Testing for Influenza in Persons with Severe Respiratory Illness

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TO: Health Alert Network
FROM: Debra L. Bogen, M.D., FAAP, Acting Secretary of Health
SUBJECT: Testing for Influenza in Persons with Severe Respiratory Illness
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This transmission is a “Health Advisory” provides important information for a specific incident or situation; may not require immediate action.

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LOCAL HEALTH JURISDICTIONS: PLEASE DISTRIBUTE AS APPROPRIATE; PROFESSIONAL ORGANIZATIONS: PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; LONG-TERM CARE FACILITIES: PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

Summary

- A global outbreak of highly pathogenic avian influenza A(H5N1) in wild birds and poultry has been ongoing since 2021. Poultry and wild bird outbreaks have been detected in 47 U.S. states, including Pennsylvania.
- Thirteen human cases of A(H5N1) influenza have been reported globally since January 2022, including one case in the U.S. Among these cases, six individuals were hospitalized, and two died.
- Given the severity of recent human infections with A(H5N1) viruses, the U.S. Centers for Disease Control and Prevention (CDC) is asking that clinicians continue to test for influenza in patients with respiratory illness throughout the summer, particularly individuals who are severely ill.
- Hospitals and clinical laboratories should forward any specimens that are positive for influenza A and cannot be subtyped, or specimens from severely ill patients for which subtyping is not done, to the state public health laboratory for further testing.
- Clinicians should always consider influenza testing, including subtyping, in patients with respiratory illness who are at higher risk of contracting novel influenza, such as those with a history of exposure to wild birds, poultry, or swine.
- If you have any questions, please call DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.
Background

A global outbreak of highly pathogenic avian influenza A(H5N1) in wild birds and poultry has been ongoing since 2021. The virus was first identified in birds in the U.S. in January 2022, and since then, outbreaks have been reported in 47 states. Over 58 million poultry have been affected in the U.S, making this the worst domestic outbreak of avian influenza in poultry (1).

Human cases associated with Highly Pathogenic Avian Influenza A(H5N1)

Sporadic cases of highly pathogenic avian influenza A(H5N1) virus infections in mammals have been reported in a number of countries, including the U.S. and Canada (2). Globally, thirteen human cases have been reported between January 2022 and June 1, 2023, with one case occurring in the U.S. Of these thirteen cases, most of whom had been exposed to infected birds, six individuals were hospitalized, and two fatalities were reported (3). At present, influenza A(H5N1) is believed to pose a low risk to the health of the general public; however, some people may have job-related or recreational exposures to birds or other animals that put them at higher risk of infection. Furthermore, influenza viruses can undergo rapid changes, which can lead to enhanced transmissibility and increased severity of illness. Therefore, throughout this summer, CDC is recommending increased surveillance for influenza among individuals who are ill with respiratory disease.

Recommendations for medical providers and laboratories

- Consider influenza testing in any persons with influenza-like illness, especially in individuals with a history of exposure to wild birds, poultry, swine, or other animals that may be infected with highly pathogenic avian influenza A(H5N1).
- Influenza testing should be done for all patients hospitalized with severe respiratory illness. Hospital and clinical laboratories should attempt to subtype all influenza A positive samples from these patients.
- All specimens that test positive for influenza A but do not return a valid subtype result when tested using a respiratory panel that includes influenza type and subtype (i.e., specimens that are unsubtypable) should be immediately sent to the state public health laboratory for further testing. Call the Bureau of Laboratories at (610) 280-3464 to arrange for shipping. Detailed specimen collection and shipping instructions can be found at: https://www.health.pa.gov/topics/Documents/Laboratories/Viral%20Testing%20Respiratory%20Swab%20Collection%20and%20Shipping%20Instructions.pdf
- In addition, all specimens from severely ill patients that test positive for influenza A in settings where subtyping cannot be performed should be forwarded to the state public health laboratory for subtyping. Instructions are in the link above. No prior phone calls to the Bureau of Laboratories are needed for this type of testing.
- Positive influenza laboratory tests and lab-confirmed influenza-associated hospitalizations and deaths are reportable to PA DOH through our electronic disease surveillance system, PA-NEDSS.
- For guidance regarding evaluating and managing cases suspected to have novel influenza A, refer to CDC’s guidance at: https://www.cdc.gov/flu/avianflu/clinicians-evaluating-patients.htm.

These steps will help ensure that any human cases of novel influenza in the U.S., including A(H5N1), are identified and contained immediately. Thank you for your continued support for the prevention and control of influenza. If you have any questions, please contact PA Department of Health (877-PA-HEALTH) or your local health department.
For More Information
1- Guidance for Health Professionals and Laboratorians
2- Current U.S. Bird Flu Situation in Humans
3- Bird Flu Detections in Backyard and Commercial Birds

References:
2- https://www.cdc.gov/flu/avianflu/inhumans.htm

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- Health Alert: conveys the highest level of importance; warrants immediate action or attention.
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This information is current as of June 23, 2023 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.