

**Official health alert network communication**

**HAN subject:** Health Advisory | Highly pathogenic avian influenza has been detected in a poultry farm in Cache County

**HAN number:** 10162024

**From:** Utah DHHS

**Intended audience:** local public health departments, physicians, clinical labs, emergency departments, healthcare providers, coroners

## Action steps

- **Local health departments:** please forward to hospitals, clinics, urgent care centers, emergency departments, clinical labs, and other clinics or associations in your jurisdiction.
- **Hospitals and clinics:** please forward to all health care providers who may be involved, including internists, family medicine clinics, infectious disease doctors, and emergency department staff.

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## Key points

### Summary

Utah DHHS is issuing this Health Alert Network (HAN) Health Advisory to let clinicians and public health officials know that highly pathogenic avian influenza (HPAI) has been detected in a large commercial poultry flock in Cache County. Additional testing is underway to learn whether this is the variant that has been circulating in cattle or if it is the typical avian strain. Even though no human cases of HPAI have been reported in Utah, clinicians should consider the possibility of HPAI virus infection in people who show signs or symptoms of acute respiratory illness or conjunctivitis and who may have come in contact with animals infected with HPAI.

### Background

#### What is HPAI?

Highly pathogenic avian influenza (HPAI or “bird flu”) is a type of influenza A that commonly infects birds and causes high death rates when it occurs in poultry and some waterfowl

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species. The most recent strain of HPAI, HPAI A(H5N1), has caused outbreaks among poultry and sometimes among other wild mammals since January 2022. It was first detected in Utah in a backyard flock in April 2022. Starting in the spring of 2024, a substrain of this virus has been identified that has caused illness in cattle in 14 states in the U.S. This cattle substrain appears to be more easily spread to humans, with 20 human cases identified so far during 2024. At this time there isn't enough information to know if the outbreak in Utah is related to the typical avian strain or the cattle substrain. Even though the risk of spread to humans is low, the risk of zoonosis from HPAI exists, which could result in a novel influenza virus outbreak among humans.

#### **How is HPAI spread?**

Infection with HPAI can occur from exposure to saliva, mucus, or feces from infected birds and cattle. HPAI infections among people are rare; but, human infections can happen when enough virus gets into a person's eyes, nose, or mouth, or is breathed in.

People who have had close or unprotected contact (not wearing respiratory and eye protection) for a long time with infected birds, cattle, or places where sick animals or their mucus, saliva, or feces have been contaminated are at greater risk of HPAI virus infection.

#### **What are symptoms of a human HPAI infection?**

Reported illnesses due to HPAI infections have ranged from mild symptoms to severe disease.

Signs and symptoms may include:

- eye redness (conjunctivitis)
- mild flu-like upper respiratory symptoms
- pneumonia requiring hospitalization
- fever (temperature of 100°F [37.8°C] or higher) or feeling feverish
- chills
- cough or sore throat
- sneezing
- runny or stuffy nose
- muscle or body aches
- headaches
- unexpected fatigue

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- shortness of breath or difficulty breathing.

Less common signs and symptoms include diarrhea, nausea, vomiting, or seizures.

## Recommendations for clinicians

### Who is at risk?

**Clinicians should consider the possibility of HPAI virus infection in anyone who shows any of the signs or symptoms listed above who has relevant exposure history.**

This includes people who have had contact with potentially infected sick or dead birds, livestock, or other animals in the 10 days before symptoms started. Such as anyone who handles, slaughters, defeathers, butchers, culls, prepares for consumption or consumes uncooked or undercooked food or related uncooked food products, including unpasteurized (raw) milk or other unpasteurized dairy products), direct contact with water or surfaces contaminated with feces, unpasteurized (raw) milk or unpasteurized dairy products, or parts (carcasses, internal organs, etc.) of potentially infected animals; and anyone who spent a long time around potentially infected birds or other animals in a confined space.

### Patient evaluation and management

Clinicians should contact the state public health department (1-888-374-8824) to arrange testing for HPAI virus. Collect recommended respiratory specimens (see “Specimen collection” below) using PPE, and consider starting influenza antiviral treatment within 48 hours of when symptoms began for patients who have a suspected HPAI infection, regardless of pending lab results. Encourage the patient to isolate at home away from their household members and not go to work or school until it is determined they don't have avian influenza A virus infection. Testing for other potential causes of acute respiratory illness should also be considered depending upon the local epidemiology of circulating respiratory viruses, including SARS-CoV-2.

More information is available in the [Clinician Brief: Evaluating and Managing Patients Exposed to Animals or Persons Infected with Novel Influenza A Viruses](#)

### Specimen collection

If a patient presents with conjunctivitis, collect a conjunctival swab **and** a nasopharyngeal (NP) swab. Both are needed for HPAI testing. If a patient presents with other symptoms but

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not conjunctivitis, acceptable specimens include NP swabs, nasal swabs, throat swabs, dual nasopharyngeal/throat swabs, nasal aspirates, nasal washes, bronchoalveolar lavage, bronchial wash, tracheal aspirate, sputum, lung tissue, and virus culture isolates. Swabs must be placed in viral transport media. Refer to the [UPHL Client Service Manual](#) for more information.

The following may be placed in a sterile collection container: nasal aspirates, nasal washes, bronchoalveolar lavage, bronchial wash, tracheal aspirate, sputum, and lung tissue.

See the [conjunctival swab specimen collection guidelines](#) for more information on appropriate specimen collection.

## Recommendations for laboratories

As part of enhanced surveillance for potential human cases of HPAI, Utah DHHS requests all laboratories continue to submit specimens from **all hospitalized influenza cases and unsubtypeable influenza A virus cases** (samples tested with a molecular assay able to discriminate H subtypes but for which the subtyping result is inconclusive) to the Utah Public Health Laboratory (UPHL) regardless of whether the patient was hospitalized or not. Include test results for all influenza testing performed at a clinical lab with sample submission to UPHL. We greatly appreciate your efforts to submit these specimens as required by Utah's Communicable Disease rule R396-702.

A few notes regarding specimen submission:

- Specimens may be respiratory swabs, washes, aspirates, conjunctival swabs, or similar. Please contact DHHS (1-888-374-8824 or [reporting@utah.gov](mailto:reporting@utah.gov)) for questions regarding less common specimens.
  - If submitting a conjunctival swab, make sure to also send the associated NP swab
- Swabs should be collected into viral transport media (VTM) tubes. We realize that many labs are utilizing rapid tests (antigen-detection or molecular) that may require specific collection tubes that are not compatible with the CDC test run at the UPHL. Please collect two swabs at the time of collection and place one into an appropriate VTM tube for submission to UPHL.
- When possible, please submit greater than 1 ml of specimen to ensure all testing

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can be completed.

- Submit the specimen along with the [Influenza Test Request Form](#).
- Please indicate in the “Your Test Results” section whether the sample was positive for Flu and SARS-CoV-2.

## Infection prevention and control

Standard, contact, and airborne precautions are recommended for all patients who have illness consistent with influenza and recent exposure to birds or other animals potentially infected with HPAI virus when they show up for medical care or evaluation. Refer to [guidance for infections with novel influenza A viruses associated with severe disease](#) for additional guidance on infection prevention and control precautions for patients who might be infected with HPAI virus.

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### More information

- [CDC interim recommendations for providers](#)
- [Guidelines for Laboratory Biosafety: Handling and Processing Specimens Associated with Novel Influenza A Viruses, Including Potential A\(H5N1\) Virus](#)
- [Interim Guidance for Infection Control Within Healthcare Setting](#)
- [Clinician Brief: Evaluating and Managing Patients Exposed to Animals or Persons Infected with Novel Influenza A Viruses](#)
- [CDC - H5 Bird Flu: Current Situation](#)
- [Utah DHHS Avian Influenza \(Bird flu\) in humans FAQ](#)
- [UDAF HPAI website](#)
- [CDC - What Causes Bird Flu Virus Infections in Humans](#)

**Utah DHHS disease reporting line:** telephone 1-888-EPI-UTAH (374-8824), email [reporting@utah.gov](mailto:reporting@utah.gov), or fax 801-538-9923.

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