



HEALTH ALERT NETWORK BROADCAST

MESSAGE ID: 04172024 11:00

FROM: CO-CDPHE

SUBJECT: HAN Advisory - Recommendations for evaluating and managing people exposed to avian influenza A(H5N1) virus

RECIPIENTS: Local Public Health Agencies / IPs / Clinical Labs / EDs / ID Physicians

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HEALTH ADVISORY | Recommendations for evaluating and managing people exposed to avian influenza A(H5N1) virus | April 17, 2024

Health care providers: Please distribute widely in your office

This information is for the public health and health care community. Do not post this document on a public web or social media site.

Key points

- On April 1, 2024, Centers for Disease Control and Prevention (CDC) reported a confirmed human infection with avian influenza A(H5N1) virus in the United States, following exposure to infected dairy cattle. Avian influenza A(H5N1) virus has been detected in U.S. dairy cattle in multiple states recently.
- **At this time, no ill cattle have been identified in Colorado.** For information about animal detections of avian influenza A(H5N1) in Colorado, see the [Colorado Department of Agriculture avian influenza response webpage](#). For more information about which states in the U.S. have confirmed cases of avian influenza A(H5N1) in domestic livestock see the [United States Department of Agriculture \(USDA\) Animal and Plant Health Inspection Service \(APHIS\) website](#). **The risk of avian influenza A(H5N1) virus to the general public is low.**
- CDC updated recommendations for preventing, monitoring, and conducting public health investigations of potential human infections with avian influenza A(H5N1) virus and provided a summary in a [CDC Health Advisory #506 issued April 5, 2024](#).
- Consider the possibility of avian influenza A(H5N1) virus infection in people showing signs or symptoms of acute respiratory illness **who have relevant exposure history**. Exposures of interest include, but are not limited to, recent contact with infected poultry or mammals, including dairy cattle, or occupational exposure to wildlife, poultry, or livestock with suspected illness.
- If signs and symptoms compatible with avian influenza A(H5N1) infection are present, along with history of avian influenza A(H5N1) exposure, the patient should be isolated, infection control recommendations should be followed, and CDPHE should be contacted immediately at 303-692-2700 (303-370-9395 after hours) regarding testing for avian influenza A(H5N1) virus.

- Testing of human specimens for avian influenza A(H5N1) virus can only be performed at the State Public Health Laboratory. Upper respiratory tract specimens, and, if conjunctivitis is present, conjunctival swabs, in viral transport media should be collected for testing. For more information see the [Highly Pathogenic Avian Influenza \(H5N1\) Guidance for Specimen Collection](#).
- **Submission to the State Lab should be coordinated with CDPHE in advance.** Once testing has been approved by CDPHE epidemiologists, providers should email State Lab coordinators at cdphe_labcoordinators@state.co.us to submit specimens.
- Empiric antiviral treatment with oseltamivir twice daily for five days is recommended while awaiting laboratory results.
- Influenza specimens that have non-standard results or are unable to be subtyped (unsubtypeable) by PCR from any laboratory should always be sent to the State Lab for testing. A non-standard result includes co-infections of influenza A and B or a co-infection of influenza A subtypes. Unsubtypeable specimens only include specimens with an inconclusive subtyping result that are tested by PCR with subtyping capabilities (Verigene, FilmArray, etc.). This does not include specimens run on a test that does not provide subtyping information (ex. PCR without subtyping capabilities or rapid antigen tests).
- Influenza-associated hospitalizations and pediatric deaths due to influenza are reportable conditions in Colorado year-round.

Background information

On April 1, 2024, Centers for Disease Control and Prevention (CDC) reported that a worker on a commercial dairy farm in Texas tested positive for avian influenza A(H5N1) virus infection after exposure to infected cattle. Conjunctivitis was the only presenting symptom. The individual was treated with oseltamivir and not hospitalized. Genetic analysis of the influenza virus specimen collected from the individual did not show mutations associated with better adaptation to infect mammals and there were no markers known to be associated with influenza antiviral drug resistance.

Currently in the United States and Colorado, avian influenza A(H5N1) virus is circulating among wild birds and has caused outbreaks among poultry and backyard flocks, as well as sporadic infections in mammals. There have been no previous reports of avian influenza viruses spreading from cows to humans. Until the recent detections in cattle and goats in the U.S., there have been no previous reports of avian influenza viruses infecting cattle or other livestock/ruminants, globally. **At this time, no cattle in Colorado are known or suspected to be infected with avian influenza A(H5N1) virus.** The current risk of avian influenza A(H5N1) virus to the general public remains low, according to CDC. However, people with occupational or recreational exposures to infected birds, cattle, or other animals are at higher risk of infection.

Recommendations for clinicians

Consider the possibility of avian influenza A(H5N1) virus infection in people showing signs or symptoms of acute respiratory illness or conjunctivitis and who have relevant exposure history as 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, such as 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, such as shortness of breath or difficulty breathing, altered mental status, and seizures.
- Complications, such as pneumonia, respiratory failure, acute respiratory distress syndrome, multi-organ failure (respiratory and kidney failure), sepsis, and meningoencephalitis.

Relevant exposures include:

- Contact with potentially infected sick or dead birds, livestock, or other animals within the week before symptom onset. Contact includes handling, slaughtering, defeathering, butchering, culling, preparing for consumption or consuming uncooked or undercooked food or related uncooked food products, including unpasteurized milk or other unpasteurized dairy products.
- Direct contact with water or surfaces contaminated with feces, unpasteurized milk or unpasteurized dairy products, or parts (carcasses, internal organs, etc.) of potentially infected animals.
- Prolonged exposure to potentially infected birds or other animals in a confined space.

If compatible clinical presentation and relevant exposure history is present:

1. Isolate the patient and follow [infection 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 is not available, isolate the patient in a private room.
2. **Call CDPHE at 303-692-2700 or 303-370-9395 (outside business hours) to discuss and arrange testing for influenza A(H5N1) virus at the State Public Health Laboratory.**
3. [Collect respiratory specimens](#) from the patient to test for influenza A(H5N1) virus at the State Lab. If the exposed person has conjunctivitis, with or without respiratory symptoms, both a conjunctival swab and a nasopharyngeal swab should be collected for testing. Rapid influenza diagnostic tests are not a reliable indicator of avian influenza A virus infection. These 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.

4. Initiate empiric [antiviral treatment](#) with oral or enterically administered oseltamivir (twice daily for five days) as soon as possible regardless of time since onset of symptoms. Do not delay treatment while awaiting laboratory results.
5. Instruct 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.

For further information including recommendations for the general public and farmers; poultry, backyard flock, and livestock owners; and worker protection see the [CDC Health Advisory #506 sent April 5, 2024](#).

More information

- CDC Brief Summary for Clinicians on Evaluating and Managing Patients Exposed to Birds Infected with Avian Influenza A Viruses of Public Health Concern: <https://www.cdc.gov/flu/avianflu/clinicians-evaluating-patients.htm>
- CDC H5N1 Bird Flu Current Situation Summary: <https://www.cdc.gov/flu/avianflu/avian-flu-summary.htm>

CDPHE Disease Reporting Line: 303-692-2700 or 303-370-9395 (after hours)