



HEALTH ADVISORY # 222

Enhancing Awareness for Influenza During Periods of Low Incidence

TO: West Virginia Healthcare Providers, Hospitals, Laboratories, and Other Healthcare Facilities

FROM: Matt Christiansen, MD, MPH, State Health Officer, West Virginia Department of Health, Bureau for Public Health

DATE: May 30, 2024

LOCAL HEALTH DEPARTMENTS: Please distribute to community health providers, hospital-based physicians, infection control preventionists, laboratory directors, and other applicable partners

OTHER RECIPIENTS: Please distribute to association members, staff, etc.

Human influenza A viruses are responsible for seasonal epidemics in people and are different from the influenza viruses that typically circulate in swine or wild birds, commonly known as novel influenza viruses. While rare, novel influenza viruses can spread between people and animal sources like birds, swine, or cattle. Novel influenza viruses are of public health concern because they can gain the ability to spread easily from person to person, which might cause the next influenza pandemic.

On May 22, 2024, the Centers for Disease Control and Prevention (CDC) announced a second human case of highly pathogenic avian influenza (HPAI) A(H5N1) associated with an [ongoing multistate outbreak of A\(H5N1\) in dairy cows](#). Both human cases reported in the US this year had a negative nasal swab for influenza but tested positive for influenza A(H5N1) through an eye swab.

Agricultural fairs bring communities together and are an important resource for youth educational programs. Influenza can spread wherever people and animals congregate, including at fairs and festivals. Past agricultural fairs in West Virginia have been linked to human infections caused by variant influenza A viruses that are commonly found in swine. **Considering the ongoing circulation of influenza A(H5N1) in birds and dairy cattle including raw milk, the West Virginia Department of Health is enhancing surveillance for influenza during the summer months when influenza incidence is usually low.**

Recommendations for Healthcare Providers:

1. Reverse-transcription polymerase chain reaction (RT-PCR) is the recommended test type for influenza during the summer months when incidence is low. Consider testing patients with acute respiratory illness for influenza using RT-PCR detection.
2. Consider the human infection with an influenza virus of non-human origin when a patient presents with acute respiratory illness and reports relevant exposure within 10 days of symptom onset.
 - A relevant exposure is any recent (within 10 days) exposure to birds or other animals, close (within 6 feet).

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

Categories of Health Alert messages:

Health Alert: Conveys the highest level of importance. Warrants immediate action or attention.

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- Bird or animal exposures are defined as close (within 6 feet) contact with infected birds or other animals through (i.e., handling, slaughtering/culling, defeathering, butchering, preparing for consumption, consuming uncooked/undercooked food or food products including unpasteurized (raw) milk), direct contact with surfaces contaminated with feces, unpasteurized (raw) milk or other unpasteurized dairy products, or bird or animal parts from infected birds or other animals, or visiting a live bird market or associated with a case of human infection with influenza A(H5N1).
3. Report immediately to the local health department individuals who are infected with influenza viruses that cannot be subtyped with standard laboratory methods and reagents when patients have acute respiratory illness and a relevant exposure history. Healthcare providers should request testing for novel influenza through the state public health laboratory, Office of Laboratory Services by working directly with their local health department.
 - Clinical specimens recommended to test for novel influenza virus infection include a nasopharyngeal swab in viral transport media AND if the person has conjunctivitis (with or without respiratory symptoms) a conjunctival swab in viral transport media.
 4. Consider starting empiric antiviral treatment with Oseltamivir.
 5. Instruct patients to stay home away from other household members until the results of testing determine whether they have a novel influenza virus infection.
 6. 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 novel viruses.
 7. Testing for other potential causes of acute respiratory illness should be considered based on the local epidemiology of circulating respiratory viruses.

Recommendations for Laboratories

1. Submit specimens that tested positive for influenza Type B, influenza Type A(H1) non-pdm09, and influenza Type A unsubtypeable specimens to the West Virginia Office of Laboratory Services.
2. Report any suspected cases of novel influenza virus infection to the local health department immediately.
3. Submit each specimen with a completed Microbiology Specimen Test Request Submission Form, available at: <https://dhhr.wv.gov/ols/forms/Pages/default.aspx>.
4. Testing of conjunctival specimens should be paired with testing of respiratory specimens using a nasopharyngeal swab and placed in viral transport media.

Recommendations for Influenza Antiviral Treatment and Chemoprophylaxis

1. Outpatients with a relevant exposure history and clinically compatible signs and symptoms should receive empiric treatment with Oseltamivir as soon as possible.
2. Hospitalized patients suspected or confirmed to be infected with influenza A(H5N1) should be [treated](#) with oral or enterically administered Oseltamivir as soon as possible regardless of time since illness onset. Laboratory results should not delay treatment.
3. Chemoprophylaxis with influenza antiviral medications can be considered for anyone with a relevant exposure history. If [antiviral chemoprophylaxis](#) is initiated, oseltamivir treatment dosing (one dose twice daily) is recommended.

For questions about this advisory, contact the Division of Infectious Disease Epidemiology at: (304) 558-5358, extension 2; (800) 423-1271, extension 2; and Answering Service: (304) 347-0843.

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