

H5N1 and Response

January 23, 2025

Agenda

- Current Situation Update and H5N1 in Animals: Dr. Connie Austin
- Steps for Responding to Exposed Persons: Mallory Sinner
- Interim Guidance on PEP, Treatment, and Prevention: Dr. Arti Barnes
- Influenza A - Accelerated Subtyping Plans for Illinois: Dawn Nims
- Office of Preparedness and Response Update: Jessica McAnelly

National Data



Avian Influenza H5N1

CONNIE AUSTIN, DVM, MPH, PHD



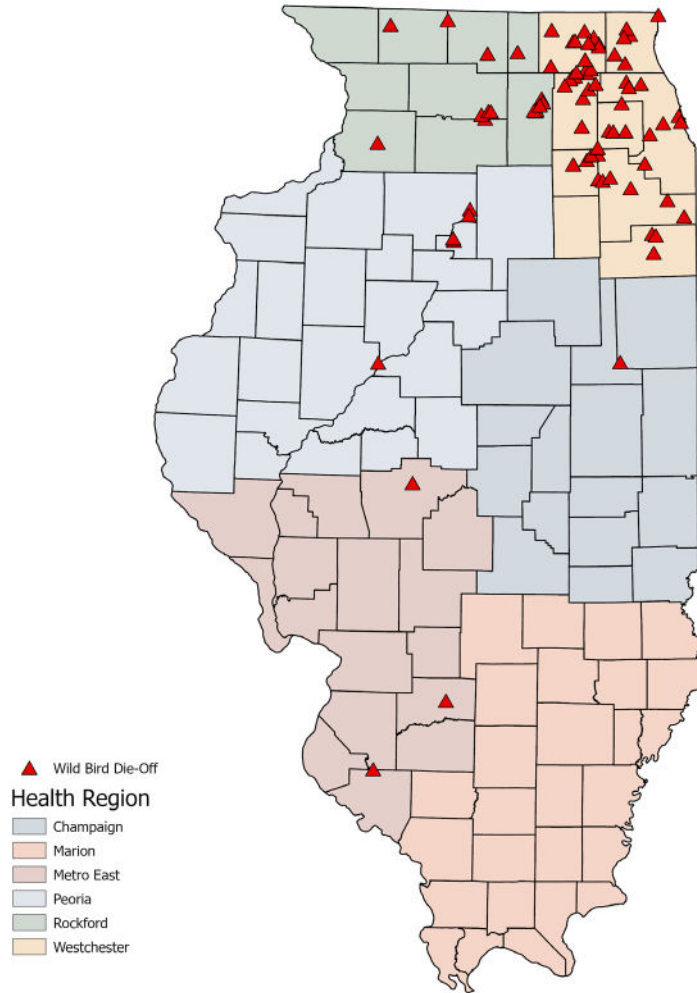
How has Influenza H5N1 been transmitted to people?



- Having unprotected exposure to any infected animal or to the environment where an infected bird or other infected animal has been present.
- The virus can be in the respiratory or GI tract of birds and primarily in the milk and mammary glands of dairy cows
- Virus can get into a person's eyes, nose, or mouth and be inhaled.



Wild Bird Die-Offs by H5N1



Wild Bird Die-offs

- Many wild bird die-offs this year during migration season in Illinois.
- Can be reported to Illinois Department of Natural Resources.
- Problem this year:
 - People pick up sick geese, for example, and put them in their cars to take to vets, animal controls, wildlife refuges, etc. This results in human exposures.

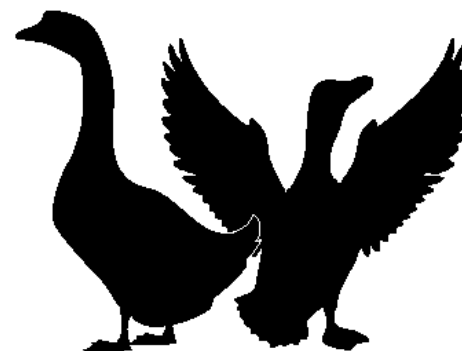
ILLINOIS DEPARTMENT OF PUBLIC HEALTH



PUBLIC HEALTH ALERT

**DO NOT HANDLE OR ATTEMPT TO CAPTURE WATERFOWL
OR OTHER WILD BIRDS DISPLAYING SIGNS OF ILLNESS.**

- ! Do not bring dying or dead birds, especially waterfowl, to veterinarians or wildlife refuges for treatment.
- ! Wash your hands, shoes and clothes after being in an area where wild waterfowl have been.
- ! In cases of FIVE or more dead birds found in one location.
 - Notify:



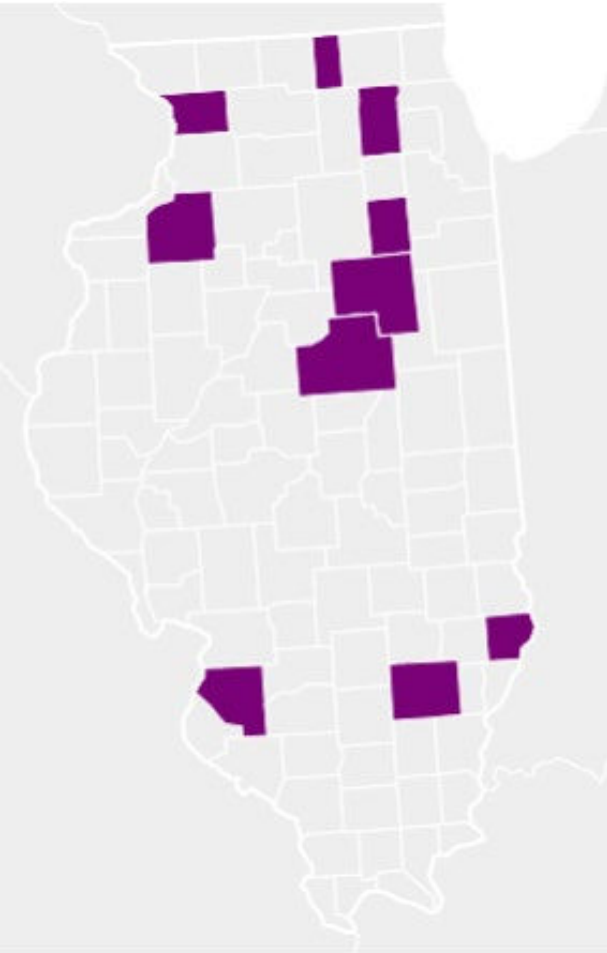
Scan for more information on H5N1



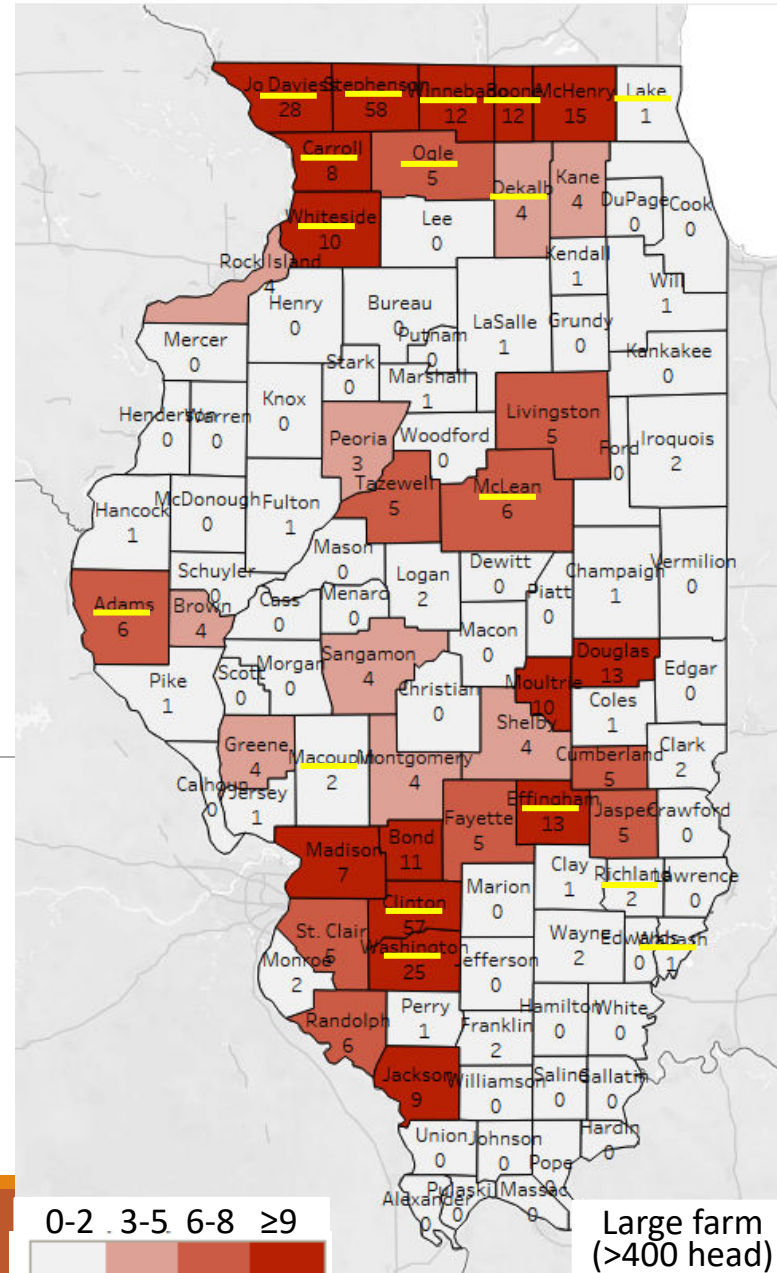
Scan for IDNR Wildlife Biologist near you



Location of H5N1 Poultry Flocks in Illinois



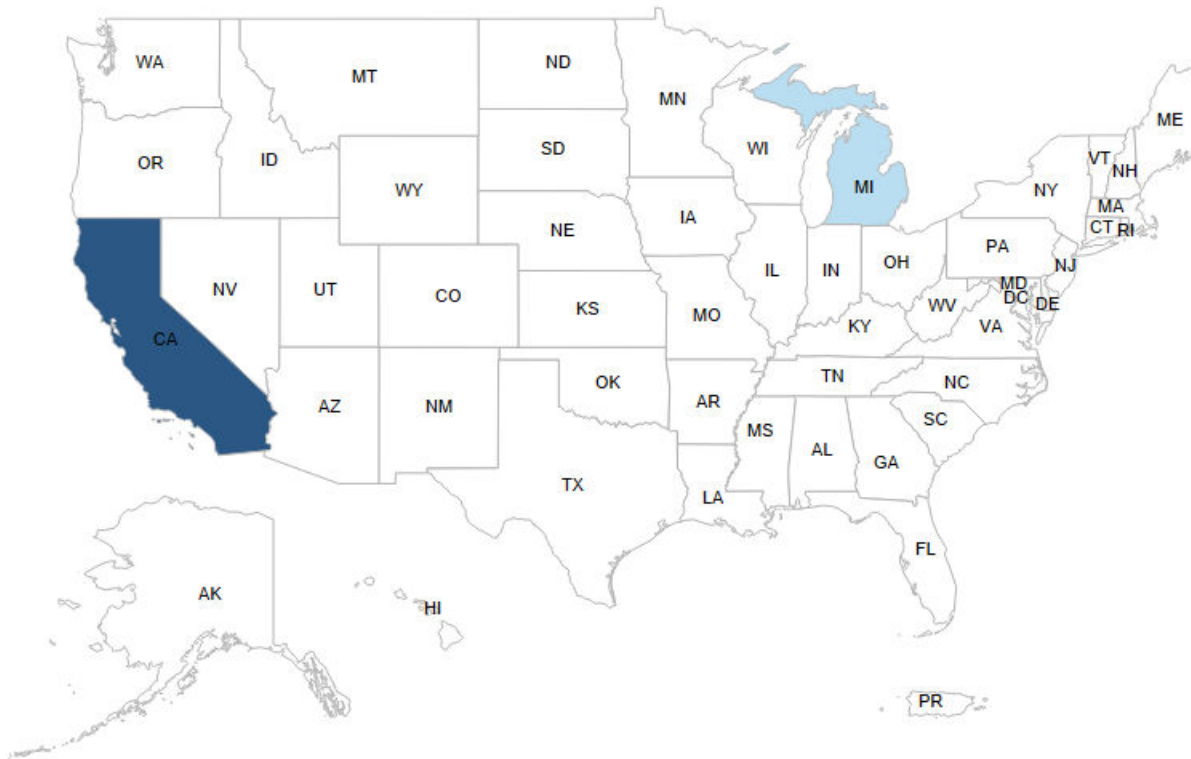
Number of bovine dairy farms per county - Illinois



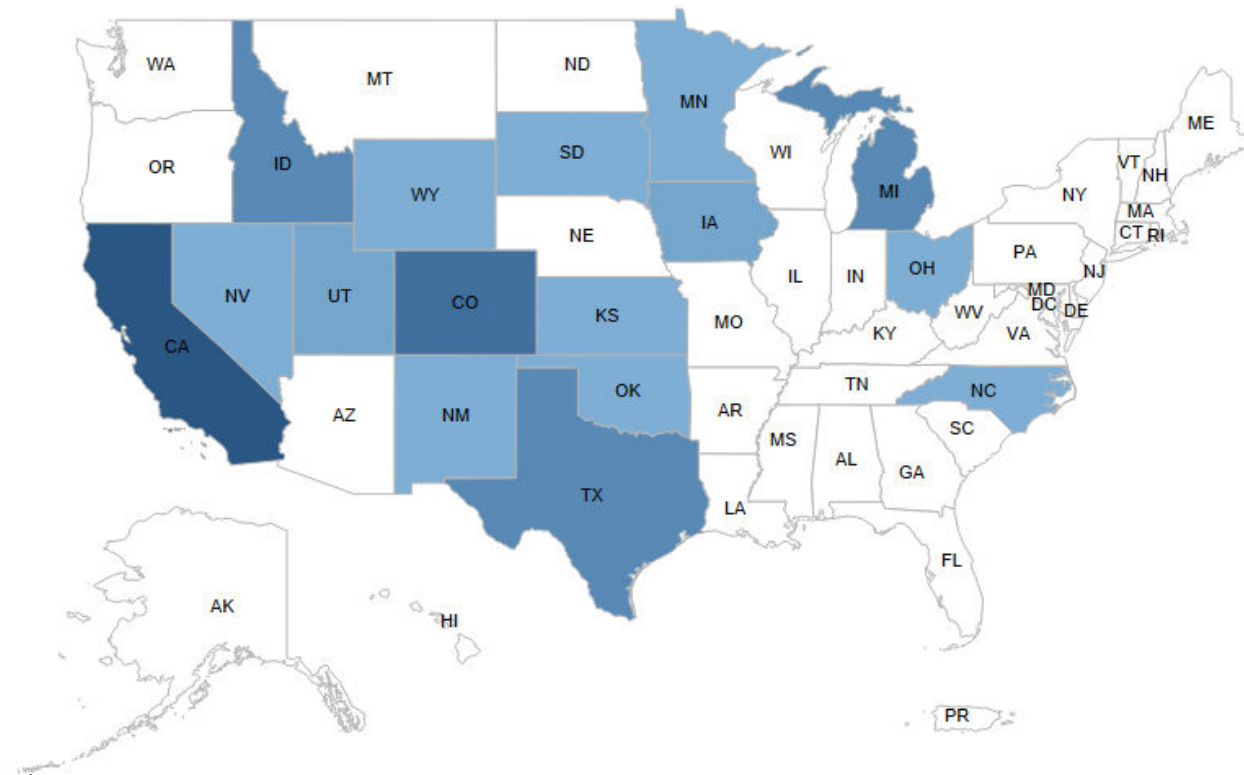
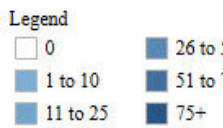
In the Last 30 Days, in Cattle, there were:
49 New Confirmed Cases in 2 States

In the Total Outbreak, in Cattle, there were:
930 Confirmed Cases in 16 States

**Number of New Confirmed Cases in Cattle by State,
Last 30 Days**



**Number of Confirmed Cases in Cattle by State,
Total Outbreak**



USDA Requirement for Testing of Raw Milk for H5N1



IDoA (veterinarians) and IDPH (dairy program and infectious disease personnel) are working on what the plan will be for Illinois to test dairy processing plants.



Dairy processing plants in the state collect milk from MANY different states in the U.S. so if a plant silo tests positive it could be milk from another state.



IDPH dairy program routinely tests milk for various antibiotic residues and will assist with collection of samples for H5N1 testing.

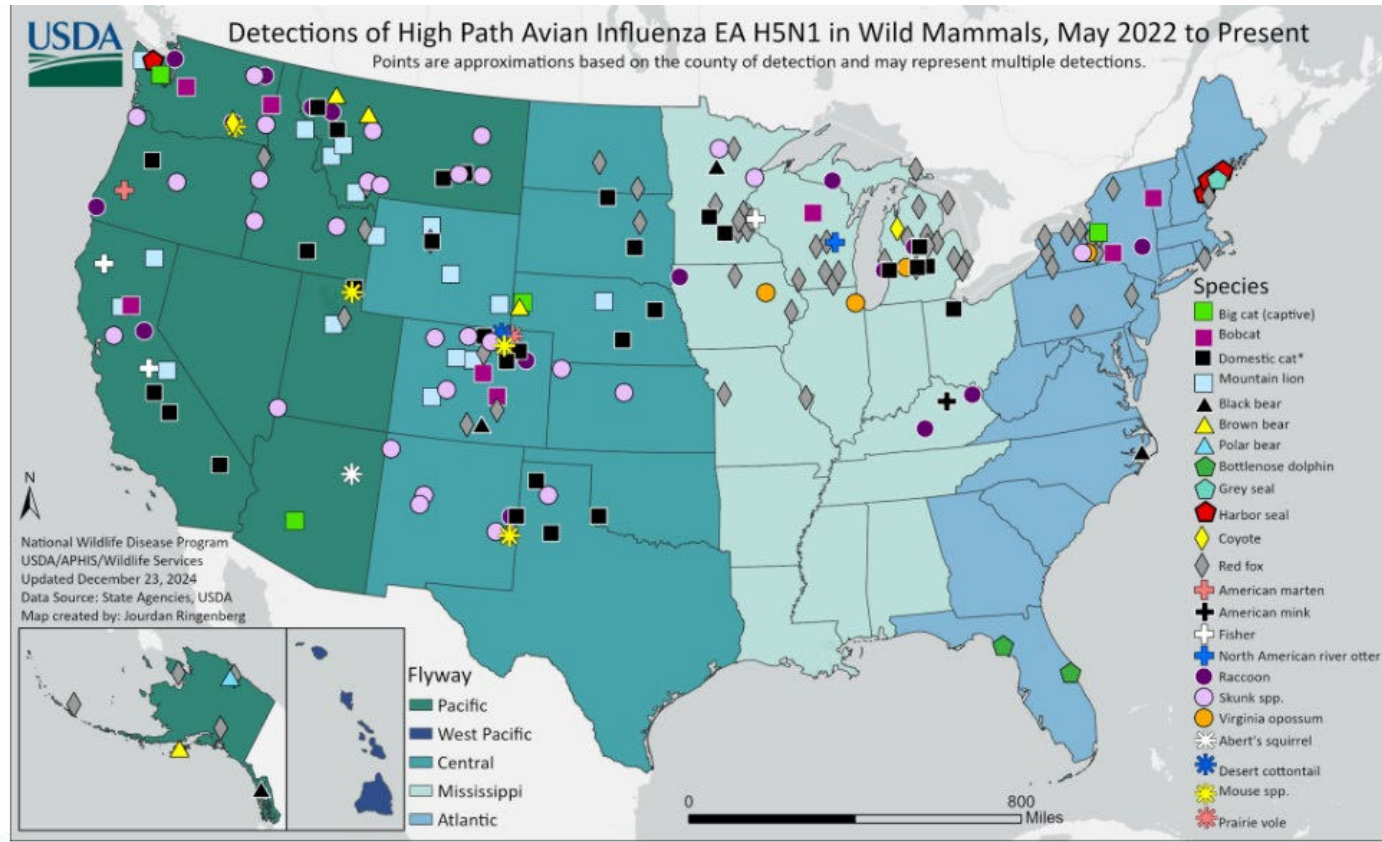


These samples would go to a USDA laboratory and only positive results would come back to the state.



Positive samples would then need to be followed up back to the farms that contributed milk to that silo, either within Illinois or outside the state.

H5N1 Positive Mammals in the U.S.



PETS AND H5N1



5 STEPS FOR KEEPING PETS SAFE FROM H5N1 (BIRD FLU)



1 Feed only fully cooked food



The H5N1 virus can survive in raw pet foods. Pets that eat raw food or treats can become sick and even die.

2 Never feed raw milk



The H5N1 virus is found in raw milk from infected cows. Cats that drink infected milk often die. The pasteurization process fully kills the virus, so pasteurized milk is safe.

3 Keep pets away from birds and wildlife



Wildlife with the H5N1 virus may infect curious pets. The best way to protect pets is to keep them indoors or on a leash when they go outside.

4 Keep pets away from livestock and poultry



If there is an H5N1 outbreak on a farm, the animals and area will have lots of virus around. Pets that go into these areas may become sick or bring the virus back home.

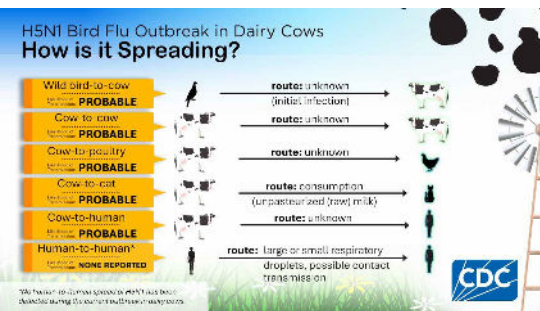
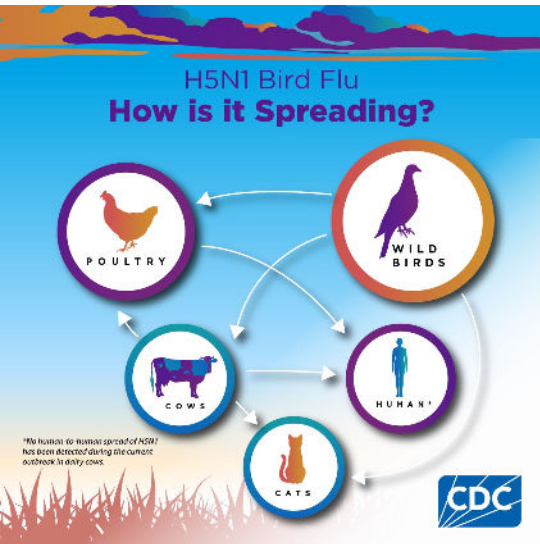


5 If you work with livestock or poultry, wash your hands and change your clothes before being around pets

The H5N1 virus can survive on clothes, shoes, and hands. Pets that sniff, lick, or touch contaminated items can become infected.

Talk with a veterinarian if you have concerns about your pet's health.

CDC Messaging



Dairy Workers should wear appropriate PPE to reduce their risk of **H5 bird flu**.



The milking parlor option is for limited settings, where the source of contamination is only from one side. Talk to your supervisor to know if this applies to you.

You should wear personal protective equipment (PPE) when in contact with or around dairy cows, raw milk, other animals, or surfaces and other items that might be contaminated with virus. Ask your supervisor if you have questions about what type of PPE to wear or when or how to use it. Recommended PPE may include:

- Head cover or hair cover
- Safety goggles
- Optional face shield over the top of goggles
- NIOSH Approved* particulate respirator (such as an N95*)
- Coveralls that keep you dry
- Optional waterproof apron over the top of the coveralls
- Disposable gloves with optional outer work gloves
- Boot covers or boots

In milking parlors, where the source of contamination is only from one side, you may be able to use a sleeved apron in place of the coveralls and waterproof apron.

More information on worker safety and putting on and removing PPE is available at <https://www.cdc.gov/bird-flu/prevention/farm-workers.html>. When working with animals or materials that could be infected or contaminated with H5N1 bird flu, monitor your health and continue to monitor for 10 days after your last exposure.



IF YOU WORK WITH...

- Dairy Cows
- Poultry
- Raw/Unpasteurized Milk
- Wild Animals

PROTECT YOURSELF FROM BIRD FLU

CDC

IF YOU HAVE SIGNS OF BIRD FLU,

- Fever
- Cough/Sore Throat
- Muscle Aches
- Shortness of Breath
- Eye Redness

SEEK MEDICAL CARE

CDC

IF YOU WORK WITH INFECTED ANIMALS, USE:

- Coveralls
- Respirator
- Eye Protection
- Head Cover
- Boots/Gloves

TO HELP PROTECT YOURSELF FROM BIRD FLU

CDC

The end



Contact Tracing and Monitoring

Who is Monitored?

- People exposed to HPAI A(H5N1)-infected birds or animals, included those wearing recommended PPE, are monitored beginning with their first exposure, and for 10 days after the last exposure:
 - Close exposure (within 6 feet) to birds or other animals, with confirmed or presumed avian influenza A(H5N1) virus infection.
 - Direct contact with surfaces contaminated with feces, unpasteurized milk or other unpasteurized dairy products, bird or other animal parts from infected birds or animals
 - Visiting a live bird marked with confirmed HPAI.
 - Close contact to a person infected with influenza A(H5N1).
 - Laboratory exposure (unprotected exposure to HPAI A[H5N1]).

How will you find out about potential contacts in your jurisdiction?

- In most cases, IDPH will email contact information and instructions for monitoring.
- Other ways:
 - Determine additional contacts upon interview of a contact (e.g., Farm owner notifies of additional employees).
 - From other LHDs who determine a contact or location they reached out to is part of a different jurisdiction.

Active vs. Self-Monitoring

Active Monitoring is recommended for individuals who have had unprotected (i.e., have not consistently or correctly used personal protective equipment [PPE]) exposures or assumed exposures to HPAI A(H5N1) virus infected animals or their environment.

Most exposed farm workers or members of the public who pick up ill or dead birds fall in this category.

Self-monitoring is recommended for persons who used the recommended personal protective equipment (PPE) during exposures or assumed exposures to HPAI A(H5N1) virus infected animals or their environment and did not have a breach in that PPE use.

Fewer exposed workers fall in this category but often include USDA responders culling poultry, lab staff, veterinary staff involved in euthanizing birds, DNR workers picking up dead birds.

- LHDs contact the exposed persons directly about the development of signs and symptoms of infection.
- Enter contacts into RedCap for daily monitoring via phone, email or text for daily monitoring for 10 days after last exposure.
- Provide Guidance for Asymptomatic Contacts to HPAI and Guidance for Symptomatic Contacts to HPAI.
- Contacts who develop symptoms within 10 days after exposure should have specimens collected for testing at IDPH labs as soon as possible.

- LHDs contact the exposed person and confirm use of proper PPE and no breach.
- Determine end of exposure period, inform contacts that they need to notify the LHD immediately if symptoms develop within the 10 days after last exposure.
- Contacts do not need to be added to RedCap.
- Provide Guidance for Asymptomatic Contacts to HPAI and Guidance for Symptomatic Contacts to HPAI.
- Contacts who develop symptoms within 10 days after exposure should have specimens collected for testing at IDPH labs as soon as possible.

Contacts do NOT need to quarantine if they remain asymptomatic!

PPE Recommendations

RECOMMENDED PPE TO PROTECT AGAINST H5N1 BIRD FLU

- Head cover or hair cover
- Safety goggles
- Optional face shield over the top of goggles
- NIOSH Approved® particulate respirator (such as an N95®)
- Coveralls that keep you dry
- Optional waterproof apron over the top of coveralls
- Disposable gloves with optional outer work gloves
- Boot covers or boots



PPE Recommendations

Self-Monitoring Option



- Few exposed contacts fit into this category.
- LHD should contact the individual and confirm proper PPE and no breach.
- Determine end of monitoring period.
- Educate on symptoms, provide LHD contact information.
- Contact does not need to be entered into RedCap.
- Educate to call LHD before seeking medical care when possible.
- Contacts who develop symptoms within 10 days after exposure should have specimens collected for testing at IDPH labs as soon as possible.
- Provide symptomatic and asymptomatic guidance documents.

Active Monitoring



- More contacts fit into this category.
- LHDs contact the exposed persons and interview about the development of signs and symptoms of infection.
- Enter contacts into RedCap for daily monitoring.
- Contacts who develop symptoms within 10 days after exposure should have specimens collected for testing at IDPH labs as soon as possible.
- Provide symptomatic and asymptomatic guidance documents.

Active Monitoring in RedCap

- Use “Avian Flu Contact Monitoring” Project.
- Contacts who need active monitoring should be added to the project.
- Contacts should be monitored from 10 days from their last exposure.
 - Can be monitored via phone calls, automated emails, or SMS messaging.
- Symptomatic contacts should be educated to call the LHD immediately upon developing symptoms.
- IDPH is sent an alert email when any contact submits a survey indicating symptoms.
- LHDs can request access by emailing DPH.Respiratory@Illinois.gov
- Step-by-step instructions are found on the Novel Influenza Sharepoint page and are emailed to LHDs who have not monitored before.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH SYMPTOM MONITORING GUIDANCE FOR PEOPLE EXPOSED TO NOVEL INFLUENZA A FROM H5N1

Novel Influenza A (H5N1) is a disease frequently found in birds caused by an avian influenza virus. Wild birds, especially waterfowl, are the most common source of infection. These same viruses can be deadly in humans. Symptoms of certain wild birds, especially waterfowl. Humans can be infected with avian influenza if they come into contact with the birds, their droppings, or are exposed to potentially infected animals.

How do I dispose of dead birds on my property (less than 5)

Given the concern regarding influenza in wild birds (especially waterfowl, aquatic birds, and birds of prey), the following are tips to reduce the risk of avian influenza spreading to people who may need to pick up dead birds on their property. While it is unlikely that handling dead birds would lead to human infection, it is best to be cautious. If you should develop flu-like symptoms within ten days of disposing of a group of dead birds, contact your local health department. CDC recommends specific PPE when around dead birds. In the case of not having that PPE, the following guidance can be used.

What supplies are needed?

- Disposable waterproof gloves
- Plastic bags
- Safety goggles (if splashing may occur during removal of the bird from the environment)
- N95 mask (if splashing may occur during removal of the bird from the environment)
- Secure trash can

Instructions

1. Don't use bare hands to pick up a dead bird or animal.
2. Use disposable waterproof gloves and/or an inverted plastic bag to pick up the dead bird(s). Double the plastic bag with the bird(s) inside and dispose in the trash where it cannot be accessed by children or animals.
3. Consider wearing a raincoat or disposable plastic trash bag over your clothes.
4. If the bird is in a wet environment or where splashing may occur during removal, safety goggles or glasses and an N95 mask (available in retail stores) can be used to protect your eyes, nose, and mouth.
5. After handling a bird, avoid touching your face with gloved or unwashed hands.
6. After the bird(s) are disposed of, take gloves off first and put into a plastic bag for disposal.
7. Wash hands with soap and water. If soap and water are not available, use hand sanitizer.
8. Remove mask and goggles. It is important to NOT touch your face with contaminated hands or gloves. Remove your mask after removing gloves.
9. Throw away any disposable equipment after use (mask, gloves) and disinfect other equipment (like safety goggles) according to manufacturer's specifications.
10. Wash clothes in a washing machine with detergent and use the hot water cycle. Wash your hands with soap and water immediately after handling the clothes.
11. Disinfect your shoes using one of the following methods: Prepare a solution of 1 part bleach to 10 parts water and submerge shoes in the solution for 10 minutes. The mixed solution is good for 7 days-or- Spray your shoes with a benzalkonium chloride-based commercial disinfectant (such as Lysol® spray or similar product) and allow them to dry.
12. Contact your local health department for an exposure assessment and symptom monitoring.

New Resources

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

PROTECT YOURSELF FROM H5N1 BIRD FLU

Wear personal protective equipment

H5N1 bird flu is a virus that could make you sick if you breathe it in or if it gets in your eyes, nose, or mouth. You can also get sick if you touch your eyes, nose, or mouth after touching contaminated surfaces, clothing, skin, or hair. Wear personal protective equipment (PPE) when in contact with or around animals confirmed or potentially infected, including dairy cows, or confirmed or potentially contaminated raw milk, surfaces, or other items. You may need more PPE than what you use for your normal duties. Your employer should provide the recommended PPE at no cost.

Ask your supervisor if you have questions about what type of PPE to wear or when or how to use it.

RECOMMENDED PPE TO PROTECT AGAINST H5N1 BIRD FLU

- Head cover or hair cover
- Safety goggles
- Optional face shield over the top of goggles
- NIOSH Approved particulate respirator (such as an N95)
- Coveralls that keep you dry
- Optional waterproof apron over the top of coveralls
- Disposable gloves with optional outer work gloves
- Boot covers or boots

SCAN TO LEARN MORE



IF I'VE BEEN EXPOSED?

Call your local health department (insert office number) or (insert office number) to learn about options for testing and infection. People who have been exposed or watch themselves for symptoms of influenza are advised to wear PPE if the exposure is ongoing and through the 10-day monitoring period. If you were last exposed to the animal, you should wear PPE for 10 days after the last exposure.

Watch for symptoms of Novel Influenza A from H5N1, including: cough, sore throat, fatigue, fever, muscle aches, redness or irritation of the eyes, runny nose, or stuffy nose, diarrhea, vomiting, or diarrhea (Temperature of 100°F or greater), difficulty breathing/shortness of breath, and loss of consciousness.

If you have been asked by Public Health to complete a survey, please do so in a timely manner. A representative from your local health department will follow up with you if you don't complete the survey for two or more days. If you seek medical attention without first notifying your local health department, please contact the medical facility you are at, that you have been exposed to for influenza so that they can order the right kind of tests and provide appropriate care and treatment.

IF YOU DEVELOP SYMPTOMS, FOLLOW THIS ADDITIONAL GUIDANCE.

- **Ending Isolation:** When to discontinue isolation:
 - Isolation can be discontinued if H5N1 influenza has been ruled out by testing at a PHL.
 - If H5N1 influenza is confirmed, the LHD will communicate when 5 to 7 days have passed from onset of symptoms, AND any eye infection, including redness (excluding subconjunctival), AND any fever (temperature of 100°F/37.8°C or higher) has been reduced with fever-reducing medication; AND other symptoms are mild and improving.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH SYMPTOM MONITORING GUIDANCE FOR PEOPLE WHO HAVE SYMPTOMS AFTER EXPOSURE TO H5N1

Call your local health department right away. They will assess your symptoms and arrange for testing and treatment if necessary. See contact information for your local health department below.

Stay home and away from others until it is confirmed that you do not have Novel Influenza from H5N1. You are no longer infectious. People can spread infection for 5-7 days after becoming sick with the flu, but we do not know how long you will stay infectious after Novel Flu. Wear PPE to not fully isolate or stay away from others. Additional isolation instructions:

• **Limit your activities outside of the home:** Do not use taxis/ride shares.

• **Self from others in your home:** If you are around other people and pets, if possible, use a separate room when you are in common areas or are around others.

• **Antiviral medication as prescribed:** This may help reduce the number of days you feel sick. Start within the first 48 hours of when your symptoms begin.

• **Mask:** If you need to interact with people, wear a mask. Open windows and use portable fans directed away from you.

• **Cover your mouth and nose:** Use tissues in a lined trash can, and dispose of them properly.

• **Wash hands with soap and water:** Wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer.

• **Seek prompt medical attention if your illness worsens:** Before your medical appointment, call your healthcare provider to call the local health department for medical attention.

State of Illinois
Illinois Department of Public Health

How do I dispose of dead birds on my property (5 or more)

Given the concern avian influenza in wild birds (especially waterfowl, aquatic birds, and birds of prey) and the fact that more dead birds may increase the possibility that avian influenza may be the cause of the deaths, the following are tips to reduce the potential risk of avian influenza spreading to people who may need to pick up dead birds on their property during a die-off. While it is unlikely that handling dead birds would lead to human infection, it is best to be cautious. If you should develop flu-like illness within ten days of disposing of a group of dead birds, contact your local health department.

Before disposing of dead, wild birds when five or more occur, contact your District Wildlife Biologist with the Illinois Department of Natural Resources at call the U.S. Department of Agriculture, Wildlife Services, at 1-866-487-3297 to determine if domesticated bird samples should be collected for testing. CDC recommends specific PPE when around dead birds. In the case of not having that PPE, the following guidance can be used.

What supplies are needed?

- Disposable waterproof gloves
- Plastic bags
- Safety goggles
- N95 mask
- Secure trash can

Instructions

1. Don't use bare hands to pick up any dead bird or animal.
2. Use disposable waterproof gloves and/or an inverted plastic bag to pick up the dead bird(s). Double the plastic bag with the bird(s) inside and dispose in the trash where it cannot be accessed by children or animals.
3. Consider wearing a raincoat or disposable plastic trash bag over your clothes.
4. Safety goggles and an N95 mask (available in retail stores) can be used to protect your eyes, nose, and mouth.
5. After handling a bird, avoid touching your face with glove or unwashed hands.
6. After the bird(s) are disposed of, take gloves off first and put into plastic bag for disposal.
7. Wash hands with soap and water. If soap and water are not available, use hand sanitizer.
8. Remove mask and goggles.
9. Throw away any disposable equipment after use (mask, gloves) and disinfect other equipment (like safety goggles) according to manufacturer's specifications.
10. Wash clothes in washing machine with detergent and use the hot water cycle.
11. Disinfect your shoes using one of the following methods: Prepare a solution of 1 part bleach to 10 parts water and submerge shoes in the solution for 10 minutes. The mixed solution is good for 7 days-or- Spray your shoes with a benzalkonium chloride-based commercial disinfectant (such as Lysol® spray or similar product) and allow them to dry.
12. Contact your local health department for an exposure assessment and symptom monitoring.

H5N1 Testing

Who should be tested for H5N1?

- Known contacts to HPAI being monitored in RedCap who develop symptoms during monitoring period.
- Symptomatic individuals who present to facilities and are determined to have a relevant exposure history upon screening (Health Alert sent to clinicians on 12/23/24).
 - **Recommendations for Testing:**
 - **Symptomatic contacts with history of exposure to H5N1 should isolate until test results are returned.**

Symptoms

Acute upper or lower respiratory tract infection, conjunctivitis, or complications of acute respiratory illness without identified cause.

- Mild illness (cough, sore throat, eye redness or eye discharge, fever or feeling feverish, rhinorrhea, fatigue, myalgia, arthralgia, headache).
- Moderate to severe illness (shortness of breath or difficulty breathing, altered mental status, seizures).
- Complications (pneumonia, respiratory failure, acute respiratory distress syndrome, multi-organ failure, sepsis, meningoencephalitis).

GI symptoms, such as diarrhea, are often reported with HPAI A(H5N1).

Preferred Clinical Specimens for H5N1 testing

- Nasopharyngeal swab and/or nasal swab combined with an oropharyngeal swab (e.g., two swabs combined into one viral transport media vial).
 - If these specimens cannot be collected, a single nasal or oropharyngeal swab is acceptable.
- If the person has conjunctivitis (with or without respiratory symptoms), both a conjunctival swab and nasopharyngeal swab and/or nasal swab combined with an oropharyngeal swab should be collected.
 - Conjunctival swabs will be tested at CDC.
- All specimens **must** be received at the IDPH laboratory at 2-8°C. Ship specimens using insulated coolers and cold packs that have been frozen overnight.

[Conjunctival Swab Collection Instructions](#)

[Preferred Clinical Specimens](#)

Process for Requesting Testing at IDPH Labs

- LHDs should contact IDPH to discuss testing immediately .
- Specimen authorizations need to be entered into the RedCap [IDPH Communicable Diseases Test Authorization Form](#)
- Authorization number should be given to the lab/facility.
- On the requisition form, request influenza testing AND respiratory panel testing.
- When possible, ask the facility to run a rapid flu test or utilize one of the rapid flu A/B/COVID-19 tests on hand.

Rapid Flu A/B/COVID Tests Available for LHD use

- IDPH has obtained a limited number of rapid Flu A/B/COVID-19 tests available for use in areas where events are occurring, and large numbers of contacts are focused.
 - Example: Positive farms
 - To request, email Casey Dexter
Casey.Dexter@Illinois.gov

Post-Exposure Prophylaxis



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

Post-Exposure Prophylaxis (PEP) and Presumptive Treatment for Suspected Exposure to Highly Pathogenic Avian Influenza (HPAI) Virus

Standing Order and Protocol

Scope:

This standing order authorizes the dispensing or administration of Oseltamivir medication to those exposed to Highly Pathogenic Avian Influenza or Novel Influenza as chemoprophylaxis or presumptive treatment pursuant to the Public Health Standing Orders Act:

Under this standing order, healthcare personnel, as defined under Section 5 of the Act and notwithstanding any other provision of law to the contrary, may provide medical services within a public health clinic in conformance with standing orders issued by a public health standing orders physician without prior establishment of a physician-patient relationship between the public health standing orders physician and the person receiving medical services. (410 ILCS 125/5)
(Source: P.A. 97-589, eff. 1-1-12.)

Indications for use under this standing order:

Determining exposure risk

PURPOSE:

PEP should be offered to the **High-risk exposure groups** (recognized risk of transmission) described below:

- Persons with recent exposure (within 10 days) to novel influenza A viruses who were within approximately 6 feet of birds or other animals or humans with confirmed novel influenza A virus infection by A(H5) or A(H7) viruses. The risk of infection with novel influenza A viruses is higher in people with unprotected exposures (e.g., not using recommended respiratory and eye protection) than in those who used such protective equipment. Bird or other animal exposures can include, but are not limited to handling, slaughtering, defeathering, butchering, culling, or preparing birds or other animals for consumption, or consuming uncooked or undercooked food or related uncooked food products, including unpasteurized (raw) milk.
- Persons visiting a live bird market with confirmed HPAI a(H5N1) virus infections in birds or associated with a case of human infection with HPAI A(H5N1) virus.
- Household or close family member who has had contact(s) with unprotected, prolonged close contact to a confirmed or probable case.
- Health care personnel with unprotected close contact to case-patients, if the health care facility does not prescribe PEP.
- Persons having [Direct contact](#) with surfaces contaminated with feces, unpasteurized (raw) milk or other unpasteurized dairy products, or bird or animal parts (e.g., carcasses, internal organs) from infected birds or other animals, with confirmed HPAI a(H5N1) virus infections.
- Laboratory personnel exposure (unprotected exposure) to HPAI Novel Flu (H5N1) virus in a laboratory) †(Note: Persons with an unprotected exposure to novel influenza A virus associated with severe human disease in a laboratory setting may have a high-risk or moderate-risk exposure and need to be evaluated on a case-by-case basis).

PEP could be considered for **moderate-risk exposure groups** (unknown risk of transmission)

- Health care personnel with unprotected (i.e., without all recommended PPE use) close contact with a confirmed or probable case. Individuals with prolonged unprotected (i.e., without appropriate PPE use) close contact with a confirmed or probable case outside of a healthcare facility and outside a household setting.

PEP is **NOT routinely recommended in Low-risk exposure groups** (transmission unlikely)

- Persons, including health care personnel, wearing all recommended personal protective equipment, with prolonged close contact to a symptomatic, confirmed, probable or suspected case of human infection with a novel influenza A virus in a room or other enclosed space, including in healthcare settings.

When to NOT offer PEP

PEP is NOT routinely recommended in low-risk exposure groups (transmission unlikely) :

- Persons, including health care personnel, wearing all recommended personal protective equipment, with prolonged close contact to a symptomatic, confirmed, probable, or suspected case of human infection with a novel influenza A virus in a room or other enclosed space, including in health care settings.
- Persons who are not household members, such as social, work, or school contacts with a short duration of unprotected, close contact to a symptomatic confirmed or probable case of human infection with a novel influenza A virus in a non-hospital setting outside the home (e.g., in a community, school, or workplace environment).

The How of PEP and Presumptive Rx

ORDER:

1. Review the [oseltamivir package insert](#) and the [CDC recommendations](#) for the medication to be administered. Please note: CDC dosing recommendations for HPAI PEP may differ from what is indicated on the package insert for seasonal flu. Clinicians should defer to CDC recommendations regarding dosing.
2. Begin administration of PEP as soon as possible (ideally within 48 hours) after the first exposure to the confirmed or probable case.
3. Administer presumptive treatment should ideally occur within 48 hours of symptom onset for maximum efficacy.
4. Assess the exposed individuals for the need for antiviral PEP or presumptive treatment per exposure criteria listed above.
5. Screen for PEP and Presumptive Treatment safety, including pregnancy/breastfeeding status, previous adverse reaction(s) to oseltamivir, renal dysfunction, liver disease, immunocompromise, exposure history and symptoms compatible with HPAI. Screen for contraindications and precautions using the Oseltamivir Dispensing Sheet in Appendix A.
 - Consult with a licensed medical provider (MD/DO/MBBS, PA, NP) regarding management of patients who have safety concerns, [contraindications](#) or precautions to oseltamivir.
6. Provide education on the medication, how to take the medication, possible side effects, [contraindications](#), and how to seek emergency care if an anaphylactic reaction occurs.
7. Provide patient education as described below:
 - a. Advise on the symptoms and complications of HPAI as above.
 - b. Inform patients receiving PEP that it lowers but does not eliminate the risk for HPAI, and that susceptibility to influenza returns once the antiviral medication is stopped, and that influenza vaccination(s) is/are recommended if available.
 - c. Encourage patients receiving chemoprophylaxis to seek medical evaluation if they develop a respiratory symptoms or conjunctivitis because HPAI can occur while a patient is on chemoprophylaxis.
 - d. Counsel on covering coughs, hand hygiene, and staying home until 24 hours after cessation of fever (without fever-reducing medication) and complete resolution of “pink eye” or eye redness and discharge. Health care personnel may not return to work until additional clearance has been provided through their local health department.
 - e. Counsel on signs of improving symptoms and precautions to take around others per CDC [Respiratory Virus Guidance](#).

Other Important considerations

1. Counsel that if the patient plans to receive the nasal spray flu vaccine (Flumist), it is not advisable to have this vaccine until 48 hours after the cessation of antiviral therapy. Also, antiviral medications should not be administered until two weeks after receipt of Flumist. If antiviral medications and Flumist are administered at the same time, they should be administered sequentially.
8. Prepare the medication administration instructions and table below.
9. Add to each bottle of oseltamivir to be dispensed, the chemoprophylaxis or treatment instruction sticker provided by the manufacturer.
10. Record the patient's name and date of birth on each bottle of oseltamivir to be dispensed.
11. Document the medication, dosage, number given, duration, lot number, expiration date, whether pregnant, and education provided.
12. Attach the "Patient Information Sheet" provided by the Oseltamivir manufacturer indicating the name of medication, dosage, and duration of treatment.

Presumptive Treatment Vs PEP

<p>PEP: Adults with high to moderate risk exposures to novel influenza or HPAI and no renal impairment.</p> <p><i>For those with a history of renal impairment- please refer to a medical provider for need for updated renal function testing and subsequent dosing.</i></p>	<p>oseltamivir</p>	<p>75 mg twice a day by mouth (for adults > 33 kg in weight)</p>	<p>Start within 48 hrs of exposure and continue until</p> <ul style="list-style-type: none"> A) 5 days past last date of exposure for timed, limited exposures or B) 10 days if ongoing exposure (eg household contacts) 	<p>Additional considerations <u>Note that prophylaxis dosing is the SAME as treatment dosing but duration may be longer based on Type of exposure.</u></p>
<p>Presumptive Treatment: SYMPTOMATIC Adults (outpatient) with high to moderate risk exposures to novel influenza or HPAI and no renal impairment.</p> <p><i>For those with a history of renal impairment- please refer to a medical provider for need for updated renal function testing and subsequent dosing. Those with severe symptoms may require care and treatment in a healthcare setting.</i></p>	<p>oseltamivir</p>	<p>75 mg twice a day by mouth (for adults > 33 kg in weight)</p>	<p>Start as soon as symptoms develop (ideally within 48 hrs of symptoms).</p> <p>Duration: 5 days</p>	<p>Standard treatment duration is 5 days. However, the optimal duration is uncertain for <u>patients</u> with severe disease (pneumonia or multi organ failure) and they should be referred immediately to a healthcare setting. Treatment should be initiated even if more than 48 hours have elapsed since illness onset and regardless of illness severity (outpatients).</p>

Do not
forget...the
assessment
and dispensing
sheet

Appendix A

INFLUENZA ANTIVIRAL ASSESSMENT & DISPENSING SHEET

Date: _____

Name of person receiving antiviral medication: _____

DOB: _____

Name of their primary healthcare provider, if available:

Contact information for the patient:

Phone: _____

Address: _____

Screening checklist:

- Received [Insert Year] seasonal influenza vaccine. Date vaccine received: _____
 - Documented
 - Undocumented
- Has any contraindication to oseltamivir. **Do not give medication.** Referred for immediate testing and evaluation by health care provider.
- Has renal failure. **Do not give medication.** Refer to health care provider.
- Has allergy to oseltamivir. **Do not give medication.** Refer to health care provider.
- Is pregnant. **Provide medication.** Refer to prenatal health care provider for additional monitoring.

Antiviral Treatment of Symptomatic Close Contacts

- Initiation of antiviral treatment with oseltamivir is recommended as soon as possible for symptomatic outpatients or hospitalized patients who are confirmed, probably, or suspected cases of infection with a novel influenza A virus associated with severe human disease.
- Antiviral treatment should not be delayed while waiting for laboratory results.
- Dosing and duration same as that for seasonal flu.
- Alternatives: Zanamavir (inhaled), Peramavir (IV), baloxavir (single dose oral).
- Immunosuppressed/severely ill--> combination treatment and potentially longer duration of treatment (> 5 days).

Interim Guidance on the Use of Antiviral Medications for Treatment of Human Infections with Novel Influenza A Viruses Associated with Severe Human Disease

Let's not forget...who is at risk for complications?

- Adults 65 years and older
- Children younger than 2 years old
- People with asthma
- People with chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
- People with neurologic and neurodevelopment conditions
- People with blood disorders (such as sickle cell disease)
- People with endocrine disorders (such as diabetes mellitus)
- People with heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
- People with kidney disorders
- People with liver disorders
- People with metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- People with a BMI > 40
- People < 19 years old on long-term aspirin- or salicylate-containing medications.
- People with a weakened immune system due to disease or certain treatments
- People who have had a stroke
- People with certain disabilities—especially those who may have trouble with muscle function, lung function, or difficulty coughing, swallowing, or clearing fluids from their airways.
- Other people at higher risk from flu:
 - Pregnant women, including up to 2 weeks after the end of pregnancy
 - **People who live in nursing homes and other long-term care facilities**
 - People from certain racial and ethnic minority groups -Hispanic Black persons, Hispanic or Latino persons, and American Indian or Alaska Native persons

Interim Recommendations for Prevention of H5N1 (PPE)

PROTECT YOURSELF FROM H5N1 BIRD FLU

HIGH EXPOSURE SETTINGS

Wear personal protective equipment

H5N1 bird flu is a virus that could make you sick if you breathe it in or if it gets in your eyes, nose, or mouth. You can also get sick if you touch your eyes, nose, or mouth after touching contaminated surfaces, clothing, skin, or hair. Wear personal protective equipment (PPE) when in contact with or around animals confirmed or potentially infected, including dairy cows, or confirmed or potentially contaminated raw milk, surfaces, or other items. You may need more PPE than what you use for your normal duties. Your employer should provide the recommended PPE at no cost. **Ask your supervisor if you have questions about what type of PPE to wear or when or how to use it.**

RECOMMENDED PPE TO PROTECT AGAINST H5N1 BIRD FLU

- Head cover or hair cover
- Safety goggles
- Optional face shield over the top of goggles
- NIOSH Approved[®] particulate respirator (such as an N95[®])
- Coveralls that keep you dry
- Optional waterproof apron over the top of coveralls
- Disposable gloves with optional outer work gloves
- Boot covers or boots



CS351866-E

SCAN TO LEARN MORE →



Interim Guidance for Employers to Reduce Exposure to Avian Influenza A Viruses for People Working with Animals

"Employers are encouraged to assess the feasibility of controls and PPE on their farm. Consider if the recommended controls and PPE can be used without introducing new risks. You will likely need to combine controls and PPE in order to provide the appropriate level of protection necessary to prevent infection (e.g., using a combination of engineering controls, administrative controls, and PPE). If you cannot implement a specific control or a piece of the PPE recommendations, you should ensure the combination of controls used provide the protection necessary to prevent infection."

<https://www.cdc.gov/bird-flu/prevention/worker-protection-ppe.html>

PROTECT YOURSELF FROM H5N1 BIRD FLU

MEDIUM EXPOSURE SETTINGS

Use personal protective equipment safely in medium exposure settings
What to know before you put on personal protective equipment (PPE)

- Talk to your supervisor to know if this applies to you
- Leave clean personal clothing and items, food, and drinks in clean areas provided by your employer
- Follow directions from your employer for entering and leaving the worksite
- Use separate designated areas to put on clean PPE and remove dirty PPE
- Wash your hands for 20 seconds with soap and water or, if not available, use an alcohol-based hand sanitizer

After you wash your hands, put on PPE in a clean area in this order:

1. NIOSH Approved® particulate respirator (such as an N95®) 
2. Safety goggles 
3. Disposable gloves 
4. Outer work gloves, if needed 

What to know before you remove PPE

- Remove PPE before entering any clean areas including restrooms, breakrooms, and administrative areas
- Set aside reusable PPE for cleaning and disinfection and throw away disposable PPE according to your employer's guidance

Remove PPE in this order:

1. Remove outer work gloves, if worn 
2. Remove disposable gloves 
3. Remove goggles 
4. Remove respirator 
5. Wash your hands again for 20 seconds with soap and water or, if soap and water are not available, use an alcohol-based hand sanitizer 



SCAN TO LEARN MORE



State of Illinois
Illinois Department of Public Health

How do I dispose of dead birds on my property (less than 5)

Given the concern about avian influenza in wild birds (especially waterfowl, aquatic birds, and birds of prey), the following are tips to reduce the risk of avian influenza spreading to people who may need to pick up dead birds on their property. While it is unlikely that handling dead birds would lead to human infection, it is best to be cautious.

What supplies are needed?

- Disposable waterproof gloves
- Plastic bags
- Safety goggles (if splashing may occur during removal of the bird from the environment)
- N95 mask (if splashing may occur during removal of the bird from the environment)
- Secure trash can

Instructions

1. Don't use bare hands to pick up a dead bird or animal.
2. Use disposable waterproof gloves and/or an inverted plastic bag to pick up the dead bird(s). Double the plastic bag with the bird(s) inside and dispose in the trash where it cannot be accessed by children or animals.
3. Consider wearing a raincoat or disposable plastic trash bag over your clothes.
4. If the bird is in a wet environment or where splashing may occur during removal, safety goggles or glasses and an N95 mask (available in retail stores) can be used to protect your eyes, nose, and mouth.
5. After handling a bird, avoid touching your face with gloved or unwashed hands.
6. After the bird(s) are disposed of, take gloves off first and put into a plastic bag for disposal.
7. Wash hands with soap and water. If soap and water are not available, use hand sanitizer.
8. Remove mask and goggles. It is important to NOT touch your face with contaminated hands or gloves. Remove your mask after removing gloves.
9. Throw away any disposable equipment after use (mask, gloves) and disinfect other equipment (like safety goggles) according to manufacturer's specifications.
10. Wash clothes in a washing machine with detergent and use the hot water cycle. Wash your hands with soap and water immediately after handling the clothes.

Do your local clinicians know these core steps?

If signs/symptoms compatible with novel influenza A virus infection + Avian H5N1 flu activity in the area, **elicit a history of exposures to animals or to a symptomatic confirmed or probable human case of novel influenza A virus infection.** *If positive exposure history, then:*

- Isolate the patient and follow the infection control recommendations.
- Initiate empiric antiviral treatment as soon as possible.
- Notify the state or local health department.
- Using personal protective equipment, collect respiratory specimens from the patient to test for novel influenza A viruses at a public health laboratory (e.g., state health department virology laboratory).
- Consider testing for other potential causes of acute respiratory illness based upon the local epidemiology of circulating respiratory viruses, including SARS-CoV-2.

This is not Ebola! Infection Control in Health Care Settings

- Standard, contact, and airborne precautions are recommended in health care facilities.
- Facilities should be notified ahead of time of patient arrival when possible.
- Standard cleaning and disinfection procedures are adequate.
- Standard procedures for laundry and food service items are adequate.
- Limit (not restrict) visitation to confirmed cases and consider passive monitoring for 10 days post visitation.

[Recommendations for Infection Prevention and Control](#)

Food Safety

- Eating uncooked or undercooked poultry or beef or drinking unpasteurized (raw) milk can make you sick.
- Cooking poultry, eggs, and beef to the appropriate internal temperature kills bacteria and viruses, including avian influenza A viruses.
- Pasteurization kills bacteria and viruses, like avian influenza A viruses, in milk. Make the best decision for your health and the health of your family by always choosing pasteurized milk and products made with it.



Accelerated Subtyping of Influenza A Positive Patients Hospitalized in the ICU



Home Health Alert Network (HAN)

HAN Jurisdictions

HAN Message Types

Sign Up for HAN Updates

HAN Archive

2025	-
HAN00520	
2024	+
2023	+
2022	+

Accelerated Subtyping of Influenza A in Hospitalized Patients

[Print](#)



Distributed via the CDC Health Alert Network

January 16, 2025, 10:00 AM ET

CDCHAN-00520

Summary

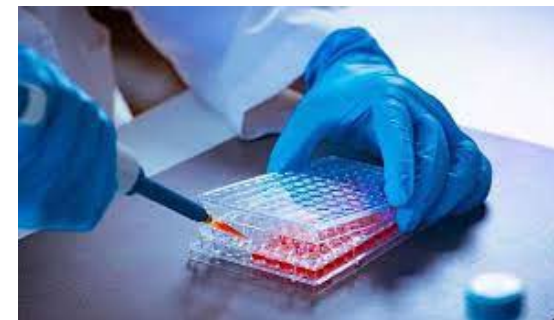
The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to clinicians and laboratories due to sporadic human infections with avian influenza A(H5N1) viruses amid high levels of seasonal influenza activity. CDC is recommending a shortened timeline for subtyping all influenza A specimens among hospitalized patients and increasing efforts at clinical laboratories to identify non-seasonal influenza. Clinicians and laboratorians are reminded to test for influenza in patients with suspected influenza and, going forward, to now expedite the subtyping of influenza A-positive specimens from hospitalized patients, particularly those in an intensive care unit (ICU). This approach can help prevent delays in identifying human infections with avian influenza A(H5N1) viruses, supporting optimal patient care and timely infection control and case investigation.

Background

To increase influenza surveillance and rapidly identify any sporadic human infections with avian influenza A (H5N1), CDC issued a Health Advisory recommending expedited (within 24 hours) subtyping on all influenza A specimens among hospitalized patients.

Illinois Accelerated Subtyping of ICU Patients Only

- IDPH is limiting diagnostic flu A subtyping to those who are critically ill (admission into the intensive care unit).
- Subtyping should be performed with assays available to the testing laboratory as follows:
 1. Hospital clinic laboratory
 2. Commercial laboratory
 3. IDPH laboratory
- Provider reports of ICU cases with ANY influenza positive test is reportable in IDPH's reporting system I-NEDSS.
 - Provider reporters should include the subtype of influenza A when known.
- IDPH will notify the LHD of influenza A ICU cases reported into I-NEDSS without subtyping details for follow-up with the facility to obtain:
 1. Subtyping details to add into the case record.
 2. Specimen to be sent to the IDPH laboratory for subtyping.



Adding Subtype Details into I-NEDSS

Case Links

[General Illness](#)
[Treatment and Immunization](#)
[Epidemiologic Data](#)



[Clinical](#)
[Laboratory Tests](#)
[Reporting Source](#)

I-NEDSS Functional Links

[View/Edit All Case Details](#)

[Person Summary](#)

Were human laboratory tests conducted?

Yes ▾

Confirmed Case: ICU Hospitalization AND positive PCR, Culture, IFA or EIA

Probable Case: ICU Hospitalization AND positive rapid test

Which influenza type did the patient test positive for?

Type A ▾

Influenza A subtype:

H3/H3N2 ▾

Other Subtype:

Facility/Provider Actions

- Perform subtyping on any influenza A+ ICU patient in own laboratory (or via reference lab) when possible.
- If IDPH subtyping is needed, contact the local health department where the patient resides to obtain an authorization number for specimen submission.
 - Authorization number MUST be on the IDPH requisition form.
- Providers should be reporting individuals who have a positive influenza test with ICU admission into I-NEDSS or to LHD.
 - Include type and subtyping details in the appropriate area of the case record if subtyping has been performed at the time of reporting.
 - Add subtyping details for influenza A+ cases to I-NEDSS after testing is completed and results are received.

Local Health Department Directory: <https://dph.illinois.gov/about/lhd.html>

Local Health Department Actions

- Ensure all influenza A with ICU hospitalization cases have subtyping information in the appropriate sections of the case record.
- Merging and investigation of influenza with ICU hospitalization lab and provider report/cases within 24-hours for prompt follow-up.
- Follow-up with the facility on any influenza A ICU hospitalization case missing subtyping details to:
 1. Enter details into I-NEDSS under appropriate section.
 2. Request/facilitate specimen submission to the IDPH laboratory for subtyping.
- Entering specimen details into IDPH REDCap testing authorization project and facilitate specimen submission to the IDPH laboratory.

REDCap IDPH Laboratory Testing Authorization Form

Email the IDPH Respiratory Section at dph.respiratory@illinois.gov to obtain specimen submission approval.

Have you discussed submitting a specimen to the IDPH lab with IDPH staff?
* must provide value

Yes
 No

reset

Name of IDPH staff person you spoke with.
* must provide value

Dawn Nims

REQUESTOR INFORMATION

Pathogen:
* must provide value

<input type="radio"/> ACUTE FLACCID MYELITIS (AFM) (Testing at CDC)	<input type="radio"/> MEASLES
<input type="radio"/> DIPHTHERIA (Testing at VPD Reference Lab or CDC)	<input type="radio"/> MUMPS
<input type="radio"/> ENTEROVIRUS TYPING, NON-AFM (Testing at CDC)	<input type="radio"/> RUBELLA (Testing at VPD Reference Lab or CD
<input type="radio"/> GROUP A STREPTOCOCCUS (GAS) (Testing at CDC)	<input type="radio"/> STREPTOCOCCAL PNEUMONIAE (Testing at VP Lab or CDC)
<input type="radio"/> HEPATITIS A	<input type="radio"/> UNKNOWN RESPIRATORY
<input checked="" type="radio"/> INFLUENZA	<input type="radio"/> OTHER (approved by Regional Infection Prever Program)

Form Status

Complete?

Lock this instrument? Lock

If locked, no user will be able to modify this instrument for this record until someone with Instrument Level Lock/Unlock privileges unlocks it.

Patient State Case Number (if reportable disease and entered in INEDSS):

CLINICAL INFORMATION

Reason for Test (select all that apply):
* must provide value

<input type="checkbox"/> Carrier	<input type="checkbox"/> Immunity	<input type="checkbox"/> Symptomatic
<input type="checkbox"/> Confirmation	<input type="checkbox"/> Outbreak	<input type="checkbox"/> Treatment
<input type="checkbox"/> Contact	<input type="checkbox"/> Post Vaccination	<input checked="" type="checkbox"/> Typing
<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Release Specimen	<input checked="" type="checkbox"/> Other <input type="text" value="H5 contact"/>
<input type="checkbox"/> Foodborne Illness	<input type="checkbox"/> Routine Screening	<input checked="" type="checkbox"/> Unsubtyped Influenza A with ICU hospitalization
<input type="checkbox"/> Rule Out Threat Agent		



Office of Preparedness and Response

What LHDs Can do to Prepare Ahead of Time

- Monitor for Avian H5N1 activity in your locale.
- Make sure the appropriate staff members have RedCap accounts and have already requested access to the Avian Influenza Project.
- Think proactively about how potential specimens could be collected – when someone does need medical attention and when they do not.
 - Have local health care facility partners identified.
 - Contact local providers, ERs, and urgent cares if you have bird flu activity in your area regarding screening, testing, and reporting.
 - Determine if you will be offering PEP directly versus referral to HCF.
- Engage with local poultry/livestock owners (backyard and commercial) as well as local animal control, wildlife rehab facilities regarding their awareness as well as any needs (e.g., PPE).

Prepare

- Know local/regional resource availability
- Procure now if/as necessary – PPE/Tamiflu
- Update pandemic influenza plans to include H5N1 contingencies
 - Identify local/regional capabilities
 - Isolation and quarantine
 - Disseminate information, especially to high-risk groups
 - Use local partnerships

PHEP

- LHD, CD, and PHEP program coordination
- Consider Training and Exercise
 - H5N1-related exercises can be used to meet PHEP biological event exercise requirements.
- IDPH offered Trainings
 - PER-220: Emergency Response to Domestic Biological Incidents, March 19-20.
 - MGT 433 Isolation and Quarantine for Rural Communities, September 10.
- *PHEP funds can be used to purchase PPE*
 - Coordinate with IDPH OPR for approval.

Other Pertinent Points

- Funding Options (with OPR approval)
 - Purchase pharmaceutical caches for public health responders and their households for emergency response or exercises.
 - Rent/housing costs for individual(s) under quarantine.
- IDPH Plans
 - State H5N1 has been updated as of December 2024. Contact your ERC if you have not received the new version yet.
 - State Pandemic Influenza plan is being updated.
- Mobile temporary housing units for isolation/quarantine are being procured.
- Survey for current stock of antivirals/Tamiflu and PPE to be sent to LHDs next week.