

Ministry of Health

Management of Avian Influenza or Novel Influenza in Birds or Animals Guideline

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Table of Contents

<i>Management of Avian Influenza or Novel Influenza in Birds or Animals Guideline</i>	<i>1</i>
1. Preamble	3
2. Purpose	3
3. Reference to the Standards	3
4. Reporting of Bird or Animal Cases to Boards of Health	4
4.1. Reporting to the Ministry	4
4.2. Novel Influenza	5
5. Response to Avian Influenza in Birds	5
5.1. Interagency Response – Animal Health to Avian Influenza	5
5.2. Management of Human Exposures from Birds	7
6. Response to Novel Influenza in Animals	9
6.1. Interagency Response – Animal Health to Novel Influenza	9
6.2. Management of Human Exposures from Animals	10
7. Reporting of Human Cases	14
8. Other Agencies and Response Considerations	15
References	16
Document History	19

1. Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by Boards of Health.^{1,2} The Standards identify the minimum expectations for public health programs and services. Boards of Health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. Guidelines are program and topic-specific documents which provide direction on how Boards of Health shall approach specific requirement(s) identified within the Standards.

2. Purpose

This guideline document was created to assist staff at Boards of Health with the management of suspected or confirmed cases of avian influenza or novel influenza in birds or animals as well as people in contact with or exposed to suspected or confirmed birds or animals with avian or novel influenza. Information on the management of human cases of avian or novel influenza, and their contacts, is available in the [Influenza Appendix 1: Case Definitions and Disease Specific Information](#) infectious diseases protocol.³

3. Reference to the Standards

This section identifies the standard and requirements to which this protocol relates.

Infectious and Communicable Disease Prevention and Control

Requirement 15. The Board of Health shall receive and respond to all reported animal cases of avian chlamydiosis (infection of birds with the causative agent of psittacosis in humans), avian influenza, novel influenza, and *Echinococcus multilocularis* infection, in accordance with the *Health Protection and Promotion Act*, the *Management of Avian Chlamydiosis in Birds Guideline, 2018* (or as current), the *Management of Avian Influenza or Novel Influenza in Birds or Animals Guideline* and the *Management of Echinococcus Multilocularis Infections in Animals Guideline, 2018* (or as current).

Requirement 21. The Board of Health shall ensure 24/7 availability to receive reports of and respond to:

- a) Infectious diseases of public health importance in accordance with the *Health Protection and Promotion Act*; the *Mandatory Blood Testing Act, 2006*; the *Infectious Diseases Protocol, 2018* (or as current); and the *Institutional/Facility Outbreak Management Protocol, 2018* (or as current).

- b) Potential rabies exposures in accordance with the *Health Protection and Promotion Act*; the *Management of Potential Rabies Exposures Guideline, 2018* (or as current); and the *Rabies Prevention and Control Protocol, 2018* (or as current); and
- c) Animal cases of avian chlamydiosis, avian influenza, novel influenza, or *Echinococcus multilocularis* infection, in accordance with the *Health Protection and Promotion Act*, the *Management of Avian Chlamydiosis in Birds Guideline, 2018* (or as current); the *Management of Avian Influenza or Novel Influenza in Birds or Animals Guideline*; and the *Management of Echinococcus Multilocularis Infections in Animals Guideline, 2018* (or as current).

4. Reporting of Bird or Animal Cases to Boards of Health

In accordance with Section 6.1 of the Communicable Diseases Regulation (Reg. 557), the director of a laboratory or veterinarian who knows or suspects that a bird or birds, animal or animals that are infected with an avian influenza or a novel influenza virus subtype shall notify the Medical Officer of Health immediately.⁴

In certain circumstances relating to commercial or backyard poultry operations and animals, the Ministry of Health (the Ministry) may have been advised of cases prior to the local Medical Officer of Health. In those situations, it will be the Ministry that will advise the Medical Officer of Health of poultry or animals infected with avian or novel influenza in their jurisdiction.

On an annual basis, the Board of Health shall provide veterinarians within its jurisdiction with information on how animal cases of avian or novel influenza are to be reported to the Medical Officer of Health.

4.1. Reporting to the Ministry

The Board of Health shall:

- Report all cases of avian influenza or novel influenza in animals to the Ministry as soon as possible after receiving the report, if the Medical Officer of Health was not advised of the animal case by the Ministry;
- Consult with the Ministry with respect to managing all animal health aspects of the response, if applicable, and
- Report to the Ministry all actions taken in response to the case(s) of avian influenza or novel influenza in animals, as required by the Ministry, or, during provincial response coordination calls or as part of outbreak debriefs.

4.2. Novel Influenza

Avian influenza is a contagious viral infection that mainly affects birds. On occasion avian influenza can infect humans and other mammals, which may result in it being categorized as a ‘novel influenza virus’. For the purposes of veterinary reporting requirements for influenza in birds and animals under Reg. 557, a “novel influenza virus” is defined as any influenza virus not already known to be endemically circulating in its usual host animal species in Ontario, including swine or avian influenza viruses in animals.⁴ Finding a novel influenza virus in an unexpected host species is always a concern and requires careful investigation and appropriate action to monitor for potential re-assortment events with human influenza viruses and ensure there is no transmission to humans in close contact with the infected birds or animals.

Influenza viruses meeting the definition of “novel influenza” for the purposes of Reg. 557 may change over time.⁴ Introduction of new viruses such as canine H3N2 influenza virus may result in the spread of the novel virus through the animal population. Once a novel virus becomes established as a new endemic influenza virus in Ontario, appears stable with predictable patterns of transmission over time, and once monitoring of human exposures within Ontario indicates that the risk of transmission to humans is low, then it will no longer be required to be reported to the Medical Officer of Health.

The Board of Health shall consult with the Ministry in order to determine when and what level of response to reports of novel influenza infections in birds or animals is warranted.

5. Response to Avian Influenza in Birds

The identification of a confirmed or suspect case of avian influenza in birds shall trigger an investigation by the Board of Health in order to evaluate potential disease transmission to humans exposed to infected bird(s).

Response activities by the Board of Health to report cases may differ depending on the numbers of birds affected and other specific circumstances. The appropriate level of response to specific situations shall be determined in consultation with the Ministry.

5.1. Interagency Response – Animal Health to Avian Influenza

In responding to avian influenza outbreaks in Ontario, Boards of Health shall work closely with the Ministry, as well as the Ontario Ministry of Agriculture, Food and Agribusiness (OMAFRA), the Canadian Food Inspection Agency (CFIA), and the poultry industry to coordinate an inter-agency response to an avian influenza outbreak. The Board of Health shall consult with Indigenous Affairs Ontario (IAO) and the CFIA indigenous liaison to coordinate response and community education efforts if First Nations communities or Indigenous community members are affected.

Interagency human health response activities between the Board of Health, OMAFA, CFIA and any other agencies will be coordinated and facilitated by the Ministry of Emergency Management Ontario (EMO).

Depending on the strain of avian influenza involved, animal health response activities by the CFIA and/or OMAFA may differ from outbreak to outbreak.

5.1.1. Management of Infected Birds – CFIA Response

In poultry, Highly Pathogenic Avian Influenza (HPAI) and Low Pathogenic Avian Influenza (LPAI), H5 and H7, are federally reportable pathogens in Canada under the federal *Health of Animals Act*, and must be reported to the CFIA by veterinarians and veterinary laboratories.⁵ The CFIA is the lead agency for animal health response to reports of domestic flocks infected with H5 or H7 HPAI or LPAI.

According to its Notifiable Avian Influenza Hazard Specific Plan, the CFIA responds to H5 and H7 avian influenza outbreaks by establishing quarantines, ordering the humane destruction of all infected and exposed poultry, conducting trace-out activities, overseeing the cleaning and disinfection of premises and verifying that affected farms remain free of avian influenza according to international standards.⁶

5.1.2. Management of Infected Birds – OMAFA Response

OMAFA is responsible for providing support to the CFIA's lead in response to federally reportable avian influenza outbreaks in poultry. In avian influenza outbreaks not led by the CFIA, OMAFA is the provincial lead on animal aspects, under the authority of the provincial *Animal Health Act*.⁷

Under Ontario's *Animal Health Act*, all influenza A viruses in birds or animals are designated as an Immediately Notifiable Hazard, requiring the reporting of positive laboratory results by Ontario veterinary laboratories to OMAFA. If an Ontario veterinarian submits samples to a laboratory outside of Ontario that subsequently test positive for an Immediately Notifiable Hazard, the Ontario veterinarian is responsible for notifying OMAFA of these results immediately upon receipt from the non-Ontario laboratory.⁷

Depending on the circumstances of the outbreak, OMAFA may arrange for the collection and submission of appropriate samples, notify industry associations, provide available resources such as personnel, technical resources, or laboratory capacity, etc.

5.1.3. Management of Infected Birds – Board of Health Response

The Board of Health shall consult with the Ministry to determine if any actions are required to prevent avian influenza transmission from infected birds to humans.

5.2. Management of Human Exposures from Birds

In infected poultry flocks with large numbers of birds, avian influenza virus is being shed into the environment at high rates through both respiratory secretions of infected birds and fecal contamination. As a result, the level of potential human exposure to avian influenza virus in this setting is much higher than a person exposed to a single infected animal, and management of human exposures needs to be more intensive. In general, site visits undertaken by the Boards of Health are not necessary and not recommended in order to limit human exposure to the infected sites and prevent a breach of biosecurity. However, if a site visit undertaken by a Board of Health to infected premises (IPs) or properties is deemed necessary, it should only be done in collaboration with the agency in charge of the animal health response (e.g., CFIA or OMAFA) and the Ministry.

The Board of Health shall obtain a list of all activities where people may have been exposed and a list of all individuals entering an infected commercial poultry premises in the 14-day period prior to the onset of clinical signs in the birds. Note that incubation periods may differ depending on the strain of avian influenza, therefore this timeframe may be altered based on current strain virulence characteristics under direction of the Ministry.

The Board of Health shall provide information to individuals who live/work on the farm to reinforce the potential for transmission of disease from birds to humans, emphasizing the need for appropriate infection prevention and control measures.

During an outbreak of avian influenza in poultry, the risk to the general public is low. Human infections with LPAI and HPAI have both been reported but are rare and have occurred in people who had close, unprotected contact with infected poultry or the infected poultry's contaminated bedding, feed, or water troughs. Avian influenza generally does not spread easily between people; however, limited clusters of person-to-person transmission, generally between family members, have been observed, notably for avian influenza H5N1 and H7N9.

Personal Protective Equipment (PPE) may be provided in situations where the operators are exposed to infected poultry or contaminated environments. In these cases, farmers can order the necessary PPE from Supply Ontario by contacting sco.supplies@supplyontario.ca.

The Board of Health shall advise asymptomatic people who have been in contact with poultry with confirmed avian influenza or their environment to self-monitor for the development of symptoms for ten days after their last exposure to infected poultry or a facility that has yet to be cleaned and disinfected. Symptoms may include fever, cough, sore throat, wheezing, shortness of breath, headache, gastroenteritis, malaise, conjunctivitis, and other acute respiratory illness symptoms.

The Board of Health shall instruct individuals who develop any compatible symptoms during the monitoring period to self-isolate and notify the health unit and seek medical care. In

advance of arriving at a health care provider's office or a health care facility, the symptomatic individual should notify the office or facility of their potential exposure to avian influenza. Health care providers should follow infection prevention and control recommendations from the [*Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings*](#).⁸

Symptomatic individuals under investigation for novel influenza infection in humans due to exposure to confirmed influenza in domestic poultry flocks are recommended for laboratory testing by the Public Health Ontario Laboratory (PHO Laboratory). The health unit should contact PHO Laboratory's Customer Service Centre at 416-235-6556/1-877-604-4567 to arrange appropriate testing. Testing information for avian influenza is available on [Public Health Ontario's website](#).⁹ Boards of Health shall advise symptomatic individuals awaiting testing results to self-isolate in their household (if they do not require hospital-level care), and not go to work or school.

Boards of Health should refer to the [Influenza Appendix 1: Case Definitions and Disease Specific Information](#) infectious diseases protocol for more information on the management of symptomatic exposed individuals and consult with Public Health Ontario (PHO) and the Ministry.³

It is important to recognize that having to deal with the loss of birds and livelihood can be very upsetting and traumatic to those involved. Mental health resources for farmers are available on the [Ontario government website](#).¹⁰ Free mental health counselling is available 24/7 to all farmers and farm families through the Farmer Wellness Initiative by calling 1-866-267-6255. Those not eligible for this program can access local community health supports through Ontario 211 and the Ontario Mental Health Helpline at 1-866-531-2600. In addition, ConnexOntario is available 24 hours a day, 7 days a week by calling 811 to assist individuals experiencing a mental health crisis. Mental health programs identified within the Board of Health region that could support non-commercial farming operations should also be shared, as appropriate.

5.2.1. Immunization

If human influenza viruses are circulating in the community at the time of an avian influenza outbreak impacting birds and the seasonal influenza vaccine is available, the Board of Health shall determine the seasonal influenza immunization status of all people who were in close contact with the infected birds. Vaccination should be recommended for anyone over the age of six months, and where not contraindicated, if not already done.

Currently, there are no avian influenza virus vaccines for humans, and the recommendation for seasonal influenza vaccine is to reduce the risk of co-infection and genetic re-assortment mixing in a host. If avian influenza virus vaccines become available, vaccine guidance will be provided regarding usage.

5.2.2. Infection Prevention and Control for Caretakers of Infected Birds

The Board of Health shall advise all workers who may come into close contact with infected birds, of the appropriate training and personal protective equipment recommended to prevent and control transmission of avian influenza to humans. PPE recommendations for individuals working with animals is available in the [*Highly Pathogenic Avian Influenza: Recommendations for Personal Protective Equipment for Workers and Employers Working with or Around Poultry, Wild Birds, and Other Susceptible Species, including Livestock*](#).¹¹

5.2.3. Antiviral Prophylaxis

The Board of Health shall recommend that individuals who have been exposed to large numbers of infected poultry and/or contaminated environments in an outbreak situation, without using full, appropriate personal protective equipment receive 75 mg of oseltamivir twice daily for 10 days after their last direct contact with the birds, the contaminated environment, or the individual, as recommended by a physician. The prophylaxis dosing should be adjusted as appropriate for the individual's renal function.¹²

Note: The recommended dose for prophylaxis following avian influenza exposures is twice daily medication, instead of the once daily dosing used for seasonal influenza.

Public health units are encouraged to pre-position antiviral supply in order to facilitate the fastest possible response in outbreak scenarios when regular supply channels are limited. Antivirals can be accessed through the provincial emergency stockpile by contacting EOCOperations.MOH@ontario.ca.

6. Response to Novel Influenza in Animals

The identification of a confirmed or suspect case of novel influenza in an animal shall trigger an investigation by the Board of Health in order to evaluate potential human exposure to the infected animal(s) and the risk of disease transmission.

6.1. Interagency Response – Animal Health to Novel Influenza

In response to a report of a suspect or confirmed novel influenza infection of an animal species, Boards of Health shall work closely with the Ministry, as well as OMAFA or CFIA, and any attending veterinarian(s) involved in caring for the animal(s) to coordinate an interagency response to the identification of a novel influenza virus in Ontario. In some situations, a coordination call may be hosted by the Ministry of Health with the impacted public health unit(s) and other partners as needed. Interagency response with OMAFA and any other agencies may be coordinated and facilitated by Emergency Management Ontario (EMO).

6.1.1. Management of Infected Animals – CFIA and OMAFA Response

In certain livestock species, such as cattle, HPAI and LPAI H5 and H7 are federally reportable pathogens in Canada under the federal *Health of Animals Act*, and must be reported to the CFIA by veterinarians and veterinary laboratories.⁵ In these cases, CFIA will be the lead agency for any animal health responses. Animal health response activities by CFIA may differ from case-to-case, based on the subtype of influenza and animal species involved. The [CFIA website](#)¹³ on HPAI should contain the most up-to-date information on animal health reporting and response activities.

Under Ontario's *Animal Health Act*, all influenza A viruses in animals are designated as an Immediately Notifiable Hazard, requiring the reporting of positive laboratory results by veterinarians and veterinary laboratories to OMAFA.⁷ Depending on the circumstances, OMAFA may elect to arrange for the collection and submission of additional appropriate samples, notify veterinarians, or provide additional recommendations or resources where available. Animal health response activities by OMAFA may differ from case-to-case, based on the subtype of influenza and animal species involved.

Additional biosecurity measures may be issued by CFIA or OMAFA as appropriate to protect animal health.

6.1.2. Management of Infected Animals – Board of Health Response

The Board of Health shall consult with the Ministry to determine if any actions are required to prevent novel influenza transmission from infected animals to humans.

6.2. Management of Human Exposures from Animals

Farmers, workers, veterinarians, and emergency responders should avoid unprotected direct physical or close contact to the following animals, and/or contaminated environments, and/or materials potentially infected with novel influenza (which may include avian influenza), such as:¹⁴

- Sick or dead livestock or other animals
- Carcasses of livestock or other animals
- Feces or litter
- Raw milk or colostrum
- Surfaces and water that might be contaminated with animal excretions or secretions

Close contact exposure may also include handling of animals for consumption (e.g., carcass handling), or handling or consuming raw or uncooked meat or related uncooked food products, including unpasteurized (raw) milk or raw milk products from infected animals.

The Board of Health shall interview the owner and/or caretaker(s) of the infected animal(s) as soon as possible and collect the following information:

- Names and contact information for any people in close contact with the animal(s) during the 14-day period* prior to the onset of clinical signs in the infected animal(s); or
- For commercial swine operations, dairy cattle operations, and animal congregate settings, a list of all activities where people may have been exposed and a list of all individuals entering the premises in the 14-day* period prior to the onset of clinical signs in the animals.

The Board of Health shall actively monitor and follow up with all individuals with close contact exposure to infected animals/infected materials or areas occurring in the 14-day† period prior to onset of clinical signs in the animals/detection of virus, unless directed otherwise by the Ministry. The Board of Health shall continue to actively monitor and follow up with individuals at least every 7 days, until 14 days past their last close contact exposure to ensure that they have remained asymptomatic.

The Board of Health shall provide information to individuals who live/work with the animals to reinforce the potential for transmission of disease from animals to humans, emphasizing the need for appropriate infection prevention and control measures.¹¹

The Board of Health shall require individuals in close contact with infected animals, or raw food products from infected animals, to self-monitor for the development of fever, headache, cough, sore throat, shortness of breath/difficulty breathing, gastroenteritis, malaise, conjunctivitis, and other acute respiratory illness symptoms for 14 days† after their last (unprotected exposure to the infected animal(s) or contaminated environment, or raw food products, unless directed otherwise by the Ministry.

The Board of Health shall instruct individuals who develop any symptoms during the monitoring period to self-isolate immediately and notify the health unit and seek medical care. In advance of arriving at a health care provider's office or a health care facility, the symptomatic individual should notify the office or facility of their potential exposure to a novel influenza virus. Health care providers should follow infection prevention and control recommendations from the [*Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings*](#).⁸

* Exposure period may be shorter for some novel subtypes with more established incubation periods, e.g., exposure period is 10 days for H5Nx subtypes.

† Duration of monitoring may vary based on subtype and what is known about the incubation period for that sub-type; for example, 10 days of active surveillance may be used for H5Nx subtypes.

Boards of Health shall advise symptomatic individuals awaiting testing results to self-isolate in their household (if they do not require hospital-level care), and not go to work or school.

Boards of health should follow-up with individuals daily until test results are received.

Symptomatic individuals under investigation for novel influenza infection in humans due to exposure to a confirmed novel influenza virus in an animal are recommended for laboratory testing by the Public Health Ontario Laboratory (PHOL). The health unit should contact PHOL's Customer Service Centre at 416-235-6556/1-877-604-4567 to arrange appropriate testing.

Boards of Health should refer to the [Influenza Appendix 1: Case Definitions and Disease Specific Information](#) infectious diseases protocol for more information on the management of symptomatic exposed individuals and consult with PHO and the Ministry.³

6.2.1. Immunization

If human seasonal influenza viruses are circulating in the community at the time of a novel influenza outbreak impacting animals and the seasonal influenza vaccine is available, the Board of Health shall determine the seasonal influenza immunization status of all people who were in close contact with the infected animals. Those over the age of 6 months, and where vaccine is not contraindicated, should be encouraged to receive the seasonal influenza vaccine annually to reduce the likelihood of co-infection with human seasonal and novel influenza viruses. Vaccinations should be recommended if not already done.

Currently, there are no novel influenza virus vaccines for humans, and the recommendation for seasonal influenza vaccine is to reduce the risk of co-infection and viral re-assortment in a host. If avian influenza virus vaccines become available, vaccine guidance will be provided regarding usage.

6.2.2. Infection Prevention and Control for Caretakers of Infected Animals

The Board of Health shall advise all individuals in contact with the infected animal(s), their environments, or their food products, to wherever possible avoid unprotected direct physical contact or close contact with animals that are symptomatic or have known infection. They should also receive appropriate training and PPE recommended to prevent and control disease transmission (e.g., hygiene measures, wearing appropriate PPE and frequent hand washing, no consumption of food or drink in the animals' area and do not touch the eyes, nose or mouth following contact with infected animals, or excretions/secretions, or their food products).¹¹

In the case of outbreaks of a novel influenza virus in congregate animal settings, where large numbers of infected animals may be housed in a common enclosed space, the Board of Health shall advise all workers entering areas where infected animals are housed to, in addition to the IPAC measures above, use appropriate PPE. PPE recommendations for

individuals working with animals is available in the [*Highly Pathogenic Avian Influenza: Recommendations for Personal Protective Equipment for Workers and Employers Working with or Around Poultry, Wild Birds, and Other Susceptible Species, including Livestock*](#).¹¹

PPE may be provided in situations where the operators are exposed to infected livestock or contaminated environments. In these cases, farmers can order the necessary PPE from Supply Ontario by contacting sco.supplies@supplyontario.ca.

In situations where there are ongoing exposures to infected animals (e.g., over several weeks), the Board of Health will advise impacted caretakers on estimating PPE supply needs for the projected time of exposure to support responsible PPE ordering and avoid wastage.

6.2.3. Cleaning and Disinfection in Congregate Animal Settings

In congregate animal settings with a novel influenza outbreak where there may be ongoing concerns about risks to human health because of environmental contamination, the Medical Officer of Health may consider ordering the [cleaning and disinfection](#) of the facility.¹⁵ Disinfectants, with the exception of sodium hypochlorite (bleach), should have a drug identification number (DIN) and a label claim against enveloped viruses.

6.2.4. Antiviral Prophylaxis

The Board of Health shall recommend that individuals who have been in close contact with an infected mammal, and/or contaminated environments, and/or materials, without using full, appropriate PPE, or consumption of uncooked or undercooked animal products or unpasteurized (raw) milk products, receive treatment with an appropriate antiviral regimen.^{12,16}

- **For time-limited exposure:** 75 mg of oseltamivir twice daily for 10 days after their last direct contact with the animals, the contaminated environment, or as recommended by a physician. The prophylaxis dosing should be adjusted as appropriate for the individual's renal function.
- **For ongoing/prolonged exposure:** as per current clinical guidance or per consultation with Ministry and/or PHO.

There is a risk of antiviral resistance when antiviral prophylaxis is initiated late after exposure and when it is used for prolonged periods of time.¹² In situations where there may be long ongoing durations of exposures, antivirals, where recommended, should be initiated early, and only used for a duration that covers an incubation period and peak viral shedding from infection. If there is ongoing exposure after completion of antiviral prophylaxis, emphasis should be placed on infection prevention and control measures to reduce risk of exposure, monitoring for the development of symptoms, and early initiation of treatment doses of antivirals if symptoms develop. New high-risk exposures during a period of

prolonged exposure should be assessed for the need for re-initiating antiviral prophylaxis. Public health units are encouraged to pre-position antiviral supply in order to facilitate the fastest possible response in outbreak scenarios when regular supply channels are limited. Antivirals can be accessed through the provincial emergency stockpile by contacting EOCOperations.MOH@ontario.ca.

6.2.5. Management of Human Exposures on Suspect Premises

There may be circumstances where a premise has an epidemiological link to novel influenza, but animals are not yet confirmed to be positive for novel influenza. For example, if avian influenza fragments are identified in a milk sample, multiple farms may have contributed to that milk sample, and further testing would be required to determine which farm(s) have infected dairy cattle. These premises would be considered “suspect premises” until testing confirms whether infection is present, or not, on the premises.

While that further testing is underway, or unless advised otherwise by the Ministry, Boards of Health shall follow-up with “suspect premises” to provide information on the use of appropriate infection prevention and control measures to reduce the risk of human exposure. This includes recommendations on the use of appropriate PPE based on level of risk activity.¹¹ Boards of Health shall provide information on self-monitoring to individuals on the premises, and information on what individuals should do if they develop any symptoms. Initiation of antiviral prophylaxis for individuals in close contacts of the “suspect premise” is not recommended while testing results of the premises is pending.

7. Reporting of Human Cases

Influenza infection in humans is designated as both a disease of public health significance and a communicable disease under Regulation 135/18 (Designation of Diseases).¹⁷ Any identified human cases meeting the provincial case definition provided in the Appendices to the Infectious Diseases Protocol shall be reported to the Ministry by the Board of Health.

Please note that cases of novel influenza require immediate notification to the Ministry. The reporting of this event will be notified to the Public Health Agency of Canada and the World Health Organization under the International Health Regulations. Reporting of this disease is by phone and through the Ministry during business hours by calling 416-327-7392. After-hours and on weekends and holidays please call the Ministry’s Health Care Provider Hotline at 1-866-212-2272.

The Ministry of Labour, Immigration, Training and Skills Development (MLITSD) is an integral part of Ontario’s occupational health and safety system. The MLITSD monitors compliance with the *Occupational Health and Safety Act* (OHSA) and associated regulations.¹⁸

One of the employer’s general duties outlined in section 25 (2) h of the Act is to take every

precaution reasonable in circumstances for the protection of a worker (which may include protection of the workers from avian influenza).

If illness occurs in workers on farms in Ontario, employers are obligated to notify the Ministry of Labour, Immigration, Trades, Skills, and Development of an occupational illness as per s.52(2) of the [Occupational Health and Safety Act](#) (OHSA).¹⁸ The OHSA includes legal duties for employers, constructors, supervisors, owners, suppliers, licensees, officers of a corporation and workers, among others. Part III of the OHSA specifies the general duties of these workplace parties. Information on the reporting requirements can be found under Part VII – Notices (sections 52 (2)) of the OHSA and in Ontario Regulation 420/21 - *Notices and Reports Under Sections 51 to 53.1 of the Act – Fatalities, Critical Injuries, Occupational Illnesses and Other Incidents* (O. Reg. 420/21).¹⁹

8. Other Agencies and Response Considerations

Depending on the setting in which cases of avian or novel influenza are identified, several other government agencies may be involved in the response from an animal health and welfare perspective or may be able to provide additional support to the Board of Health.

Workers participating in the International Agriculture Worker (IAW) program, who may have been exposure to avian or novel influenza, should be reported to OMAFA's Emergency Management Coordinator by contacting emergency.omafra@ontario.ca.

In settings such as farms, breeding operations, kennels, or commercial pet stores, as well as rescue organizations being run out of private residences, concerns about overcrowding of animals, lack of appropriate on-going husbandry, or other animal welfare concerns should be reported to the Ministry of the Solicitor General (SOLGEN).

In all cases where large numbers of birds or animals are being kept in private residences, and particularly where this is being done for commercial purposes, municipal authorities should be advised of the situation, as this may be violating zoning by-laws and posing a risk to the community.

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Document History

Revision Date	Document Section	Description of Revisions
December 2022	Entire Document	New template. Appendix B removed. Changes to case management recommendations and public health unit involvement in animal management. Added mental health supports. Added access to Personal Protective Equipment for non-commercial farms. Updated weblinks.
November 2023	Anti-viral Prophylaxis	Enhancing wording for use of anti-viral prophylaxis for close contacts of infected animals.
August 2024	Entire Document	Added reference to Influenza Appendix: Case definitions and Disease specific Information. Updated anti-viral prophylaxis. Updated information within infected animals. Updated weblinks. Removal of document appendices.