearing, redness, or irritation	
	☐ Runny or stuffy nose		Difficulty breathing/shortness of	
	☐ Fatigue breath		,	
	Ask if the individual has any plans to travel in the next two weeks. If yes, complete the Avian Influenza (AI) Person Under Monitoring Notification of Travel Form and send the completed form to FluTexas@dshs.texas.gov .			
	Provide the individual with the contact inform department (LHD) and 24/7 emergency cont develop symptoms.			
	Inform the individual that you will contact th message, or email daily as indicated in the to		•	
	Thank the individual for their time.			
For F	Routine Monitoring Calls			
	Confirm the PUM is still in your jurisdiction. I information on the "Avian Influenza (AI) Persof Travel Form" and send to FluTexas@dshs.	son	Under Monitoring Notification	
	Ask if the PUM is experiencing any signs or sometime (review symptoms). If yes, review the "Syme" Monitoring Guidance for Individuals Exposed	pto	matic PUMs" section of	
	Ask if they have any upcoming travel plans of the state of Texas. If yes, complete the "Avia Monitoring Notification of Travel Form" and simmediately.	an I	nfluenza (AI) Person Under	

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	Thank the individual for their time.
	Complete the "Avian Influenza (AI) 10-day Symptom Monitoring Log".
For F □	Ask if the PUM is experiencing any signs or symptoms of influenza-like illness (review symptoms). If yes, review the "Symptomatic PUMs" section of "Monitoring Guidance for Individuals Exposed to Avian Influenza".
	Inform the PUM that this is their final day of monitoring and that no additional contact will be required.
	Thank the PUM for their time and provide them with the LHD contact information should they have any follow-up questions.
	Complete the "Avian Influenza (AI) 10-day Symptom Monitoring Log" electronically and email to FluTexas@dshs.texas.gov within 48 hours.
<u>Spec</u>	ial Situations:
For P	UMs reporting symptoms, obtain the following information: When did symptoms begin?
	Has the individual received medical care or treatment for any of their symptoms? ☐ Yes ☐ No If yes, describe treatment:
	Is there anyone else living in the household or spending significant amounts of time in the household? ☐ Yes ☐ No • If yes, do any other members of the household currently have symptoms. ☐ Yes ☐ No • If yes, who has symptoms and when did they begin?

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If the individual does not need immediate medical care, instruct them to self-isolate while follow-up and/or testing is arranged.
Complete the "Avian Influenza Initial Case Investigation Form for PUIs" and send the completed for to EAIDU (flutexas@dshs.texas.gov).
If the individual <u>does</u> need medical care, coordinate with local healthcare facilities and/or emergency services as needed. In an emergency, the PUM should notify the LHD and report to a healthcare facility without delay.

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