



Avian Influenza A(H5N1) Guidance for Clinicians

Background: On April 1, 2024, the CDC confirmed a case of human infection with highly pathogenic avian influenza A virus (HPAI) H5N1 strain in Texas. Since then, additional human cases have been detected in other states among persons working with unpasteurized milk on commercial dairy farms.

This outbreak follows a multistate outbreak of HPAI A(H5N1) among dairy cattle since March 2024 and a continuing nationwide outbreak of HPAI A(H5N1) in wild birds and domestic poultry since 2022, with four HPAI A(H5) cases reported among poultry workers in July 2024. The designation of “highly pathogenic” refers to pathogenicity in birds, not humans.

The CDC currently considers the risk of HPAI A(H5N1) to the public as low. **To date, no person-to-person spread has been identified.** Situational updates from the CDC can be found at:



www.cdc.gov/flu/avianflu/avian-flu-summary.htm

Key points for clinicians: Clinicians should remain vigilant for HPAI A(H5N1) potential cases in New York State, particularly among populations working with poultry, dairy cattle, and unpasteurized milk.

Clinicians should consider the possibility of HPAI A(H5N1) virus infection in persons showing signs or symptoms of acute respiratory illness, or conjunctivitis, who have had any of the following relevant exposures *within 10 days* prior to symptom onset:

- Direct contact with known or potentially infected sick or dead animals, particularly wild birds, domestic poultry, or dairy cattle. High-risk activities include handling, milking, slaughtering, defeathering, butchering, culling, and preparing for consumption.
- Direct contact with unpasteurized (raw) milk or unpasteurized dairy products from sick or potentially infected animals.
- Direct contact with water or surfaces contaminated with feces, unpasteurized (raw) milk, or parts (e.g., carcasses, internal organs) from sick or potentially infected animals.
- Prolonged exposure to potentially infected birds and other animals in a confined space.

If HPAI A(H5N1) infection is suspected:

1. Isolate the patient and provide them with a face mask.

- Place the patient in a single-patient, airborne infection isolation room (or, if unavailable, an examination room with the door closed, pending transfer).
- Follow infection control recommendations, including standard, contact, and airborne precautions, plus the use of eye protection. Recommended PPE includes gown, gloves, N95 respirator, and goggles or face mask.



www.cdc.gov/bird-flu/hcp/novel-flu-infection-control/index.html

2. Report any suspected human infection with HPAI A(H5N1) immediately to the local health department (LHD) where the patient resides.

- Persons residing **outside of New York City**: LHD contact information is available at:



www.health.ny.gov/contact/contact_information/

If unable to reach the LHD where the patient resides, contact the New York State Department of Health Bureau of Communicable Disease Control at 518-473-4439 during business hours, or at 866-881-2809 after hours.

- For **New York City residents**, report to the New York City Department of Health and Mental Hygiene Provider Access Line at 866-692-3641.

3. Collect respiratory specimens for HPAI A(H5N1) testing, if indicated, *after discussion with the local health department*. HPAI A(H5N1) testing will be conducted at the NYS public health lab, Wadsworth Center.

- Nasopharyngeal, nasal, and oropharyngeal specimens should be collected from all suspected patients. Conjunctival swabs should be collected if symptoms of conjunctivitis are present (one swab per affected eye).
- Swab specimens should be collected using swabs with a synthetic tip (e.g., polyester or Dacron®) and an aluminum or plastic shaft. Swabs with cotton tips and wooden shafts are not recommended.
- Swabs can be placed in either viral transport media (VTM) or universal transport media (UTM). Put the nasal and oropharyngeal swabs in the same vial. The nasopharyngeal swab should be in a separate vial, and the conjunctival swab(s) should be in a vial. Label each vial with full patient name, date of birth, date of collection, and sample type.
- Patients with severe respiratory disease should also have lower respiratory tract specimens collected (e.g., an endotracheal aspirate or bronchoalveolar lavage fluid), if possible. For severely ill persons, multiple respiratory tract specimens from different sites should be obtained.
- Obtain detailed information on specimen packaging and submission for testing and infection prevention and control measures from the New York State Department of Health or the local health department when reporting a suspect case.

4. Initiate empiric antiviral treatment.

- Oral or enterically administered oseltamivir at influenza *treatment doses*, twice daily for 5 days, is recommended for symptomatic patients with confirmed, probable, or suspected HPAI A(H5N1) infection.
- Treatment should be initiated as early as possible, regardless of time since symptom onset.
- Additional information on treatment of suspect HPAI A(H5N1) cases can be found at:



www.cdc.gov/bird-flu/hcp/novel-av-treatment-guidance/

or by contacting the New York State Department of Health or your local health department.

For more information on HPAI A(H5N1) Guidance for Clinicians, visit:



www.cdc.gov/bird-flu/hcp/clinicians-evaluating-patients/index.html