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PUBLIC HEALTH ADVISORY

To: Health Care Providers, Veterinarians
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Subject: **Highly Pathogenic Avian Influenza A(H5N1): Reminders for Clinicians and Veterinarians**
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Highly Pathogenic Avian Influenza A(H5N1): Reminders for Clinicians and Veterinarians

Summary

U.S. CDC has announced the first severe case of highly pathogenic avian influenza A(H5N1) (also called HPAI, avian influenza, or bird flu) in the country, discovered in Louisiana, and another severe case was recently reported in Canada. There have been no known human cases of avian influenza A(H5N1) in Maine. Human and animal exposures to and infection with avian influenza remains a possibility. Clinicians should continue to (1) assess for relevant exposure history in patients with respiratory illness, (2) continue testing for influenza in patients with compatible illness, and (3) send all influenza A positive specimens to Maine Health and Environmental Testing Laboratory (HETL) for subtyping.

Background

Avian influenza A(H5N1) is widespread in wild birds worldwide and is causing outbreaks in poultry and dairy cows with several recent human cases in dairy and poultry workers. It has also caused human infections in persons with no known exposure to infected birds or infected cows. As of December 18, 2024, there are [61 confirmed reported human cases in the U.S.](#) The risk to humans is low, and U.S. CDC is monitoring the situation closely.

Recommendations for Clinicians

Clinicians should have a low threshold for testing and treating individuals with known connections to wild birds, poultry, or cattle (including milk processing).

- Clinicians should consider the possibility of influenza A(H5N1) virus infection in persons showing signs or symptoms of acute respiratory illness or conjunctivitis who have relevant exposure history. This includes persons who have had contact with potentially infected sick or dead birds, livestock, or other animals within 10 days before symptom onset (e.g., handling, slaughtering, defeathering, butchering, culling, preparing for consumption or consuming uncooked or undercooked food or related uncooked food products, including unpasteurized (raw) milk or other unpasteurized dairy products), direct contact with water or surfaces contaminated with feces, unpasteurized (raw) milk or unpasteurized dairy products, or parts (carcasses, internal organs, etc.) of potentially infected animals; and persons who have had prolonged exposure to potentially infected birds or other animals in a confined space.
- Clinicians should contact Maine CDC to arrange testing for influenza A(H5N1) virus, collect recommended respiratory specimens (see below) using personal protective equipment (PPE), consider starting empiric antiviral treatment (see below), and encourage the patient 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 virus infection.
 - Testing for other potential causes of acute respiratory illness should also be considered depending upon the local epidemiology of circulating respiratory pathogens, including SARS-CoV-2.

For further information on epidemiological criteria and clinical criteria, public health response, clinical specimens, and recommendations for antiviral treatment and chemoprophylaxis, refer to U.S. CDC: [Highly Pathogenic Avian Influenza A\(H5N1\) Virus: Interim Recommendations for Prevention, Monitoring, and Public Health Investigations](#).

- Antiviral chemoprophylaxis is not routinely recommended for personnel who used proper PPE and experienced no breaches in recommended PPE while handling sick or potentially infected birds or other animals or decontaminating infected environments (including animal disposal). Chemoprophylaxis with influenza antiviral medications 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 or animals the person was exposed to. Antiviral chemoprophylaxis is not an alternative for appropriate PPE and engineering and administrative controls.
- Testing of asymptomatic persons for HPAI A(H5N1) virus infection is not routinely recommended. However, for the purpose of public health investigations as part of the response to the ongoing H5N1 situation, in consultation with Maine CDC, a nasal/oropharyngeal (OP) (+/- conjunctival) swab specimen test for influenza A(H5) virus using the U.S. CDC Influenza A/H5 subtyping kit may be offered to asymptomatic workers with high risk of exposure to HPAI A(H5N1) virus [e.g., exposed to animals infected with HPAI A(H5N1) virus who reported not wearing recommended PPE or who experienced a breach in recommended PPE], or asymptomatic close contacts of a confirmed case of HPAI A(H5N1) virus infection.

Testing

Human Influenza testing is available free of charge at Maine's Health and Environmental Testing Laboratory. A HETL requisition form must accompany every specimen. Submission processes and requisition forms are available at <https://www.maine.gov/dhhs/mecdc/public-health-systems/health-and-environmental-testing/>.

Maine CDC previously provided guidance regarding on influenza specimen submission and respiratory viral testing in the Maine HAN Health Advisory [Avian Flu Updates, All Influenza Specimen Submission Request, Respiratory Viral Testing Availability \(June 10, 2024\)](#). These recommendations still stand, and we continue to request submission of all influenza A and influenza B isolates to HETL for typing.

Reporting

Human infection with novel influenza A virus, and pediatric influenza-associated deaths (with any influenza virus), are notifiable in Maine and should be reported to Maine CDC immediately upon suspicion by phone at 1-800-821-5821. Outbreaks and influenza-associated hospitalizations are also notifiable and should be reported to Maine CDC via electronic laboratory reporting, phone at 1-800-821-5821, fax at 1-800-293-7534, or email at disease.reporting@maine.gov.

Recommendations for Veterinarians

Veterinarians should monitor animals for possible avian influenza infection. Veterinarians can help prevent the spread of influenza A(H5N1) by working with animal owners and producers to implement biosecurity measures. These measures include:

- Monitor for, separate, and test sick animals. Common clinical signs in dairy cattle infected with influenza A(H5N1) include low appetite, reduced milk production, and abnormal milk appearance (thickened, discolored). Poultry with influenza A(H5N1) will show significant clinical signs, including skin discoloration, nasal/ocular discharge, respiratory distress, diarrhea, and often death.
- Discourage the comingling of livestock species (e.g., poultry and cattle) and minimize access of wild birds to livestock and poultry.

Animal influenza infection is reportable, and testing should be coordinated through the Animal Health Program, which can be reached by email at animalhealth.agr@maine.gov or by phone at 207-287-3701.

For more information

- U.S. CDC: Avian Influenza (Bird Flu): <https://www.cdc.gov/bird-flu/site.html#php>
- U.S. CDC: Highly Pathogenic Avian Influenza A(H5N1) Virus: Interim Recommendations for Prevention, Monitoring, and Public Health Investigations: <https://www.cdc.gov/bird-flu/prevention/hpai-interim-recommendations.html>
- U.S. CDC: National Wastewater Surveillance System (NWSS): <https://www.cdc.gov/nwss/index.html>
 - NWSS Avian Influenza A (H5) dashboard <https://www.cdc.gov/nwss/rv/wwwd-h5.html>
- Maine CDC: Influenza: <https://maineflu.gov>
- Maine Animal Health website https://www.maine.gov/dacf/ahw/animal_health/index.shtml