

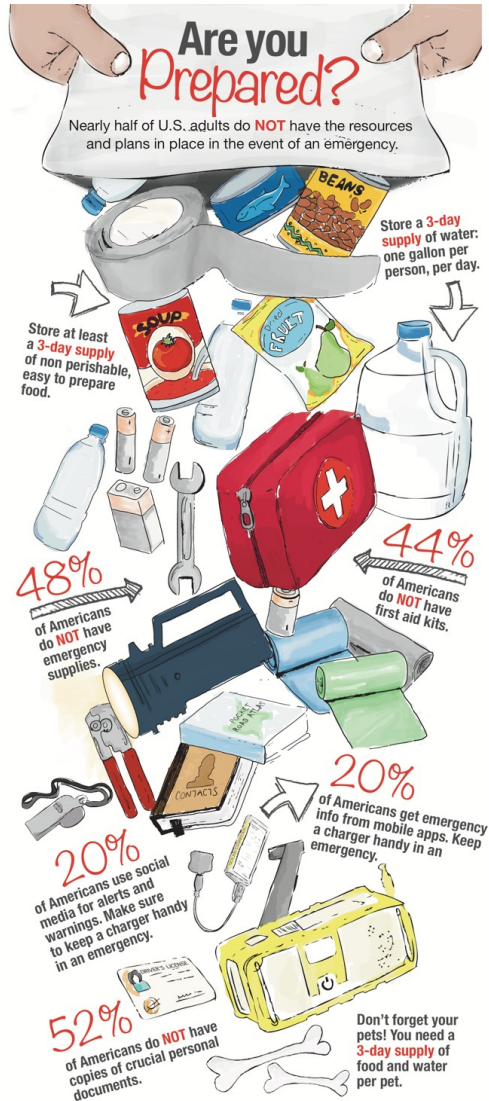
## **OADC Message and Material Feedback Surveys — Materials**

## Survey #1 Material

Emergency Preparedness: Are You Prepared? Infographic, available at:

<http://emergency.cdc.gov/preparedness/pdf/infographic-are-you-prepared.pdf>

Note: OADC received prior approval from the program that created this material to use the material in this project.



Prepare supplies for home, work, and vehicles.  
Emergencies can happen anywhere.

For more information visit: [emergency.cdc.gov](http://emergency.cdc.gov)



## Survey #2 Material

Facts About Ebola in the U.S., available at: <http://www.cdc.gov/vhf/ebola/pdf/infographic.pdf>

Note: OADC received prior approval from the program that created this material to use the material in this project.



### You can only get Ebola from

- The body fluids of a person who is sick with or has died from Ebola.
- Objects contaminated with body fluids of a person sick with Ebola or who has died of Ebola.
- Infected fruit bats and primates (apes and monkeys).
- And, possibly from contact with semen from a man who has recovered from Ebola (for example, by having oral, vaginal, or anal sex).



### Survey #3 Material

Diabetes and Flu Poster, available at:

[http://www.cdc.gov/flu/pdf/freeresources/risk/f\\_diabetes\\_print.pdf](http://www.cdc.gov/flu/pdf/freeresources/risk/f_diabetes_print.pdf)

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If you live with or care for someone at high risk for serious complications from seasonal influenza, you should get a seasonal flu vaccine. Groups at high risk include kids and adults with chronic medical conditions like **asthma** and **diabetes**.

For more information, visit  
<http://www.flu.gov> or <http://www.cdc.gov/flu>






U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

## Survey #4 Material

**Avian Influenza A Infections in Humans**, available at: <http://www.cdc.gov/flu/avianflu/avian-in-humans.htm>

Note: OADC received prior approval from the program that created this material to use the material in this project.

### Avian Influenza A Virus Infections in Humans

Language: English

#### Avian Influenza A Virus Infections in Humans

Although avian influenza A viruses usually do not infect humans, rare cases of human infection with these viruses have been reported. Infected birds shed avian influenza virus in their saliva, mucous and feces. Human infections with bird flu viruses can happen when enough virus gets into a person's eyes, nose or mouth, or is inhaled. This can happen when virus is in the air (in droplets or possibly dust) and a person breathes it in, or when a person touches something that has virus on it then touches their mouth, eyes or nose. Rare human infections with some avian viruses have occurred most often after unprotected contact with infected birds or surfaces contaminated with avian influenza viruses. However, some infections have been identified where direct contact was not known to have occurred. Illness in humans has ranged from mild to severe.

The spread of avian influenza A viruses from one ill person to another has been reported very rarely, and has been limited, inefficient and not sustained. However, because of the possibility that avian influenza A viruses could change and gain the ability to spread easily between people, monitoring for human infection and person-to-person transmission is extremely important for public health.

#### Signs and Symptoms of Avian Influenza A Virus Infections in Humans

The reported signs and symptoms of low pathogenic avian influenza\* (LPAI) A virus infections in humans have ranged from conjunctivitis to influenza-like illness (e.g., fever, cough, sore throat, muscle aches) to lower respiratory disease (pneumonia) requiring hospitalization. Highly pathogenic avian influenza (HPAI) A virus infections in people have been associated with a wide range of illness from conjunctivitis only, to influenza-like illness, to severe respiratory illness (e.g. shortness of breath, difficulty breathing, pneumonia, acute respiratory distress, viral pneumonia, respiratory failure) with multi-organ disease, sometimes accompanied by nausea, abdominal pain, diarrhea, vomiting and sometimes neurologic changes (altered mental status, seizures). [LPAI H7N9](#) and HPAI [Asian H5N1](#) have been responsible for most human illness worldwide to date, including the most serious illnesses and deaths.

#### Detecting Avian Influenza A Virus Infection in Humans

Avian influenza A virus infection in humans cannot be diagnosed by clinical signs and symptoms alone; laboratory testing is required. Avian influenza A virus infection is usually diagnosed by collecting a swab from the nose or throat of the sick person during the first few days of illness. This specimen is sent to a lab; the laboratory looks for avian influenza A virus either by using a molecular test, by trying to grow the virus, or both. (Growing avian influenza A viruses should only be done in laboratories with high levels of protection).

For critically ill patients, collection and testing of lower respiratory tract specimens may lead to diagnosis of avian influenza virus infection. For some patients who are no longer very sick or who have fully recovered, it may be difficult to find the avian influenza A virus in the specimen, using these methods. Sometimes it may still be possible to diagnose avian influenza A virus infection by looking for evidence of the body's immune response to the virus infection by detecting specific antibodies the body has produced in response to the virus. This is not always an option because it requires two blood specimens (one taken during the first week of illness and another taken 3-4 weeks later). Also, it can take several weeks to verify the results, and testing must be performed in a special laboratory, such as at CDC.

CDC has posted [guidance](#) for clinicians and public health professionals in the United States on appropriate [testing, specimen collection and processing of samples](#) from patients who may be infected with novel influenza A viruses.

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