

Highly Pathogenic Avian Influenza (H5N1) Update

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Kern County Healthcare Provider Symposium – Winter Respiratory Illness Prevention

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H5N1 101

- First identified in 1997
- Periodic outbreaks, primarily in East Asian countries and Egypt
- First human case in US in 2022

Transmission:

- Birds to humans
- Birds to other animals to humans
- Limited, non-sustained person-to-person transmission

Current U.S. Outbreak

- First human case in US in 2022
- Often severe illness and death in birds (highly pathogenic)
- Some severe illness and death in dairy cattle, but most cattle recover
- So far, relatively mild illness in humans

Current Outbreak

Wild Birds 10,000+

- Widespread detections across 51 jurisdictions
- 12 wild birds detected in Kern
- Last Kern detection in December 2023

Poultry 100,000,000+

- All 48 continental US states affected
- Includes backyard poultry
- Outbreaks now more sporadic
- 1 commercial flock in CA past 30 days

Dairy Herds 300+

- 14 States
- Ongoing new detections in Central California
- 93 livestock herds in CA in past 30 days

Other Mammals 300+

- Sporadic infections
- Typically, carnivores that feed on infected birds
- Fisher, bobcat, mountain lion, raccoon, skunk identified in CA
- Last CA mammal detected April 2024

Humans 20+

- 20 humans diagnosed since 2024
- 5 states (CA, CO, MI, MO, TX)
- 5 cases in California
- 1 confirmed case in Kern

Patient Assessment

- Consider H5N1 in patients with exposure to infected animals and compatible symptoms
- Isolate the patient and implement infection control measures
- Immediately report any suspected or confirmed H5N1 cases to Public Health (661) 321-3000 or (661) 241-3255 after hours
- Collect specimens for laboratory testing wearing appropriate PPE
- Consider testing for other respiratory illnesses
- Treat patients with empiric antiviral treatment as soon as possible

Conjunctivitis



Symptoms

Uncomplicated
URI

(cough, sore
throat,
shortness of
breath)

Difficulty
breathing

Fever



Muscle/Body
Ache, Headache,
Fatigue

Infection Prevention & Control

Isolation

Isolate in
negative
pressure room
whenever
possible

PPE

Gloves
Gown
Respirator
*EYE
PROTECTION
*

Disinfection

EPA List: M

<https://www.epa.gov/pesticide-registration/epas-registered-antimicrobial-products-effective-against-avian-influenza>

Immediately Call Public Health

During Business Hours:
661-321-3000

After Hours, on Weekends, or Holidays:
661-241-3255

If no answer, leave a message
Expect return call within 15 minutes

Specimen Collection

PPE

- Wear appropriate PPE
- Don't forget eye protection

Swabs

- Use Dacron or synthetic swab with aluminum or plastic shaft

Transport Media

- Place specimen in VTM or UTM for transport
- Refrigerate

Respiratory Symptoms

- NP swab &
- Combined nasal/OP swab

Conjunctivitis

- Conjunctival swab &
- NP swab &
- Combined nasal/OP swab

Consider Other Testing

- Seasonal influenza
- COVID-19
- RSV
- Pertussis
- Adenovirus
- Bacterial conjunctivitis

Outpatient Antiviral Treatment

<i>Age Group</i>	<i>Dose</i>	<i>Frequency</i>	<i>Duration</i>
Children < 1 year	3 mg/kg/dose	Twice Daily	5 Days
Children > 1 year AND $\leq$ 15 kg	30 mg	Twice Daily	5 Days
Children 15 to 23 kg	45 mg	Twice Daily	5 Days
Children 23 to 40 kg	60 mg	Twice Daily	5 Days
Children > 40 kg	75 mg	Twice Daily	5 Days
Adolescents and Adults	75 mg	Twice Daily	5 Days

Risk Reduction



Encourage the general public to avoid contact with sick or dead animals



Encourage those with exposure risks to wear PPE



Encourage good hand hygiene and routine disinfection of high-touch services



Encourage everyone to receive their seasonal flu vaccine

Risk to the general population remains low

Thank You
For Attending the Winter
Respiratory Virus Illness
Symposium!

