

To: Vermont Health Care Providers, Health Care Facilities and Laboratories
Date: January 30, 2025
From: Laura Ann Nicolai, MPH, Deputy State Epidemiologist

Accelerated Influenza A Subtyping for Hospitalized Patients in Vermont

Summary

The Centers for Disease Control and Prevention (CDC) and the Health Department now recommend **expedited subtyping of all influenza A virus-positive specimens from hospitalized patients** as part of a comprehensive strategy to identify severe human infections with avian influenza A(H5) viruses amid seasonal influenza activity.

Requested Actions for Clinicians

- Test for seasonal influenza A in all hospitalized patients with suspected influenza infection, using whatever diagnostic test is most readily available for initial diagnosis.
- Implement appropriate infection control measures when influenza is suspected. If avian influenza A(H5) virus infection is suspected in a hospitalized patient, place the patient in an airborne infection isolation room with negative pressure and implement use of [standard, contact, and airborne precautions](#) with eye protection (goggles or face shield).
- Start hospitalized patients, especially those in an ICU, with suspected seasonal influenza or avian influenza A(H5) on [antiviral treatment](#) with oseltamivir as soon as possible **without waiting for the results of influenza testing**.
- Collect an exposure history from any hospitalized patient with suspected or confirmed influenza A. Ask about potential exposure to wild and domestic animals, including waterfowl (e.g., ducks, geese, and swans), livestock (e.g., poultry and dairy cows), pets (e.g., cats), and animal products (e.g., raw cow milk and raw cow milk products, raw meat-based pet food). This will facilitate a public health investigation if the patient is determined to have influenza A(H5).
- Notify the Health Department promptly if avian influenza A(H5N1) virus infection is suspected based on exposure history by calling the Infectious Disease Epidemiology program at 802-863-7240, option 2 (available 24/7).

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Requested Actions for Clinical Laboratories

- Forward specimens as soon as possible, preferably within 24 hours, to the Health Department Laboratory for **weekday** receipt and subtyping. Do not batch specimens if that would result in shipping delays for any specimen. Testing will be performed at no charge and will be incorporated into existing surveillance specimen subtyping efforts. Please contact the Health Department Laboratory if influenza collection kits are needed by calling (802) 338-4724, option 3.
 - Subtype and send respiratory specimens that are positive for influenza A but negative for seasonal influenza A virus subtypes [i.e., negative for A(H1) and A(H3)].
 - If influenza A virus subtyping is not available at the hospital or the clinical laboratory of the treating facility, forward specimens for initial subtyping at the Health Department Laboratory.
- Specimens should be collected with synthetic tip nasal swabs with a plastic or aluminum shaft and placed into viral transport medium (VTM). If hospitals do not have these supplies on hand, the Health Department Laboratory will provide collection kits.
- Patients with severe lower respiratory tract illness should have a lower respiratory tract specimen (endotracheal aspirate or bronchoalveolar lavage fluid) collected and sent to the Health Department Laboratory as soon as possible, as these specimen types facilitate detection of novel influenza A subtypes.
- Patients with suspected exposure to H5N1, determined from relevant exposure history, should have a specimen sent to the Health Department Laboratory for STAT testing by calling the Infectious Disease Epidemiology program at 802-863-7240, option 2 (available 24/7).
- While influenza A subtyping is commercially available, clinical laboratories are encouraged to submit specimens to the Health Department Laboratory.
- Immediately notify the Health Department if a positive result for influenza A(H5) virus is obtained using a laboratory developed test (LDT) or another A(H5) subtyping test by calling the VDH Infectious Disease Epidemiology program at 802-863-7240, option 2 (available 24/7).

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Background

A global outbreak of highly pathogenic avian influenza A(H5N1) in wild birds and poultry has been ongoing since 2022. There have been [avian influenza A\(H5\) detections](#) among poultry, wild birds, dairy cattle, and other animals in the U.S. Since the start of the outbreak, five backyard poultry flocks, 91 wild birds, and one bobcat in Vermont have been infected.

Since 2022, 67 human cases of avian influenza A(H5) virus infection have been identified in the U.S. (none in Vermont). Most infections in humans have been clinically mild, but [one fatality](#) has been reported. Most cases reported workplace exposures, such as handling infected dairy cows (40 cases) or poultry (23 cases) without using [recommended personal protective equipment](#). One case involved exposure to backyard poultry or wild birds, and the source of the exposure in three confirmed U.S. cases could not be determined.

Influenza testing for hospitalized patients with suspected influenza is routinely recommended. CDC and the Health Department now recommend **expedited subtyping of all influenza A virus-positive specimens from hospitalized patients** as part of a comprehensive strategy to identify severe human infections with avian influenza A(H5) viruses amid seasonal influenza activity.

Many clinical labs only identify influenza A and influenza B. Some clinical labs can identify seasonal influenza A virus subtypes [i.e., A(H1) and A(H3)]. Any influenza A specimens **not known to be A(H1) or A(H3)** should be forwarded as soon as possible, preferably within 24 hours, to the Vermont Department of Health Laboratory (VDHL) for **weekday** receipt and testing.

CDC and the Vermont Department of Health still consider the risk to the public from avian influenza A(H5) viruses to be low. However, these efforts to prevent delays in identifying human infections with avian influenza A(H5N1) viruses can help support optimal patient care and timely infection control and inform further public health response actions including case investigation and contact tracing.

Additional Resources

- [H5 Bird Flu: Current Situation](#) (CDC)
- [2024-2025 Influenza Season: Surveillance for Novel Influenza A and Seasonal Influenza Viruses](#) (CDC)
- [Accelerated Subtyping of Influenza A in Hospitalized Patients](#) (CDC)

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Health Advisory January 30, 2025

- [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)
- [Interim Guidance on Specimen Collection and Testing for Patients with Suspected Infection with Novel Influenza A Viruses Associated with Severe Disease or with the Potential to Cause Severe Disease in Humans](#) (CDC)
- [Interim Guidance on the Use of Antiviral Medications for Treatment of Human Infections with Novel Influenza A Viruses Associated with Severe Human Disease](#) (CDC)
- [Public Health Laboratory Forms & Ordering Information](#) (VDH)
- [Flu Outbreak Management Resources](#) (VDH)

If you have any questions, please contact Patsy Kelso at: patsy.kelso@vermont.gov

To 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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