



Public Health Advisory
01/24/2025
Accelerate Subtyping of Influenza A

SITUATIONAL AWARENESS SUMMARY

Situation: On January 16, 2025, the Centers for Disease Control and Prevention (CDC) issued an [urgent recommendation for the subtyping of all influenza A specimens among hospitalized patients](#) due to sporadic human infections with avian influenza A (H5N1). In response, the Nevada Division of Public and Behavioral Health (DPBH) released a [technical bulletin](#) with specific guidance for hospitals and community providers in Nevada on January 21, 2025.

Key Points:

- No human cases of H5N1 have been reported in Clark County, NV.
- H5N1 has been detected in Clark County's wastewater, with the most recent detection on January 6, 2025.
- As of January 6, 2025, 66 cases of H5N1 have been reported nationally, most presenting with mild symptoms, except for one fatality.

Recommendations for Healthcare Providers:

- 1) **Assess Exposure Risk:** For patients with known or suspected influenza, ask about exposure risk in the **10 days preceding onset of symptoms and document:**
 - a) Direct or prolonged contact with sick or dead birds, livestock, or other animals.
 - b) Consumption or preparation of raw or unpasteurized animal products (e.g. raw milk, meat-based pet food).
 - c) Contact with contaminated water or materials exposed to animal fluids or waste.
 - d) Close interaction with symptomatic individuals with probable or confirmed H5N1 infection.
- 2) **Consider Diagnosis:** Rule out H5N1 in patients presenting with acute respiratory illness and/or conjunctivitis who have an identified exposure risk.
- 3) **Isolate Suspected Cases:** If H5N1 is suspected in hospitalized patients, implement standard contact, and airborne infection precautions with eye protection (goggles or face shield).
- 4) **Test Specimens Promptly:**
 - a) Use the available diagnostic test for seasonal influenza A.
 - b) Ensure all **unsubtyped positive influenza A virus specimens in hospitalized patients are subtyped within 24 hours** at a public health or clinical/commercial laboratory.
 - c) Collect specimens using a Dacron or nylon swab for nasopharyngeal or conjunctival sample, place them in a viral transport medium (VTM), and label clearly as:
 - "PRIORITY – hospitalized flu A"
 - "PRIORITY – hospitalized flu A with suspected H5 exposure"
 - "PRIORITY – suspected H5 exposure" (if sample from outpatient with high exposure risk)
 - d) Store specimens immediately on refrigerant gel-packs or in 4°C.
- 5) **Administer Antiviral Treatment:** Initiate enteric or oral oseltamivir treatment as soon as possible for hospitalized patients with suspected infection with H5N1, regardless of time from illness onset. Follow CDC [emergency use instructions for oseltamivir](#) for longer treatment courses and chemoprophylaxis of contacts, if required.
- 6) **Report Immediately:** Contact SNHD's Disease Surveillance and Control to **report** the case at (702) 759-1300. **To arrange for testing at Southern Nevada Public Health Lab**, call (702) 759-1020.

Act Now to Protect Public Health.

Early identification, isolation, and treatment of H5N1 cases are critical to prevent potential outbreaks. All providers must remain vigilant and act promptly to subtype influenza A specimens among hospitalized patients.

Cassius Lockett, PhD
Deputy District Health Officer-Operations
Southern Nevada Health District