



DEPARTMENT OF
**PUBLIC HEALTH
AND WELLNESS**

April 26, 2024

Recommendations for Highly Pathogenic Avian Influenza (HPAI) A(H5N1)

Dear Healthcare Providers,

Despite all the headlines about highly pathogenic avian influenza (HPAI) A(H5N1), this infection remains rare in humans. [According to the Centers for Disease Control and Prevention \(CDC\)](#), so far, there have been two people in the United States that have tested positive for the virus. The [most recent human case](#) occurred in Texas, where the individual had exposure to dairy cattle presumed to be infected with HPAI A(H5N1). A previous human case was discovered in [Colorado in 2022](#). In both cases, the infected individuals had mild illness. Outbreaks of avian influenza have been widespread among wild birds in the U.S. There have been sporadic infections in poultry flocks and in mammals, including cattle. The [CDC's public health risk](#) assessment for H5N1 is low and human to human transmission has not occurred; however, infections in humans are of concern because of the potential of virus mutations that could increase transmissibility.

Avian flu clinician guidance

Most people are not at risk for HPAI A(H5N1). People with respiratory symptoms should be tested for typical seasonal respiratory viruses. Clinicians are encouraged to consider the possibility of HPAI A(H5N1) virus in people who show [signs or symptoms](#) of acute respiratory illness, including conjunctivitis, who have had close contact with potentially infected sick or dead birds, livestock or other animals within the week before the onset of symptoms. This includes 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 and people who have had prolonged exposure to potentially infected birds or other animals in a confined space. **If other respiratory illnesses have been ruled out and a rapid influenza A test is positive in a person with risk factors, contact the Louisville Metro Department of Public Health and Wellness at [502-574-6982](tel:502-574-6982) to speak with our regional epidemiologist who can arrange more specific testing for HPAI A(H5N1).**

If a patient is suspected of HPAI A(H5N1) infection, clinicians are also advised to:

- Follow [interim guidance on testing and specimen collection](#), which includes wearing personal protective equipment when collecting respiratory samples (gown, gloves, N95 mask and eye protection).



DEPARTMENT OF
**PUBLIC HEALTH
AND WELLNESS**

- Consider starting [empiric antiviral treatment](#) with oseltamivir as soon as possible.
- Encourage the patient to isolate at home away from household members and avoid public settings until it is determined they do not have HPAI A(H5N1).
- Be prepared to answer patients' questions about HPAI A(H5N1) and educate them about risk factors.

Avian flu resources

CDC Information on Bird Flu

<https://www.cdc.gov/flu/avianflu/index.htm>

CDC H5N1 Bird Flu: Current Situation Summary

<https://www.cdc.gov/flu/avianflu/avian-flu-summary.htm>

CDC Human Infection with Avian Influenza A Virus: Information for Health Professionals and Laboratorians

<https://www.cdc.gov/flu/avianflu/healthprofessionals.htm>

CDC Highly Pathogenic Avian Influenza A(H5N1) Virus in Animals: Interim Recommendations for Prevention, Monitoring, and Public Health Investigations

<https://www.cdc.gov/flu/avianflu/hpai/hpai-interim-recommendations.html>

For clinical questions related to HPAI A(H5N1) please contact me at

Kristina.Bryant@louisville.edu.

Sincerely,

Kristina Bryant, MD
Associate Medical Director