

Influenza H5N1 Update

December 20, 2024

SUMMARY POINTS

- Human cases of H5N1 influenza continue to be identified, both through directed testing and influenza surveillance.
- Most human cases have exposure to infected animals.
- If a patient has symptoms of H5N1 and exposure to animals that could be infected, alert PDPH immediately.
- PDPH can assist with testing coordination and access to multiplex respiratory panel assays that can differentiate commonly circulating influenza subtypes from possible variant strains.

Human cases of H5N1 have been observed over the past year in the United States. Most cases had exposure to animals that were infected with H5N1, but cases without known animal exposure have been identified as well. Recently a probable case was identified in Delaware and a severe hospitalized case was identified in Louisiana. The severe Louisiana case had exposure to sick and dead birds from backyard flocks.

Signs and symptoms of Influenza H5N1 may include:

- Uncomplicated upper respiratory tract signs and symptoms
- Influenza like illness
- Fever or feeling feverish
- Cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue
- Eye redness (or conjunctivitis)
- Shortness of breath or difficulty breathing.
- Less common signs and symptoms are diarrhea, nausea, or vomiting.
- Fever is not always present, and many recent cases have been very mild.

When evaluating a patient for flu-like symptoms, including those above, ask about animal exposures. Exposures may include, but are not limited to, visits to local farms or petting zoos, county or state fairs, exposure to backyard flocks and handling sick or injured wild birds. In addition, ask about the consumption of raw milk or raw milk products.

In patients with flu-like symptoms or nonexudative conjunctivitis and a relevant exposure, please use a lab-based PCR test to test for influenza. Collect a nasopharyngeal swab and an oropharyngeal swab. If the patient has conjunctivitis, collect a conjunctival swab as well. Further instructions and graphics regarding swab types are available here: <https://www.cdc.gov/bird-flu/media/pdfs/2024/07/conjunctival-swab-collection-avian-influenza.pdf>. Notify PDPH or your local health department immediately if H5N1 is suspected.

Typical lab-based respiratory viral panels will identify influenza A if it is present and test for common subtypes. Rapid tests cannot differentiate subtypes of influenza A; therefore, if epidemiological risk factors are present, a laboratory based molecular assay must be used instead of or in addition to a rapid test.

Specimens that test positive for influenza A but not a common subtype must be sent to PADOH BOL. Notify the Philadelphia Department of Public Health (PDPH) Division of Disease Control (DDC) at (215) 685-6741 during business hours and (215) 686-4514 after hours of specimens being sent for further subtyping.

Outpatients who meet epidemiologic exposure criteria and who have flu-like illness or nonexudative conjunctivitis should be treated with oseltamivir while awaiting laboratory results.