

To: Vermont Health Care Providers, Health Care Facilities and Laboratories
Date: July 26, 2024
From: Laura Ann Nicolai, MPH, Deputy State Epidemiologist

Enhanced Summer Influenza Surveillance

In light of the [multistate outbreak of avian influenza A\(H5N1\)](#) in dairy cows, poultry and other animals, conducting surveillance for seasonal influenza viruses and monitoring for novel influenza A virus infections in humans remains critical to inform public health actions.

The Centers for Disease Control and Prevention (CDC) maintains that the current H5N1 flu risk assessment for the U.S. general public remains low. However, some people with job-related or recreational exposures to birds, cattle or other animals can have a higher risk for infection. In addition, influenza viruses may undergo rapid changes, which can lead to enhanced transmissibility and increased severity of illness.

For these reasons, the Vermont Department of Health is asking clinicians **to continue routine testing for influenza in patients with respiratory illness throughout the summer and fall** to assist with ongoing surveillance efforts to detect any spread of highly pathogenic avian influenza A (HPAI A/H5) to and among people in Vermont.

Background

A global outbreak of highly pathogenic avian influenza A(H5N1) in wild birds and poultry has been ongoing since 2022. Poultry and wild bird outbreaks have been detected in all U.S. states, including Vermont. In March 2024, influenza A(H5N1) was first detected in U.S. dairy cattle herds. As of July 24, H5N1 has been detected in dairy cattle herds in 13 states. No cases have been detected in Vermont dairy cows so far. Eleven human cases of avian influenza A(H5) infection have been reported in the U.S. since 2022 (none in Vermont). Four of these cases were associated with exposure to infected dairy cows and seven were associated with exposure to infected poultry. To date, human illness has reportedly been mild, and no human-to-human transmission has been identified.

Requested Actions

1. **Continue routine influenza testing throughout the summer and fall for individuals with compatible illness** (e.g. respiratory illness with or without a fever or conjunctivitis).

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- a. Testing should especially be considered for individuals with a recent history of relevant exposures (e.g., dairy cows, raw milk, wild birds, poultry, agricultural fair attendance). Testing by rRT-PCR is recommended for these samples.
 - b. If conjunctivitis and/or respiratory symptoms are present **with known exposure to H5N1 or with known relevant exposures listed above**, contact the Health Department's Infectious Disease Epidemiology program at 802-863-7240, option 2, then request a free Influenza A(H5) test kit (Kit #9-AH5) by calling 802-338-4724. Follow [infection control precautions](#) carefully and submit it to the Vermont Department of Health Laboratory (VDHL).
2. **Consider influenza testing for all patients hospitalized or in the ICU with severe respiratory illness** irrespective of exposure history. Hospital and clinical laboratories should attempt to subtype all influenza A positive samples from these patients or submit respiratory specimens directly to VDHL for subtyping.
3. **Forward specimens to VDHL:**
- a. Hospitals and clinical laboratories should forward to VDHL any specimens that test positive for influenza A but are subtype negative on tests designed to provide an influenza subtype result (e.g., Biofire) and confirmed upon retest.
 - b. Similarly, hospitals and clinical laboratories should also forward any influenza A positive specimens that are subtype influenza A(H1) and not influenza A(H1)pdm09 on tests designed to provide an influenza subtyping result and confirmed upon retest. Specimens should be sent as soon as possible to VDHL for further testing and characterization.
 - c. Submission to VDHL of additional influenza A and B positive specimens that have not undergone influenza subtype testing is also encouraged for enhancing public health surveillance and ensuring rapid detection of any human infection of A(H5N1).
 - d. If H5 is detected at VDHL, the results are presumptive positive. The specimen will be forwarded to the CDC for confirmation, subtyping for N1, and genomic sequencing.
 - e. **For assistance with submitting specimens** to VDHL for testing, contact the Health Department at 802-863-7240, option 2. Testing will be performed at no charge.
4. **Report all unexpected clusters of respiratory illness** immediately to the Health Department's Infectious Disease Epidemiology program (802-863-7240, option 2; available 24/7) at the time of initial clinical suspicion.

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Additional Resources

- [CDC Strategy for Enhanced Summer 2024 Influenza Surveillance](#) (CDC)
- [Interim Guidance on Testing and Specimen Collection for Patients with Suspected Infection with Novel Influenza A Viruses with the Potential to Cause Severe Disease in Humans Testing Procedures for Laboratory Personnel](#) (CDC)
- [Interim Guidance for Infection Control Within Healthcare Settings When Caring for Confirmed Cases, Probable Cases, and Cases Under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease](#) (CDC)
- [H5 Bird Flu: Current Situation](#) (CDC)
- [Public Health Laboratory Forms & Ordering Information](#)
- [Flu Outbreak Management Resources](#)

If you have any questions, please contact Laura Ann Nicolai at: LauraAnn.Nicolai@vermont.gov

To be removed from the HAN or have your information updated
please email the Vermont HAN Coordinator at: vthan@vermont.gov.

HAN Message Type Definitions

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service Message: Provides general correspondence from the Vermont Department of Health, which is not necessarily considered to be of an emergent nature.

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