



HEALTH ADVISORY # 225

Highly Pathogenic Avian Influenza: Reminders for Clinicians

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

FROM: Shannon McBee, MPH, CHES State Epidemiologist, West Virginia Department of Health and Human Resources, Bureau for Public Health

DATE: January 16, 2025

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.

An ongoing global outbreak of highly pathogenic avian influenza (HPAI) in wild birds, with transmission to poultry and certain mammals, including dairy cattle, has resulted in [67 confirmed cases](#) in humans the United States. On January 6, 2025, the Centers for Disease Control and Prevention (CDC) confirmed the first H5N1 bird flu death reported in the U.S. A death from H5N1 bird flu in the U.S. is not unexpected because of the known potential for infection with these viruses to cause severe illness and death.

On January 3, 2025, the West Virginia Department of Agriculture (WVDA) confirmed the presence of HPAI in a backyard flock in Pocahontas County. This marks only the second instance of HPAI in domestic birds in West Virginia since the start of the global outbreak in early 2022. Data from the recent global outbreak indicates that farm animals' likely contract HPAI through contact with wild birds, and that H5N1 has shown to be transmitted on equipment, people, or other items that move from place to place. To date, there have been no human cases of HPAI confirmed in West Virginia, however clinicians should remain vigilant for patients presenting with potential symptoms of HPAI.

Recent statewide public health syndromic surveillance reports have revealed that that some patients with influenza-like symptoms are not being properly screened or tested for influenza with reported relevant exposures. Additionally, for specimens that are unsubtypable; the state public health laboratory is needed to determine whether the infection is due to seasonal influenza vs. novel influenza.

Sporadic infections with HPAI in humans are expected to occur, but the risk to the general public from these viruses is low. Illnesses in humans from avian influenza infections have ranged in severity from no symptoms or mild illness (e.g., eye infection, upper respiratory symptoms) to severe disease (e.g., pneumonia) have resulted in death. The West Virginia Bureau for Public Health is asking clinicians to consider the following when evaluating patients for influenza-like illness during this respiratory season as the threat for HPAI continues:

Clinicians should have a low threshold for testing and treating individuals with known connections to wild birds, poultry or cattle (including milk processing).

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.

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1. Consider the possibility of HPAI virus infection in people showing signs or symptoms of acute respiratory illness or conjunctivitis and who have relevant exposure history. This includes people who have had contact with sick or dead birds, livestock or other animals within 10 days before symptom onset.
2. The state health department should be contacted if a commercial flu test yields an unsubtypable result. Sometimes a commercial flu test will yield an unsubtypeable result due to low viral titer or other issues even though the patient is infected with seasonal strain; testing at the West Virginia Office of Laboratory Services (OLS) can determine whether an unsubtypeable result commercially is due to seasonal flu or due to novel virus.
3. Due to the ongoing threat of HPAI in the U.S, submit influenza A specimens to OLS that have not been subtyped or are unsubtypeable in patients hospitalized for influenza. For microbiology specimen test submission form visit: <https://dhhr.wv.gov/ols/forms/Pages/default.aspx>.
4. Clinicians should consider starting empiric antiviral treatment as soon as positive for people who have tested positive for influenza with relevant exposures and encourage patients to isolate at home away from their household members and not go to work or school until it is determined that they do not have a novel virus.

For additional information for clinicians evaluating and managing patients exposed to animal or persons infected with novel influenza A viruses of public health concern visit: <https://www.cdc.gov/bird-flu/hcp/clinicians-evaluating-patients/>.

For questions or additional information please call the Office of Epidemiology and Prevention Services at: (304) 558-5358, extension 2; (800) 423-1271, extension 1; and Answering Service: (304) 347-0843.

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