

Evidence to decision

Benefits and harms

Small net benefit, or little difference between alternatives

Point-of-care influenza nucleic acid amplification tests (NAATs), are molecular assays that detect influenza virus nucleic acids in respiratory specimens. NAATs have high sensitivity and high specificity to detect influenza virus nucleic acids in upper respiratory tract specimens when collected within 3-4 days of symptom onset. Point-of-care influenza digital immunoassays (DIA) detect influenza virus antigens in respiratory specimens. Influenza digital immunoassays have moderate to moderately high sensitivities and high specificity to detect influenza virus antigens in upper respiratory tract specimens when collected within 3-4 days of symptom onset.

The decision analysis provided low quality evidence of differences between testing strategies on outcomes of interest but compelling evidence that differences between strategies in outcomes of interest were likely to be very small. The treatment strategies DIA, NAAT and PCR treat had highest QALYs associated.

Certainty of the Evidence

Low

These recommendations are derived from a decision analysis model with input parameters for diagnostic test characteristics, illness epidemiology, treatment effects and utilities, many of which are based on relatively low quality evidence. The evidence is also limited in terms of directness for low-income countries in that the data predominately comes from high-income countries. The GDG also were aware that the analysis did not formally include a cost benefit analysis.

Values and preferences

No substantial variability expected

The recommendation reflects the panel's placing a high value on small reductions in duration of illness and on avoiding unnecessary antiviral treatment. The panel also placed a high value on making expeditious decisions regarding patient management.

Resources and other considerations

Important issues, or potential issues not investigated

Influenza nucleic acid amplification tests (NAATs) and other influenza molecular assays may not be available in many clinical settings due to their cost. Influenza digital immunoassays are less expensive than NAATs but require a reader device and again may not be widely available in all resource settings due to cost.

Obstacles to access in low- and middle-income countries (LMICs) may prove formidable due to cost and availability. Those with socioeconomic disadvantages tend to have less access to services, including both diagnostic testing thus less access to the interventions. Therefore lack of access to investigations and testing could exacerbate inequity with patients not having access to treatment as their illness is not diagnosed, by testing, as influenza. The GDG recognised this and encourage jurisdictions to improve access to diagnostic testing for patients at high risk of progression to severe influenza.

In addition, there is now one WHO recommended medicine for non-severe influenza, baloxivir, and it needs to be given within 48 hours of symptom onset. So accurate testing must be linked to treatment care pathways in these health care settings. As this recommendation involves ideally administering treatment with baloxivir within 2 days of symptom onset, increasing access and ensuring appropriate use of diagnostic tests is essential for implementation. Thus, availability and use of appropriate influenza diagnostic tests is needed to improve access to drugs, especially those targeting the early phase of disease. Health care systems must, however, gain expertise in choosing and implementing diagnostic tests, choosing those most applicable to their settings. See Recommendation on diagnostics (insert link).

Justification

It is important to recognise the influence of the community prevalence of influenza on diagnostic testing. When influenza is circulating at high prevalence in a community, most patients with positive NAATs will have influenza but a number with negative results will also have influenza. When influenza viruses are circulating at low prevalence or not circulating among people in a community, most patients with a negative test will not have influenza but a number with a positive test will also not have influenza. The same is true of influenza digital immunoassays.

Alternatives considered such as conducting PCR testing and waiting to treat or not treat depending on results will entail

Conditional recommendation for ▾ Set

- ✓ In patients with suspected or confirmed non-severe influenza virus infection and at high risk of progression to severe influenza, we suggest administering baloxavir (conditional recommendation, low quality evidence).

- ✓ Patients with non-severe influenza but at high risk of developing severe disease include the following (link to determination of risk factors section):

- Patients over 65 years old OR
- Patients with one or multiple major risk factors for severe influenza

• Research evidence (1) • Evidence to decision • Justification • Practical info • Decision Aids References



Baloxavir vs Standard care/placebo

Patients with non-severe influenza

8 Outcomes

Summary

Summary



The evidence regarding baloxavir versus placebo or standard care was informed by 3 RCTs, which enrolled 2776 patients with non-severe illnesses (studies provided the direct comparison for any outcomes of interest). Two studies enrolled patients without comorbidities, one study included 39% of patients with comorbidities such as asthma, chronic lung disease, and cardiovascular disease. Neither of the included studies enrolled children under 12 years of age or pregnant individuals. The appendix summarizes study characteristics, risk of bias ratings, and effect estimates by outcome for baloxavir versus standard care.

For patients with non-severe influenza, the GRADE Summary of Findings table shows the relative and absolute effects of baloxavir compared with standard care for the outcomes of interest, with certainty ratings, informed by the NMA.

Subgroup analysis

Four pre-specified subgroup analyses were requested by the GDG:

Influenza type: seasonal, zoonotic, pandemic influenza viruses

Confirmed vs. suspected infection

Age: children < 2 years, children vs. adults and adolescents vs. older adults (≥ 65 years)

Patients at increased risk of poor outcomes vs. not

The review team conducted within-trial subgroup analyses for baloxavir versus placebo by different age groups (12 to 17 years versus 18 to 65 years; <75 years versus 75+ years) for the following outcomes: mortality, admission to hospital, adverse events, and serious adverse events. The within-trial subgroup analyses did not reveal any subgroup effects.

Sufficient data were unavailable to inform other pre-specified subgroup analyses. Studies did not enroll patients with zoonotic influenza. The proportion of vaccinated individuals ranged from 21.62% to 30.5%. All studies enrolled mixed types of influenza virus, such as H1N1, H3N2, and type B.

Additional educational modules and implementation tools for health workers:

- WHO Clinical care for severe acute respiratory infection toolkit: COVID-19 adaptation provides algorithms and practical tools for clinicians working in acute care hospitals managing adult and paediatric patients with acute respiratory infection, including severe pneumonia, acute respiratory distress syndrome, sepsis and septic shock. This includes information on screening, testing, monitoring and treatments..
- WHO SARI surveillance (Insert link).

From: Kirby, Marie (CDC/NCIRD/ID)
Sent: Wed, 3 Apr 2024 21:42:47 +0000
To: Uyeki, Timothy M. (CDC/NCIRD/ID)
Cc: Barnes, John R. (CDC/NCIRD/ID)
Subject: RE: clinical question for Tim

Hi Tim – thank you so much for these reflections and for allowing me to pick your brain during this busy time! It's very much appreciated!

Kind regards,

Marie

Marie Kirby, Ph.D.
Acting Team Lead – Genomics and Diagnostics Team
DDID/NCIRD/Influenza Division
Centers for Disease Control and Prevention
1600 Clifton Rd NE
Atlanta, GA 30329
Office: 404-718-7689
Cell: 470-604-5078
Email: pbi0@cdc.gov

From: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>
Sent: Wednesday, April 3, 2024 5:38 PM
To: Kirby, Marie (CDC/NCIRD/ID) <pbi0@cdc.gov>
Cc: Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>
Subject: RE: clinical question for Tim

Hi Marie – since 1997, there have been a few cases of conjunctivitis with H5N1 virus infection. The Texas case is not the first time this has been reported, but it's probably the first time that H5N1 virus has been confirmed in a conjunctival swab specimen. I am pretty sure that these case-patients had respiratory symptoms as well as conjunctivitis, but not only conjunctivitis. Note also that conjunctivitis has also been reported for human infection with other novel influenza A viruses, such as LPAI A viruses (H7N2, H7N3, H7N7, H10N7) and HPAI A viruses (H5N1, H7N3, H7N7) and swine (variant) influenza A viruses (H1N1v, H3N2v). Also conjunctivitis can occur, although infrequently with seasonal influenza virus infection.

So, consider broadening this beyond A(H5) virus infections. Maybe that will help. I'd certainly like to collect conjunctival swabs on any patients with suspected novel influenza A virus infection of avian or swine origin (and you never know what other animals – maybe canine influenza A viruses in the future?). So you might consider broad wording to expand ability to test for other novel influenza A virus subtypes. Let me know if you want me to propose wording to apply more broadly.

If keeping focused on A(H5), consider:

(b)(5)

Thanks,
Tim

From: Kirby, Marie (CDC/NCIRD/ID) <pbi0@cdc.gov>
Sent: Wednesday, April 3, 2024 5:11 PM
To: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>
Cc: Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>
Subject: clinical question for Tim

Hi Tim,

I am working on refining a document for our CLIA program so that we can add conjunctival swabs to our H5 tests as a CLIA LDT.

In their documentation, they want me to address: *Include any guidelines for special notification of results to epidemiologists, submitters, or CDC personnel*

(b)(5)

Thoughts?

Thank you so much,

Marie

Marie Kirby, Ph.D.
Acting Team Lead – Genomics and Diagnostics Team
DDID/NCIRD/Influenza Division
Centers for Disease Control and Prevention
1600 Clifton Rd NE
Atlanta, GA 30329
Office: 404-718-7689
Cell: 470-604-5078
Email: pbi0@cdc.gov

From: Daskalakis, Demetre (CDC/NCIRD/OD)
Sent: Tue, 16 Apr 2024 20:52:05 +0000
To: Kern, Dayle (CDC/NCIRD/OD)
Cc: Reed, Jasmine (CDC/IOD/OC)
Subject: RE: FYSA - Zeynep Tufekci follow up

These are perfect! Thanks for sharing

Demetre C. Daskalakis, M.D., M.P.H. (he/his)
Director
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, GA 30329-4027
Email: ddaskalakis@cdc.gov or yzq5@cdc.gov
Special Assistant: Elizabeth Hardister prz8@cdc.gov
Executive Assistant: Darrell Grier ung9@cdc.gov

From: Kern, Dayle (CDC/NCIRD/OD) <ltt0@cdc.gov>
Sent: Tuesday, April 16, 2024 3:50 PM
To: Daskalakis, Demetre (CDC/NCIRD/OD) <yzq5@cdc.gov>
Cc: Reed, Jasmine (CDC/IOD/OC) <pvz1@cdc.gov>
Subject: FYSA - Zeynep Tufekci follow up

Hi Demetre,

OC, Jasmine, and the comms folks with the H5N1 response have been working together to respond to follow up questions from Zeynep Tufekci – the reporter who asked you the same question repeatedly on Friday.

ID and Jasmine pulled together the questions and responses, which are being shared with OC now. I thought you'd be interested in seeing this.

- 1. Are there updates to the rules for swine farms, considering the risk of infected workers with mild illness moving between jobs?*

(b)(5)

2. What is the testing capacity and turnaround times? (I assume you handle human testing and USDA the bovine testing? Or is that incorrect?)

(b)(5)

3. How many people have been tested so far? What is the estimated denominator for the number of people working in these farms? What is our testing capacity and turnaround times?

(b)(5)

Thanks,
Dayle

Dayle Kern, MA (she/her)
Associate Director for Communication
Health Communication Science Office
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention
404-639-2052 (desk)
404-218-3125 (mobile)

From: Garg, Shikha (CDC/NCIRD/ID)
Sent: Fri, 19 Apr 2024 14:38:25 +0000
To: Swyers, Victoria (CDC/NCIRD/ID)
Cc: Uyeki, Timothy M. (CDC/NCIRD/ID); Olsen, Sonja (CDC/NCIRD/ID); Grohskopf, Lisa A. (CDC/NCIRD/ID); Burns, Erin (CDC/NCIRD/ID)
Subject: RE: H5N1 Guidance Updates: Case Definitions

Great, thanks Victoria.
Shikha

From: Swyers, Victoria (CDC/NCIRD/ID) <qoe2@cdc.gov>
Sent: Friday, April 19, 2024 10:31 AM
To: Garg, Shikha (CDC/NCIRD/ID) <izj7@cdc.gov>
Cc: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>; Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>; Grohskopf, Lisa A. (CDC/NCIRD/ID) <lkg6@cdc.gov>; Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>
Subject: RE: H5N1 Guidance Updates: Case Definitions

Hi Shikha,

Thanks for your help! I attempted to incorporate comments where I could. A lot of the case definition language is on several of the other web pages, so I've tried to mark with comments to help track where we need to align. Please let me know if you have any questions.

FYI – we need to keep any tracked changes for the web team, but I closed any resolved comments.

- **Case Definitions:** [#1020 Case Definitions for Investigations of Human Infection with Avian Influenza A Viruses in the United States_2024.docx](#)
 - Clearance notes: Returned from Response inbox not cleared. Reviewed by Doug, Erin, Tim, and Mike/Response Inbox, Lisa
 - Web page: [Case Definitions for Investigations of Human Infection with Avian Influenza A Viruses in the United States \(cdc.gov\)](#)
- **Follow-up of Close Contacts of Persons Infected:** [Interim Guidance on Follow-up of Close Contacts of Persons Infected....docx](#)
 - Clearance notes: Reviewed by Doug, Erin, and Lisa. Ready for SME/Response clearance
 - Web page: [Interim Guidance on Follow-up of Close Contacts of Persons Infected with Novel Influenza A Viruses and Use of Antiviral Medications for Chemoprophylaxis | Avian Influenza \(Flu\) \(cdc.gov\)](#)
- **Clinicians Evaluating Patients:** [Brief Summary for Clinicians_Evaluating and Managing Patients Exposed to Birds or Other Animals Infected with Avian Influenza A Viruses of Public Health Concern.docx](#)
 - Clearance notes: Reviewed by Doug, Lisa
 - Web page: [Brief Summary for Clinicians: Evaluating and Managing Patients Exposed to Birds Infected with Avian Influenza A Viruses of Public Health Concern | Avian Influenza \(Flu\) \(cdc.gov\)](#)
- **Testing and Specimen Collection:** [Interim Guidance on Testing and Specimen Collection....docx](#)
 - Clearance notes: Reviewed by Doug, Lisa

- Web page: [Interim Guidance on Testing and Specimen Collection for Patients with Suspected Infection with Novel Influenza A Viruses with the Potential to Cause Severe Disease in Humans | Avian Influenza \(Flu\) \(cdc.gov\)](#)
- **Antiviral Chemo:**  [Interim Guidance on Influenza Antiviral Chemoprophylaxis of Persons Exposed to Birds with Avian Influenza A Viruses....docx](#)
 - Clearance notes: Reviewed by Lisa
 - Web page: [Interim Guidance on Influenza Antiviral Chemoprophylaxis of Persons Exposed to Birds with Avian Influenza A Viruses Associated with Severe Human Disease or with the Potential to Cause Severe Human Disease | Avian Influenza \(Flu\) \(cdc.gov\)](#)

Victoria

From: Garg, Shikha (CDC/NCIRD/ID) <izj7@cdc.gov>
Sent: Friday, April 19, 2024 9:46 AM
To: Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>; Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>; Grohskopf, Lisa A. (CDC/NCIRD/ID) <kg6@cdc.gov>; Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>
Subject: RE: H5N1 Guidance Updates: Case Definitions

Hi All

Yes, happy to help. Please send me anything that you'd like me to review.

Thanks
Shikha

From: Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>
Sent: Friday, April 19, 2024 9:23 AM
To: Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>; Grohskopf, Lisa A. (CDC/NCIRD/ID) <kg6@cdc.gov>; Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>
Cc: Garg, Shikha (CDC/NCIRD/ID) <izj7@cdc.gov>
Subject: RE: H5N1 Guidance Updates: Case Definitions

Yea, Victoria is working on that this morning.

From: Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>
Sent: Friday, April 19, 2024 9:21 AM
To: Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>; Grohskopf, Lisa A. (CDC/NCIRD/ID) <kg6@cdc.gov>; Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>
Cc: Garg, Shikha (CDC/NCIRD/ID) <izj7@cdc.gov>
Subject: RE: H5N1 Guidance Updates: Case Definitions

Hi,

I would clean up and the send Shikha any outstanding questions.

- **Case Definitions:**  [#1020 Case Definitions for Investigations of Human Infection with Avian Influenza A Viruses in the United States_2024.docx](#)

- Clearance notes: Returned from Response inbox not cleared. Reviewed by Doug, Erin, Tim, and Mike/Response Inbox
 - Web page: [Case Definitions for Investigations of Human Infection with Avian Influenza A Viruses in the United States \(cdc.gov\)](#)
- **Follow-up of Close Contacts of Persons Infected:** [Word Interim Guidance on Follow-up of Close Contacts of Persons Infected....docx](#)
 - Clearance notes: Reviewed by Doug and Erin. Ready for SME/Response clearance
 - Web page: [Interim Guidance on Follow-up of Close Contacts of Persons Infected with Novel Influenza A Viruses and Use of Antiviral Medications for Chemoprophylaxis | Avian Influenza \(Flu\) \(cdc.gov\)](#)
- **Clinicians Evaluating Patients:** [Word Brief Summary for Clinicians Evaluating and Managing Patients Exposed to Birds or Other Animals Infected with Avian Influenza A Viruses of Public Health Concern.docx](#)
 - Clearance notes: Reviewed by Doug, with Erin for review
 - Web page: [Brief Summary for Clinicians: Evaluating and Managing Patients Exposed to Birds Infected with Avian Influenza A Viruses of Public Health Concern | Avian Influenza \(Flu\) \(cdc.gov\)](#)
- **Testing and Specimen Collection:** [Word Interim Guidance on Testing and Specimen Collection....docx](#)
 - Clearance notes: Reviewed by Doug. Ready for Erin's review
 - Web page: [Interim Guidance on Testing and Specimen Collection for Patients with Suspected Infection with Novel Influenza A Viruses with the Potential to Cause Severe Disease in Humans | Avian Influenza \(Flu\) \(cdc.gov\)](#)
- **Antiviral Chemo:** [Word Interim Guidance on Influenza Antiviral Chemoprophylaxis of Persons Exposed to Birds with Avian Influenza A Viruses....docx](#)
 - Clearance notes: With Doug for review
 - Web page: [Interim Guidance on Influenza Antiviral Chemoprophylaxis of Persons Exposed to Birds with Avian Influenza A Viruses Associated with Severe Human Disease or with the Potential to Cause Severe Human Disease | Avian Influenza \(Flu\) \(cdc.gov\)](#)

From: Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>
Sent: Thursday, April 18, 2024 9:34 PM
To: Grohskopf, Lisa A. (CDC/NCIRD/ID) <lkg6@cdc.gov>; Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>; Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>
Subject: RE: H5N1 Guidance Updates: Case Definitions

Yea, we need an SME to make judgement calls on these topics.
I know Tim is working as fast as he can.
Sonja, what do you think in terms of priority for cleaning up these guidance documents?
Erin

From: Grohskopf, Lisa A. (CDC/NCIRD/ID) <lkg6@cdc.gov>
Sent: Thursday, April 18, 2024 7:35 PM
To: Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>; Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>;

Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>

Subject: RE: H5N1 Guidance Updates: Case Definitions

Hi All,

I have looked at all 5 of these (needed to do so tonight as I am in clinic tomorrow).

I have made some comments, mainly in response to previous comments.

To be completely honest, though, I am not certain how helpful they are as these are not my usual SME areas. I think that they really require Tim's input.

-Lisa

From: Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>

Sent: Thursday, April 18, 2024 4:35 PM

To: Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>; Grohskopf, Lisa A. (CDC/NCIRD/ID) <lkg6@cdc.gov>; Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>

Subject: RE: H5N1 Guidance Updates: Case Definitions

Hi Erin and Lisa,

Yes – thank you Lisa! The attached email has links to all 5 remaining guidance documents and where they are in clearance. All of them started in comms clearance with Erin and Doug, but only two got through both of them. They mostly need SME eyes I think. We were working to align those guidance documents with the [expanded recommendations](#).

The Case Definition page is the one from this thread. It came back as not cleared with comments, and will need cross clearance from the DIM. Happy to answer any other questions if needed.

Thanks,

Victoria

From: Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>

Sent: Thursday, April 18, 2024 4:30 PM

To: Grohskopf, Lisa A. (CDC/NCIRD/ID) <lkg6@cdc.gov>; Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>

Cc: Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>

Subject: RE: H5N1 Guidance Updates: Case Definitions

Victoria,

Can you send Lisa the outstanding guidance documents?

Thanks,

Erin

From: Grohskopf, Lisa A. (CDC/NCIRD/ID) <lkg6@cdc.gov>

Sent: Thursday, April 18, 2024 4:20 PM

To: Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>; Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>; Reed,

Carrie (CDC/NCIRD/ID) <ggi2@cdc.gov>; Budd, Alicia (CDC/NCIRD/ID) <acp4@cdc.gov>; Uyeki, Timothy

M. (CDC/NCIRD/ID) <tmu0@cdc.gov>

Cc: Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>
Subject: RE: H5N1 Guidance Updates: Case Definitions

Hi! What should I be looking at? The links in this thread? Or are there newer links?

Will be good if I can do tonight as I am in clinic tomorrow.

Thanks,
Lisa

From: Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>
Sent: Thursday, April 18, 2024 4:10 PM
To: Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>; Reed, Carrie (CDC/NCIRD/ID) <ggi2@cdc.gov>; Budd, Alicia (CDC/NCIRD/ID) <acp4@cdc.gov>; Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>
Cc: Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>; Grohskopf, Lisa A. (CDC/NCIRD/ID) <lk6@cdc.gov>
Subject: RE: H5N1 Guidance Updates: Case Definitions

Yes, thanks much!

From: Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>
Sent: Thursday, April 18, 2024 4:10 PM
To: Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>; Reed, Carrie (CDC/NCIRD/ID) <ggi2@cdc.gov>; Budd, Alicia (CDC/NCIRD/ID) <acp4@cdc.gov>; Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>
Cc: Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>; Grohskopf, Lisa A. (CDC/NCIRD/ID) <lk6@cdc.gov>
Subject: RE: H5N1 Guidance Updates: Case Definitions

Hi Erin,

Can you start with Lisa? If she gets to overloaded we will pull in others.

Thanks,
Sonja

From: Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>
Sent: Thursday, April 18, 2024 12:01 PM
To: Reed, Carrie (CDC/NCIRD/ID) <ggi2@cdc.gov>; Budd, Alicia (CDC/NCIRD/ID) <acp4@cdc.gov>; Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>; Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>
Cc: Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>
Subject: FW: H5N1 Guidance Updates: Case Definitions
Importance: High

Hello.

As you may know, Victoria has been taking a first stab at bringing all our avian influenza guidance into line with the updated interim animal guidance (to include the cattle situation). Those have gone through

Tim and Mike and we are getting feedback back out of clearance that is pretty technical and not appropriate for a comms person to address.

Can you please assign an SME to help with addressing comments on these guidance documents? Victoria will forward those.

Thanks,
Erin

From: Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>

Sent: Thursday, April 18, 2024 11:41 AM

To: Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>

Subject: FW: H5N1 Guidance Updates: Case Definitions

FYA.

I can do my best to try to address these comments but most are pretty technical. I think the other guidance docs are going to have the same issues.

Victoria

From: CDC IMS 2024 Influenza A/H5N1 Response Clearance <eocevent519@cdc.gov>

Sent: Thursday, April 18, 2024 11:17 AM

To: Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>

Subject: Re: H5N1 Guidance Updates: Case Definitions

Good morning,

rADS has reviewed the submitted document and requested cross-clearance from DIM. It has been determined that this document cannot be cleared at this time. Please see the linked document to view the comments that were provided. Upon addressing these comments, please resubmit a tracked and clean version for clearance re-review.

Ben Walker, MPH
Clearance Coordinator
2024 Influenza A/H5N1 Response

From: Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>

Sent: Wednesday, April 17, 2024 2:04 PM

To: CDC IMS 2024 Influenza A/H5N1 Response Clearance <eocevent519@cdc.gov>

Cc: Flu Div Clear (CDC) <fludivclear@cdc.gov>

Subject: H5N1 Guidance Updates: Case Definitions

Hi Ben and Mike,

I've updated the avian influenza case definition page to align with the March 29th expanded recommendations and HAN. Please review and provide edits and comments.

-  [Case Definitions for Investigations of Human Infection with Avian Influenza A Viruses in the United States 2024.docx](#)

There are several comments from Erin that we still need SME input on. So far, Doug, Erin, and Tim have reviewed. I think there are probably others in addition to Mike that will need to review this one, but defer to Mike.

[Case Definitions for Investigations of Human Infection with Avian Influenza A Viruses in the United States](#)

Thanks,
Victoria

From: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>
Sent: Wednesday, April 17, 2024 12:54 PM
To: Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>
Cc: Flu Div Clear (CDC) <fludivclear@cdc.gov>
Subject: RE: H5N1 Guidance Updates: Case Definitions

Not sure who to suggest as everyone is really quite busy.

From: Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>
Sent: Wednesday, April 17, 2024 12:53 PM
To: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>
Cc: Flu Div Clear (CDC) <fludivclear@cdc.gov>
Subject: RE: H5N1 Guidance Updates: Case Definitions

Hey Tim,

Thank you! Yes, this was our attempt to align this page with the March 29th guidance and HAN. Do you have suggestions for other people who need to look during preclearance, or would it be best to submit to the response clearance inbox? I see that you mentioned Christine in a comment, but it looks like she is out until next week.

Thanks,
Victoria

From: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>
Sent: Wednesday, April 17, 2024 12:23 PM
To: Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>
Cc: Flu Div Clear (CDC) <fludivclear@cdc.gov>
Subject: RE: H5N1 Guidance Updates: Case Definitions

Hi Victoria – I added some quick comments yesterday. It is fine to move to others, or to Mike. In general, it is good to harmonize with the March 29th interim guidance and the HAN in terms of how we refer to

other animals and setting potentially contaminated by other animals, raw milk, etc. This holds true for all of the documents that were originally focused on birds/poultry exposures.

Thanks,

Tim

From: Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>

Sent: Wednesday, April 17, 2024 11:52 AM

To: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>

Cc: Flu Div Clear (CDC) <fludivclear@cdc.gov>

Subject: RE: H5N1 Guidance Updates: Case Definitions

Hi Tim,

I see that you've added some edits and comments in this document, but wanted to check on whether you are still working on it? Please also let me know who else needs to review during pre-clearance.

- [!\[\]\(18485c2803c13c08820d3522a316e05e_img.jpg\) Case Definitions for Investigations of Human Infection with Avian Influenza A Viruses in the United States 2024.docx](#)

There are 5 more guidance document updates heading your way, but many of them need to align with the language on this page.

Thanks,

Victoria

From: Swyers, Victoria (CDC/NCIRD/ID)

Sent: Friday, April 12, 2024 10:44 AM

To: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>

Cc: Flu Div Clear (CDC) <fludivclear@cdc.gov>

Subject: H5N1 Guidance Updates: Case Definitions

Hi Tim,

I've updated the case definition page to align with the expanded recommendations. Please review and provide edits and comments. Erin added several comments that she would like you to weigh in on.

- [!\[\]\(cc92d897d20c842baafe0ca8ab44470a_img.jpg\) Case Definitions for Investigations of Human Infection with Avian Influenza A Viruses in the United States 2024.docx](#)

Thanks,

Victoria

From: Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>

Sent: Friday, April 12, 2024 10:37 AM

To: Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>

Cc: Flu Div Clear (CDC) <fludivclear@cdc.gov>

Subject: RE: H5N1 Guidance Updates: Case Definitions

Hey Victoria,
I had some questions in the document, probably mostly will need Tim to address.
Thanks,
Erin

From: Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>
Sent: Friday, April 12, 2024 10:01 AM
To: Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>
Cc: Flu Div Clear (CDC) <fludivclear@cdc.gov>
Subject: H5N1 Guidance Updates: Case Definitions

Hi Erin,

I've updated the case definition page to align with the expanded recommendations. Do you want to review? If so, please let me know if you have any edits or comments.

-  [Case Definitions for Investigations of Human Infection with Avian Influenza A Viruses in the United States 2024.docx](#)

Note: this update was in the new recommendations. Link for your reference:
<https://www.cdc.gov/flu/avianflu/hpai/hpai-interim-recommendations.html#recommendations-surveillance>

Thanks,
Victoria

From: Jordan, Douglas E. (CDC/NCIRD/ID) <fud7@cdc.gov>
Sent: Friday, April 12, 2024 9:51 AM
To: Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>
Cc: Flu Div Clear (CDC) <fludivclear@cdc.gov>
Subject: RE: H5N1 Guidance Updates: Case Definitions

Hi Victoria,

This looks pretty good to me. I made some minor edits. Best, Doug J.

From: Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>
Sent: Thursday, April 11, 2024 10:23 AM
To: Jordan, Douglas E. (CDC/NCIRD/ID) <fud7@cdc.gov>
Cc: Flu Div Clear (CDC) <fludivclear@cdc.gov>
Subject: H5N1 Guidance Updates: Case Definitions

Hey Doug,

I've updated the case definition page to align with the expanded recommendations. Please review and let me know if you have any edits or comments.

- [Case Definitions for Investigations of Human Infection with Avian Influenza A Viruses in the United States 2024.docx](#)

Note: this update was directly in the new recommendations. Link for your reference:
<https://www.cdc.gov/flu/avianflu/hpai/hpai-interim-recommendations.html#recommendations-surveillance>

Thanks,
Victoria

Victoria Swyers
She/Her/Hers
Health Communications Specialist
Influenza Division, NCIRD
Centers for Disease Control and Prevention

Email: goe2@cdc.gov | Work: 470-905-6082 | Cell: 678-446-6001



From: Uyeki, Timothy M. (CDC/NCIRD/ID)
Sent: Fri, 29 Mar 2024 22:37:03 +0000
To: Richardson-Smith, Nicole (CDC/NCIRD/ID); Spratling, Robin (CDC/NCIRD/ID)
Cc: Jordan, Douglas E. (CDC/NCIRD/ID); Burns, Erin (CDC/NCIRD/ID); Jhung, Michael (CDC/NCIRD/ID); Swyers, Victoria (CDC/NCIRD/ID); Szablewski, Christine (CDC/NCIRD/ID)
Subject: RE: help from Comms
Attachments: New interim guidance on H5N1 prevention and response for clearance revised CLEAN FINAL.docx

I attached the final version for posting. I incorporated all clearance comments as best I could. Please post the attached file. Let me know if you have any questions.

*Christine – can you send this to USDA colleagues or let me know – I am happy to send to Sierra Burrell as a heads up that we will be posting the attached document this evening.

*I will also share with NIOSH colleagues.

I will also send a separate email to NCIRD leadership and ID colleagues.

After that, I will try to eat something and hydrate, not much sleep last night due to a very late night call about the presumptive positive person...

Thanks,

Tim

From: Richardson-Smith, Nicole (CDC/NCIRD/ID) <ewo0@cdc.gov>
Sent: Friday, March 29, 2024 6:23 PM
To: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>; Spratling, Robin (CDC/NCIRD/ID) <gbm9@cdc.gov>
Cc: Jordan, Douglas E. (CDC/NCIRD/ID) <fud7@cdc.gov>; Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>; Jhung, Michael (CDC/NCIRD/ID) <dvk3@cdc.gov>; Swyers, Victoria (CDC/NCIRD/ID) <qoe2@cdc.gov>
Subject: RE: help from Comms

Great, thanks for the update.

From: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>
Sent: Friday, March 29, 2024 6:10 PM
To: Richardson-Smith, Nicole (CDC/NCIRD/ID) <ewo0@cdc.gov>; Spratling, Robin (CDC/NCIRD/ID) <gbm9@cdc.gov>
Cc: Jordan, Douglas E. (CDC/NCIRD/ID) <fud7@cdc.gov>; Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>; Jhung, Michael (CDC/NCIRD/ID) <dvk3@cdc.gov>; Swyers, Victoria (CDC/NCIRD/ID) <qoe2@cdc.gov>
Subject: RE: help from Comms

Fairly soon, finishing up revisions, then will send to Mike before it can go to you.

From: Richardson-Smith, Nicole (CDC/NCIRD/ID) <ewo0@cdc.gov>
Sent: Friday, March 29, 2024 6:01 PM
To: Spratling, Robin (CDC/NCIRD/ID) <gbm9@cdc.gov>; Uyeki, Timothy M. (CDC/NCIRD/ID)

<tmu0@cdc.gov>

Cc: Jordan, Douglas E. (CDC/NCIRD/ID) <fud7@cdc.gov>; Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>;

Jhung, Michael (CDC/NCIRD/ID) <dvk3@cdc.gov>; Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>

Subject: RE: help from Comms

Hi Tim,

Do we have a ETA on when the recs will be ready for posting?

Thanks,

Nicole

From: Spratling, Robin (CDC/NCIRD/ID) <qbm9@cdc.gov>

Sent: Friday, March 29, 2024 3:55 PM

To: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>; Richardson-Smith, Nicole (CDC/NCIRD/ID) <ewo0@cdc.gov>

Cc: Jordan, Douglas E. (CDC/NCIRD/ID) <fud7@cdc.gov>; Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>;

Jhung, Michael (CDC/NCIRD/ID) <dvk3@cdc.gov>; Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>

Subject: RE: help from Comms

Hi Tim,

Included below are the pages where we intend to put a banner when the guidance comes out:

- [H5N1 Bird Flu: Current Situation Summary | Avian Influenza \(Flu\) \(cdc.gov\)](#)
- [Prevention and Antiviral Treatment of Bird Flu Viruses in People | Avian Influenza \(Flu\) \(cdc.gov\)](#)
- [Information for People Exposed to Birds Infected with Avian Influenza Viruses | Avian Influenza \(Flu\) \(cdc.gov\)](#)
- [Recommendations for Worker Protection and Use of Personal Protective Equipment \(PPE\) to Reduce Exposure to Novel Influenza A Viruses Associated with Severe Disease in Humans | Avian Influenza \(Flu\) \(cdc.gov\)](#)

Here is the proposed banner language:

CDC has developed new interim recommendations (hyperlink) for prevention, monitoring, and public health investigations of highly pathogenic avian influenza A(H5N1) virus in animals. Updates to this page are forthcoming.

We have a few more pages that will likely need updating after an IHR and press release goes out, but don't want to include a banner yet:

- [Current U.S. Bird Flu Situation in Humans | Avian Influenza \(Flu\) \(cdc.gov\)](#)
- [Bird Flu Virus Infections in Humans | Avian Influenza \(Flu\) \(cdc.gov\)](#)

- o [Transmission of Avian Influenza A Viruses Between Animals and People | Avian Influenza \(Flu\) \(cdc.gov\)](#)
- o [Past Reported Global Human Cases with Highly Pathogenic Avian Influenza A\(H5N1\) \(HPAI H5N1\) by Country, 1997-2024 | Avian Influenza \(Flu\) \(cdc.gov\)](#)
- o Potentially an updated FAQ: [Frequently Asked Questions about Avian Influenza \(Bird Flu\) | Avian Influenza \(Flu\) \(cdc.gov\)](#)

Robin

From: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>
Sent: Friday, March 29, 2024 3:18 PM
To: Richardson-Smith, Nicole (CDC/NCIRD/ID) <ewo0@cdc.gov>
Cc: Jordan, Douglas E. (CDC/NCIRD/ID) <fud7@cdc.gov>; Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>; Jhung, Michael (CDC/NCIRD/ID) <dvk3@cdc.gov>; Spratling, Robin (CDC/NCIRD/ID) <gbm9@cdc.gov>; Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>
Subject: Re: help from Comms

Great, banner would be great if possible today, if not, then on Monday

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From: Richardson-Smith, Nicole (CDC/NCIRD/ID) <ewo0@cdc.gov>
Sent: Friday, March 29, 2024 3:12:17 PM
To: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>
Cc: Jordan, Douglas E. (CDC/NCIRD/ID) <fud7@cdc.gov>; Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>; Jhung, Michael (CDC/NCIRD/ID) <dvk3@cdc.gov>; Spratling, Robin (CDC/NCIRD/ID) <gbm9@cdc.gov>; Swyers, Victoria (CDC/NCIRD/ID) <goe2@cdc.gov>
Subject: RE: help from Comms

Hi Tim,

We gave the Web team a heads up for the interim guidance posting later today/evening.

Currently planning to post here: (Dev link with placeholder) [Information for Specific Groups | Avian Influenza \(Flu\) \(cdc.gov\)](#) and the Guidance will be added to the What's New section of the Flu homepage [Avian Influenza \(Flu\) | CDC](#) and Avian website under Bird Flu Updates [Information on Bird Flu | Avian Influenza \(Flu\) \(cdc.gov\)](#).

Our team will start identifying web pages that may need to be updated next week. Depending the amount of updates needed we may want to consider a banner linking to the interim guidance in the meantime.

Thanks,
Nicole

From: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>
Sent: Friday, March 29, 2024 2:53 PM
To: Richardson-Smith, Nicole (CDC/NCIRD/ID) <ewo0@cdc.gov>
Cc: Jordan, Douglas E. (CDC/NCIRD/ID) <fud7@cdc.gov>; Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>; Jhung, Michael (CDC/NCIRD/ID) <dvk3@cdc.gov>
Subject: help from Comms

Hi Nicole – can Comms colleagues help look at all of the avian influenza documents that we have focused first on H5N1 or novel viruses associated with severe disease in people and update them to expand from poultry exposures to other animals (or can use wording I put in the guidance to be posted tonight)? Also, can you make sure the webpage people are on standby to post new CDC guidance today/this evening?

Thanks,
Tim

Highly Pathogenic Avian Influenza A(H5N1) Virus in Animals: Interim Recommendations for Prevention, Monitoring, and Public Health Investigations

Summary

The purpose of this guidance is to outline CDC's recommendations for preventing exposures to highly pathogenic avian influenza (HPAI) A(H5N1) viruses, infection prevention and control measures including the use of personal protective equipment, testing, antiviral treatment, patient investigations, monitoring of exposed persons, including persons exposed to sick or dead wild and domesticated animals and livestock with suspected or confirmed infection with highly pathogenic avian influenza (HPAI) A(H5N1) virus, and antiviral chemoprophylaxis of exposed persons. These recommendations are based on information available as of March 2024 and will be updated as needed when new information becomes available.

Background

Although human infections with HPAI A(H5N1) virus are rare, having unprotected exposure to any infected animal or to an environment in which infected birds or other animals are or have been present can pose a risk of infection. Therefore, people with work or recreational exposures to H5N1 virus-infected animals may be at increased risk of infection and should follow recommended precautions.

The panzootic of HPAI A(H5N1) viruses in wild birds has resulted in outbreaks among commercial poultry, backyard bird flocks, and spread to infect wild terrestrial and marine mammals, as well as domesticated animals. Sporadic human infections with HPAI A(H5N1) virus have been reported in 23 countries since 1997 with a case fatality proportion of >50%, but only a small number of H5N1 cases have been reported in humans since 2022. Most human infections with H5N1 virus have occurred after unprotected exposures to sick or dead infected poultry. There is no evidence of sustained human-to-human H5N1 virus transmission, and limited, non-sustained human-to-human H5N1 virus transmission has not been reported worldwide since 2007.

Influenza A viruses infect the respiratory and gastrointestinal tracts of birds causing birds to shed the virus in their saliva, mucous, and feces. Influenza A viruses can also infect the respiratory tract of mammals and cause systemic infection in other organ tissues. Human infections with avian influenza A viruses can happen when enough virus gets into a person's eyes, nose, or mouth or is inhaled. People with close or prolonged unprotected contact with infected birds or animals or their contaminated environments are at greater risk of infection. Illnesses in people from HPAI A(H5N1) virus infections have ranged from mild (e.g., upper respiratory symptoms) to severe illness (e.g., pneumonia, multi-organ failure) resulting in death.

Since 2022, many different wild bird species have been reported with HPAI A(H5N1) virus infection, including terrestrial, seabird, shorebird, and migratory species. In the United States, HPAI A(H5N1) virus detections in wild birds have been reported in 50 states or territories, and outbreaks in commercial poultry or backyard bird flocks associated with high mortality have been reported in 48 states since February 2022.

A wide range of terrestrial and marine mammals have been reported with HPAI A(H5N1) virus infection in multiple countries, typically resulting in neurologic signs of disease and death. HPAI A(H5N1) virus infection has been reported in wild mammals such as foxes, bears, seals, and sea lions, and in domesticated animals, including pets such as cats and dogs, farmed mink and foxes, and livestock such as goats and cows. In the United States, HPAI A(H5N1) virus detections in mammals have been reported in more than 20 states.

At this time, CDC considers the human health risk to the U.S. public from HPAI A(H5N1) viruses to be low; however, people with close or prolonged, unprotected exposures to infected birds or other animals, or to environments contaminated by infected birds or other animals, are at greater risk of infection. CDC considers HPAI A(H5N1) viruses to have the potential to cause severe disease in infected humans and recommends the following:

Recommendations for the Public

People should avoid unprotected (not using respiratory or eye protection) exposures to sick or dead animals including wild birds, poultry, other domesticated birds, and other wild or domesticated animals, as well as with animal feces, litter, or materials contaminated by birds or other animals with suspected or confirmed HPAI A(H5N1) virus infection. People should not prepare or eat uncooked or undercooked food or related uncooked food products, such as unpasteurized (raw) milk, or raw cheeses, from animals with suspected or confirmed HPAI A(H5N1) virus infection (avian influenza or bird flu).

Personal protective equipment (PPE) should be worn when in direct or close contact (within about six feet) with sick or dead animals including poultry, wild birds, backyard bird flocks, or other animals, animal feces, litter, or materials potentially contaminated with HPAI A(H5N1) viruses. PPE includes a properly fitted unvented or indirectly vented safety goggles, disposable gloves, boots or boot covers, a NIOSH-Approved particulate respirator (e.g., N95® filtering facepiece respirator, ideally fit-tested), disposable fluid-resistant coveralls, and disposable head cover or hair cover.

People exposed to HPAI A(H5N1)-virus infected birds or other animals (including people wearing recommended PPE) should monitor themselves for new respiratory illness symptoms, including conjunctivitis (eye redness), beginning after their first exposure and for 10 days after their last exposure. Influenza antiviral post-exposure prophylaxis may be considered to prevent infection, particularly in those who had unprotected exposure to HPAI A(H5N1)-virus infected birds or other animals (see below). Persons who develop any illness symptoms after exposure to HPAI A(H5N1) virus infected birds or other animals should seek prompt medical evaluation for possible influenza testing and antiviral treatment by their clinician or public health department. Symptomatic persons should isolate away from others, including

household members, except for seeking medical evaluation until it is determined that they do not have HPAI A(H5N1) virus infection.

Recommendations for Farmers; Poultry, Backyard Bird Flock, and Livestock Owners; and Worker Protection

To reduce the risk of HPAI A(H5N1) virus infection, poultry farmers and poultry workers, backyard bird flock owners, livestock farmers and workers, veterinarians and veterinary staff, and responders should avoid unprotected direct physical contact or close exposure with sick or dead birds or other animals, carcasses, feces, milk, or litter from sick birds or other animals potentially infected or confirmed to be infected with HPAI A(H5N1) virus. Farmers, workers, and responders should wear recommended PPE such as an N95 filtering facepiece respirator, eye protection, and gloves, and perform thorough hand washing after contact. (e.g., see: [PPE recommended for poultry workers](#)) when in direct contact with sick or dead birds or other animals, carcasses, feces, or litter from potentially infected birds or other animals, and when going into any buildings with or that have had sick or dead birds or other animals, carcasses, feces, or litter from potentially infected birds or other animals. [Workers should receive training](#) on and demonstrate an understanding of when to use PPE; what PPE is necessary; how to properly put on, use, take off, dispose of, and maintain PPE; and PPE limitations. Employers subject to Occupational Safety and Health Administration (OSHA) regulations should comply with applicable standards as highlighted on the OSHA [Avian Influenza - Standards](#) page.

Recommendations for Clinicians

Clinicians should consider the possibility of HPAI A(H5N1) virus infection in persons showing signs or symptoms of acute respiratory illness who have relevant exposure history. See: [Brief summary for Clinicians](#). This includes persons who have had contact with potentially infected sick or dead birds, livestock, or other animals within the week 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), 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. Clinicians should contact the state public health department to arrange testing for influenza A(H5N1) virus, collect recommended respiratory specimens (see below) using PPE, consider starting empiric antiviral treatment (see below), 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. Testing for other potential causes of acute respiratory illness should also be considered depending upon the local epidemiology of circulating respiratory viruses, including SARS-CoV-2.

Recommendations for State Health Departments

State health department officials should investigate potential human cases of HPAI A(H5N1) virus infection as described below and should notify CDC within 24 hours of identifying a case under investigation. Rapid detection and characterization of novel influenza A viruses in humans remain critical components of national efforts to prevent further cases, to allow for evaluation of clinical illness associated with them, and to assess the ability of these

viruses to spread from human to human. State Health Department officials, including the State Public Health Veterinarian, should collaborate with State Department of Agriculture and State Wildlife officials using a One Health approach when relevant to investigate suspected HPAI A(H5N1) infections in people linked with animals.

Recommendations for Surveillance and Testing

People exposed to HPAI A(H5N1)-infected birds or other animals (including people wearing recommended PPE) should be monitored for signs and symptoms of acute respiratory illness beginning after their first exposure and for 10 days after their last exposure.

Patients who meet Epidemiologic criteria AND either Clinical OR Public Health Response criteria below should be tested for HPAI A(H5N1) virus infection by reverse-transcription polymerase chain reaction (RT-PCR) assay using H5-specific primers and probes at your state or local public health department.

Epidemiological Criteria

Persons with recent exposure (within 10 days) to HPAI A(H5N1) virus through one of the following:

- Exposure to HPAI A(H5N1) virus infected birds or other animals defined as follows:
 - Close exposure (within six feet) to birds or other animals, with confirmed avian influenza A(H5N1) virus infection. Bird or other animal exposures can include, but are not limited to handling, slaughtering, defeathering, butchering, culling, or preparing birds or other animals for consumption, or consuming uncooked or undercooked food or related uncooked food products, including unpasteurized (raw) milk, OR
 - Direct contact with surfaces contaminated with feces, unpasteurized (raw) milk or other unpasteurized dairy products, or bird or animal parts (e.g., carcasses, internal organs) from infected birds or other animals, OR
 - Visiting a live bird market with confirmed bird infections or associated with a case of human infection with HPAI A(H5N1) virus.
- Exposure to an infected person – Close (within six feet) unprotected (without use of respiratory and eye protection) exposure to a person who is a confirmed, probable, or symptomatic suspected case of human infection with HPAI A(H5N1) virus (e.g., in a household or healthcare facility).
- Laboratory exposure (unprotected exposure to HPAI A(H5N1) virus in a laboratory)

Clinical Criteria

Persons with signs and symptoms consistent with acute upper or lower respiratory tract infection, or complications of acute respiratory illness without an identified cause. In addition, gastrointestinal symptoms such as diarrhea are often reported with HPAI A(H5N1) virus infection. Examples include but are not limited to:

- Mild illness (e.g., cough, sore throat, eye redness or eye discharge such as conjunctivitis, fever or feeling feverish, rhinorrhea, fatigue, myalgia, arthralgia, headache)

- Moderate to severe illness: (e.g., shortness of breath or difficulty breathing, altered mental status, seizures)
- Complications: pneumonia, respiratory failure, acute respiratory distress syndrome, multi-organ failure (respiratory and kidney failure), sepsis, meningoencephalitis

Public Health Response Criteria

Testing of asymptomatic persons for HPAI A(H5N1) virus infection is not routinely recommended. As part of public health investigations, asymptomatic persons, such as close contacts of a confirmed case of HPAI A(H5N1) virus infection, might be tested after consultation with CDC.

Preferred Clinical Specimens

For persons with suspected HPAI A(H5N1) virus infection, [the following specimens](#) should be collected as soon as possible after illness onset or when deemed necessary: a nasopharyngeal swab and a nasal swab combined with an oropharyngeal swab (e.g., two swabs combined into one viral transport media vial). The nasopharyngeal swab and the combined nasal-throat swabs should be tested separately. If these specimens cannot be collected, a single nasal or oropharyngeal swab is acceptable. **If the person has conjunctivitis (with or without respiratory symptoms), both a conjunctival swab and nasopharyngeal swab should be collected.** Patients with severe respiratory disease also should have lower respiratory tract specimens (e.g., an endotracheal aspirate or bronchoalveolar lavage fluid) collected, if possible. For severely ill persons, multiple respiratory tract specimens from different sites should be obtained to increase the potential for HPAI A(H5N1) virus detection.

Recommendations for Infection Prevention and Control

Standard, contact, and airborne precautions are recommended for patients presenting for medical care or evaluation who have illness consistent with influenza and recent exposure to birds or other animals potentially infected with HPAI A(H5N1) virus. For additional guidance on infection prevention and control precautions for patients who might be infected with HPAI A(H5N1) virus, please refer to [guidance for infections with novel influenza A viruses associated with severe disease](#).

Recommendations for Influenza Antiviral Treatment and Chemoprophylaxis

Treating Symptomatic Persons with Bird or Other Animal Exposures

Outpatients meeting epidemiologic exposure criteria who develop signs and symptoms compatible with influenza should be referred for prompt medical evaluation, testing, and empiric initiation of antiviral treatment with oseltamivir as soon as possible. Clinical benefit is greatest when antiviral treatment is administered early, especially within 48 hours of illness onset.

Hospitalized patients who are confirmed, probable, or suspected cases of human infection with HPAI A(H5N1) virus, regardless of time since illness onset are recommended to initiate antiviral treatment with oral or enterically administered oseltamivir as soon as possible. Antiviral treatment should not be delayed while waiting for laboratory testing results.

For detailed guidance on dosing and treatment duration, please see [Interim Guidance of the Use of Antiviral Medications for the Treatment of Human Infection with Novel Influenza A Viruses Associated with Severe Human Disease](http://www.cdc.gov/flu/avianflu/novel-av-treatment-guidance.htm) (<http://www.cdc.gov/flu/avianflu/novel-av-treatment-guidance.htm>).

Chemoprophylaxis of Persons with Exposure to HPAI A(H5N1) Virus: Chemoprophylaxis with influenza antiviral medications can be considered for any person meeting epidemiologic exposure criteria. Decisions to initiate post-exposure antiviral chemoprophylaxis should be based on clinical judgment, with consideration given to the type of exposure, duration of exposure, time since exposure, and known infection status of the birds or animals the person was exposed to (<https://www.cdc.gov/flu/avianflu/guidance-exposed-persons.htm>).

Antiviral chemoprophylaxis is not routinely recommended for personnel who used proper PPE and experienced no breaches while handling sick or potentially infected birds or other animals or decontaminating infected environments (including animal disposal).

If antiviral chemoprophylaxis is initiated, oseltamivir treatment dosing (one dose twice daily) is recommended instead of the antiviral chemoprophylaxis regimen for seasonal influenza. For specific dosage recommendations for treatment by age group, please see [Influenza Antiviral Medications: Summary for Clinicians](#). Physicians should consult the manufacturer's package insert for dosing, limitations of populations studied, contraindications, and adverse effects. If exposure was time-limited and not ongoing, five days of medication (one dose twice daily) from the last known exposure is recommended.

Monitoring and Antiviral Chemoprophylaxis of Close Contacts of Persons with HPAI A(H5N1) virus infection: Recommendations for monitoring and chemoprophylaxis of close contacts of infected persons are different than those that apply to persons who meet bird or other animal exposure criteria. Post-exposure prophylaxis of close contacts of a person with HPAI A(H5N1) virus infection is recommended with oseltamivir twice daily (treatment dosing) instead of the once daily pre-exposure prophylaxis dosing. For detailed guidance, please see [Interim Guidance on Follow-up of Close Contacts of Persons Infected with Novel Influenza A Viruses and Use of Antiviral Medications for Chemoprophylaxis](#).

Vaccination

No human vaccines for prevention of HPAI A(H5N1) virus infection are currently available in the United States. Seasonal influenza vaccines do not provide any protection against human infection with HPAI A(H5N1) viruses.

For More Information

- [Information on Bird Flu](#)
- [Human Infection with Avian Influenza A Virus: Information for Health Professionals and Laboratorians](#)
- [Case Definitions for Investigations of Human Infection with Avian Influenza A Viruses in the United States](#)

- [Interim Guidance on Testing and Specimen Collection for Patients with Suspected Infection with Novel Influenza A Viruses with the Potential to Cause Severe Disease in Humans](#)
- [Brief Summary for Clinicians: Evaluating and Managing Patients Exposed to Birds Infected with Avian Influenza A Viruses of Public Health Concern](#)
- [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](#)
- [Interim Guidance on the Use of Antiviral Medications for Treatment of Human Infections with Novel Influenza A Viruses Associated with Severe Human Disease](#)
- [Interim Guidance on Influenza Antiviral Chemoprophylaxis of Persons Exposed to Birds with Avian Influenza A Viruses Associated with Severe Human Disease or with the Potential to Cause Severe Human Disease](#)
- [Interim Guidance on Follow-up of Close Contacts of Persons Infected with Novel Influenza A Viruses and Use of Antiviral Medications for Chemoprophylaxis](#)
- [General information about avian influenza viruses and how they spread](#)
- [Recommendations for Worker Protection and Use of Personal Protective Equipment \(PPE\) to Reduce Exposure to Novel Influenza A Viruses Associated with Severe Disease in Humans](#)
- [Past Outbreaks of Avian Influenza in North America](#)
- [Transmission of Avian Influenza A Viruses Between Animals and People](#)
- [H5 Viruses in the United States](#)
- [General information about Avian Influenza viruses in birds](#)
- [Avian Influenza: Information for Health Professionals and Laboratorians](#)
- [Reported Human Infections with Avian Influenza A Viruses](#)
- [Guidance on Testing and Specimen Collection for Patients with Suspected Infection with Novel Influenza A Viruses with the Potential to Cause Severe Disease in Humans](#)
- [CDC Healthy Pets, Healthy People](#)
 - [Farm Animals | Healthy Pets, Healthy People | CDC - webpage](#)
 - [Backyard Poultry | Healthy Pets, Healthy People](#)
 - [Stay Healthy When Working with Farm Animals](#) - PDF

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From: Shahpar, Cyrus G. EOP/OPPR
Sent: Sat, 20 Apr 2024 21:30:03 +0000
To: Daskalakis, Demetre (CDC/NCIRD/OD); Boucher, David (ASPR)
Cc: Dugan, Vivien (CDC/NCIRD/ID)
Subject: RE: Human Case definition

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Thanks!

From: Daskalakis, Demetre (CDC/NCIRD/OD) <yzq5@cdc.gov>
Sent: Saturday, April 20, 2024 4:19 PM
To: Shahpar, Cyrus G. EOP/OPPR (b)(6) Boucher, David (ASPR)
<David.Boucher@hhs.gov>
Cc: Dugan, Vivien (CDC/NCIRD/ID) <lvy1@cdc.gov>
Subject: Human Case definition

[Case Definitions for Investigations of Human Infection with Avian Influenza A Viruses in the United States \(cdc.gov\)](#)

Case Definitions

Human Infection with Avian Influenza Virus Case Definitions

Confirmed Case:

Avian influenza A virus infection in a person that is confirmed by CDC's Influenza Division Laboratory or a CDC designated laboratory using methods mutually agreed upon by CDC and the Council of State and Territorial Epidemiologists (CSTE).

Suspected Case (also called Case Under Investigation):

A person meeting criteria for avian influenza A virus infection below and for whom confirmatory laboratory test results are unknown or pending.

Probable Case:

A person meeting criteria for avian influenza A virus infection below and **for whom laboratory test results do not provide a sufficient level of detail to confirm HPAI A H5 virus infection.**

Criteria for Avian Influenza A Virus Testing

Testing should be performed on persons who meet Epidemiologic criteria **AND either Clinical OR Public Health Response criteria.**

Epidemiologic Criteria

Persons with recent exposure (within 10 days) to avian influenza A viruses through one of the following:

- **Exposure to A(H5), A(H7), or A(H9) virus infected birds** is defined as follows:
 - Close exposure (within 2 meters) to birds, with confirmed avian influenza A virus infection by A(H5), A(H7), or A(H9) viruses. Bird exposures can include, but are not limited to handling, slaughtering, defeathering, butchering, culling, or preparation of birds for consumption; **OR**
 - Direct contact with surfaces contaminated with feces or bird parts (e.g., carcasses, internal organs) from infected birds; **OR**
 - Visiting a live poultry market with confirmed bird infections or associated with a case of human infection with avian influenza A virus.
- **Exposure to an infected person** – Close (within 2 meters) unprotected (without use of respiratory and eye protection) exposure to a person who is a confirmed, probable, or symptomatic suspected case of human infection with avian influenza A virus (e.g. in a household or healthcare facility).
- **Laboratory exposure** – Unprotected (without use of respiratory and eye protection) exposure to avian influenza A virus in a laboratory.

Clinical Criteria

Persons with signs and symptoms consistent with acute or lower respiratory tract infection or conjunctivitis, or complications of acute respiratory illness without an identified cause. Examples include but are not limited to:

- Mild flu-like illness (cough, sore throat, fever or feeling feverish, rhinorrhea, fatigue, myalgia, arthralgia, headache) or conjunctivitis (red eye, discharge from eye)
- Moderate to severe illness: shortness of breath or difficulty breathing, altered mental status, seizures
- Complications: pneumonia, respiratory failure, acute respiratory distress syndrome, multi-organ failure, meningoencephalitis

Demetre C. Daskalakis, M.D., M.P.H. (he/his)

Director

National Center for Immunization and Respiratory Diseases

Centers for Disease Control and Prevention

1600 Clifton Road, NE

Atlanta, GA 30329-4027

Email: ddaskalakis@cdc.gov or yzq5@cdc.gov

Special Assistant: Elizabeth Hardister prz8@cdc.gov

Executive Assistant: Darrell Grier ung9@cdc.gov

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Sent: Thu, 18 Apr 2024 23:26:03 +0000
To: Olsen, Sonja (CDC/NCIRD/ID); Reed, Jasmine (CDC/IOD/OC); Denty, Robert (RED) (CDC/NCIRD/ID); Reed, Carrie (CDC/NCIRD/ID); Kniss, Krista (CDC/NCIRD/ID); Richmond-Crum, Malia (CDC/NCIRD/ID); Uyeki, Timothy M. (CDC/NCIRD/ID); Budd, Alicia (CDC/NCIRD/ID); Stevens, James (CDC/NCIRD/ID); Jhung, Michael (CDC/NCIRD/ID)
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 [H5N1 Flu.docx](#)

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H5N1 Flu
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(b)(5)

Related, is there an instance or circumstance in which CDC could mandate testing, not that the agency would?

Would that be a state decision, to require testing of all exposed workers?

Or would it have to be a condition of employment specified by the dairy owners?

Also, is CDC considering expanding surveillance by increasing the number of human influenza samples that are PCR-positive by genotyping them weekly at public health labs?

(b)(5)

(b)(5)

How difficult would it be to see if there are any H5N1-positive tests in those collected samples?

(b)(5)

Thank you,

Jasmine Reed
Public Affairs Specialist
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention
(404) 754-7385

From: Daskalakis, Demetre (CDC/NCIRD/OD)
Sent: Wed, 17 Apr 2024 17:35:32 +0000
To: Reed, Jasmine (CDC/IOD/OC); Olsen, Sonja (CDC/NCIRD/ID); Denty, Robert (RED) (CDC/NCIRD/ID); Burns, Erin (CDC/NCIRD/ID); Davis, Charles (Todd) (CDC/NCIRD/ID); Barnes, John R. (CDC/NCIRD/ID); Kniss, Krista (CDC/NCIRD/ID); Budd, Alicia (CDC/NCIRD/ID)
Cc: Richmond-Crum, Malia (CDC/NCIRD/ID); Reed, Carrie (CDC/NCIRD/ID); Dugan, Vivien (CDC/NCIRD/ID)
Subject: RE: Media Request: Follow Up from NY Times

Thx!

Demetre C. Daskalakis, M.D., M.P.H. (he/his)

Director
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, GA 30329-4027
Email: ddaskalakis@cdc.gov or yzq5@cdc.gov
Special Assistant: Elizabeth Hardister prz8@cdc.gov
Executive Assistant: Darrell Grier ung9@cdc.gov

From: Reed, Jasmine (CDC/IOD/OC) <pvz1@cdc.gov>
Sent: Wednesday, April 17, 2024 1:31 PM
To: Daskalakis, Demetre (CDC/NCIRD/OD) <yzq5@cdc.gov>; Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>; Denty, Robert (RED) (CDC/NCIRD/ID) <otl1@cdc.gov>; Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>; Davis, Charles (Todd) (CDC/NCIRD/ID) <eoou8@cdc.gov>; Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>; Kniss, Krista (CDC/NCIRD/ID) <krk9@cdc.gov>; Budd, Alicia (CDC/NCIRD/ID) <acp4@cdc.gov>
Cc: Richmond-Crum, Malia (CDC/NCIRD/ID) <jrv8@cdc.gov>; Reed, Carrie (CDC/NCIRD/ID) <ggj2@cdc.gov>; Dugan, Vivien (CDC/NCIRD/ID) <lny1@cdc.gov>
Subject: Re: Media Request: Follow Up from NY Times

Yes, I will get this to them.

Thank you,

Jasmine Reed
Public Affairs Specialist
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention
(404) 754-7385

From: Daskalakis, Demetre (CDC/NCIRD/OD) <yzq5@cdc.gov>
Sent: Wednesday, April 17, 2024 12:30:03 PM
To: Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>; Reed, Jasmine (CDC/IOD/OC) <pvz1@cdc.gov>;

Denty, Robert (RED) (CDC/NCIRD/ID) <otl1@cdc.gov>; Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>;
Davis, Charles (Todd) (CDC/NCIRD/ID) <eo8@cdc.gov>; Barnes, John R. (CDC/NCIRD/ID)
<fzq9@cdc.gov>; Kniss, Krista (CDC/NCIRD/ID) <krk9@cdc.gov>; Budd, Alicia (CDC/NCIRD/ID)
<acp4@cdc.gov>
Cc: Richmond-Crum, Malia (CDC/NCIRD/ID) <jrv8@cdc.gov>; Reed, Carrie (CDC/NCIRD/ID)
<ggi2@cdc.gov>; Dugan, Vivien (CDC/NCIRD/ID) <lny1@cdc.gov>
Subject: RE: Media Request: Follow Up from NY Times

Thanks! Will this go to OC then?

D

Demetre C. Daskalakis, M.D., M.P.H. (he/his)

Director

National Center for Immunization and Respiratory Diseases

Centers for Disease Control and Prevention

1600 Clifton Road, NE

Atlanta, GA 30329-4027

Email: ddaskalakis@cdc.gov or yq5@cdc.gov

Special Assistant: Elizabeth Hardister prz8@cdc.gov

Executive Assistant: Darrell Grier ung9@cdc.gov

From: Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>

Sent: Wednesday, April 17, 2024 1:18 PM

To: Reed, Jasmine (CDC/IOD/OC) <pvt1@cdc.gov>; Denty, Robert (RED) (CDC/NCIRD/ID)
<otl1@cdc.gov>; Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>; Davis, Charles (Todd) (CDC/NCIRD/ID)
<eo8@cdc.gov>; Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>; Kniss, Krista (CDC/NCIRD/ID)
<krk9@cdc.gov>; Budd, Alicia (CDC/NCIRD/ID) <acp4@cdc.gov>

Cc: Richmond-Crum, Malia (CDC/NCIRD/ID) <jrv8@cdc.gov>; Reed, Carrie (CDC/NCIRD/ID)
<ggi2@cdc.gov>; Dugan, Vivien (CDC/NCIRD/ID) <lny1@cdc.gov>; Daskalakis, Demetre (CDC/NCIRD/OD)
<yq5@cdc.gov>

Subject: RE: Media Request: Follow Up from NY Times

+Demetre and Vivien

Hi – We were asked to add the number of people tested in the states. Here is the revised answer.

How many people have been tested so far? What is the estimated denominator for the number of people working in these farms? What is our testing capacity and turnaround times?

(b)(5)

Thanks,
Sonja

From: Reed, Jasmine (CDC/IOD/OC) <pvz1@cdc.gov>
Sent: Tuesday, April 16, 2024 2:41 PM
To: Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>; Denty, Robert (RED) (CDC/NCIRD/ID) <otl1@cdc.gov>; Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>; Davis, Charles (Todd) (CDC/NCIRD/ID) <eou8@cdc.gov>; Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>; Kniss, Krista (CDC/NCIRD/ID) <krk9@cdc.gov>; Budd, Alicia (CDC/NCIRD/ID) <acp4@cdc.gov>
Cc: Richmond-Crum, Malia (CDC/NCIRD/ID) <jrv8@cdc.gov>; Reed, Carrie (CDC/NCIRD/ID) <ggi2@cdc.gov>
Subject: RE: Media Request: Follow Up from NY Times

Thank you.

Erin, please let me know if you are good on your end.

From: Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>
Sent: Tuesday, April 16, 2024 2:28 PM
To: Denty, Robert (RED) (CDC/NCIRD/ID) <otl1@cdc.gov>; Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>;
Davis, Charles (Todd) (CDC/NCIRD/ID) <eou8@cdc.gov>; Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>; Kniss, Krista (CDC/NCIRD/ID) <krk9@cdc.gov>; Budd, Alicia (CDC/NCIRD/ID) <acp4@cdc.gov>
Cc: Richmond-Crum, Malia (CDC/NCIRD/ID) <jrv8@cdc.gov>; Reed, Carrie (CDC/NCIRD/ID) <ggi2@cdc.gov>; Reed, Jasmine (CDC/IOD/OC) <pvz1@cdc.gov>
Subject: RE: Media Request: Follow Up from NY Times

I think this is done.

From: Denty, Robert (RED) (CDC/NCIRD/ID) <otl1@cdc.gov>
Sent: Tuesday, April 16, 2024 12:30 PM
To: Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>; Davis, Charles (Todd) (CDC/NCIRD/ID) <eou8@cdc.gov>; Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>; Kniss, Krista (CDC/NCIRD/ID) <krk9@cdc.gov>; Budd, Alicia (CDC/NCIRD/ID) <acp4@cdc.gov>
Cc: Richmond-Crum, Malia (CDC/NCIRD/ID) <jrv8@cdc.gov>; Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>; Reed, Carrie (CDC/NCIRD/ID) <ggi2@cdc.gov>; Reed, Jasmine (CDC/IOD/OC) <pvz1@cdc.gov>
Subject: Re: Media Request: Follow Up from NY Times

Here is a sharepoint link if folks want to make any edits there:  [NYT Followup1.docx](#)

From: Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>
Sent: Tuesday, April 16, 2024 12:21 PM
To: Davis, Charles (Todd) (CDC/NCIRD/ID) <eou8@cdc.gov>; Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>; Kniss, Krista (CDC/NCIRD/ID) <krk9@cdc.gov>; Budd, Alicia (CDC/NCIRD/ID) <acp4@cdc.gov>
Cc: Richmond-Crum, Malia (CDC/NCIRD/ID) <jrv8@cdc.gov>; Olsen, Sonja (CDC/NCIRD/ID)

<sco2@cdc.gov>; Reed, Carrie (CDC/NCIRD/ID) <ggj2@cdc.gov>; Denty, Robert (RED) (CDC/NCIRD/ID)

<otl1@cdc.gov>; Reed, Jasmine (CDC/IOD/OC) <pvz1@cdc.gov>

Subject: FW: Media Request: Follow Up from NY Times

Can you help with this follow up from NYT?

1. *Are there updates to the rules for swine farms, considering the risk of infected workers with mild illness moving between jobs?*

(b)(5)

2. *What is the testing capacity and turnaround times? (I assume you handle human testing and USDA the bovine testing? Or is that incorrect?)*

(b)(5)

3- *How many people have been tested so far? What is the estimated denominator for the number of people working in these farms? What is our testing capacity and turnaround times?*

From: Reed, Jasmine (CDC/IOD/OC) <pvz1@cdc.gov>

Sent: Tuesday, April 16, 2024 11:57 AM

To: Burns, Erin (CDC/NCIRD/ID) <eub5@cdc.gov>; Denty, Robert (RED) (CDC/NCIRD/ID) <otl1@cdc.gov>

Subject: Media Request: Follow Up from NY Times

Importance: High

Hi Erin and RED,

Demetre had an interview Friday with New York Times. There are follow up questions that OC and IOD would like us to answer. Please note that I need this back by 1 PM (or sooner). Apologies for the quick turnaround needed.

- 1- *Are there updates to the rules for swine farms, considering the risk of infected workers with mild illness moving between jobs?*

- 2- *What is the testing capacity and turnaround times? (I assume you handle human testing and USDA the bovine testing? Or is that incorrect?)*

- 3- *How many people have been tested so far? What is the estimated denominator for the number of people working in these farms? What is our testing capacity and turnaround times?*

Thanks,

Jasmine Reed
Public Affairs Specialist
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention
(404)754-7385

From: Uyeki, Timothy M. (CDC/NCIRD/ID)
Sent: Thu, 25 Apr 2024 14:02:43 +0000
To: Barton Behravesh, Casey (CDC/NCEZID/OD)
Subject: RE: (b)(6) Family - Flu A positive seeking H5N1 testing

Not that I can think of unfortunately

From: Barton Behravesh, Casey (CDC/NCEZID/OD) <dlx9@cdc.gov>
Sent: Thursday, April 25, 2024 10:00 AM
To: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>
Subject: RE: (b)(6) Family - Flu A positive seeking H5N1 testing

Thanks. Any discussions on a one pager in English/Spanish for farm workers with symptoms to look out for, avoid pepto, where to go to get tested, etc? these guys aren't likely looking at a CDC website. Just trying to think of ways to get messaging out to them.

Casey

Restricted Use/Recipients Only

From: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>
Sent: Thursday, April 25, 2024 9:52 AM
To: Barton Behravesh, Casey (CDC/NCEZID/OD) <dlx9@cdc.gov>
Subject: RE: (b)(6) Family - Flu A positive seeking H5N1 testing

Hi Casey – I have not seen any such messaging about Pepto-Bismol from CDC – but we do say in general to avoid salicylates with influenza. Here are two examples:

<https://www.cdc.gov/vaccines/pubs/surv-manual/chpt06-influenza.html#f1>

Disease Description

Influenza is an acute respiratory disease caused by infection with influenza viruses. The incubation period ranges from 1 to 4 days. Peak virus shedding usually occurs from 1 day before onset of symptoms to 3 days after. Typical features of influenza include abrupt onset of fever and respiratory symptoms such as cough (usually nonproductive), sore throat, and coryza, as well as systemic symptoms such as headache, muscle aches, and fatigue. The clinical severity of infection can range from asymptomatic illness to primary viral pneumonia and death. Acute symptoms generally last 2–7 days, although malaise and cough may continue for 2 weeks or longer. Complications of influenza infection include secondary bacterial pneumonia and exacerbation of underlying chronic health conditions. Complications occurring in children can include otitis media, febrile seizures, encephalopathy, transverse myelitis,

myositis, myocarditis, pericarditis, and Reye syndrome.^[1–5] Aspirin and other salicylate-containing medications are contraindicated for children and adolescents with influenza-like illness, as their use during influenza infection has been associated with the development of Reye syndrome.

<https://www.cdc.gov/flu/professionals/acip/clinical.htm#:~:text=Reye%20syndrome%20is%20associated%20with,was%20recommended%20against%20in%201982>.

Complications

Influenza virus infection of the respiratory tract can cause a wide range of complications that can result in severe disease. Certain people are at increased risk for complications from influenza. In young children, otitis media and respiratory complications such as croup, bronchiolitis, and tracheitis can occur. Other complications in children include cardiac (myocarditis and pericarditis), musculoskeletal (severe myositis), and neurologic (encephalopathy, encephalitis, transverse myelitis, and acute disseminated encephalomyelitis). Reye syndrome is associated with influenza (more common with influenza B than influenza A virus infections) and salicylate exposure; however Reye syndrome with influenza is very rare since aspirin use in children with influenza or varicella was recommended against in 1982. In people of all ages, influenza can result in dehydration, and exacerbation of underlying chronic medical conditions (e.g. heart failure, myocardial infarction, cerebrovascular accident, diabetes, chronic obstructive pulmonary disease, asthma). Both primary influenza viral pneumonia and secondary invasive bacterial pneumonia (most commonly with *Streptococcus pneumoniae*, *Staphylococcus aureus*, methicillin-sensitive or methicillin-resistant, and group A *Streptococcus*) can lead to acute lung injury, respiratory failure, acute respiratory distress syndrome, septic shock, and multi-organ failure. Invasive infection with *Neisseria meningitidis* resulting in meningococcemia and meningitis can follow influenza.

Restricted Use/Recipients Only

From: Barton Behravesh, Casey (CDC/NCEZID/OD) <dlx9@cdc.gov>

Sent: Thursday, April 25, 2024 9:46 AM

To: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>

Subject: RE: (b)(6) Family - Flu A positive seeking H5N1 testing

Thanks, Tim (b)(5) Appreciate it and will pass along some info. Does CDC have any messaging on not using Pepto-Bismol at all?

Casey

Restricted Use/Recipients Only

From: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>
Sent: Thursday, April 25, 2024 9:41 AM
To: Barton Behravesh, Casey (CDC/NCEZID/OD) <dlx9@cdc.gov>
Subject: RE: (b)(6) Family - Flu A positive seeking H5N1 testing

Hi Casey – thanks for sharing. (b)(5)

(b)(5)

Thanks,
Tim

Restricted Use/Recipients Only

From: Barton Behravesh, Casey (CDC/NCEZID/OD) <dlx9@cdc.gov>
Sent: Thursday, April 25, 2024 8:52 AM
To: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>
Subject: (b)(6) Family - Flu A positive seeking H5N1 testing

Tim,

See below for the family in (b)(6) that I told you about. Thanks for looking into this. One of our trusted farm vets is connected with this family. From what I have been told, the family lives in (b)(6) had contact with chicks, (b)(6) and illness spread throughout the family. Several of them were at the

ER last night and have tested positive for Influenza A. The conjunctivitis and epistaxis is strange. I have a photo of the baby if you want to see it. They tried to ask for H5N1 testing but ER told them it was too expensive and they would have to get ID to sign off and declined. Trusted farm vet concerned that if someone with a medical background can't navigate testing, how can the farm workers who don't speak English? The bird exposures in (b)(6) were to numerous types of wild birds (b)(6) exposure. It would be great to write back with something.

Casey

Restricted Use/Recipients Only

From:

Sent: Thursday, April 25, 2024 7:51 AM

To: Barton Behravesh, Casey (CDC/NCEZID/OD) <dlx9@cdc.gov>

Cc: angelabutler4@me.com

Subject: Fwd: Flu A positive

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Doc,

Please see (b)(6) e-mail below. (b)(6) explicitly requested H5N1 typing at (b)(6) in (b)(6) and was turned down and her daughter sent home. She plans to call the health department today to request H5N1 testing on her flu-positive child. Please forward along to your internal MDs as you see fit. Her number is below.

(b)(6) who speaks fluid English, asked for H5N1 testing and it was rejected at the ER. Honestly, how can we expect the health systems to even remotely consider this an option with a guy like Juan or Jose who comes in and speaks zero English at all? We don't know what we don't test for.....

Feel free to let us know if you need additional information.

----- Forwarded message -----

From: (b)(6)

Date: Wednesday, April 24, 2024

Subject: Flu A positive

To: (b)(6)

Hello,

Thank you for your work and inquiring about our most recent Flu A diagnosis.

April 3 we were gifted 4 baby chickens. All 4 children (b) (6) (b) (6) had exposure to them on April 3rd only.

April 13 (b) (6) was febrile.

April 14 We all left for (b) (6)

April 15 (b) (6) febrile, complains of stomach pains, knees to chest in hotel room in (b) (6) Went to (b) (6) positive flu A (see screenshot attached)

April 16 arrived at (b) (6) febrile

April 17 (b) (6) febrile. (b) (6) (husband) flu-like symptoms

April 18 (b) (6) febrile. (b) (6) epistaxis

April 19 left (b) (6) because of illness. Rented condo in (b) (6) febrile

April 20 (b) (6) febrile. Started Motrin

April 21 (b) (6) febrile

April 22 (b) (6) epistaxis. Stopped Motrin. Leave (b) (6)

April 23 (b) (6) epistaxis multiple times

April 24 (b) (6) epistaxis multiple times. Coffee ground stool. Positive occult blood. Positive flu A. (See attached screenshot) ER will not run h5n1 test.

Please advise,

(b) (6)

Disclaimer: This e-mail (including any attachments) is for the intended addressee(s) only and may contain confidential and/or proprietary information protected by law. You are hereby notified that any unauthorized reading, disclosure, copying or distribution of this e-mail or use of information herein is strictly prohibited. If you are not an intended recipient, you should delete this e-mail immediately. Thank you. Your personal data will be processed in accordance with our [privacy policy](#).

From: Olsen, Sonja (CDC/NCIRD/ID)
Sent: Tue, 23 Apr 2024 19:50:34 +0000
To: CDC IMS 2024 Influenza A/H5N1 Response CoS; Uyeki, Timothy M. (CDC/NCIRD/ID); Reed, Carrie (CDC/NCIRD/ID); Byrkit, Ramona (CDC/IOD/ORR/DSLR); Ruth, Laird (CDC/IOD/ORR/DSLR)
Cc: Barnes, John R. (CDC/NCIRD/ID); Kniss, Krista (CDC/NCIRD/ID)
Subject: RE: Question from Nirav

This is complete. Please proceed.

Sonja

From: CDC IMS 2024 Influenza A/H5N1 Response CoS <eocevent289@cdc.gov>
Sent: Tuesday, April 23, 2024 3:05 PM
To: Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>; Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>; Reed, Carrie (CDC/NCIRD/ID) <ggj2@cdc.gov>; Byrkit, Ramona (CDC/IOD/ORR/DSLR) <gpa1@cdc.gov>; Ruth, Laird (CDC/IOD/ORR/DSLR) <cqe3@cdc.gov>
Cc: Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>; Kniss, Krista (CDC/NCIRD/ID) <krk9@cdc.gov>
Subject: Re: Question from Nirav

Acknowledged.

All. Please confirm with this team that the task is complete. We will then report back to Brandi completion.

vr
Chris Ionta

Chief of Staff Team
[Chris Ionta, Bryan Johnson, Ben Walker, and Grace Wanyeki]
2024 Influenza A (H5N1) Response
National Center for Immunization and Respiratory Diseases (NCIRD)
Centers for Disease Control and Prevention (CDC)
eocevent289@cdc.gov

From: Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>
Sent: Tuesday, April 23, 2024 2:52 PM
To: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>; CDC IMS 2024 Influenza A/H5N1 Response CoS <eocevent289@cdc.gov>; Reed, Carrie (CDC/NCIRD/ID) <ggj2@cdc.gov>; Byrkit, Ramona (CDC/IOD/ORR/DSLR) <gpa1@cdc.gov>; Ruth, Laird (CDC/IOD/ORR/DSLR) <cqe3@cdc.gov>
Cc: Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>; Kniss, Krista (CDC/NCIRD/ID) <krk9@cdc.gov>
Subject: RE: Question from Nirav

+Krista

Thanks, Tim. This is great. Once John has a look or gives the thumbs up then Krista can send to flu coordinator in TX as per Nirav's request (to get back to the "prominent physician in Texas").

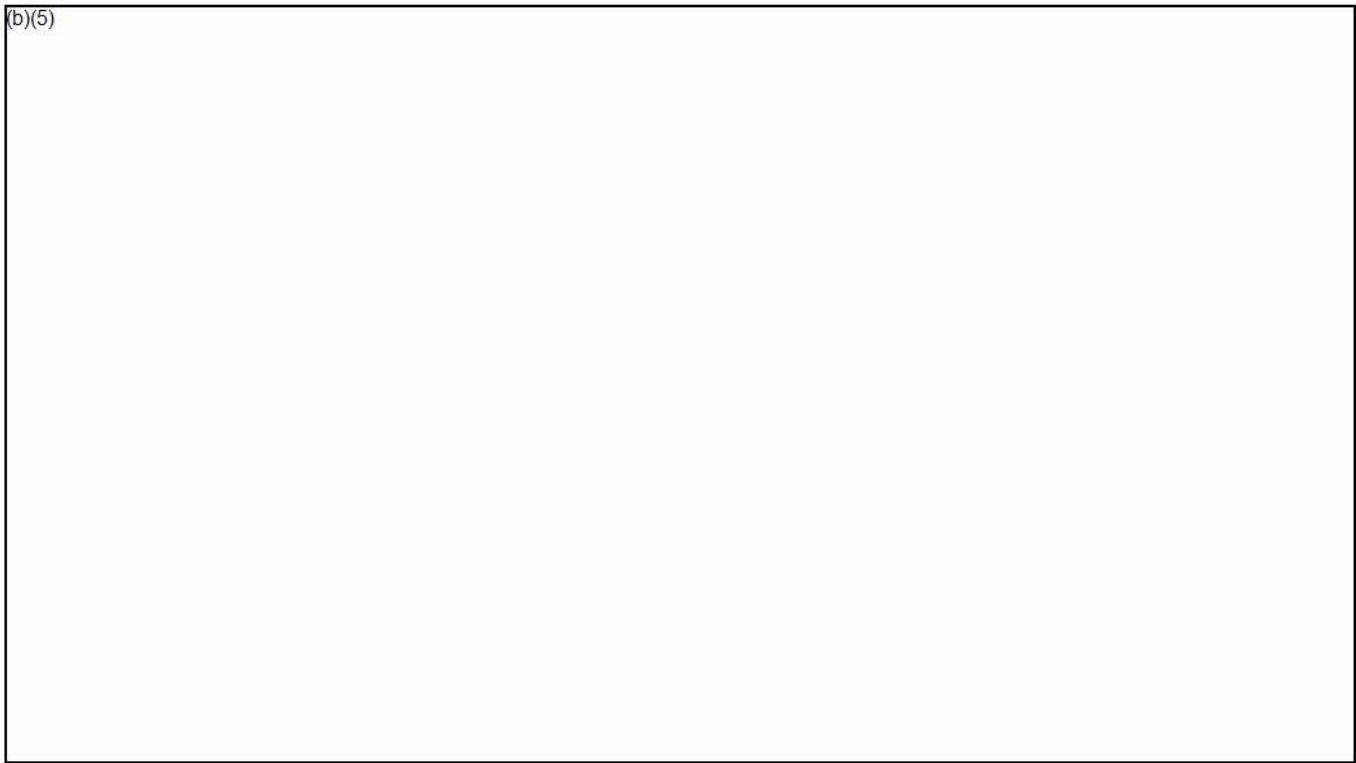
CoS – when done, can you also send back to Brandi, tell her this is done.

Thanks,
Sonja

From: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>
Sent: Tuesday, April 23, 2024 2:46 PM
To: Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>; CDC IMS 2024 Influenza A/H5N1 Response CoS <eocevent289@cdc.gov>; Reed, Carrie (CDC/NCIRD/ID) <ggi2@cdc.gov>; Byrkit, Ramona (CDC/IOD/ORR/DSLR) <gpa1@cdc.gov>; Ruth, Laird (CDC/IOD/ORR/DSLR) <cqe3@cdc.gov>
Cc: Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>
Subject: RE: Question from Nirav

My response (John can edit) is:

(b)(5)



Thanks,
Tim

From: Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>
Sent: Tuesday, April 23, 2024 2:01 PM
To: CDC IMS 2024 Influenza A/H5N1 Response CoS <eocevent289@cdc.gov>; Reed, Carrie (CDC/NCIRD/ID) <ggi2@cdc.gov>; Byrkit, Ramona (CDC/IOD/ORR/DSLR) <gpa1@cdc.gov>; Ruth, Laird (CDC/IOD/ORR/DSLR) <cqe3@cdc.gov>
Cc: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>; Barnes, John R. (CDC/NCIRD/ID)

<fzq9@cdc.gov>

Subject: RE: Question from Nirav

Please task to Tim and John. Thanks.

From: CDC IMS 2024 Influenza A/H5N1 Response CoS <eocevent289@cdc.gov>
Sent: Tuesday, April 23, 2024 1:32 PM
To: Reed, Carrie (CDC/NCIRD/ID) <ggj2@cdc.gov>; Byrkit, Ramona (CDC/IOD/ORR/DSLR) <qpa1@cdc.gov>; Ruth, Laird (CDC/IOD/ORR/DSLR) <cqe3@cdc.gov>
Cc: Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>
Subject: Fw: Question from Nirav

This is for your awareness. We are unclear as to who will answer this question to the requester.

Chief of Staff Team

[Chris Ionta, Bryan Johnson, Ben Walker, and Grace Wanyeki]

2024 Influenza A (H5N1) Response

National Center for Immunization and Respiratory Diseases (NCIRD)

Centers for Disease Control and Prevention (CDC)

eocevent289@cdc.gov

From: Limbago, Brandi (CDC/NCIRD/OD) <bbi7@cdc.gov>

Sent: Tuesday, April 23, 2024 12:22 PM

To: CDC IMS 2024 Influenza A/H5N1 Response CoS <eocevent289@cdc.gov>

Cc: Dugan, Vivien (CDC/NCIRD/ID) <lny1@cdc.gov>

Subject: Question from Nirav

Hi, we had a meeting today with Nirav, who tasked us with responding to a question from a prominent physician in Texas. This answer should go back via the TX flu coordinator, as Nirav said he was directing the asker to that resource.

The question is- will rapid flu tests detect H5 influenza? And the answer is Yes, although they are not as sensitive as pcr assays, rapid antigen tests can detect all influenza a strains , including H5, when performed correctly and according the the instructions for use.

Thx, Brandi

Get [Outlook for iOS](#)

From: Kniss, Krista (CDC/NCIRD/ID)
Sent: Tue, 23 Apr 2024 20:38:45 +0000
To: Olsen, Sonja (CDC/NCIRD/ID); Barnes, John R. (CDC/NCIRD/ID); Uyeki, Timothy M. (CDC/NCIRD/ID); CDC IMS 2024 Influenza A/H5N1 Response CoS; Reed, Carrie (CDC/NCIRD/ID); Byrkit, Ramona (CDC/IOD/ORR/DSLR); Ruth, Laird (CDC/IOD/ORR/DSLR)
Subject: RE: Question from Nirav

Provided the answer back to Emilio Gonzales TX Flu coordinator. He was unaware of anyone needing the below question answered.

From: Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>
Sent: Tuesday, April 23, 2024 4:02 PM
To: Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>; Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>; CDC IMS 2024 Influenza A/H5N1 Response CoS <eocevent289@cdc.gov>; Reed, Carrie (CDC/NCIRD/ID) <ggj2@cdc.gov>; Byrkit, Ramona (CDC/IOD/ORR/DSLR) <qpa1@cdc.gov>; Ruth, Laird (CDC/IOD/ORR/DSLR) <cqe3@cdc.gov>
Cc: Kniss, Krista (CDC/NCIRD/ID) <krk9@cdc.gov>
Subject: RE: Question from Nirav

Thanks – all, please use this one if you can.

Sonja

From: Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>
Sent: Tuesday, April 23, 2024 3:59 PM
To: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>; Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>; CDC IMS 2024 Influenza A/H5N1 Response CoS <eocevent289@cdc.gov>; Reed, Carrie (CDC/NCIRD/ID) <ggj2@cdc.gov>; Byrkit, Ramona (CDC/IOD/ORR/DSLR) <qpa1@cdc.gov>; Ruth, Laird (CDC/IOD/ORR/DSLR) <cqe3@cdc.gov>
Subject: RE: Question from Nirav

Some edits

From: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>
Sent: Tuesday, April 23, 2024 2:46 PM
To: Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>; CDC IMS 2024 Influenza A/H5N1 Response CoS <eocevent289@cdc.gov>; Reed, Carrie (CDC/NCIRD/ID) <ggj2@cdc.gov>; Byrkit, Ramona (CDC/IOD/ORR/DSLR) <qpa1@cdc.gov>; Ruth, Laird (CDC/IOD/ORR/DSLR) <cqe3@cdc.gov>
Cc: Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>
Subject: RE: Question from Nirav

My response (John can edit) is:

(b)(5)

(b)(5)

Thanks,

Tim

From: Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>
Sent: Tuesday, April 23, 2024 2:01 PM
To: CDC IMS 2024 Influenza A/H5N1 Response CoS <eocevent289@cdc.gov>; Reed, Carrie (CDC/NCIRD/ID) <ggj2@cdc.gov>; Byrkit, Ramona (CDC/IOD/ORR/DSLR) <gpa1@cdc.gov>; Ruth, Laird (CDC/IOD/ORR/DSLR) <cqe3@cdc.gov>
Cc: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>; Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>
Subject: RE: Question from Nirav

Please task to Tim and John. Thanks.

From: CDC IMS 2024 Influenza A/H5N1 Response CoS <eocevent289@cdc.gov>
Sent: Tuesday, April 23, 2024 1:32 PM
To: Reed, Carrie (CDC/NCIRD/ID) <ggj2@cdc.gov>; Byrkit, Ramona (CDC/IOD/ORR/DSLR) <gpa1@cdc.gov>; Ruth, Laird (CDC/IOD/ORR/DSLR) <cqe3@cdc.gov>
Cc: Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>
Subject: Fw: Question from Nirav

This is for your awareness. We are unclear as to who will answer this question to the requester.

Chief of Staff Team
[Chris Ionta, Bryan Johnson, Ben Walker, and Grace Wanyeki]

2024 Influenza A (H5N1) Response
National Center for Immunization and Respiratory Diseases (NCIRD)
Centers for Disease Control and Prevention (CDC)
eocevent289@cdc.gov

From: Limbago, Brandi (CDC/NCIRD/OD) <bbi7@cdc.gov>
Sent: Tuesday, April 23, 2024 12:22 PM
To: CDC IMS 2024 Influenza A/H5N1 Response CoS <eocevent289@cdc.gov>
Cc: Dugan, Vivien (CDC/NCIRD/ID) <lny1@cdc.gov>
Subject: Question from Nirav

Hi, we had a meeting today with Nirav, who tasked us with responding to a question from a prominent physician in Texas. This answer should go back via the TX flu coordinator, as Nirav said he was directing the asker to that resource.

The question is- will rapid flu tests detect H5 influenza? And the answer is Yes, although they are not as sensitive as pcr assays, rapid antigen tests can detect all influenza a strains , including H5, when performed correctly and according the the instructions for use.

Thx, Brandi

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From: Kondor, Rebecca J. (CDC/NCIRD/ID)
Sent: Mon, 8 Apr 2024 18:39:14 +0000
To: Barnes, John R. (CDC/NCIRD/ID); Uyeki, Timothy M. (CDC/NCIRD/ID); Davis, Charles (Todd) (CDC/NCIRD/ID); Stevens, James (CDC/NCIRD/ID); Olsen, Sonja (CDC/NCIRD/ID); Kniss, Krista (CDC/NCIRD/ID); Kirby, Marie (CDC/NCIRD/ID)
Cc: Dugan, Vivien (CDC/NCIRD/ID)
Subject: RE: Respiratory Virus Roundup 23-24:6 | Influenza A(H5) Guidance and Network Funding Opportunity

Thanks John [REDACTED] (b)(5)

From: Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>
Sent: Monday, April 8, 2024 2:27 PM
To: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>; Davis, Charles (Todd) (CDC/NCIRD/ID) <eou8@cdc.gov>; Stevens, James (CDC/NCIRD/ID) <fwb4@cdc.gov>; Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>; Kniss, Krista (CDC/NCIRD/ID) <krk9@cdc.gov>; Kirby, Marie (CDC/NCIRD/ID) <pbi0@cdc.gov>; Kondor, Rebecca J. (CDC/NCIRD/ID) <dqv5@cdc.gov>
Cc: Dugan, Vivien (CDC/NCIRD/ID) <lvy1@cdc.gov>
Subject: FW: Respiratory Virus Roundup 23-24:6 | Influenza A(H5) Guidance and Network Funding Opportunity

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(b)(5) [REDACTED]

Thanks,
John

From: Warren, Melissa <melissa.warren@aphl.org>
Sent: Friday, April 5, 2024 1:07 PM
To: Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>
Subject: Respiratory Virus Roundup 23-24:6 | Influenza A(H5) Guidance and Network Funding Opportunity

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RESPIRATORY VIRUS ROUNDUP

Association of Public Health Laboratories



Respiratory Virus Roundup 23–24:6 | *Influenza A(H5) Guidance and Network Funding Opportunity*

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Public health laboratories are encouraged to review influenza A(H5N1) [testing guidance](#), ensure they have in date testing kits available and connect with their State Veterinarian and State Agriculture department counterparts. Individuals that meet clinical and epidemiologic criteria for influenza A(H5N1) testing, should have a nasopharyngeal (NP) swab and a nasal swab combined with an oropharyngeal swab (e.g., two swabs combined into one viral transport media vial) collected. The individual that tested positive in Texas had conjunctivitis. Individuals with conjunctivitis should have both a conjunctival swab and NP swab collected. The CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel – Influenza A(H5) Assay does not have conjunctival swabs included as a specimen type. CDC is working on additional guidance related to conjunctival swabs. In the interim, it is imperative that paired conjunctival and NP swabs are collected if the individual being tested is experiencing conjunctivitis as a symptom.

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Links to Additional Information

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- [CDC Press Release](#)

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Association of Public Health Laboratories

7700 Wisconsin Avenue, Suite 1000 • Bethesda, MD 20814
P 240.485.2745 • F 240.485.2700



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From: Uyeki, Timothy M. (CDC/NCIRD/ID)
Sent: Mon, 8 Apr 2024 20:56:17 +0000
To: Kniss, Krista (CDC/NCIRD/ID); Barnes, John R. (CDC/NCIRD/ID); Davis, Charles (Todd) (CDC/NCIRD/ID); Olsen, Sonja (CDC/NCIRD/ID); Stevens, James (CDC/NCIRD/ID); Kirby, Marie (CDC/NCIRD/ID); Kondor, Rebecca J. (CDC/NCIRD/ID)
Cc: Dugan, Vivien (CDC/NCIRD/ID)
Subject: RE: Respiratory Virus Roundup 23-24:6 | Influenza A(H5) Guidance and Network Funding Opportunity

Good suggestions

From: Kniss, Krista (CDC/NCIRD/ID) <krk9@cdc.gov>
Sent: Monday, April 8, 2024 4:35 PM
To: Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>; Davis, Charles (Todd) (CDC/NCIRD/ID) <eou8@cdc.gov>; Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>; Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>; Stevens, James (CDC/NCIRD/ID) <fwb4@cdc.gov>; Kirby, Marie (CDC/NCIRD/ID) <pbi0@cdc.gov>; Kondor, Rebecca J. (CDC/NCIRD/ID) <dqv5@cdc.gov>
Cc: Dugan, Vivien (CDC/NCIRD/ID) <lny1@cdc.gov>
Subject: RE: Respiratory Virus Roundup 23-24:6 | Influenza A(H5) Guidance and Network Funding Opportunity

(b)(5)

From: Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>
Sent: Monday, April 8, 2024 4:21 PM
To: Davis, Charles (Todd) (CDC/NCIRD/ID) <eou8@cdc.gov>; Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>; Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>; Stevens, James (CDC/NCIRD/ID) <fwb4@cdc.gov>; Kniss, Krista (CDC/NCIRD/ID) <krk9@cdc.gov>; Kirby, Marie (CDC/NCIRD/ID) <pbi0@cdc.gov>; Kondor, Rebecca J. (CDC/NCIRD/ID) <dqv5@cdc.gov>
Cc: Dugan, Vivien (CDC/NCIRD/ID) <lny1@cdc.gov>
Subject: RE: Respiratory Virus Roundup 23-24:6 | Influenza A(H5) Guidance and Network Funding Opportunity

Thanks Todd.

From: Davis, Charles (Todd) (CDC/NCIRD/ID) <eou8@cdc.gov>
Sent: Monday, April 8, 2024 4:20 PM
To: Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>; Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>; Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>; Stevens, James (CDC/NCIRD/ID) <fwb4@cdc.gov>; Kniss, Krista (CDC/NCIRD/ID) <krk9@cdc.gov>; Kirby, Marie (CDC/NCIRD/ID) <pbi0@cdc.gov>; Kondor, Rebecca J. (CDC/NCIRD/ID) <dqv5@cdc.gov>

Cc: Dugan, Vivien (CDC/NCIRD/ID) <lny1@cdc.gov>
Subject: RE: Respiratory Virus Roundup 23-24:6 | Influenza A(H5) Guidance and Network Funding Opportunity

Hi John.

I suggest also adding the text in red that we included in the CDC interim guidance for sample collection for clarity about the paired NP and Conjunctival swab.

(b)(5)

Hopefully, labs will click on the CDC's interim guidance link that APHL included in their blast.
Todd

From: Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>
Sent: Monday, April 8, 2024 2:50 PM
To: Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>; Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>; Davis, Charles (Todd) (CDC/NCIRD/ID) <eou8@cdc.gov>; Stevens, James (CDC/NCIRD/ID) <fwb4@cdc.gov>; Kniss, Krista (CDC/NCIRD/ID) <krk9@cdc.gov>; Kirby, Marie (CDC/NCIRD/ID) <pbi0@cdc.gov>; Kondor, Rebecca J. (CDC/NCIRD/ID) <dqy5@cdc.gov>
Cc: Dugan, Vivien (CDC/NCIRD/ID) <lny1@cdc.gov>
Subject: RE: Respiratory Virus Roundup 23-24:6 | Influenza A(H5) Guidance and Network Funding Opportunity

Thanks Sonja.

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Sent: Monday, April 8, 2024 2:35 PM
To: Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>; Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>; Davis, Charles (Todd) (CDC/NCIRD/ID) <eou8@cdc.gov>; Stevens, James (CDC/NCIRD/ID) <fwb4@cdc.gov>; Kniss, Krista (CDC/NCIRD/ID) <krk9@cdc.gov>; Kirby, Marie (CDC/NCIRD/ID) <pbi0@cdc.gov>; Kondor, Rebecca J. (CDC/NCIRD/ID) <dqy5@cdc.gov>
Cc: Dugan, Vivien (CDC/NCIRD/ID) <lny1@cdc.gov>
Subject: RE: Respiratory Virus Roundup 23-24:6 | Influenza A(H5) Guidance and Network Funding Opportunity

Minor numbering correction below in purple

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Sent: Monday, April 8, 2024 2:27 PM
To: Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>; Davis, Charles (Todd) (CDC/NCIRD/ID) <eou8@cdc.gov>; Stevens, James (CDC/NCIRD/ID) <fwb4@cdc.gov>; Olsen, Sonja (CDC/NCIRD/ID) <sco2@cdc.gov>; Kniss, Krista (CDC/NCIRD/ID) <krk9@cdc.gov>; Kirby, Marie (CDC/NCIRD/ID) <pbi0@cdc.gov>; Kondor, Rebecca J. (CDC/NCIRD/ID) <dqy5@cdc.gov>

Cc: Dugan, Vivien (CDC/NCIRD/ID) <lny1@cdc.gov>

Subject: FW: Respiratory Virus Roundup 23-24:6 | Influenza A(H5) Guidance and Network Funding Opportunity

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(b)(5)

Thanks,
John

From: Warren, Melissa <melissa.warren@aphl.org>

Sent: Friday, April 5, 2024 1:07 PM

To: Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>

Subject: Respiratory Virus Roundup 23-24:6 | Influenza A(H5) Guidance and Network Funding Opportunity

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Association of Public Health Laboratories

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From: Uyeki, Timothy M. (CDC/NCIRD/ID)
Sent: Mon, 8 Apr 2024 18:57:25 +0000
To: Barnes, John R. (CDC/NCIRD/ID); Olsen, Sonja (CDC/NCIRD/ID); Davis, Charles (Todd) (CDC/NCIRD/ID); Stevens, James (CDC/NCIRD/ID); Kniss, Krista (CDC/NCIRD/ID); Kirby, Marie (CDC/NCIRD/ID); Kondor, Rebecca J. (CDC/NCIRD/ID)
Cc: Dugan, Vivien (CDC/NCIRD/ID)
Subject: RE: Respiratory Virus Roundup 23-24:6 | Influenza A(H5) Guidance and Network Funding Opportunity

Look good to me (I am responsible for the NP plus combined nasal and throat swabs to be collected. It may not be possible that they are all collected so we'll live with what can be collected. My only comment is that we should probably make it clear that for persons who ONLY have conjunctivitis, they need both a conjunctival swab and an NP swab collected | (b)(5)

(b)(5)

(b)(5)

Just clarify that if a patient **only has conjunctivitis without any respiratory symptoms**, then collect a conjunctival swab plus an NP swab.

Thanks,

Tim

From: Barnes, John R. (CDC/NCIRD/ID) <fzq9@cdc.gov>
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(b)(5)

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- Specimen Collection and Testing Guidance**

Public health laboratories are encouraged to review influenza A(H5N1) [testing guidance](#), ensure they have in date testing kits available and connect with their State Veterinarian and State Agriculture department counterparts. Individuals that meet clinical and epidemiologic criteria for influenza A(H5N1) testing, should have a nasopharyngeal (NP) swab and a nasal swab combined with an oropharyngeal swab (e.g., two swabs combined into one viral transport media vial) collected. The individual that tested positive in Texas had conjunctivitis. Individuals with conjunctivitis should have both a conjunctival swab and NP swab collected. The CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel – Influenza A(H5) Assay does not have conjunctival swabs included as a specimen type. CDC is working on additional guidance related to conjunctival swabs. In the interim, it is imperative that paired conjunctival and NP swabs are collected if the individual being tested is experiencing conjunctivitis as a symptom.

Specimens that test positive using the CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel – Influenza A(H5) Assay are considered presumptively positive and must be [sent to CDC for confirmation](#). A specimen is only presumptively positive for influenza A/H5 if all three targets (InfA, H5a and H5b) are positive. A result is inconclusive for A/H5 if the test is positive for InfA and has only one of the two H5 markers testing positive. Remember that any specimens that test positive for Influenza A are unsubtypable using the CDC kit should also be sent to CDC for further testing.

- Specimen Shipping of Presumptively Positive Specimens**

USDA has agreed that specimens that test presumptively positive may be shipped as Category B specimens until they are confirmed by CDC. Specimens that are to be shipped to CDC should be stored frozen (-20°C or lower) until shipped.

Links to Additional Information