

Highly Pathogenic Avian Influenza A (H5N1)

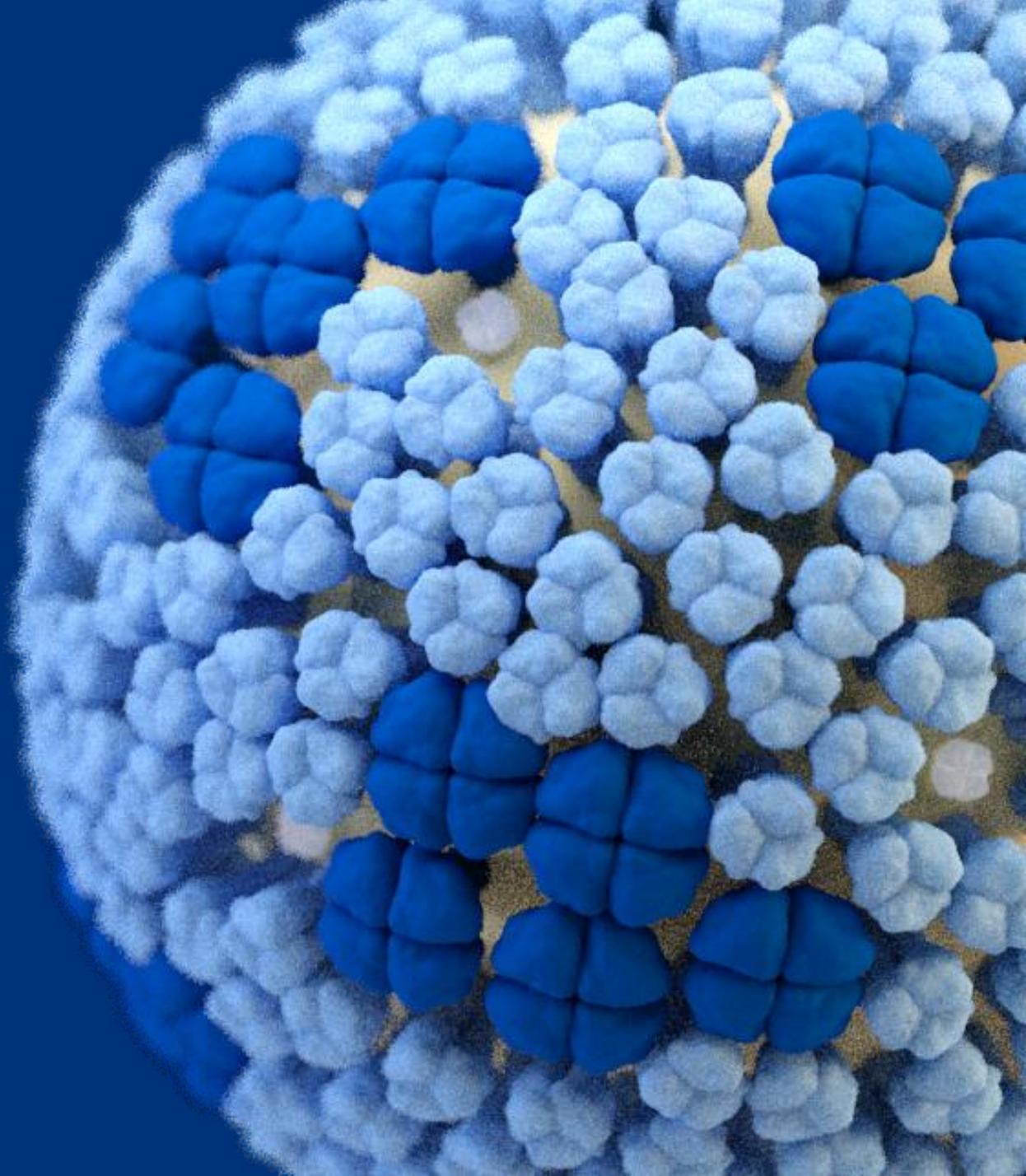
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Influenza Division

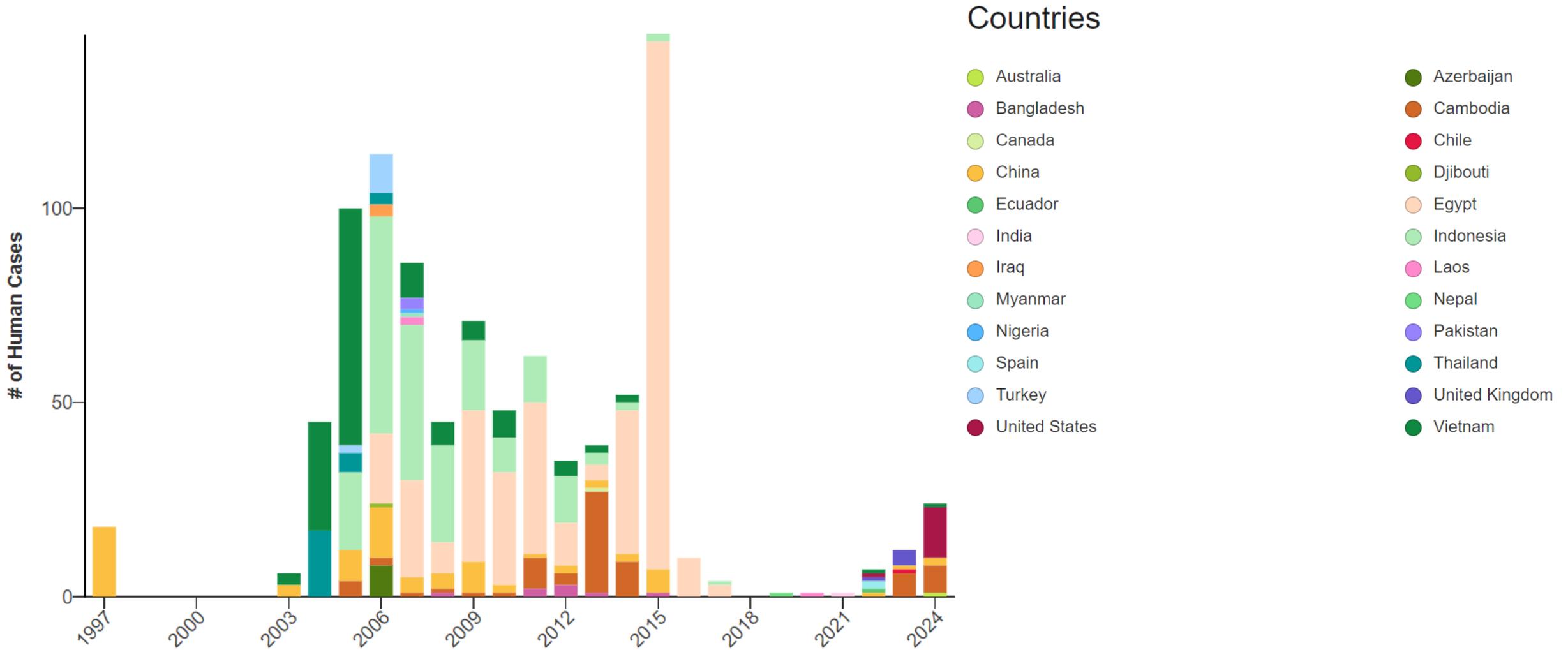
National Center for Immunization and Respiratory
Diseases (NCIRD)

Centers for Disease Control and Prevention (CDC)

October 23, 2024

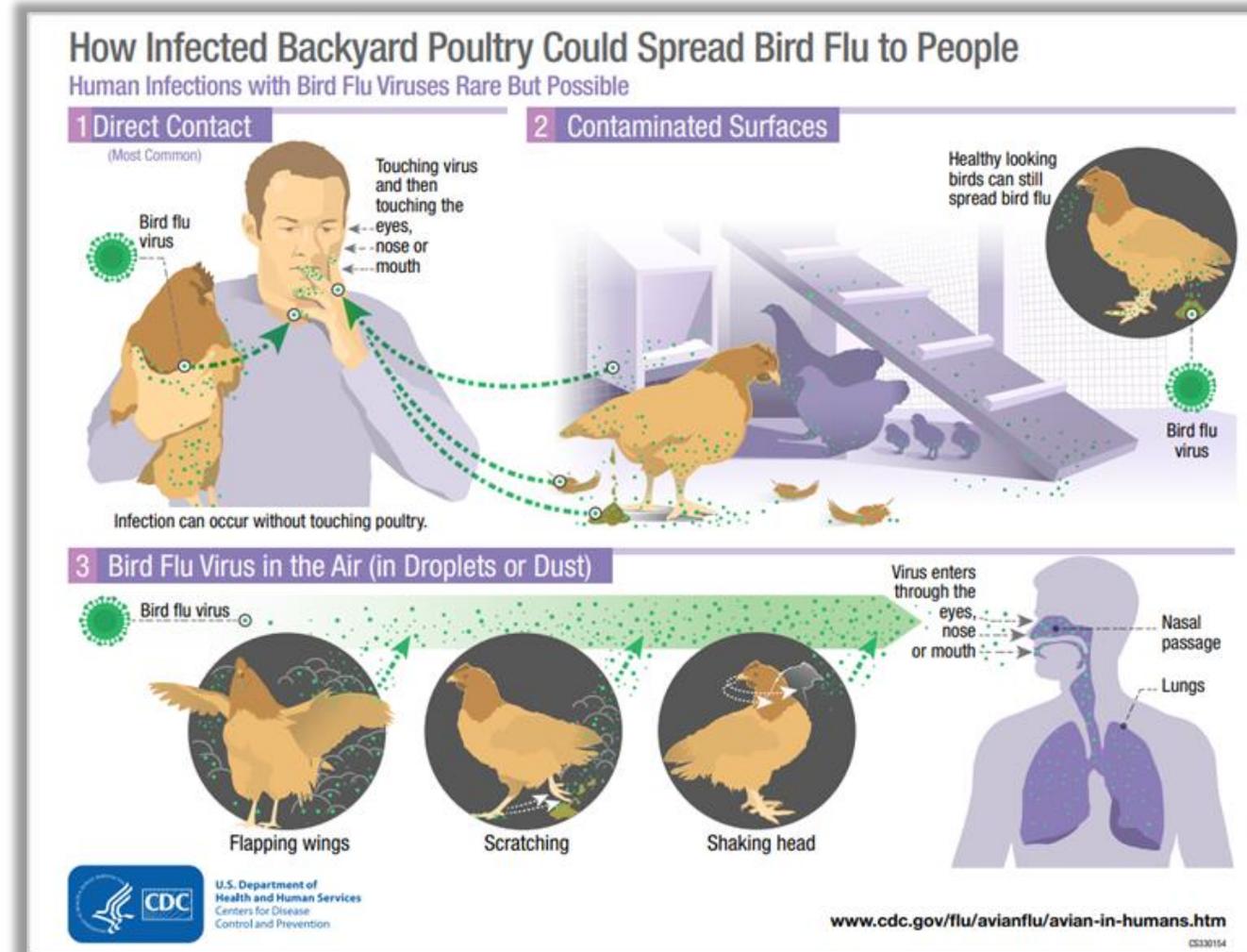


H5N1/H5 Human Cases Since 1997



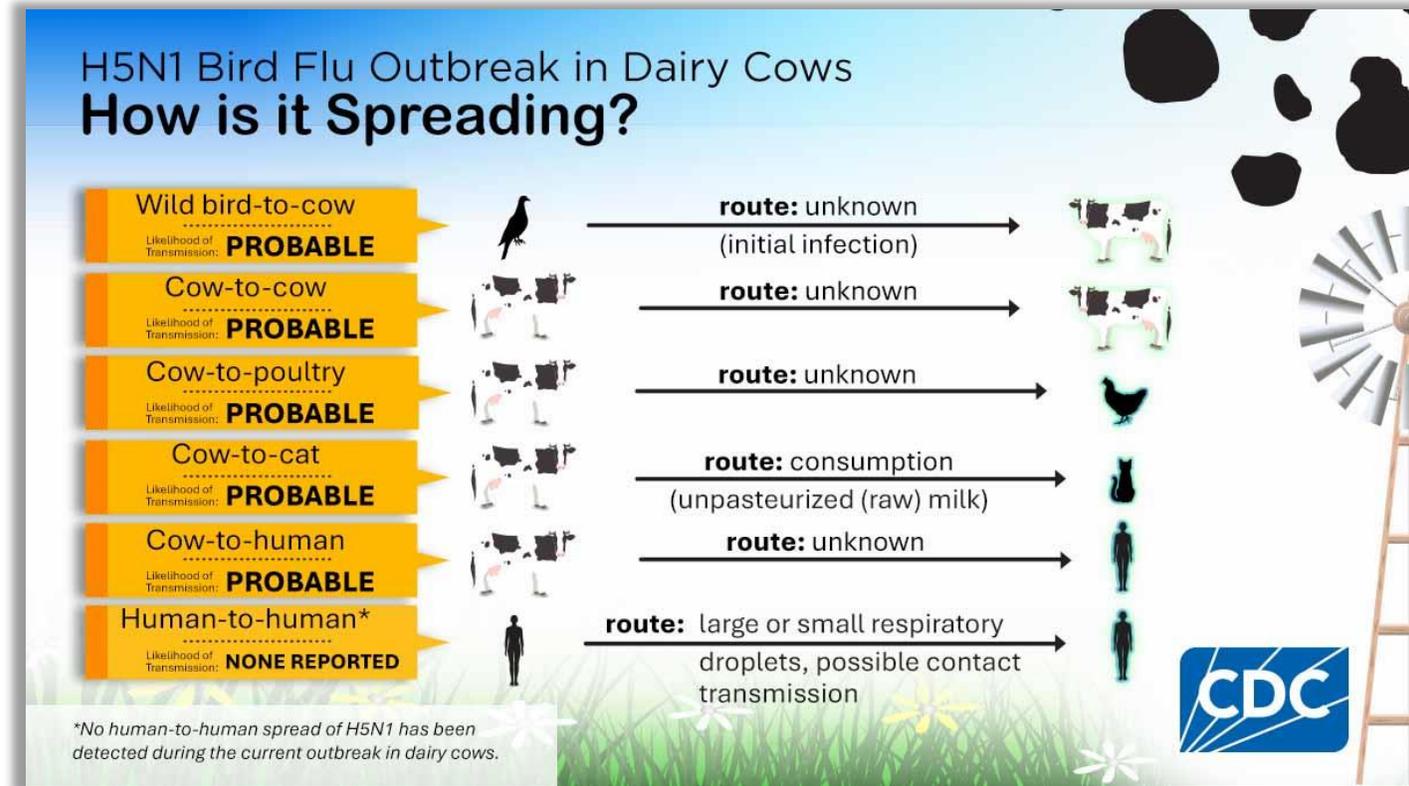
Historical Human Exposures to HPAI A(H5N1) Viruses

- Historically, human infections have been the result of:
 - Poultry exposures**
 - Direct/close contact with sick or dead poultry**
 - Visiting a live poultry market
 - Exposure to other infected animals**
 - Direct contact or close exposure (swans, dairy cows)**
 - Limited, non-sustained human-to-human transmission has occurred globally in the past (not in the United States)



CDC's Priorities

- Supporting and engaging public health and agricultural partners
- Protecting human health and safety
- Understanding risk to people from HPAI A(H5N1) viruses
- Assessing HPAI A(H5N1) viruses for genetic changes



HPAI A(H5) Human Cases, United States, During 2024

27 Total Reported Human Cases in the United States During 2024

**16 of the 27 H5 human cases reported in the US have been confirmed as H5N1. | [Learn More](#)*

Human Case Summary during the 2024 outbreak, by state and exposure source

Exposure Source

State	Cattle	Poultry	Unknown	State Total
California	13	0	0	13
Colorado	1	9	0	10
Michigan	2	0	0	2
Missouri	0	0	1	1
Texas	1	0	0	1
Source Total	17	9	1	27

NOTE: One additional case was previously detected in a poultry worker in Colorado in 2022

- Cases with dairy cattle and poultry exposures have been clinically mild
 - Mainly eye symptoms (conjunctivitis, eye discharge)
 - Some cases reported mild respiratory and systemic symptoms (e.g., subjective fever)
- The Missouri case had multiple underlying health conditions and was hospitalized with gastrointestinal symptoms, chest pain, and other symptoms not typical of a respiratory illness and tested positive for influenza A
 - Illness was not severe, patient treated with oseltamivir and recovered
 - Specimen was identified and confirmed as HPAI A(H5N1) through regular surveillance
 - Serology results are pending on the case, a symptomatic household contact of the case, and several exposed healthcare workers who experienced mild respiratory illness

Influenza A(H5) Human Cases–Virus Sequences to Date

- Sequences maintain primarily avian genetic characteristics and lack changes that would make the virus better adapted to infect or spread among humans
- **Diagnostics:** No impact to the current CDC influenza diagnostic assay's ability to detect A(H5N1) viruses
- **Treatments:** No known markers of resistance to FDA approved antiviral drugs for influenza
- **Candidate Vaccine Viruses (CVVs)**
 - Hemagglutinins of human influenza viruses remain antigenically related to two available CVVs

Symptom Monitoring Recommendations

- All people with direct or close exposure to animals infected with influenza A(H5N1) **should be monitored for illness during exposure and for 10 days after their last exposure**
- Signs/symptoms may include:
 - feeling feverish, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue, **eye redness (or conjunctivitis)**, shortness of breath or difficulty breathing
 - less commonly, diarrhea, nausea, vomiting, or seizures
- If signs/symptoms develop, seek medical evaluation for possible influenza testing and antiviral treatment
- Symptomatic persons should isolate away from others during this evaluation
- State and local health departments are monitoring workers on impacted farms and **can facilitate testing and treatment**

Symptoms of bird flu include:



Fever.



Sore throat.



Cough.



Stuffy or runny nose.



Nausea and vomiting.



Fatigue.



Muscle aches.



Diarrhea.



Shortness of breath (dyspnea).



Pink eye (conjunctivitis).

Ongoing Human Monitoring

- CDC is continuing to support state and local health departments monitoring exposed people during and for 10 days after last exposure

Targeted H5 surveillance (since March 24, 2024)

Total people monitored	Total people tested	Human cases
5,100+ after exposure to infected animals	260+ after exposure to infected animals	26 cases detected through targeted H5 surveillance

Current HPAI Outbreak (2024)

CDC and state and local health departments monitor people exposed to infected birds, poultry, dairy cows and other animals for 10 days after exposure. Between March 24, 2024, and now, there have been

- At least 5,100 people monitored
 - At least 2,590 with exposures to dairy cows
 - At least 2,600 with exposures to birds and other animals including poultry (non-dairy cow source)
- At least 260 persons tested for novel influenza A
 - At least 97 with exposures to dairy cows
 - At least 170 with exposures to birds and other animals including poultry (non-dairy cow source)

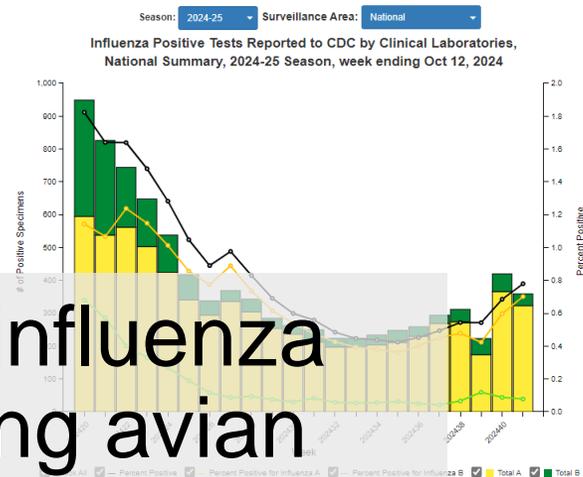
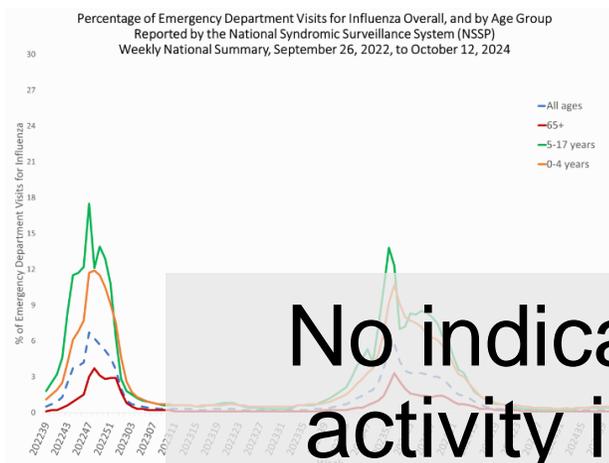
[H5 Bird Flu: Current Situation | Bird Flu | CDC](#)

[How CDC is monitoring influenza data among people to better understand the current avian influenza A \(H5N1\) situation | Bird Flu | CDC](#)

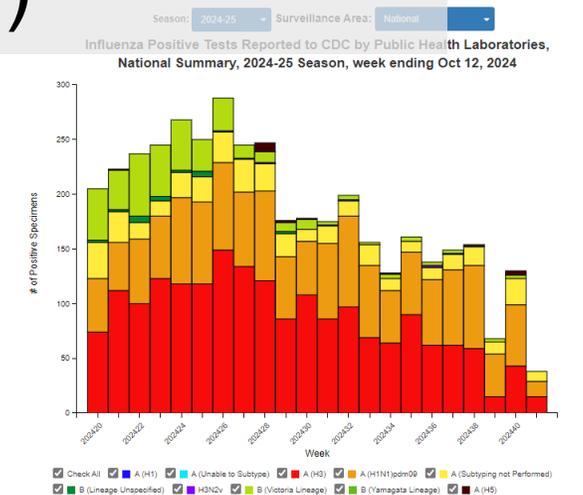
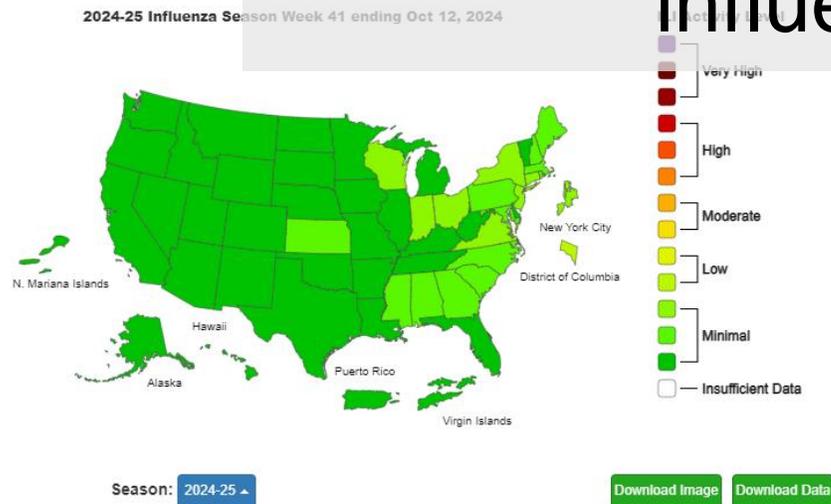
(Through Oct 18, 2024)

Surveillance, Human Monitoring, and Testing

Since Feb 2024, public health laboratory monitoring includes testing of over **54,360 specimens** using a protocol that would have detected influenza A(H5) or other novel influenza viruses, **1 person** has tested positive (the Missouri case)

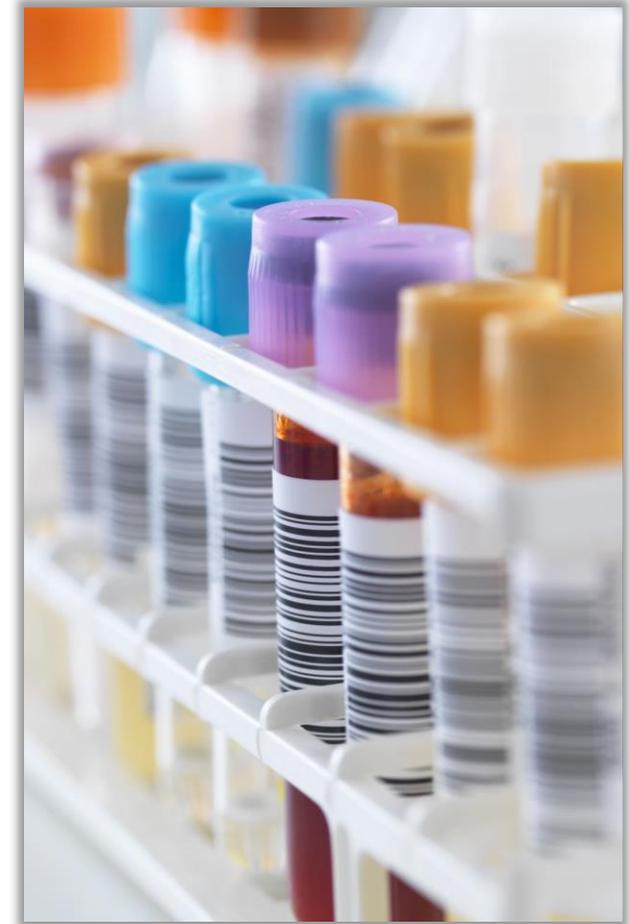


No indicators of unusual influenza activity in people, including avian influenza A(H5N1)



Findings from a Michigan Seroprevalence Study

- In June 2024, Michigan Department of Health collected blood samples from 35 dairy workers
 - had varying roles, but most worked with infected cows
 - less than half reported using masks or goggles
- Samples were tested for antibodies against influenza A(H5N1) virus and a seasonal influenza virus
- None of the participants showed neutralizing antibodies specific to avian influenza A(H5N1) virus, although many showed antibody responses to seasonal influenza virus
- This suggests that these people were not previously infected with influenza A (H5N1) despite high risk of exposure



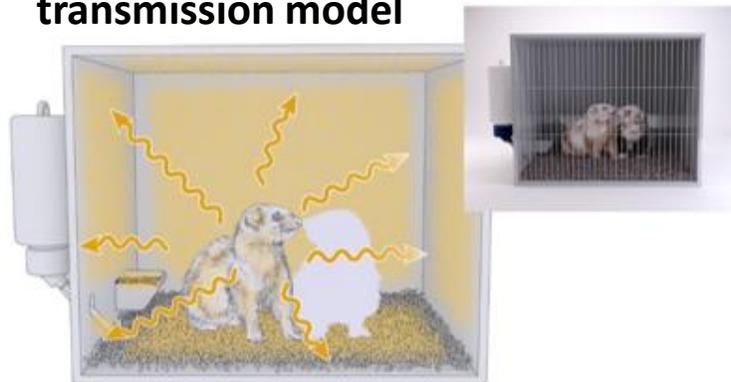
Ferret Studies

- Ferret model permits study of influenza disease severity and transmissibility at the same time
- Ferrets present with many clinical signs of infection shared by humans
 - But not conjunctivitis
- Limitations of ferret model
 - Ferrets in sustained contact 24/7
 - Inoculation doses used in these studies may not be representative of natural exposure in humans
 - Ferrets used in most studies have no preexisting antibodies to influenza, unlike most humans who have had disease or vaccinations
 - General limitations of animal models

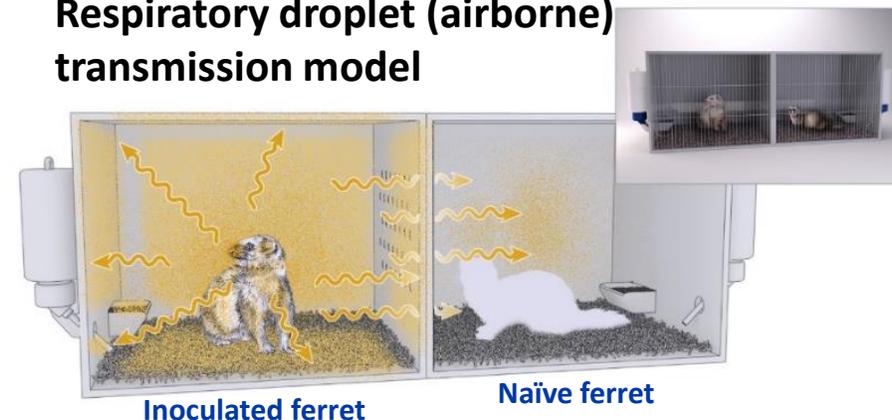
Pathogenesis and Transmission of Human Influenza A(H5N1) Viruses in Ferrets

Influenza A(H5N1) Virus	Mean Max Weight Loss (inoculated ferrets)	Lethality (inoculated ferrets)	Direct Contact Transmission (ferrets co-housed)	Resp Droplet Transmission (refer to image)
A/Texas/37/2024(H5N1) (1 st human case in 2024)*	13%	9/9 (100%)	3/3 (100%)	4/6 (66%)
A/Michigan/90/2024(H5N1) (2 nd human case in 2024)†	9.1%	0/6 (0%)	3/3 (100%)	2/3 (66%)

Direct contact transmission model



Respiratory droplet (airborne) transmission model



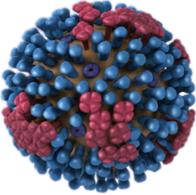
*Pulit-Penalosa et al, manuscript in press; †Brock et al, manuscript in preparation

Ferret Studies Summary

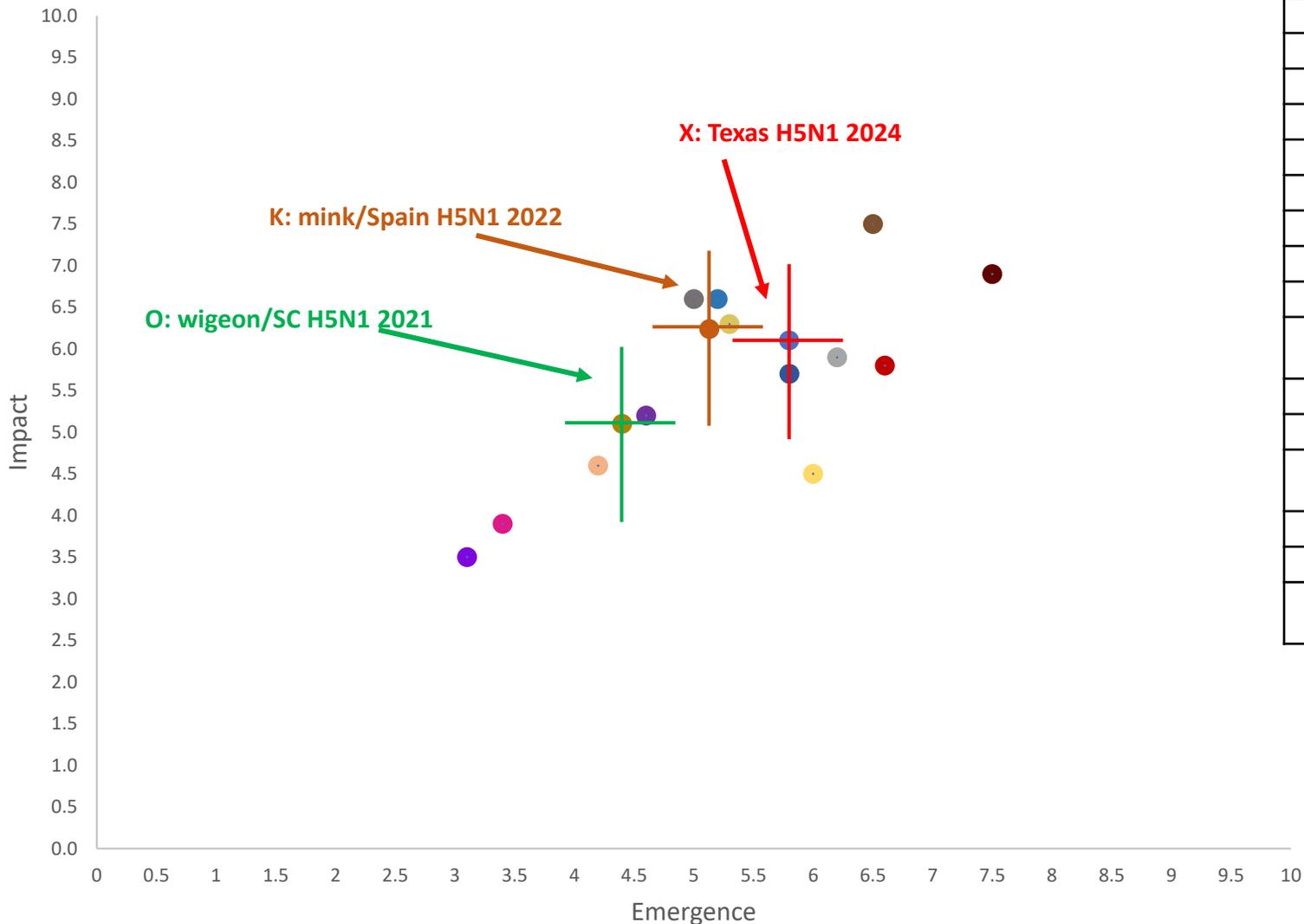
- Severity
 - The Michigan human A(H5N1) virus caused less severe disease in ferrets than the Texas human A(H5N1) virus
 - Less mean maximum weight loss, 9.1% vs. 13%
 - Lower lethality, 0/6 (0%) vs. 9/9 (100%)
- Transmission
 - The Michigan human A(H5N1) virus still transmits with some capacity by the respiratory droplet route, similar to what was observed with Texas human A(H5N1) virus
- These findings are important because the Michigan human A(H5N1) virus better represents currently circulating viruses compared to the Texas human A(H5N1) virus

CDC Influenza Risk Assessment Tool (IRAT)

- **Evaluative tool for prioritizing resources for pandemic preparedness**
- Viruses scored using 10 risk elements by U.S. government subject matter experts for emergence and public health impact
- **Emergence** is the risk of a novel influenza virus acquiring the ability to spread easily and efficiently in people
- **Public health impact** is the potential severity of human disease caused by the virus, the burden on society if a novel influenza virus were to begin spreading efficiently and sustainably among people

 Virus	<ol style="list-style-type: none">1. Genomic variation2. Receptor binding3. Transmission in Laboratory animals4. Antivirals and Treatment Options
 Population	<ol style="list-style-type: none">5. Existing Population Immunity6. Disease Severity and Pathogenesis7. Antigenic Relationship to Vaccine Candidates
 Ecology	<ol style="list-style-type: none">8. Global Geographic Distribution9. Infection in Animals, Human Risk of Infection10. Human Infections and Transmission

IRAT Virus Emergence and Impact – Comparison of Risk Scores



Data label	Influenza Virus	Emergence Score	Impact Score
A	A(H1N1) [A/swine/Shandong/1207/2016]	7.5	6.9
B	A(H3N2) variant [A/Ohio/13/2017]	6.6	5.8
C	A(H7N9) [A/Hong Kong/125/2017]	6.5	7.5
E	A(H9N2) Y280 lineage [A/Anhui-Lujiang/13/2018]	6.2	5.9
F	A(H3N2) variant [A/Indiana/08/2011]	6.0	4.5
X	A(H5N1) clade 2.3.4.4b [A/Texas/37/2024a]	5.8	6.1
G	A(H1N2) variant [A/California/62/2018]	5.8	5.7
I	A(H5N6) clade 2.3.4.4b [A/Sichuan/06681/2021]	5.3	6.3
J	A(H5N1) Clade 1 [A/Vietnam/1203/2004]	5.2	6.6
K	A(H5N1) Clade 2.3.4.4b [A/mink/Spain/3691-8_22VIR10586-10/2022]	5.1	6.2
L	A(H5N6) [A/Yunnan/14564/2015] – like	5.0	6.6
N	A(H5N8) clade 2.3.4.4b [A/Astrakhan/3212/2020]	4.6	5.2
O	A(H5N1) clade 2.3.4.4b [A/American wigeon/South Carolina/AH0195145/2021]	4.4	5.1
Q	A(H5N8) [A/gyrfalcon/Washington/41088/2014]	4.2	4.6
U	A(H7N8) [A/turkey/Indiana/1573-2/2016]	3.4	3.9
V	A(H7N9) [A/chicken/Tennessee/17-007431-3/2017]	3.1	3.5

- **X: H5N1 clade 2.3.4.4b [A/Texas/37/2024a] (X)**
Emergence = 5.8, Impact = 6.1
- A: Highest emergence score Eurasian Avian/swine H1N1 in China
Emergence = 7.5, Impact = 6.9
- C: Highest Impact score avian H7N9 in China
Emergence = 6.5, Impact = 7.5

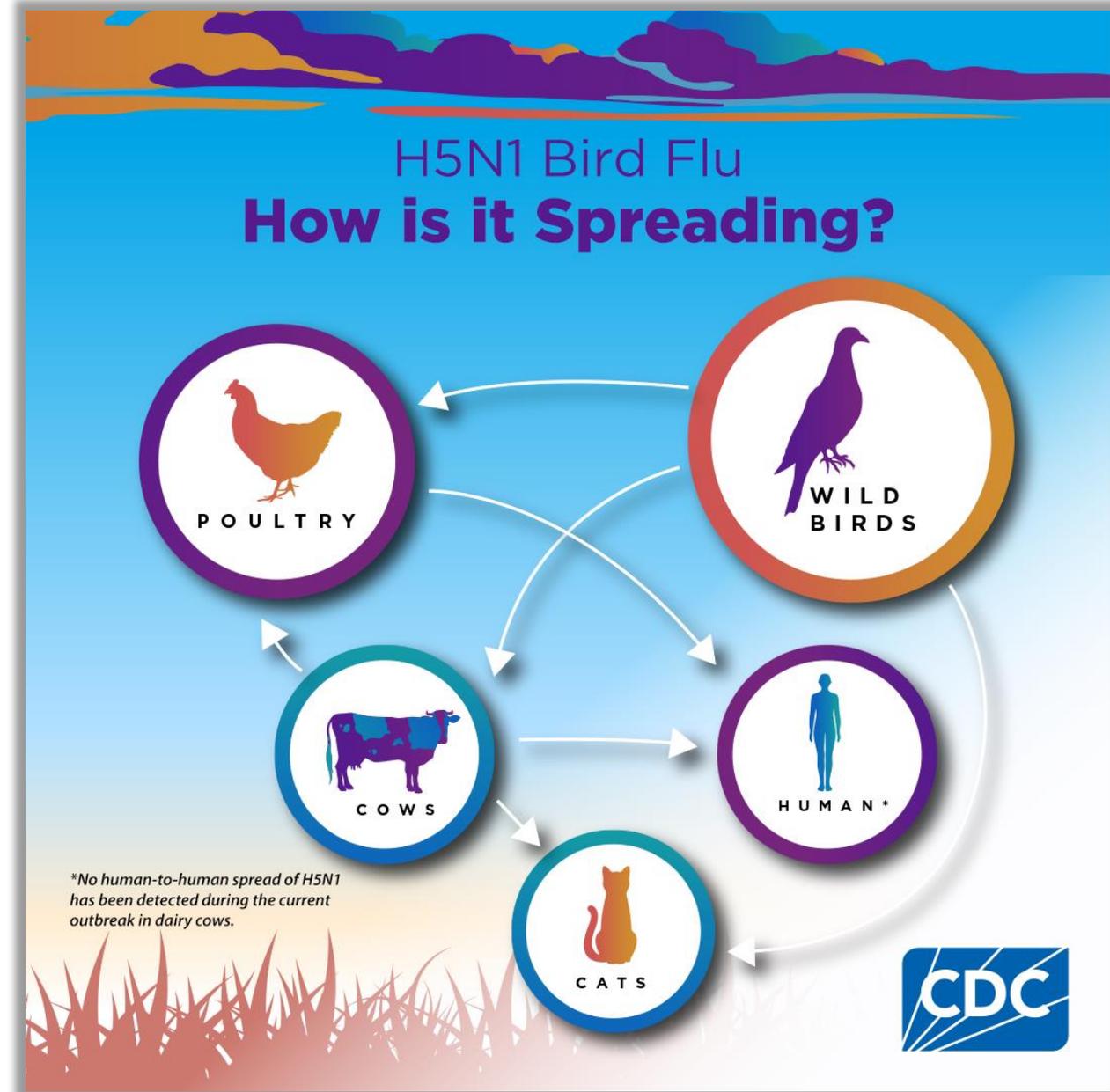
IRAT Summary

- The IRAT is an evaluative tool used by public health partners for prioritizing resources for influenza pandemic preparedness
- It is **NOT** intended to predict a pandemic and is **NOT** to be used to assess the overall population risk nor individual risk
- Using A(H5N1) clade 2.3.4.4b [A/Texas/37/2024(H5N1)] as the prototype virus, the score **remains in the "moderate" potential pandemic influenza risk category**
- The mean-high and mean-low acceptable score ranges for all the clade 2.3.4.4b viruses overlap, indicating that these viruses remain similar, and their overall risk scores remain "moderate"
- Based on available data, CDC's current assessment is that the risk to the general public from avian influenza A(H5N1) virus remains low

Public Health Risk

- Overall risk to the public for HPAI A(H5N1) remains low
- Greater risk for people with close, prolonged, or unprotected exposures to infected animals, or to environments contaminated by infected animals
- Exposed individuals should monitor for symptoms after first exposure and for 10 days after last exposure

[Highly Pathogenic Avian Influenza A\(H5N1\) Virus in Animals: Interim Recommendations for Prevention, Monitoring, and Public Health Investigations | Avian Influenza \(Flu\) \(cdc.gov\)](#)



Protéjase del virus H5N1 si trabaja con animales de granja

El H5N1 es un virus de la influenza aviar que podría enfermarlo. Use el equipo de protección personal (EPP) recomendado cuando trabaje directamente o de cerca con animales enfermos o muertos, heces, camas (*litter*) y leche cruda de animales u otros materiales que podrían tener el virus.



Lávese las manos con agua y jabón y luego póngase el EPP en este orden:

1. Overoles resistentes a líquidos.
2. Delantal a prueba de agua, si es necesario para las tareas del trabajo.
3. Respirador aprobado por NIOSH (NIOSH Approved® Respirator; p. ej., respirador con pieza facial filtrante N95® o respirador con media máscara elastomérica).
4. Gafas protectoras o protector facial que no tengan canales de ventilación o que tengan ventilación indirecta y se ajusten de manera adecuada.
5. Cubierta para la cabeza o el cabello.
6. Guantes.
7. Botas.

[Avian Influenza Social Media Toolkit | Bird Flu | CDC](#)

[Avian Influenza Social Media Toolkit | Bird Flu | CDC](#)

Protect Yourself From H5N1 When Working With Farm Animals

H5N1 is a bird flu virus that could make you sick. Wear recommended personal protective equipment (PPE) when working directly or closely with sick or dead animals, animal feces, litter, raw milk, and other materials that might have the virus.



Wash hands with soap and water, then put on PPE in this order:

1. Fluid-resistant coveralls
2. Waterproof apron, if needed for job task
3. NIOSH Approved® Respirator (e.g., N95® filtering facepiece respirator or elastomeric half mask respirator)
4. Properly-fitted unvented *or* indirectly vented safety goggles or face shield
5. Head cover or hair cover
6. Gloves
7. Boots

Resources from CDC

Situation Updates

[CDC A\(H5N1\) Bird Flu Response Update | Avian Influenza \(Flu\)](#)

Surveillance Updates

[How CDC is monitoring influenza data among people to better understand the current avian influenza A \(H5N1\) situation | Avian Influenza \(Flu\)](#)

Technical Report

[Technical Report: Highly Pathogenic Avian Influenza A\(H5N1\) Viruses | Avian Influenza \(Flu\) \(cdc.gov\)](#)

Updated Recommendations

[Highly Pathogenic Avian Influenza A\(H5N1\) Virus in Animals: Interim Recommendations for Prevention, Monitoring, and Public Health Investigations](#)

[Recommendations for Worker Protection and Use of Personal Protective Equipment \(PPE\) to Reduce Exposure to Novel Influenza A Viruses Associated with Severe Disease in Humans](#)

The screenshot shows the top navigation bar of the CDC website with the CDC logo, the title "Avian Influenza (Bird Flu)", and a search bar. The main content area features a large heading "CDC A(H5N1) Bird Flu Response Update, July 19, 2024". Below this is a light blue box with the heading "AT A GLANCE" and a short summary: "CDC provides an update on its response activities related to the multistate outbreak of avian influenza A(H5N1) virus, or 'H5N1 bird flu,' in dairy cows and other animals in the United States." The page is divided into two columns. The left column has three sections: "What to Know" with a paragraph about a Michigan-led study on farmworkers, a paragraph about a genetic sequence analysis from Colorado, and a paragraph confirming two additional cases in Colorado. The right column has a "ON THIS PAGE" section with links for "What to Know", "CDC Update", "Publication Highlights", and "CDC Recommendations". At the bottom right, there is a "RELATED PAGES" section with links to "News & Spotlights", "CDC A(H5N1) Bird Flu Response Update August 7, 2024", "CDC A(H5N1) Bird Flu Response Update July 26, 2024", and "CDC A(H5N1) Bird Flu Response Update July 17, 2024".

Acknowledgments

CDC Influenza Division

- Virology, Surveillance, and Diagnosis Branch
- Epidemiology and Prevention Branch
- Immunology and Pathogenesis Branch
- Global Influenza Branch
- Office of the Director

CDC 2024 Influenza A(H5N1) Response

Thank you

