



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
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In reply, please refer to:  
File:

November 18, 2024

**MEDICAL ADVISORY: ASSESSMENT OF INDIVIDUALS WITH POTENTIAL EXPOSURE TO AVIAN INFLUENZA IN LIGHT OF CONFIRMATION OF H5N1 IN CENTRAL OAHU BACKYARD FLOCK**

Healthcare providers should:

- **Promptly evaluate** individuals reporting symptoms of avian influenza after exposure to sick or dead birds or other wildlife, particularly if the individual was notified by DOH that they may have been exposed to known infected birds.
- **Isolate patients** with suspected avian influenza infections by placing them in a separate room (airborne isolation room if available). Recommended personal protective equipment includes N95 respirator, gloves, gown, and eye protection. Symptomatic patients should also be instructed to isolate away from household members at home while awaiting test results.
- **Test for influenza** and other common respiratory viruses (e.g., COVID-19, RSV) in patients with compatible symptoms and relevant exposure, and **forward specimens positive for influenza A to the State Laboratories Division for avian influenza testing**. Nasopharyngeal (preferred), nasal, oral, and conjunctival (if patient has conjunctivitis) specimens are acceptable for subtyping if collected on dacron or polyester flocced-tip swabs in viral transport media. Contact the Disease Outbreak Control Division (DOCD) for prior authorization before submitting specimens.
- **Prescribe empiric oseltamivir** as treatment (symptomatic) or prophylaxis (asymptomatic) for persons with exposure to birds or other animals known or suspected to be infected with H5N1.
- **Urgently report** to HDOH suspect cases of human avian influenza infections and any person with an identified exposure, even if asymptomatic, to the disease reporting line (808) 586-4586.

Dear Healthcare Provider:

The Hawaii Department of Agriculture (HDOA) received confirmation from the U.S. Department of Agriculture National Veterinary Services Laboratories (NVSL) on November 15, 2024 that highly pathogenic avian influenza (HPAI) A(H5N1) was detected in a backyard flock of various birds in Central Oahu within the area served by the Wahiawā Wastewater Treatment Plant, where a recent detection of H5 avian influenza was reported through the [National Wastewater Surveillance System](#). This detection of HPAI A(H5N1) in birds in Hawaii is the first on record and likely reflects introduction from infected migratory birds.

H5N1 virus has emerged as a panzootic infection occurring among a wide range of bird and mammal species, including humans. While recent cases among dairy and poultry farm workers in the continental U.S. have been mild, H5N1 has historically resulted in high case fatality rates on order of 50%. [Clinical presentation](#) in humans ranges from mild illness including conjunctivitis and/or uncomplicated upper respiratory tract infection similar to seasonal influenza (cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue) to severe disease (e.g., pneumonia, multi-organ failure, and death).

Most human infections with H5N1 virus have occurred after unprotected exposures to sick or dead infected birds or dairy cattle. While there have been limited [past examples of non-sustained human-to-human transmission](#) in the setting of prolonged close contact, *there has been no evidence of sustained human-to-human H5N1 virus transmission to date* including in the most recent cases on the continental U.S.

Due to previously associated high case fatality rate and the potential for viral transformation resulting in increased transmissibility, avian influenza remains an important public health concern. Infection with H5N1 virus should be suspected in symptomatic persons with recent exposure (within 10 days) to sick or dead birds or other animals known or suspected to be infected with avian influenza.

DOH has contacted individuals with known exposure to confirmed infected birds. **A symptomatic patient who reports receiving an exposure notification from DOH should be considered a suspect case of H5N1.**

Investigation by DOH and HDOA has identified an additional potential exposure site for H5N1. **Persons who attended The Mililani Pet Fair on November 2, 2024 and touched ducks or geese and who developed symptoms within 10 days should be treated as suspect H5N1 cases and urgently reported to DOH.**

Additionally, providers evaluating patients with acute respiratory symptoms or conjunctivitis should screen for exposure to sick or dead birds or other animals suspected to be infected with H5N1).

**For symptomatic suspect cases of avian influenza providers should:**

- Isolate the patient and implement hierarchy of [infection prevention measures recommended for healthcare settings](#). This includes performing hand hygiene and use of gloves, gown, a fit-tested NIOSH-approved N95 respirator, and eye protection for all healthcare providers entering the patient care area.
- Initiate empiric anti-viral treatment with oseltamivir as soon as possible. Clinical benefit is greatest when antiviral treatment is administered early. Hospitalized patients suspected of avian influenza A infection should also be treated with oral or IV oseltamivir. See the current CDC guidance on treatment of Novel Influenza A viruses [here](#).

- Test for influenza and other common causes of viral respiratory infection (e.g., COVID-19, RSV) and forward specimens positive for influenza A to State Laboratory Division (SLD) for avian influenza testing.
  - Coordinate confirmation testing at State Laboratory Division (SLD) at time of initial evaluation through the Disease Outbreak Control Division (DOCD) via the disease reporting line: (808) 586-4586.
  - Use proper PPE at time of collection including N95 respirator, eye protection, disposable gowns and gloves.
  - Acceptable specimens for influenza subtyping at SLD include nasopharyngeal (NP), nasal, oral and conjunctival swabs collected using a sterile Dacron or polyester flocked-tip swab (swabs with cotton tips and wooden shafts are not recommended) placed in viral transport medium (VTM).
  - NP swabs are preferred. NP, nasal and oral swabs can also be collected as a composite swab in a single viral transport medium (VTM) tube.
  - For persons with conjunctivitis, a conjunctival swab should be collected in addition to specimens listed above.
  - Transport (VTM) in specimen transport container with ice packs.
- Investigate for other potential causes of patient's signs and symptoms including screening for other potential causes of their influenza-like illness including COVID-19 and RSV.
- Encourage the patient to prevent transmission of their respiratory virus to other humans and animals by masking and [isolating](#). Symptomatic persons should isolate away from others, including household members, except for seeking medical evaluation until it is determined that they do not have avian influenza virus infection. They should also avoid interactions with birds or mammals.
- Identify and record any close contacts or family members with similar exposures or symptoms.

**Post-exposure prophylaxis with oral oseltamivir is recommended for asymptomatic persons with a high-risk exposure (e.g. handling sick or dead birds without PPE) within the past 10 days and should be started as soon as possible (ideally within 48 hours) after first exposure.** Adult dosing is 75 mg twice daily. Pediatric dosing information can be found [here](#). If the exposure was time-limited and not ongoing, the recommended duration is 5 days from the last known exposure. If the exposure is likely to be ongoing, a duration of 10 days is recommended because of the potential for prolonged infectiousness from the infected animal(s).

Seasonal flu vaccines do not provide protection against infection with HPAI A(H5N1) viruses however seasonal flu vaccination is recommended to prevent concurrent infection with both viruses. Concurrent infection increases the risk of mutations that may increase the HPAI A(H5N1) virus strain's ability to transmit between humans.

**Urgently report to Hawaii Department of Health (HDOH) suspect cases of human avian influenza infections and any person with an identified exposure, even if asymptomatic, to the disease reporting line:**

- Oahu (Disease Reporting Line) . . . . . (808) 586-4586
- Maui District Health Office . . . . . (808) 984-8213
- Kauai District Health Office . . . . . (808) 241-3563
- Hawaii District Health Office (Hilo) . . . . . (808) 933-0912
- Hawaii District Health Office (Kona) . . . . . (808) 933-0912
- After Hours (Physician’s Exchange) . . . . . (808) 600-3625
- After Hours (Neighbor Islands) . . . . . 1-800-360-2575 (toll free)

Thank for your help in protecting the health of Hawaii’s residents and visitors.

Sincerely,



Sarah K. Kemble, M.D.  
State Epidemiologist

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Resources:

News Releases from Department of Health. Avian Influenza Confirmed in Backyard Flock of Birds: <https://health.hawaii.gov/news/newsroom/avian-influenza-confirmed-in-backyard-flock-of-birds/>

Avian Influenza | Disease Outbreak Control Division:  
[https://health.hawaii.gov/docd/disease\\_listing/avian-influenza/](https://health.hawaii.gov/docd/disease_listing/avian-influenza/)

Avian Influenza (Bird Flu) | CDC: <https://www.cdc.gov/bird-flu/index.html>

Conjunctival Swab Specimen Collection for Detection of Avian Influenza A(H5) Viruses:  
<https://www.cdc.gov/bird-flu/media/pdfs/2024/07/conjunctival-swab-collection-avian-influenza.pdf>

Highly Pathogenic Avian Influenza A(H5N1) Virus: Interim Recommendations for Prevention, Monitoring, and Public Health Investigations | Bird Flu | CDC:  
<https://www.cdc.gov/bird-flu/prevention/hpai-interim-recommendations.html>

Interim Guidance on the Use of Antiviral Medications for Treatment of Human Infections with Novel Influenza A Viruses Associated with Severe Human Disease | Bird Flu | CDC:  
<https://www.cdc.gov/bird-flu/hcp/novel-av-treatment-guidance/index.html>

Influenza Antiviral Medications: Summary for Clinicians | Influenza (Flu) | CDC:  
<https://www.cdc.gov/flu/hcp/antivirals/summary-clinicians.html>

Interim Guidance on Influenza Antiviral Post-exposure Prophylaxis of Persons Exposed to Birds or Other Animals with Novel Influenza A Viruses Associated with Severe Human Disease or with the Potential to Cause Severe Human Disease | Bird Flu | CDC:  
<https://www.cdc.gov/bird-flu/hcp/guidance-exposed-persons/index.html>

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 | Bird Flu | CDC  
<https://www.cdc.gov/bird-flu/hcp/novel-flu-infection-control/index.html>