



Public Health Advisory

April 10, 2024

Human Infection of Highly Pathogenic Influenza A(H5N1) Virus

KEY POINTS

- The CDC issued a health advisory on April 5, 2024, informing healthcare workers of a confirmed human infection with highly pathogenic avian influenza (HPAI) A(H5N1) virus in the United States following exposure to presumably infected dairy cattle.
- There have been no previous reports of the spread of HPAI viruses from cows to humans.
- The first human case of HPAI A H5N1 in the U.S. was reported in 2022 following contact with presumably infected poultry.
- This new confirmed case is only the second case in the U.S. and presented with no other symptoms but conjunctivitis, received oseltamivir, and is recovering.
- This public health advisory is for situational awareness. The current risk these viruses pose to the public remains low but is higher in people with job-related or recreational exposures to infected birds, cattle, or other animals.

Actions for providers:

- 1) **Consideration:** Consider the possibility of HPAI A (H5N1) virus infection in **people** reporting symptoms or showing signs of acute respiratory illness or conjunctivitis **who have relevant exposure** to:
 - potentially infected sick or dead birds, livestock, or other animals within one week.
 - consumption of uncooked or undercooked food or unpasteurized dairy products from potentially infected animals.
- 2) **Treatment:** Start **empiric antiviral treatment** while awaiting lab results.
- 3) **Testing:** Rapid influenza tests are not a reliable indicator of avian influenza A virus infection. Any samples that are influenza A positive but did not return a valid subtype as well as samples with no identified pathogen should be sent to a **Southern Nevada Public Health Laboratory for further testing (contact 702-759-1020)**.
 - Specimen collection: synthetic tip swab (polyester or Dacron ®) with aluminum or plastic shaft placed in 1-3mL sterile viral transport medium.
 - Storage and transport: Refrigerated (2-8°C) within 72 hours or frozen (-20°C).
 - Sites: nasopharyngeal specimen (with or without respiratory symptoms).
 - Test: molecular testing (RT-PCR) including avian influenza A viruses.
- 4) **Recommendation:** Encourage patients to isolate at home.
- 5) **Notification:** Immediately report suspect or confirmed cases to SNHD.

To view the CDC Health advisory, visit <https://emergency.cdc.gov/han/2024/han00506.asp>

If you have any questions, please contact the Southern Nevada Health District Office of Acute Communicable Disease Control at 702-759-1300.

Fermin Leguen, MD, MPH
District Health Officer
Southern Nevada Health District

Health Alert: conveys the highest level of importance; warrants immediate action or attention

Health Advisory: provides important information for a specific incident or situation; may not require immediate action

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action

280 South Decatur Boulevard, Las Vegas, NV 89107 • Phone (702) 759-1000 • www.snhd.info

Guidance for testing Influenza A Subtyping at Southern Nevada Public Health Laboratory

Test: Influenza A (with subtype H1, H3, and 2009 H1N1)

Method: Nucleic acid detection by real-time Reverse Transcriptase Polymerase Chain Reaction (qRT-PCR)
Centers for Disease Control and Prevention (CDC) FDA-approved method

CPT Code: 87801 Molecular amplification, multiple agents. 83891 Extraction of highly purified nucleic acid

Requisition: <https://www.southernnevadahealthdistrict.org/programs/southern-nevada-public-healthlaboratory/diagnostic-and-clinical-testing/>

- Select “Reportable Disease Form” from the “Select the test request form” drop down list
- Select the name of your organization from the “Select your Organization” drop down list
- In the Reportable Disease Form, mark the Reportable Pathogen “Other” - specify: Influenza A Subtyping

Specimen: Nasopharyngeal swab, Nasal swab, Nasal wash

Specimen label: Label the transport tube with the patient’s first and last name, date and time of collection. Collect in Swab specimen should be collected only on swabs with a Dacron tip and an aluminum or plastic shaft. Swabs with calcium alginate or cotton tips and wooden shafts are unacceptable. Following collection, all specimens are placed in Viral Transport Media (VTM) M4.

Special notes: Indicate specimen source on requisition form

Transport: Store and transport refrigerated (2-8°C) within 72 hours or freeze (-20 ° C)

Sample rejection:

- Specimens > 72 hours old and not frozen
- Samples collected with calcium alginate or cotton tips and wooden shafts
- Mislabeled/unlabeled specimen
- Specimen quantity not sufficient for testing (QNS)

Test complete: 48-72 hours following receipt in our laboratory

Report:

- Result: Influenza A detected or not detected. Influenza A subtypes AH1, AH3, and A 2009 H1N1 will be reported if Influenza A is detected.
- Report Delivery: Reported System generated fax; Electronic transmission

Note: A “not detected” result does not preclude the possibility of influenza infection in the patient. A “detected” result does not preclude the presence of other respiratory pathogens.

Contact: Southern Nevada Public Health Laboratory – Molecular section 702-759-1020 or SNPHL@snhd.org