



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

April 4, 2024

Dear Colleague,

We are writing to ensure you are aware of [CDC's announcement](#) that a human case of highly pathogenic avian influenza (HPAI) A(H5N1) virus ("H5N1 bird flu") has been identified in an individual [in Texas](#) who became ill following contact with dairy cows presumed to be infected with avian influenza. This infection has not changed the H5N1 bird flu human health risk assessment for the U.S. general public, which CDC considers to be low.

While no human cases of H5N1 have been identified in Maryland to date, **the Maryland Department of Health (MDH) urges clinicians to consider the possibility of HPAI A(H5N1) virus infection in persons showing signs or symptoms of acute respiratory illness who have relevant exposure history. If avian influenza is suspected, clinicians should contact the health department immediately.**

### **Background**

- H5 bird flu is widespread among wild birds in the U.S. and globally. These viruses also have caused outbreaks in commercial and backyard poultry flocks, and sporadic infections in mammals.
- HPAI in dairy cows was first reported in Texas and Kansas by the U.S. Department of Agriculture (USDA) on [March 25, 2024](#).
- Human infections with avian influenza A viruses, including A(H5N1) viruses, are uncommon but have occurred sporadically worldwide.
- This is the second case of avian influenza A(H5N1) virus in a person in the United States. The first case was reported in 2022 in a person who had direct exposure to poultry.

### **Signs and Symptoms of Novel Influenza**

- The reported signs and symptoms of bird flu virus infections in humans have ranged from no symptoms or mild illness [such as eye redness (conjunctivitis) or mild flu-like upper respiratory symptoms], to severe (such as pneumonia requiring hospitalization) and included fever (temperature of 100°F [37.8°C] or greater) or feeling feverish, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue, and

shortness of breath or difficulty breathing. Less common signs and symptoms include diarrhea, nausea, vomiting, or seizures.

- Avian influenza virus infection cannot be distinguished by clinical features from seasonal influenza virus infection, or from infection with other respiratory viruses that can cause influenza-like illness.

### **Testing for Novel Influenza**

- Although some commonly available influenza diagnostic assays may detect the presence of some novel influenza A viruses, a negative result should not be used to rule out novel influenza A virus infection when testing possible human cases. Similarly, a positive influenza test doesn't always distinguish between seasonal and novel influenza A. Testing of symptomatic human cases of suspected novel influenza A virus infection should be referred to the nearest public health laboratory.
- **Therefore, testing by rRT-PCR is recommended at the MDH Laboratory for any patient with suspected novel influenza A virus infection, regardless of the results of commonly available clinical influenza tests.**
- All MDH novel influenza testing requests must be approved **prior** to submitting specimens for testing.
- Determinations for testing will be based on epidemiological criteria, clinical criteria, and public health response criteria. In general, patients who meet the Epidemiologic criteria AND either Clinical OR Public Health Response criteria below may be tested.

### **Epidemiological Criteria**

Persons with recent exposure (within 10 days) to HPAI A(H5N1) virus through one of the following:

- Exposure to HPAI A(H5N1) virus infected animals defined as follows:
  - Close exposure (within six feet) to animals with suspected or confirmed avian influenza A(H5N1) virus infection. Animal exposures can include, but are not limited to handling, slaughtering, defeathering, butchering, culling, or preparing birds or other animals for consumption, or consuming uncooked or undercooked food or related uncooked food products, including unpasteurized (raw) milk, OR
  - Direct contact with surfaces contaminated with feces, unpasteurized (raw) milk or other unpasteurized dairy products, or bird or animal parts (e.g., carcasses, internal organs) from infected birds or other animals, OR
  - Visiting a live bird market with confirmed bird infections or associated with a case of human infection with HPAI A(H5N1) virus.

- Exposure to an infected person – Close (within six feet) unprotected (without use of respiratory and eye protection) exposure to a person who is a confirmed, probable, or symptomatic suspected case of human infection with HPAI A(H5N1) virus (e.g., in a household or healthcare facility).
- Laboratory exposure (unprotected exposure to HPAI A(H5N1) virus in a laboratory)

### Clinical Criteria

Persons with signs and symptoms consistent with acute upper or lower respiratory tract infection, or complications of acute respiratory illness without an identified cause. In addition, gastrointestinal symptoms or conjunctivitis are sometimes reported with HPAI A(H5N1) virus infection.

### Public Health Response Criteria

- Testing of asymptomatic persons for HPAI A(H5N1) virus infection is not routinely recommended.
- As part of public health investigations, asymptomatic persons, such as close contacts of a confirmed case of HPAI A(H5N1) virus infection, might be tested.

### Clinical Specimens

If prior approval for influenza A(H5N1) testing is obtained by MDH, refer to detailed specimen submission instructions at <https://health.maryland.gov/laboratories/Pages/influenza.aspx>.

### Treatment

- Preliminary analysis of A(H5N1) viruses has not found changes that would make these viruses resistant to current FDA-approved flu antiviral medications, so these are believed to be effective against these viruses.
- If avian influenza A virus infection is suspected, consider starting empiric antiviral treatment and encourage the patient to isolate at home away from their household members and not go to work or school until it is determined they do not have avian influenza A virus infection. Detailed guidance on antiviral therapy is available at: <https://www.cdc.gov/flu/avianflu/novel-av-treatment-guidance.htm>

### Infection Prevention and Control

Standard, contact, and airborne precautions are recommended for patients presenting for medical care or evaluation who have illness consistent with influenza and recent exposure to birds or other animals potentially infected with HPAI A(H5N1) virus. Detailed guidance is available at: <https://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm>

**Vaccination**

No human vaccines for the prevention of HPAI A(H5N1) virus infection are currently available in the United States. Seasonal influenza vaccines do not provide any protection against human infection with HPAI A(H5N1) viruses.

Thank you for your collaboration and we will continue to keep you updated on this issue. If you have questions, contact your local health department or MDH Infectious Disease Epidemiology and Outbreak Response Bureau at 410-767-6700.

We appreciate your attention to this situation.

Sincerely,



Monique Duwell, MD, MPH  
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