June 15, 2023

Dear Colleague:

CDC along with our state, local public health and clinical partners continue to monitor and respond to the global outbreak of highly pathogenic avian influenza A(H5N1). In November, the U.S. surpassed the previous record for number of birds affected, making this the worst domestic outbreak of avian influenza in poultry, with more than 58 million poultry affected in the U.S. to date. Between January 2022 and June 1, 2023, thirteen human cases have been reported globally including one in the U.S., of which six were hospitalized and two, tragically, died. Currently, A(H5N1) is believed to pose a low risk to the health of the general public; however, influenza viruses are unpredictable, and the situation can change rapidly.

First, we remind partners that throughout the year, any samples that are run on a multi-respiratory panel that are influenza A positive but did not return a valid subtype result should be prioritized to ship to a public health laboratory immediately.

Second, given the severity of some recent human infections with A(H5N1) viruses, CDC recommends efforts to increase surveillance among people who are severely ill with respiratory disease during summer months when seasonal influenza incidence is very low. During these spring and summer months, CDC is asking that clinicians continue influenza testing for patients with respiratory illness and that hospitals and clinical laboratories ensure influenza A positive samples from ICU patients are subtyped either in the clinical laboratory or sent to state public health laboratories to identify cases of novel influenza (influenza A viruses that are not one of the currently circulating human subtypes). This would be in addition to standing recommendations that clinicians should always consider influenza testing, including subtyping, for patients with respiratory illness who are at higher risk for contracting novel influenza, such as those with a history of exposure to wild birds, poultry, or swine.

CDC is encouraging this increase in testing in the summer when influenza testing may not be as routine as it is during the fall and winter months, and because of the critical importance of early identification of any influenza A(H5N1) cases that may occur. We expect this request to be manageable in the summer because of the relatively lower levels of respiratory illness and anticipated low levels of influenza positive tests.

We believe these steps are important for continued surveillance of novel influenza in the U.S., including A(H5N1), as well as to efficiently detect variant influenza A cases, if they occur. As a reminder, human infection with any novel influenza A viruses is nationally notifiable and should be reported to CDC and state and local authorities.

We appreciate your partnership in ensuring that human cases of novel influenza in the U.S. are identified and contained immediately. Thank you for your continued support in this effort and the prevention and control of influenza. Please visit https://www.cdc.gov/flu/avianflu/avian-flu-summary.htm for the most up-to-date information.

For more information about novel influenza in the state of Nevada and additional guidance on testing, specimen collection and transport, and handling instruction, please contact Acute Communicable Disease Control, Division of Disease Surveillance and Control, Southern Nevada Health District, at 702-759-1300.

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-health-laboratory/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)

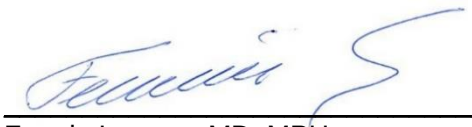
Test complete: 48-72 hours following receipt in our laboratory

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



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Southern Nevada Health District