



**DATE:** January 17, 2025  
**TO:** Healthcare Providers  
**FROM:** Dr. Maggie Park, Public Health Officer

**Please distribute to all providers and relevant medical staff in your office.**

**UPDATED HEALTH ADVISORY**  
**H5N1 Influenza**

**Situation:**

San Joaquin County Public Health Services (SJCPHS) has confirmed 3 human cases of H5N1 avian influenza infection in the county to date. With the current surge of influenza A cases (both H1 and H3) occurring this respiratory virus season, clinicians are advised to also consider H5N1 in their differential diagnoses, especially in dairy and poultry farmworkers.

**Background:**

To date there have been 67 cases of H5N1 infection in humans in the United States, of which 38 have occurred in California. There has been one death associated with H5N1, in a Louisiana resident.

SJCPHS is actively monitoring exposed people who work on affected farms.

**Clinical Presentation:**

Clinical manifestations can range from asymptomatic to severe. Symptoms may include:

- Eye redness or discharge
- Fever
- Cough
- Sore throat
- Runny or stuffy nose
- Diarrhea and/or vomiting
- Muscle or body aches
- Headaches
- Fatigue
- Difficulty breathing

**Transmission:**

- Contact with infected dairy cows and their unpasteurized (raw) milk, or infected poultry
- Contact with infected birds or places that sick birds or other animals, their saliva, mucous and feces have touched
- Contact with an infected person, such as in a household or healthcare facility
- Laboratory exposure

The primary risk of exposure is from handling cows and raw milk without full use of protective equipment, such as gloves, goggles or face shields.



### **Laboratory Testing:**

Any person who has been exposed to an infected animal/person or has recent exposure to raw milk or raw milk dairy products and develops symptoms within 10 days should be tested. Ideally, specimens should be collected within 24-72 hours of symptom onset.

### **Routine Enhanced Seasonal Surveillance:**

The SJCPHS Laboratory will accept influenza A-positive specimens from hospitalized patients for possible subtyping. Due to limited testing supplies available from the Centers for Disease Control and Prevention (CDC), all specimens may not be immediately subtyped for surveillance, and priority will be given to patients in intensive care units (ICUs).

### **Specimen Collection and Specimen Types:**

- Specimens should be collected using swabs with synthetic tips (e.g., polyester or Dacron®) and an aluminum or plastic shaft. Swabs with cotton tips and wooden shaft are NOT recommended.
- Specimens collected with swabs made of calcium alginate are NOT acceptable.
- Place swab(s) in specimen collection vial containing 2–3 mL of viral transport media (VTM) or universal transport media (UTM); tighten cap to avoid leakage. Immediately place the specimen on ice or cold packs (2-8°C /refrigerated condition) for transport to the laboratory within 3 days of testing. Please freeze the specimens for storage periods beyond 3 days.
- For all Flu A+/H5 suspect cases, collect the following respiratory specimens:
  - Separate anterior nares and oropharyngeal swabs, preferably in separate transport media vials, although they may be combined in a single transport media vial.
  - Nasopharyngeal swabs are acceptable, but to date have had a lower yield for positive results in cases than oropharyngeal and anterior nares swab.
- Patients with conjunctivitis should also have conjunctival swab specimens collected. Conjunctival swabs MUST be paired with oropharyngeal and anterior nares swab specimens or a nasopharyngeal swab specimen, even if the person does not have respiratory symptoms.
- If conjunctivitis is present in both eyes, collect separate swabs from each eye and combine the swabs in a single transport media vial.
- Patients with severe respiratory disease also should have lower respiratory tract specimens collected such as an endotracheal aspirate, bronchoalveolar lavage, or sputum.
- For severely ill persons, multiple respiratory tract specimens from different sites should be obtained to increase the potential for H5N1 influenza virus detection.



**Please contact the San Joaquin Public Health Laboratory at (209) 468- 3460 for questions, information, and instructions regarding submission of respiratory specimens for suspect testing, collection protocol, and kits.**

[www.sjcphs.org/programs-and-services/public-health-laboratory](http://www.sjcphs.org/programs-and-services/public-health-laboratory)

#### **Actions Requested of Clinicians:**

- **Consider H5N1** in all patients presenting with H5N1 symptoms, especially “pink eye”, and ask about possible workplace exposure.
- **Immediately mask** any patient with suspected H5N1 and place them in an airborne isolation room or a single-patient room with the door closed
- **Use PPE**, including respiratory protection, eye protection, gown and gloves
- **Collect specimens** as above and arrange for them to be brought to the SJCPHS Lab
- **Immediately notify** the facility infection control program and SJCPHS Disease Control and Prevention Program (209) 468-3822. After hours, call (209) 468-6000 and ask to speak with the on-call public health nurse.
- **Prescribe oseltamivir (Tamiflu)** per CDC Emergency Use Instructions

#### **Resources:**

- CDC H5 Bird Flu Current Situation: <https://www.cdc.gov/bird-flu/situation-summary/index.html>
- CDPH Avian Influenza page, with link to H5N1 Quicksheet: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/BirdFluHP.aspx>
- CDC Emergency Use Instructions: <https://www.cdc.gov/bird-flu/hcp/emergency-use-oseltamivir/index.html>

For more information, call San Joaquin County Public Health Services Disease Control and Prevention program at **(209) 468- 3822**