

April 12, 2024

Highly Pathogenic Avian Influenza A(H5N1)

Summary

The Centers for Disease Control and Prevention (CDC) [recently reported](#) a confirmed human case of highly pathogenic avian influenza (HPAI) A(H5N1) in a Texas resident who had exposure to presumptively infected dairy cattle. The patient's only clinical sign was conjunctivitis.

No cases in cattle or humans have been reported in Indiana, and the risk to the public remains low.

Background

HPAI A(H5N1) viruses have been circulating among wild birds in the United States since 2022, with associated outbreaks in poultry and sporadic infections in mammals. As of 4/12/2024, the [U.S. Department of Agriculture \(USDA\)](#) had reported detections of HPAI in dairy cattle in eight states. The human case patient is only the second person in the United States to test positive for HPAI A(H5N1). No evidence of human-to-human transmission has been detected.

Recommendations

Anyone with occupational or recreational exposure to infected animals and their environments may be at higher risk of infection.

The potential spectrum of human illness associated with HPAI A(H5N1) is unknown, but signs and symptoms associated with other cases of zoonotic influenza have included mild to severe influenza-like illness (fever $\geq 100^{\circ}\text{F}$ plus cough or a sore throat) and/or conjunctivitis. Conjunctivitis may be the only clinical sign, as in the case in Texas.

Clinicians should consider the possibility of HPAI A(H5N1) virus infection in people with compatible illness who have a relevant exposure history, including:

- Contact with potentially infected sick or dead birds, livestock, or other animals within the week before symptom onset
- Direct contact with water or surfaces contaminated with feces, unpasteurized (raw) milk or unpasteurized dairy products, or carcasses/body parts of potentially infected animals
- Prolonged exposure to potentially infected birds or other animals in a confined space

If a compatible illness is present in a person with one of the exposures above, clinicians should:

- Isolate the patient and follow [infection control recommendations](#)



- Clinicians should contact IDOH to obtain approval for testing if considering the possibility of HPAI A(H5N1) in a patient with compatible illness and relevant exposure history.
 - Monday–Friday, 8:15 a.m.–4:45 p.m., 317-233-7125
 - After hours and holidays: 317-233-1325
 - [Specimens](#), as directed by IDOH would be collected for testing at the IDOH [Laboratory](#)

CDC's interim recommendations for clinicians may be found [here](#).

Increase in Meningococcal Disease

The CDC issued a [health alert](#) regarding a national increase in invasive meningococcal disease caused by *Neisseria meningitidis* serogroup Y. Since 2023, Indiana has had four patients who were infected with *Neisseria meningitidis* serogroup Y. Please see the health alert for clinical notes and guidance. Cases caused by this strain are disproportionately occurring in people ages 30–60 years (65%), Black or African American people (63%), and people with HIV (15%).

The [CDC recommends](#):

- All 11–12-year-olds should receive a MenACWY vaccine and a booster dose at age 16 years
- For people at increased risk due to medical conditions (e.g., with HIV), recommended vaccination includes a two-dose primary MenACWY series with booster doses every 3–5 years, depending on age
- Maintain a high index of suspicion in groups mentioned above, including those with atypical presentations or nonspecific symptoms at onset, and institute appropriate infection prevention measures and treatment promptly
 - a. The isolates tested are distinct from the cipro-resistant strains of serotype Y and they have been susceptible to all first line medications for treatment and prophylaxis, including Ciprofloxacin

Case reporting

According to the Indiana Communicable Disease Rule ([410 IAC 1-2.5](#)), clinicians, hospitals and laboratories are required to report cases of invasive meningococcal disease immediately upon suspicion. Cases may be reported to the Indiana Department of Health at 317-233-7125 during business hours (Monday-Friday, 8:15 a.m. - 4:45 p.m.) or 317-233-1325 after hours.

