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Maine Health Alert Network (HAN) System

PUBLIC HEALTH ADVISORY

To: All Health Care
From: Dr. Isaac Benowitz, State Epidemiologist
Subject: U.S. CDC: **Highly Pathogenic Avian Influenza A(H5N1) Virus: Identification of Human Infection and Recommendations for Investigations and Response**
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Please take a moment to review this information on highly pathogenic avian influenza A(H5N1) in the U.S.

Highly pathogenic avian influenza (HPAI) A(H5N1) continues to circulate in Maine with recent detections in wild and domestic birds. HPAI A(H5N1) can infect humans and cause illness. The risk to the general public remains low. People who are directly exposed to HPAI A(H5N1) should monitor for symptoms and get tested if symptomatic.

Maine's Health and Environmental Testing Laboratory (HETL) is the only laboratory in Maine capable of testing for HPAI A(H5N1). Respiratory specimens from symptomatic patients with recent contact to sick or dead birds or animals suspected of having HPAI A(H5N1) should be sent to HETL following the influenza laboratory submission information sheet (LSIS) found at <https://www.maine.gov/dhhs/mecdc/public-health-systems/health-and-environmental-testing/micro/documents/Detection-of-Influenza-by-Real-Time-RT-PCR-LSIS.pdf> All questions and concerns regarding human cases of HPAI A(H5N1) and human exposures to HPAI A(H5N1) should be directed to Maine CDC by calling the 24-hour disease reporting line at 800-821-5821.

Health care providers/facilities should have processes in place to identify and isolate persons with possible HPAI A(H5N1), inform infection control, and manage health care exposures.

- **Identify:** Minimize potential exposures before arrival, upon arrival, and for the duration of care, through prompt screening and triage of symptomatic patients, use of respiratory hygiene and cough etiquette, and placement of a mask on symptomatic patients and visitors.
- **Isolate:**
 - Place in a single-patient airborne infection isolation room (AIIR) or a single room with door closed if an AIIR is unavailable. Additionally, rapidly implement Airborne Precautions and Contact Precautions (e.g., gloves, gowns, N95 or higher-level respirator, with use of eye protection) in addition to Standard Precautions.
 - Limit transport of patients to medically essential purposes and have them wear a mask.

- Providers should use caution when performing aerosol-generating procedures as they are more likely to generate higher concentrations of infectious respiratory aerosols.
- Once the patient vacates the room or space, unprotected individuals, including healthcare providers should not be allowed into the room until sufficient time has elapsed for enough air exchanges/hour (ac/hr) based on room/space settings to remove potentially infectious particles. After the appropriate ac/hr have elapsed, room should undergo appropriate cleaning/disinfection before unprotected individuals are allowed to reenter it.
- **Inform:** immediately notify the Infection Prevention and Control department or appropriate designee and Maine CDC at 1-800-821-5821.
- **Health care exposures:** Establish a process to identify health care workers and patients who have had an exposure. This process should include appropriate post-exposure actions as detailed in U.S. CDC guidance (e.g., work restrictions for symptomatic individuals).
- **Full guidance:** [U.S. CDC Interim Guidance for Infection Control Within Healthcare Setting When Caring for Confirmed Cases, Probable Cases, and Cases Under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease](#)

U.S. CDC: 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 (U.S. CDC) is issuing this Health Alert Network (HAN) Health Advisory to inform clinicians, state health departments, and the public of a recently confirmed human infection with 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](#) highly pathogenic avian influenza A(H5N1) virus in U.S. dairy cattle in multiple states. This Health Advisory also includes a summary of interim [U.S. CDC recommendations for preventing, monitoring, and conducting public health investigations of potential human infections with HPAI A\(H5N1\) virus.](#)

Background

A farm worker on a commercial dairy farm in Texas developed conjunctivitis on approximately March 27, 2024, and subsequently tested positive for HPAI A(H5N1) virus infection. HPAI A(H5N1) viruses have been reported in the area's dairy cattle and wild birds. There have been no previous reports of the spread of HPAI viruses from cows to humans.

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

U.S. CDC has sequenced the influenza virus genome identified in a specimen collected from the patient and compared it with HPAI A(H5N1) sequences from cattle, wild birds, and poultry. While 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. In addition, there were no markers known to be associated with influenza antiviral drug resistance found in the virus sequences from the patient's specimen, and the virus is closely related to two existing HPAI A(H5N1) candidate vaccine viruses that are already available to manufacturers, and which could be used to make vaccine if needed.

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](#) in 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 appropriate precautions outlined in [U.S. CDC Recommendations for Farmers; Poultry, Backyard Bird Flock, and Livestock Owners; and Worker Protection](#).

U.S. CDC continues to work with USDA, FDA, and 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, like 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. U.S. CDC is taking measures in case the public health risk assessment changes. This is a developing situation, and U.S. CDC 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

U.S. CDC's updated recommendations include instructions for infection prevention and control measures, using personal protective equipment (PPE), testing, antiviral treatment, patient investigations, monitoring of exposed persons (including persons exposed to sick or dead wild and domesticated animals and livestock with suspected or confirmed infection with HPAI A(H5N1) viruses), and antiviral chemoprophylaxis of exposed persons.

Recommendations for Clinicians

- 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. **Standard Precautions, Contact Precautions, and Airborne Precautions should be used.**
 2. Initiate empiric antiviral treatment as soon as possible. Do not delay treatment while awaiting laboratory results.
 3. Notify Maine CDC at 1-800-821-5821 to arrange testing for influenza A(H5N1) virus.
 4. Collect respiratory specimens from the patient to test for influenza A(H5N1) virus at the Maine's Health and Environmental Testing Laboratory (HETL). 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.

For More 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](#)
 - [U.S. CDC Healthy Pets, Healthy People](#)
 - [Farm Animals | Healthy Pets, Healthy People](#)
 - [Backyard Poultry | Healthy Pets, Healthy People](#)
 - [Stay Healthy When Working with Farm Animals](#)
- Press Releases
 - U.S. CDC: April 1 - [Highly Pathogenic Avian Influenza A\(H5N1\) Virus Infection Reported in a Person in the U.S.](#)
 - Texas DSHS: April 1 - [Health Alert: First Case of Novel Influenza A \(H5N1\) in Texas, March 2024](#)
 - USDA: March 25 - [Federal and State Veterinary, Public Health Agencies Share Update on HPAI Detection in Kansas, Texas Dairy Herds](#)
 - USDA: March 29 - [USDA, FDA and U.S. CDC Share Update on HPAI Detections in Dairy Cattle](#)