



MCDPH Highly-Pathogenic Avian Influenza Situational Update

Karen Zabel : Epidemiology Nurse Manager : January 2025



Situational Update – U.S.

- Feb 2022: the Eurasian strain of H5N1 (clade 2.3.4.4b) emerged in the U.S. & initiated an epizootic that continues today.
 - Widespread in wild birds worldwide- terrestrial and marine mammals also affected.
 - Human infections are historically rare.
 - No evidence of sustained human-to-human transmission.
- March 2024: first cases of HPAI in dairy cows (TX, KS, and MI).
 - No concern about safety of commercial milk supply due to pasteurization process.
- April 2024: human case reported in TX (infected cow exposure).
 - Thought to be the first instance of likely mammal to human spread of H5N1.
- Surveillance & prevention due to concern for antigenic shift & emergence of novel flu (e.g., 2009 swine flu pandemic)
 - Added concern with human proximity to cows

CDC still considers the risk from avian influenza A(H5) viruses to the public to be low.

U.S. Human Case Counts (as of 1/21/2025)

State	Dairy Herds (Cattle)	Poultry Farms & Culling Operations	Other Animal Exposure [†]	Exposure Source Unknown [‡]	State Total
California	36	0	0	2	38
Colorado	1	9	0	0	10
Iowa	0	1	0	0	1
Louisiana	0	0	1	0	1
Michigan	2	0	0	0	2
Missouri	0	0	0	1	1
Oregon	0	1	0	0	1
Texas	1	0	0	0	1
Washington	0	11	0	0	11
Wisconsin	0	1	0	0	1
Source Total	40	23	1	3	67

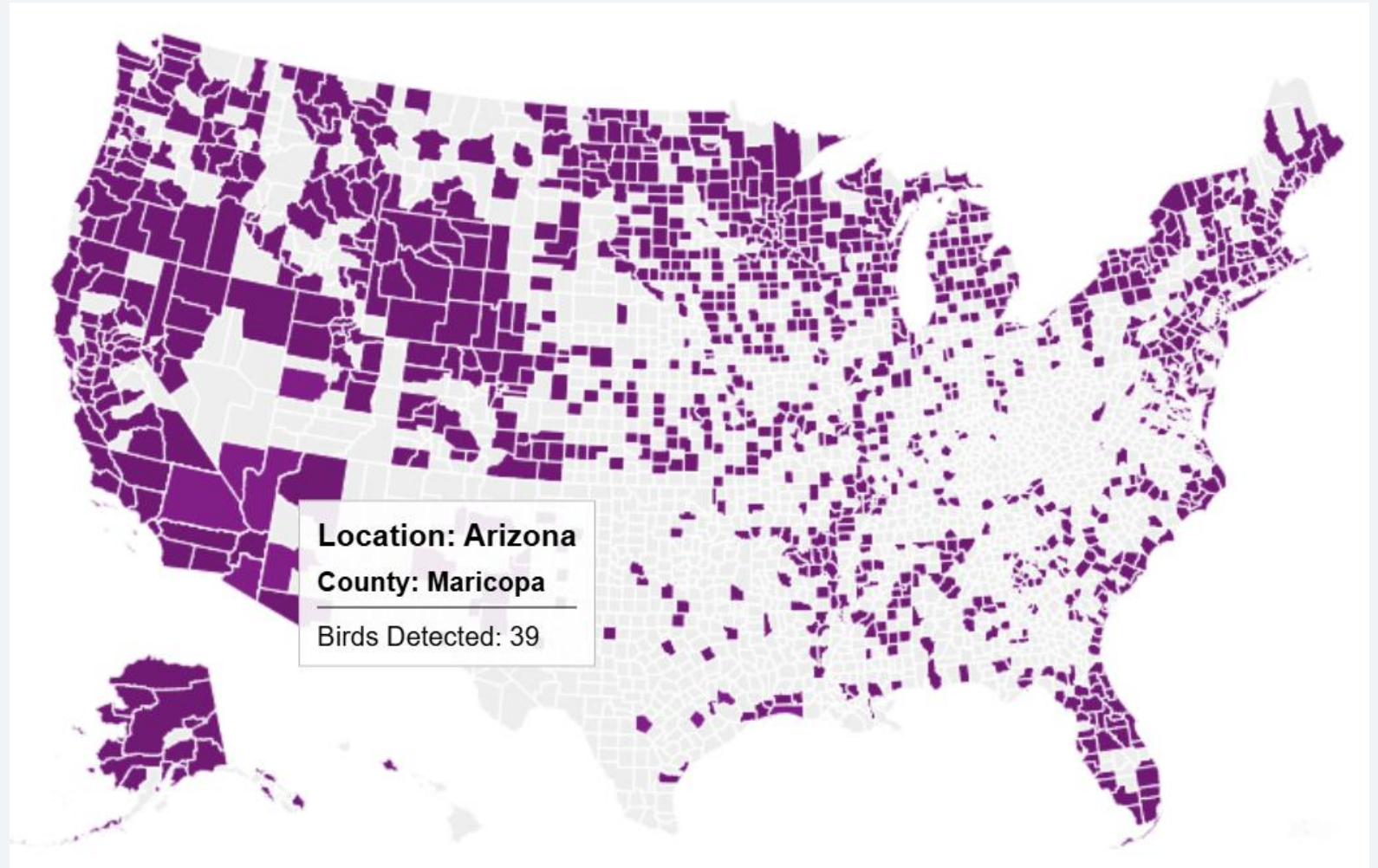
NOTE: One additional case was previously detected in a poultry worker in Colorado in 2022. Louisiana reported the [first H5 bird flu death](#) in the U.S.

[†]Exposure was related to other animals such as backyard flocks, wild birds, or other mammals

[‡]Exposure source was not able to be identified

Situational Update – Maricopa County

Total wild bird
detections in
Maricopa County
since 2022



Situational Update – Maricopa County

Recent MC Exposures

	Date	Exposure Setting	Actions
	November 2024	Backyard poultry	Risk assessment, symptom monitoring, PEP
	December 2024	Zoological park	Risk assessment, symptom monitoring, PEP, mitigation guidance, messaging
	December 2024	Park	Messaging

Situational Update – Maricopa County



There have been NO confirmed human cases in Maricopa County.

What are Considered High Risk Exposures?

Animal Exposures (within 10 days)

- Close exposure (within six feet) to a confirmed infected animal.
- Direct contact with surfaces contaminated with feces, unpasteurized milk/dairy product, or animal parts of infected animal.
- Visiting a live bird market with confirmed infection.

Human-to-Human Exposures

- Close (within six feet) unprotected (without use of respiratory and eye protection) exposure to a confirmed, probable, or symptomatic suspected case of human infection.



**Call MCDPH regarding
high suspect cases!**

(602) 506-6767

Diagnostic Testing

Specimens to Collect

- Nasopharyngeal (NP)
and
- NP combined with oropharyngeal (OP)

If the person has conjunctivitis:

- Conjunctival swab and NP

Where to Send Specimens

- LabCorp (reflex if INF A +)
- Quest (reflex if INF A +)
- Arizona State Public Health Lab
 - For high-risk exposures
 - If commercial not feasible

CDC HAN (1/16/2025)

Accelerated Subtyping of Influenza A in Hospitalized Patients

- Request to expedite subtyping of influenza A-positive specimens from hospitalized patients, particularly ICU
 - Ideally subtype within 24 hours of admission.
- May help with identifying human infections, supporting patient care, timely infection control & case investigation.

CDC still considers the risk from avian influenza A(H5) viruses to the public to be low.

 **Rapid reporting & identification is key to disease detection & timely PEP!**

What to do for HPAI Suspects?

- Report to Public Health!
- Ensure precautions are in place
 - Standard, contact, and airborne precautions are recommended.
- Perform diagnostic testing with accelerated subtyping
 - In house/commercial/ ASPHL
- Expedite treatment
 - Oseltamivir (Tamiflu) is the recommended treatment – do not await testing results if provider suspects HPAI

HCF Follow-up for Confirmed HPAI A(H5N1)

Public Health will guide next steps for follow up!

Follow up actions may include:

- Identify patient movement details & exposed staff
 - Unprotected exposure (e.g., within 2 meters of a symptomatic patient with novel influenza A virus infection without use of recommended respiratory protection & eye protection).
- Complete risk assessments for exposed staff & share a line list with PH
- Perform symptoms checks for exposed staff through their incubation period (10 days from last contact).
 - Ensure symptomatic exposed staff are excluded.
- Consider exclusion or testing/PEP of asymptomatic exposed staff.
- Report any new suspects to PH.



Thank You

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