



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

May 24, 2024

Dear Colleague,

CDC recently [announced](#) that the second human case of highly pathogenic avian influenza (HPAI) A(H5) (“H5 bird flu”) virus infection, associated with the ongoing multistate outbreak of A(H5N1) in dairy cows in the United States, has been identified in the state of Michigan. No human nor animal cases of H5N1 have been identified in Maryland to date, and CDC considers the risk to the general public to continue to be low. However, we would like to emphasize several key points for clinicians.

1) Conjunctivitis is one possible sign of HPAI A(H5N1) virus infection, and might be the only sign of infection. Clinicians should continue to consider the possibility of HPAI A(H5N1) virus infection in persons showing signs or symptoms of acute respiratory illness or conjunctivitis who have relevant exposure history. If avian influenza is suspected, clinicians should contact the health department immediately.

Note that both human cases associated with this outbreak to date have reported symptoms of conjunctivitis. The first case in a Texas resident had symptoms of conjunctivitis only. For the second case in a Michigan resident, only the conjunctival specimen tested positive, whereas the respiratory specimen tested negative.

In addition to conjunctivitis, other symptoms might include fever, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue, and shortness of breath or difficulty breathing. Less common signs and symptoms include diarrhea, nausea, vomiting, or seizures. Avian influenza virus infection cannot be distinguished by clinical features from seasonal influenza virus infection, or from infection with other respiratory viruses that can cause influenza-like illness.

2) Be sure to gather relevant exposure/occupational history in persons showing signs or symptoms of acute respiratory illness or conjunctivitis.

Potential exposure includes:

- Persons who have had contact with potentially infected sick or dead birds, livestock, or other animals within 10 days before symptom onset (e.g., handling, slaughtering, defeathering, butchering, culling, preparing for consumption or consuming uncooked or undercooked food or related uncooked food products, including unpasteurized (raw) milk or other unpasteurized dairy products)

- Persons who have had 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
- Persons who have had prolonged exposure to potentially infected birds or other animals in a confined space.

3) Report all suspect novel influenza cases to the health department immediately to determine if testing at MDH Laboratory is indicated.

As a reminder, although some commonly available influenza diagnostic assays may detect the presence of some novel influenza A viruses, a negative result should not be used to rule out novel influenza A virus infection when testing possible human cases. Similarly, a positive influenza test doesn't always distinguish between seasonal and novel influenza A.

Therefore, testing by rRT-PCR is recommended at the MDH Laboratory for any patient with suspected novel influenza A virus infection, regardless of the results of commonly available clinical influenza tests. All MDH novel influenza testing requests must be approved **prior** to submitting specimens for testing.

If prior approval for influenza A(H5N1) testing is obtained from MDH, collect specimens from the patient to test for influenza A(H5N1) virus at MDH:

- Swab specimens should be collected using swabs with a synthetic tip (e.g., polyester or Dacron®) and an aluminum or plastic shaft.
- The swab specimen collection vials should contain 1-3ml of sterile viral transport medium.
- The following respiratory specimens should be collected as soon as possible after illness onset: (i) a nasopharyngeal swab, or (ii) a nasal aspirate or wash, or (iii) two swabs combined into one viral transport media vial (e.g., a nasal or nasopharyngeal swab combined with an oropharyngeal swab). If these specimens cannot be collected, a single nasal, or oropharyngeal swab is acceptable.
- If the exposed person has conjunctivitis, with or without respiratory symptoms, both a conjunctival swab and a nasopharyngeal swab should be collected for testing.
- For patients with severe lower respiratory tract illness, a lower respiratory tract specimen (e.g., an endotracheal aspirate or bronchoalveolar lavage fluid) should be collected

Detailed specimen submission instructions for MDH Laboratory are available at:

<https://health.maryland.gov/laboratories/Pages/influenza.aspx>

Additional CDC clinical instructions on specimen collection and testing are available at:

<https://www.cdc.gov/flu/avianflu/severe-potential.htm>

If avian influenza A virus infection is suspected, consider starting empiric antiviral treatment and encourage the patient to isolate at home away from their household members and not go to work or school until it is determined they do not have avian influenza A virus infection.

Thank you for your collaboration and we will continue to keep you updated on this issue. If you have questions, contact your local health department or MDH Infectious Disease Epidemiology and Outbreak Response Bureau at 410-767-6700.

We appreciate your attention to this situation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Monique Duwell', with a stylized, cursive script.

Monique Duwell, MD, MPH
Chief, Center for Infectious Disease Surveillance and Outbreak Response

A handwritten signature in black ink, appearing to read 'Niles Kalyanaraman', with a stylized, cursive script.

Niles Kalyanaraman, MD, FACP
Deputy Secretary, Public Health Services