

Jan. 22, 2025

Summary

The Centers for Disease Control and Prevention (CDC) recently published a [health advisory](#) that includes updates for clinicians, and the Indiana Board of Animal Health (BOAH) also recently released an advisory about Indiana flocks affected by highly pathogenic avian influenza (HPAI). The Indiana Department of Health (IDOH) is sending this alert to provide updated information to clinicians who may evaluate a patient with suspected avian flu A(H5) infection.

The risk of infection to the general public remains low.

Background

H5 avian flu viruses have been circulating among wild birds in the United States since 2022, with associated outbreaks in poultry and mammals, including dairy cattle.

- The CDC has reported 67 confirmed human cases and one death in 10 states.
- No evidence of person-to-person transmission has been detected.

The potential spectrum of human illness associated with H5 avian flu can vary from mild to severe influenza-like illness (fever $\geq 100^{\circ}\text{F}$ plus cough or a sore throat) and/or conjunctivitis. Most of the individuals infected in the United States have had mild symptoms. However, there have been severe cases reported. Asymptomatic infections have been observed in HPAI A(H5N1) serologic investigations.

Recommendations

Clinicians are encouraged to counsel patients to avoid potential sources of exposure, such as sick or injured birds. Individuals with occupational or recreational exposure to infected animals and environments may be at higher risk, including poultry and dairy farms.

Clinicians should consider the possibility of H5 avian flu infection in people with compatible illness who have a relevant exposure history, including:

- Close exposure to birds or other animals with confirmed avian influenza A(H5N1) virus infection. Bird or other animal exposures can include, but are not limited to handling, slaughtering, defeathering, butchering, culling, or preparing birds or other animals for consumption, or consuming uncooked or undercooked food or related uncooked food products, including unpasteurized (raw) milk
- Direct contact with surfaces contaminated with feces, unpasteurized (raw) milk or other unpasteurized dairy products, or bird or animal parts (e.g., carcasses, internal organs) from infected birds or other animals
- Visiting a live bird market with confirmed H5N1 avian flu virus infections in birds or associated with a case of human infection with H5N1 avian flu virus



- Exposure to an infected person – Close unprotected (without use of respiratory and eye protection) exposure to a person who is a confirmed, probable, or symptomatic suspected case of human infection with H5N1 avian flu virus (e.g., in a household or healthcare facility)

If a compatible illness is present in someone with one of the exposures as above:

- Place the patient in isolation. For hospitalized patients with suspected, probable, or confirmed H5 avian flu, CDC recommends an airborne isolation room with negative pressure and implementation of [standard, contact, and airborne precautions](#) with eye protection. See this [link](#) for full infection control guidance.
- Contact IDOH for testing assistance if considering the possibility of H5 avian flu in a patient with compatible illness and relevant exposure history. Novel Influenza A is **immediately** reportable upon suspicion at the number below.
 - Monday–Friday, 8:15 a.m.–4:45 p.m., 317-233-7125
 - After hours and holidays: 317-233-1325
 - [Specimens](#), directed by IDOH, would be subtyped by one of the following routes:
 - Send respiratory specimens that are positive for influenza A but negative for seasonal influenza A virus subtypes [i.e., negative for A(H1) and A(H3)] to the IDOH Laboratory as soon as possible and within 24 hours of obtaining the results.
 - If influenza A virus subtyping is not available at the hospital or the clinical laboratory of the treating facility, public health officials should be notified, and arrangements made for influenza A virus-positive respiratory specimens to be subtyped at the IDOH laboratory or a commercial laboratory with this testing capability.
- CDC recommends treatment with oseltamivir. Dosing is BID x 5 days (for treatment or post-exposure prophylaxis ([PEP](#))) and most beneficial if started within the first 48 hours
 - Note the PEP dose for H5 avian flu is the same as the treatment dose instead of the daily prophylactic dose used for seasonal influenza
 - In certain situations, oseltamivir can be given for a longer duration, such as in severe illness or for up to 10 days for PEP if there is an ongoing exposure
- Hospitalized patients who are confirmed, probable, or suspected cases of human infection with H5 are recommended to [initiate antiviral treatment with oral or enterically administered oseltamivir](#) as soon as possible regardless of time since onset
 - Antiviral treatment should not be delayed while waiting for laboratory testing results.
 - Consider combination antiviral treatment for those hospitalized with H5 avian flu.

The CDC's full recommendations for clinicians may be found [here](#), and antiviral recommendations for those with severe infections can be found [here](#).

