**Identifying Human Infection with Highly Pathogenic Avian Influenza A(H5N1) Among Persons in Contact with Infected Poultry at Farms, Processing Facilities, or Residences, United States, 2022**

**Purpose:** The <*insert state health department here*> and U.S. Centers for Disease Control and Prevention (CDC) are working on a public health surveillance initiative to monitor human influenza infection among people exposed to birds infected with Highly Pathogenic Avian Influenza A(H5N1).

**Procedures:** If you agree to participate in this response activity:

* We will ask you questions about contact that you have had with poultry and any signs of personal illness.
* We will ask you for basic demographic and contact information.
* We will take one nasal swab.
* We will take a blood sample of no more than 9 cc’s from you at two possible time points:
	+ Baseline,
	+ Possibly ~21 days post-exposure based on results of baseline blood sample
* We will test the nasal swab and blood sample(s) to see if you have been infected with influenza A(H5N1).
* We will use a blood test to look for influenza A(H5N1) IgG and IgM antibodies in the blood samples.
* If you are found to have an influenza A(H5N1) infection, <*insert state health department here*> will contact you.

**Risks:** When the blood sample is taken,you may feel discomfort, including feeling ill or lightheaded. There could be slight bleeding, bruising, tenderness, or infection at the site where blood was drawn.

**Benefits:** By contributing information about exposures to influenza A(H5N1), you will help us learn information that will guide infection prevention protocols and public health messaging regarding the prevention of future human A(H5N1) infection and transmission.

**Confidentiality:** All files containing personally identifying information (e.g., name, contact information) of patients will be located only on CDC computers and/or on the CDC network/servers, and in password protected files. Any paper questionnaires will be stored in locked filing cabinets.

**Participation:**

* Your participation is voluntary.
* You have the right to refuse or stop participation at any time.
* You can skip any questions you do not want to answer.
* If you want to stop participation, please notify personnel and let them know how you’d want prior information that was collected to be used going forward.

**Persons to Contact:** If you have any questions about this project or feel that you have been injured or harmed by participating in this evaluation, you can contact <*insert contact here*>. If you have any questions about your rights as a participant, you can contact <*insert contact here*>.

**The above has been explained to me and I agree to take part in the public health surveillance initiative. I agree to participate in the interview and donate nasal swab and blood samples.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of the participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**After the testing for this activity is complete:**

Are you willing to allow any left-over blood to be stored for research testing of influenza A(H5N1) in the future? The blood sample will not be labelled with your name, nor will it be linked to other identifying information. The sample will be stored at CDC in Atlanta, Georgia indefinitely.

I agree \_\_\_\_\_\_ (initials)

I do not agree \_\_\_\_\_\_ (initials)