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**HAN subject:** Health Advisory | Cattle variant of highly pathogenic avian influenza (HPAI) identified in Cache County

**HAN number:** 10242024

**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

The cattle variant of highly pathogenic avian influenza (HPAI) (HPAI A(H5N1)) has been detected in Cache County. This strain has been reported to have caused human infections in other states during 2024. **No human cases of HPAI have been reported in Utah so far.** However, 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. The testing approach is outlined below.

### 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 species. The most recent strain of HPAI, HPAI A(H5N1), has caused outbreaks among

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poultry and sometimes among other wild mammals since January 2022. It was first detected in Utah in a backyard flock in April 2022. A variant of this virus has caused illness in cattle in multiple other states in the U.S. starting in the spring of 2024. This cattle variant appears to be more easily spread to humans. Twenty human cases have been identified so far in the U.S. during 2024. No cases have been in Utah. **The risk of spread to humans is currently low.** However, the risk of zoonosis from HPAI exists, which could result in a novel influenza virus outbreak.

#### **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. It is currently unclear whether consumption of raw milk can cause human HPAI infections. However, the FDA has so far determined that pasteurized milk is safe to consume, as the pasteurization process can kill HPAI viruses.

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

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- Unexpected fatigue
- 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 and 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. For instance, anyone who:

- handles, slaughters, defeathers, butchers, culls, prepares or eats/drinks uncooked or undercooked food or related uncooked food products (including unpasteurized or raw milk or other unpasteurized dairy products);
- has direct contact with water or surfaces contaminated with feces, unpasteurized (raw) milk or unpasteurized dairy products;
- has direct contact with 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 Utah Department of Health and Human Services (1-888-374-8824) to arrange testing for HPAI virus.

- Collect recommended respiratory specimens (see “Specimen collection” below) using PPE.
- 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 stay at home and away from other people, including other people that live in the home. They should not go to work, school, or other activities 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

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

If a patient presents with other symptoms but **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.

#### Clinical testing for HPAI

HPAI can be detected by commonly used clinical antigenic and molecular influenza tests. Many of these tests can also rule out HPAI. If initial clinical testing indicates influenza B, no further testing is needed. Further testing for H5 is not necessary if a test capable of discriminating H subtypes is used (for example, the Biofire Filmarray Respiratory Panel) and it is positive for a seasonal influenza strain (H1, H1-2009, and H3). However, a rapid flu test **cannot** distinguish between HPAI and other types of influenza. Call the Utah Department of Health and Human Services (1-888-374-8824) right away if the patient has a history of recent exposure to livestock and tests positive for influenza A on a rapid test or has a positive test for an untypeable flu from a more complex assay. Residual specimens should also be sent to the Utah Public Health Laboratory right away.

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## Recommendations for laboratories

The Utah Department of Health and Human Services 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. 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 the Utah Communicable Disease rule R396-702.

A few notes regarding specimen submission:

- Specimens may be respiratory swabs, washes, aspirates, conjunctival swabs, or similar. Contact the Utah Department of Health and Human Services (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. Many labs are using 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.**
- Submit greater than 1 ml of specimen to make sure all testing can be completed whenever possible.
- 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. Refer to [guidance for infections with novel influenza A viruses associated with severe disease](#) for more information 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 Clinicians](#)
- [CDC - Guidelines for Laboratory Biosafety: Handling and Processing Specimens Associated with Novel Influenza A Viruses, Including Potential A\(H5N1\) Virus](#)
- [CDC - Clinician Brief: Evaluating and Managing Patients Exposed to Animals or Persons Infected with Novel Influenza A Viruses](#)
- [CDC - Interim Guidance for Infection Control Within Healthcare Setting](#)
- [CDC - What Causes Bird Flu Virus Infections in Humans](#)
- [CDC - Talking to Patients about Unpasteurized \(Raw\) Milk and Highly Pathogenic Avian Influenza](#)
- [CDC - H5 Bird Flu: Current Situation](#)
- [Utah DHHS Avian Influenza \(Bird flu\) in humans FAQ](#)
- [Utah Department of Agriculture and Food - Mandatory Surveillance of HPAI in Cache County Dairies](#)
- [Utah Department of Agriculture and Food - HPAI website](#)
- [Utah Department of Agriculture and Food - Dairy HPAI website](#)

**Utah Department of Health and Human Services 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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