

May 7, 2024

Health Notice for District of Columbia Health Care Providers

Highly Pathogenic Avian Influenza A(H5N1) Virus: Identification of Human Infection and Recommendations for Investigations and Response

SUMMARY

The Centers for Disease Control and Prevention (CDC) issued a Health Advisory through the Health Alert Network (HAN) to inform clinicians, state health departments, and the public of a recently confirmed human infection with the highly pathogenic avian influenza (HPAI) A(H5N1) virus in the United States following exposure to presumably infected dairy cattle. The U.S. Department of Agriculture (USDA) [recently reported detections of the](#) highly pathogenic avian influenza A(H5N1) virus in U.S. dairy cattle in multiple states. This Health Advisory also includes a summary of interim [CDC recommendations for preventing, monitoring, and conducting public health investigations of potential human infections with HPAI A\(H5N1\) virus.](#)

BACKGROUND

Around March 27, 2024, a farm worker at a commercial dairy farm in Texas developed conjunctivitis and later tested positive for HPAI A(H5N1) virus infection. This virus has been detected in the dairy cattle and wild birds in the area. It's important to note that there have been no prior reports of HPAI viruses spreading from cows to humans.

The patient reported conjunctivitis with no other symptoms, was not hospitalized, and is recovering. The patient was recommended to be isolate and received antiviral treatment with oseltamivir. The illness has not been identified in the patient's household members, who received oseltamivir for post-exposure prophylaxis per [CDC Recommendations for Influenza Antiviral Treatment and Chemoprophylaxis](#). No additional cases of human infection with the HPAI A(H5N1) virus are associated with the current infections in dairy cattle and birds in the United States, and no human-to-human transmission of the HPAI A(H5N1) virus has been identified.

The CDC has analyzed the genetic makeup of the influenza virus found in a patient's sample and compared it with HPAI A(H5N1) sequences from cattle, wild birds, and poultry. Although minor changes were identified in the virus sequence from the patient specimen compared to the viral sequences from cattle, both cattle and human sequences lack changes that would make them better adapted to infect mammals. Additionally, no markers linked to influenza antiviral drug resistance were found in the patient's virus sequences. The virus closely resembles two existing HPAI A(H5N1) candidate vaccine viruses already available for vaccine production if required.

This patient is the second person to test positive for HPAI A(H5N1) virus in the United States. The first case was reported in [April 2022 in Colorado](#) by a person who had contact with poultry that was presumed to be infected with HPAI A(H5N1) virus.

Currently, HPAI A(H5N1) viruses are circulating among wild birds in the United States, with associated outbreaks among poultry and backyard flocks and sporadic infections in mammals. The current risk these viruses pose to the public remains low. However, people with job-related or recreational exposures to infected birds, cattle, or other animals are at higher risk of infection and should take the appropriate precautions outlined in the [CDC Recommendations for Farmers; Poultry, Backyard Bird Flock, and Livestock Owners; and Worker Protection](#).

DC Health continues to work with the CDC, USDA, FDA, and other state health departments to monitor people exposed to animals infected with HPAI A(H5N1) viruses. The FDA does not currently have concerns about the safety or availability of pasteurized milk products nationwide. Pasteurization has continually proven to inactivate bacteria and viruses, such as influenza viruses, in milk and is required for any milk entering interstate commerce. Because influenza viruses constantly change, continued surveillance and preparedness efforts are critical. DC Health is taking measures in case the public health risk assessment changes. This is a developing situation, and DC Health will share additional updates as new relevant information becomes available.

No case of severe illness or death with HPAI A(H5N1) virus infection has been reported in the United States. Since 1997, more than 900 sporadic human cases of HPAI A(H5N1) have been reported in 23 countries, with more than half of these cases resulting in death. However, since 2015–2016, human cases have decreased substantially, and only a small number of sporadic human cases have been reported worldwide since 2022. Clinical illness with HPAI A(H5N1) virus infection has ranged from mild disease (e.g., conjunctivitis and upper respiratory symptoms) to severe or critical disease (e.g., pneumonia, multi-organ failure, and sepsis) and death.

RECOMMENDATIONS FOR HEALTHCARE PROVIDERS

- Clinicians should consider the possibility of HPAI A(H5N1) virus infection in people showing signs or symptoms of acute respiratory illness or conjunctivitis and who have relevant exposure history outlined in [Highly Pathogenic Avian Influenza A\(H5N1\) Virus in Animals: Interim Recommendations for Prevention, Monitoring, and Public Health Investigations](#).
 - Examples of symptoms include but are not limited to:
 - Mild illness: (e.g., cough, sore throat, eye redness or eye discharge such as conjunctivitis, fever or feeling feverish, rhinorrhea, fatigue, myalgia, arthralgia, and headache)
 - Moderate to severe illness: (e.g., shortness of breath or difficulty breathing, altered mental status, and seizures)
 - Complications: (e.g., pneumonia, respiratory failure, acute respiratory distress syndrome, multi-organ failure (respiratory and kidney failure), sepsis, and meningoencephalitis)
- If signs and symptoms compatible with avian influenza A(H5N1) virus infection are present:
 1. Isolate patient and follow infection control recommendations, including using PPE.
 2. Initiate empiric antiviral treatment as soon as possible. Do not delay treatment while awaiting laboratory results.
 3. Notify state and local health department to arrange testing for influenza A(H5N1) virus.

4. Collect respiratory specimens from the patient to test for influenza A(H5N1) virus at the state health department. If the exposed person has conjunctivitis, with or without respiratory symptoms, both a conjunctival swab and a nasopharyngeal swab should be collected for testing.
 5. Encourage patients to isolate at home away from their household members and not go to work or school until it is determined they do not have avian influenza A(H5N1) virus infection.
- Starting empiric antiviral treatment with oral or enterically administered oseltamivir (twice daily for five days) is recommended regardless of time since onset of symptoms. [Antiviral treatment](#) should not be delayed while waiting for laboratory test results.

RECOMMENDATIONS FOR FARMERS; POULTRY, BACKYARD BIRD FLOCK, AND LIVESTOCK OWNERS; AND WORKER PROTECTION

- [To reduce the risk of HPAI A\(H5N1\) virus infection](#), poultry farmers and poultry workers, backyard bird flock owners, livestock farmers and workers, veterinarians and veterinary staff, and responders should wear recommended PPE (e.g., the same PPE is recommended for persons exposed to any confirmed or potentially infected animals as for exposed poultry workers; for specific recommendations see: [PPE recommended for poultry workers](#)). This includes wearing an N95™ filtering facepiece respirator, eye protection, and gloves and performing thorough hand washing after contact, when in direct physical contact, or during close exposure to sick or dead birds or other animals, carcasses, feces, unpasteurized (raw) milk, or litter from sick birds or other animals confirmed to be or potentially infected with HPAI A(H5N1) viruses.
- [Workers should receive training on using PPE](#) and demonstrate an understanding of when to use PPE, what PPE is necessary, how to correctly put on, use, take off, dispose of, and maintain PPE, and PPE limitations.

RECOMMENDATIONS FOR THE PUBLIC

- [People should avoid being near sick or dead animals](#) or surfaces contaminated with the animal's feces, litter, raw milk, or other byproducts when not wearing respiratory or eye protection.
 - Animals in which HPAI A(H5N1) virus infection has been identified include wild birds, poultry, other domesticated birds, and other wild or domesticated animals (including livestock such as cattle and goats).
- As always, people should not prepare or eat uncooked or undercooked food or related uncooked food products, such as unpasteurized (raw) milk or raw cheeses, from animals with [suspected or confirmed](#) HPAI A(H5N1) virus infection.

ADDITIONAL INFORMATION

- General Information
 - [Highly Pathogenic Avian Influenza A\(H5N1\) Virus in Animals: Interim Recommendations for Prevention, Monitoring, and Public Health Investigations](#)

- [Technical Update: Summary Analysis of Genetic Sequences of Highly Pathogenic Avian Influenza A\(H5N1\) Viruses in Texas](#)
- [Information on Bird Flu](#)
- [Past Outbreaks of Avian Influenza in North America](#)
- [Transmission of Avian Influenza A Viruses Between Animals and People](#)
- [Avian Influenza in Birds](#)
- [Reported Human Infections with Avian Influenza A Viruses](#)
- [Bird Flu Virus Infections in Humans](#)

- Information for Clinicians
 - [Human Infection with Avian Influenza A Virus: Information for Health Professionals and Laboratorians](#)
 - [Brief Summary for Clinicians: Evaluating and Managing Patients Exposed to Birds Infected with Avian Influenza A Viruses of Public Health Concern](#)
 - [Interim Guidance on Testing and Specimen Collection for Patients with Suspected Infection with Novel Influenza A Viruses with the Potential to Cause Severe Disease in Humans](#)
 - [Interim Guidance for Infection Control Within Healthcare Settings When Caring for Confirmed Cases, Probable Cases, and Cases Under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease](#)
 - [Interim Guidance on the Use of Antiviral Medications for Treatment of Human Infections with Novel Influenza A Viruses Associated with Severe Human Disease](#)
 - [Interim Guidance on Influenza Antiviral Chemoprophylaxis of Persons Exposed to Birds with Avian Influenza A Viruses Associated with Severe Human Disease or with the Potential to Cause Severe Human Disease](#)
 - [Interim Guidance on Follow-up of Close Contacts of Persons Infected with Novel Influenza A Viruses and Use of Antiviral Medications for Chemoprophylaxis](#)

- Information for Farmers, Workers, and Livestock and Poultry Owners
 - [Recommendations for Worker Protection and Use of Personal Protective Equipment \(PPE\) to Reduce Exposure to Novel Influenza A Viruses Associated with Severe Disease in Humans](#)
 - [CDC Healthy Pets, Healthy People](#)
 - [Farm Animals | Healthy Pets, Healthy People](#)
 - [Backyard Poultry | Healthy Pets, Healthy People](#)
 - [Stay Healthy When Working with Farm Animals](#)

REPORTING REQUIREMENTS

Any patient with signs and symptoms compatible with avian influenza A(H5N1) virus infection are present report the case immediately (within 24 hours) by telephone at 844-493-2652 **or** by submitting a [Notifiable Disease and Condition Case Report Form](#) online using the DC Reporting and Surveillance Center (DCRC), which can be found on our Infectious Diseases website dchealth.dc.gov/node/143092

REFERENCES

1. Centers for Disease Control and Prevention. (2024). Highly Pathogenic Avian Influenza A(H5N1) Virus: Identification of Human Infection and Recommendations for Investigations and Response
<https://emergency.cdc.gov/han/2024/han00506.asp>

Please contact the DC Health Division of Epidemiology-Disease Surveillance and Investigation at: Phone: (202) 535-1825/442-8141 (8:15 am-4:45 pm) | 844-493-2652 (after-hours calls) | Fax: (202) 442-8060 | Email: doh.epi@dc.gov