

04/12/2024

**NOTICE: This health alert provides written guidance for health care professionals and others who may need to take action to prevent or control a notifiable condition. It is not intended to provide guidance for the general public.*

Highly Pathogenic Avian Influenza A (H5N1) Virus Infection Reported in a Person in the U.S.

Background:

An individual in the United States has tested positive for highly pathogenic avian influenza (HPAI) A(H5N1) virus (commonly known as "H5N1 bird flu"), according to reports from Texas and confirmation from the CDC. This individual had contact with dairy cattle in Texas that was presumed to be infected with HPAI A(H5N1) viruses. The patient's primary symptom was conjunctivitis and is currently in recovery. The patient has been advised to isolate and is receiving treatment with an antiviral medication for flu. This case does not alter the risk assessment for H5N1 bird flu in the general public in the United States, which the CDC considers to be **low**. However, people with close contact with affected animals suspected of having avian influenza A(H5N1) have a higher risk of infection.

Guidance for the General 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.

Action Requested:

- 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)

COMMUNICABLE DISEASE UPDATE

COMMUNICABLE DISEASE CONTROL AND PREVENTION SECTION
THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT
412 LILLY RD NE
OLYMPIA, WA, 98506-5132
DISEASE REPORTING: (360)786-5470
WWW.THURSTONCOUNTYWA.GOV/PHSS



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- If signs and symptoms compatible with avian influenza A(H5N1) virus infection are present:
 - Isolate patient and follow infection control recommendations, including using PPE.
 - Initiate empiric antiviral treatment as soon as possible. Do not delay treatment while awaiting laboratory results.
 - Call Thurston County Public Health and Social Services to arrange testing for influenza A(H5N1) virus.
 - 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.
 - 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.
- When caring for individuals suspected to have avian influenza A (H5N1) start 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.
- Consider postexposure prophylaxis for individuals who have had recent (within 10 days) close exposure (within six feet) to:
 - Birds or other animals with confirmed avian influenza A (H5N1).
 - Direct contact with surfaces contaminated with feces, unpasteurized dairy products or parts of an infected bird or animal.
 - A live bird market with confirmed infections or associated with a case of human infection.
 - A person who is a confirmed, probable, or symptomatic suspected case of human infection with HPAI A(H5N1) virus without use of respiratory or eye protection.
 - Laboratory exposure.
- Post-exposure [chemoprophylaxis](#) with twice daily dosing of Oseltamivir can be considered for any person meeting epidemiologic exposure criteria. Decisions to initiate post-exposure antiviral chemoprophylaxis should be based on clinical judgment, with consideration given to the type of exposure, duration of exposure, time since exposure, and known infection status of the birds, animals or people the person was exposed to.
- Highly Pathogenic Avian Influenza A is ***immediately notifiable*** to local health jurisdictions. **Report all *confirmed, probable, and suspect cases of Highly Pathogenic Avian Influenza A* to Thurston County Public Health and Social Services Department at 360-867-2610 Monday through Friday 8am-5pm and 1-800-986-9050 after hours.**

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Infection Prevention and Control Recommendations:

Standard precautions, plus contact and airborne precautions, including the use of eye protection are recommended when evaluating patients for infection with avian influenza A viruses. If an airborne infection isolation room (AIIR) is not available, isolate the patient in a private room. For more information on recommended infection prevention and control measures, please visit [Infection Control Within Healthcare Settings for Patients with Novel Influenza A Viruses](#).

Laboratory Testing Recommendations:

If signs or symptoms consistent with infection with avian influenza A virus are present in a patient with recent exposure to infected birds or contaminated environments, respiratory specimens should be collected for molecular testing (RT-PCR) for influenza viruses, including avian influenza A viruses. For outpatients, upper respiratory tract specimens should be collected. If conjunctivitis is present, conjunctival swabs should be collected. Patients who are severely ill should have both upper and lower respiratory tract specimens collected for influenza testing. For information on specimen collection, infection prevention and control recommendations when collecting specimens, and influenza diagnostic testing, please visit [Specimen Collection and Testing for Patients with Novel Influenza A Viruses with Potential to Cause Severe Disease in Humans](#). Rapid influenza diagnostic tests are not a reliable indicator of avian influenza A virus infection, and the results should not be used to guide infection control or antiviral treatment decisions. Both commercially available rapid influenza diagnostic tests and most influenza molecular assays do not distinguish between infection with seasonal influenza A viruses and avian influenza A viruses. Testing for avian influenza A viruses must be performed at state health department laboratories, and CDC. *Testing for other potential causes of acute respiratory illness should also be considered depending upon the local epidemiology of circulating respiratory viruses, including SARS-CoV-2.*

Resources:

- Highly Pathogenic Avian Influenza A (H5N1) Virus Infection Reported in a Person in the U.S. (CDC) - <https://www.cdc.gov/media/releases/2024/p0401-avian-flu.html>
- Highly Pathogenic Avian Influenza A(H5N1) Virus in Animals: Interim Recommendations for Prevention, Monitoring, and Public Health Investigations (CDC)- <https://www.cdc.gov/flu/avianflu/hpai/hpai-interim-recommendations.html>
- Health Alert: First Case of Novel Influenza A (H5N1) in Texas, March 2024 - <https://www.dshs.texas.gov/news-alerts/health-alert-first-case-novel-influenza-h5n1-texas-march-2024>
- Brief Summary for Clinicians: Evaluating and Managing Patients Exposed to Birds Infected with Avian Influenza A Viruses of Public Health Concern (CDC) - <https://www.cdc.gov/flu/avianflu/clinicians-evaluating-patients.htm>
- Avian Influenza (WA DOH) - <https://doh.wa.gov/avian-influenza>

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THANK YOU FOR REPORTING

TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY	
Voice mail for reporting non-immediately reportable conditions (24 hours a day): Reporting a Notifiable Condition (thurstoncountywa.gov)	Phone: 360-786-5470 Secure eFax: 1-833-418-1916
Day time immediately reportable conditions – Calls are answered during business hours Monday-Friday 8am-5pm (excluding holidays) and routed to the appropriate communicable disease team member.	Phone: 360-867-2610 Secure eFax: 1-833-418-1916
After hours immediately and 24-hour reportable conditions or a public health emergency	Call 1-800-986-9050
No one is available with Thurston County Public Health and condition is immediately notifiable or a public health emergency	Call 1-877-539-4344

Communicable Disease Updates are posted online at: [Communicable Disease Updates \(thurstoncountywa.gov\)](#)