

**From:** Daskalakis, Demetre (CDC/NCIRD/OD)  
**Sent:** Sun, 28 Apr 2024 23:43:36 +0000  
**To:** Limbago, Brandi (CDC/NCIRD/OD); Dugan, Vivien (CDC/NCIRD/ID)  
**Subject:** FW: H5 Testing Scale Up TB  
**Attachments:** H5 Test Scale Up 4\_28\_DCD.docx

(b)(5)

Someone should look at the heavy regulatory paragraph.

Demetre

**Demetre C. Daskalakis, M.D., M.P.H.** (he/his)  
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Special Assistant: Elizabeth Hardister [prz8@cdc.gov](mailto:prz8@cdc.gov)  
Executive Assistant: Darrell Grier [ung9@cdc.gov](mailto:ung9@cdc.gov)

---

**From:** Cohen, Mandy K. (CDC/IOD) <jbc7@cdc.gov>  
**Sent:** Sunday, April 28, 2024 5:08 PM  
**To:** Dugan, Vivien (CDC/NCIRD/ID) <lny1@cdc.gov>; Daskalakis, Demetre (CDC/NCIRD/OD) <yzq5@cdc.gov>; Shah, Nirav (CDC/IOD) <yyy8@cdc.gov>; Fristedt, Andi Lipstein (CDC/IOD) <lsa5@cdc.gov>  
**Cc:** Limbago, Brandi (CDC/NCIRD/OD) <bbi7@cdc.gov>; Wolff, Kate L. (CDC/IOD/OCS) <uqq9@cdc.gov>; Richmond-Crum, Malia (CDC/NCIRD/ID) <jrv8@cdc.gov>  
**Subject:** RE: H5 Testing Scale Up TB

Hi team –

Here is the narrative I put around the testing scale up chart. Can you check my simplification of the info to make sure I got it right?

Thanks!

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**From:** Dugan, Vivien (CDC/NCIRD/ID) <lny1@cdc.gov>  
**Sent:** Friday, April 26, 2024 6:52 PM  
**To:** Cohen, Mandy K. (CDC/IOD) <jbc7@cdc.gov>; Daskalakis, Demetre (CDC/NCIRD/OD) <yzq5@cdc.gov>; Shah, Nirav (CDC/IOD) <yyy8@cdc.gov>; Fristedt, Andi Lipstein (CDC/IOD) <lsa5@cdc.gov>  
**Cc:** Limbago, Brandi (CDC/NCIRD/OD) <bbi7@cdc.gov>; Wolff, Kate L. (CDC/IOD/OCS) <uqq9@cdc.gov>; Richmond-Crum, Malia (CDC/NCIRD/ID) <jrv8@cdc.gov>  
**Subject:** RE: H5 Testing Scale Up TB

Dr. Cohen:

Please see attached scale up table with additional information. Also pasted below.

I believe the contact information you requested has been provided but please let us know if that's not the case.

Thanks,  
Vivien

(b)(5)

-----Original Appointment-----

**From:** CDC Directors Schedule (CDC) <[cdcdirectorscheduling@cdc.gov](mailto:cdcdirectorscheduling@cdc.gov)>

**Sent:** Friday, April 26, 2024 1:20 PM

**To:** CDC Directors Schedule (CDC); CDC Directors Schedule (CDC); Dugan, Vivien (CDC/NCIRD/ID); Daskalakis, Demetre (CDC/NCIRD/OD); Shah, Nirav (CDC/IOD); Fristedt, Andi Lipstein (CDC/IOD)

**Cc:** Limbago, Brandi (CDC/NCIRD/OD); Wolff, Kate L. (CDC/IOD/OCS); Richmond-Crum, Malia (CDC/NCIRD/ID)

**Subject:** H5 Testing Scale Up TB

**When:** Friday, April 26, 2024 4:00 PM-4:15 PM (UTC-05:00) Eastern Time (US & Canada).

**Where:** Microsoft Teams Meeting

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(b)(6) United States (Toll-free)

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Phone conference ID: (b)(6)

For organizers: [Meeting options](#) | [Reset dial-in PIN](#)

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**From:** Limbago, Brandi (CDC/NCIRD/OD)  
**Sent:** Fri, 26 Apr 2024 21:33:23 +0000  
**To:** Daskalakis, Demetre (CDC/NCIRD/OD); Greco Kone, Rebecca (CDC/NCIRD/OD)  
**Subject:** FW: Influenza A(H5N1) Update 4: Influenza A/H5 testing, FAQs and Resources

FYSA

**From:** Becker, Scott <[scott.becker@aphl.org](mailto:scott.becker@aphl.org)>  
**Sent:** Friday, April 26, 2024 5:22 PM  
**To:** Limbago, Brandi (CDC/NCIRD/OD) <[bbl7@cdc.gov](mailto:bbl7@cdc.gov)>  
**Subject:** Influenza A(H5N1) Update 4: Influenza A/H5 testing, FAQs and Resources

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**Analysis.  
Answers.  
Action.**



## Influenza A(H5N1) Update 4

### **Influenza A/H5 Diagnostic Kit**

CDC has identified a manufacturing issue involving a recently manufactured lot of the CDC Influenza A/H5 Subtyping Kit. CDC detected decreased performance of the H5b target included in lot 220307 through ongoing quality control processes. At this time, the issue only impacts lot 220307.

CDC recommends discontinuing use of the H5b target and testing with InfA, H5a and RP targets. If a specimen is positive for InfA and H5a, that is considered a presumptive positive and should be sent to CDC for confirmatory testing.

CDC has issued a letter fully describing the issue to International Reagent Resource (IRR) contacts and Laboratory Directors. APHL held an urgent All Laboratory Director call on April 26 at 1:30 pm ET. A summary of that call will be shared next week.

### **FAQs and Resources**

APHL has consolidated the [frequently asked questions](#) from multiple sources and provided a list of important resources for HPAI.

## **Biosafety Considerations For Milk and Dairy Testing**

While there is ongoing work to characterize the HPAI virus strain found in dairy cows, much remains unknown at this time about the virus life cycle in cows and on the farm and its behavior in milk samples. Laboratories receiving raw or pre-processed milk samples for testing should re-examine safety considerations of working with these and other cattle-derived samples. An appropriate biosafety level for the specific procedures performed, including disposal of samples after testing is complete, should be determined in accordance with a biosafety risk assessment. APHL encourages public health laboratories to communicate with your state NAHNL laboratory counterparts and state GRADE 'A' Milk Sanitation personnel or federal liaisons to these programs for questions around H5N1 testing within your state. Additional resources are available in this [summary document](#).

## **National Call on PHL ID Issues**

The April 24, 2024 call included updates from CDC, USDA and FDA on HPAI, the [call summary](#) is now available.

Scott J. Becker, MS  
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## **Association of Public Health Laboratories**

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**From:** Finlay, Alyssa (CDC/GHC/DGHP)  
**Sent:** Sat, 30 Mar 2024 00:05:18 +0000  
**To:** Uyeki, Timothy M. (CDC/NCIRD/ID)  
**Cc:** Sar, Borann (CDC/NCIRD/ID); Gould, Philip L. (CDC/NCIRD/ID); Chan, Kunthy (CDC/NCIRD/ID); Tan, Kathrine (CDC/NCIRD/ID); Montgomery, Martha (CDC/NCIRD/ID); Bun, Sreng (CDC/GHC/DGHP); Lim, Huy (CDC/GHC/DGHP)  
**Subject:** H5 webinar questions and answer - for editing RE: Thank you // minimum data sent needed for confirmed H5N1 cases  
**Attachments:** Key Questions during the H5 webinar 28 March 2024\_for editing.docx

Dear Tim,

Thank you for sending the additional ISARIC form – we went over it and we will adapt it for AI focusing on module 1 and module 3 (applicable parts) and add the risk factor questions from the older minimum data set and the case form we have been using.

We agree with your paper recommendations below and look forward to working with all of you to complete the work. In the mean time we will collect the clinical info (what is available).

Martha – thank you for kindly sharing your notes and sending out the FAQ and checklist again.

All,

Below is a shared drive link to the questions asked during the webinar – many thanks to Ms. Kunthy for pulling them out of the chat (and all the support from her during the webinar to troubleshoot!). All please review and concurrently answer questions – ideally in the shared drive version below.

Please take a look in the next week if you can manage it. Then we will translate to Khmer and post to the all the attending participants (and more).

Thank you for the tremendous team work on this.



[Key Questions during the H5 webinar 28 March 2024\\_for editing.docx](#)

Best Wishes,  
On behalf of the Cambodia team

Alyssa Finlay, MD លោកស្រីរដៃដ, អាជីសសា ហីនិល  
Program Director នាយកគម្មិត  
Division of Global Health Protection ជុនកែករារសុខភាពសកល  
US CDC Cambodia មនុស្សមណុខលបុរខទ្ធន និងបន្ទាត់ដំឡើ សហរដ្ឋអាមេរិក  
Email អ៊ីម៉ែល: [afinlay@cdc.gov](mailto:afinlay@cdc.gov) | Mobile ទូរស័ព្ទលេខ: +855-12-222-149

**From:** Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>  
**Sent:** Thursday, March 28, 2024 9:17 PM  
**To:** Finlay, Alyssa (CDC/GHC/DGHP) <avf0@cdc.gov>  
**Cc:** Sar, Borann (CDC/NCIRD/ID) <iez8@cdc.gov>; Gould, Philip L. (CDC/NCIRD/ID) <ffa9@cdc.gov>; Chan, Kunthy (CDC/NCIRD/ID) <hov4@cdc.gov>; Tan, Katherine (CDC/NCIRD/ID) <kit4@cdc.gov>; Montgomery, Martha (CDC/NCIRD/ID) <lwx6@cdc.gov>  
**Subject:** RE: Thank you // minimum data sent needed for confirmed H5N1 cases

Dear Alyssa and Colleagues,

Many thanks for everything related to the webinar, and special thanks to Martha, and thanks to Borann, especially for stepping in to translate! I'm happy to help with written responses to the questions, and will try to be more succinct than I was last night.

(b)(5)

I wrote about the need for standardized data collection in the attached 2009 publication – see my section in that piece. My suggestion is to look at the following: 1) the WHO minimal dataset as you noted; and 2) the ISARIC data collection form, available at (I contributed to these CRFs

since we started ISARIC in 2011 for influenza, and they have been revised multiple times, including for COVID-19 (but you would need to remove COVID-19 and modify it for H5N1):  
[https://isaricdev.wpenginepowered.com/wp-content/uploads/2020/10/ISARIC-WHO-COVID-19-RAPID-CRF\\_EN.pdf](https://isaricdev.wpenginepowered.com/wp-content/uploads/2020/10/ISARIC-WHO-COVID-19-RAPID-CRF_EN.pdf)

<https://isaric.org/research/covid-19-clinical-research-resources/covid-19-crf/>

<< File: White Optimal H5N1 therapy PLoS Medicine 2009.pdf >>

For simplicity, you could utilize the rapid CRF above but again, would need to modify the form. We can discuss a CRF that incorporates the older WHO minimal clinical dataset, and the ISRIC CRF. But see what you think and let's discuss.

Thanks,  
Tim

---

**From:** Finlay, Alyssa (CDC/GHC/DGHP) <avf0@cdc.gov>  
**Sent:** Thursday, March 28, 2024 2:48 AM  
**To:** Uyeki, Timothy M. (CDC/NCIRD/ID) <tmu0@cdc.gov>  
**Cc:** Sar, Borann (CDC/NCIRD/ID) <iez8@cdc.gov>; Gould, Philip L. (CDC/NCIRD/ID) <ffa9@cdc.gov>; Chan, Kunthy (CDC/NCIRD/ID) <hov4@cdc.gov>; Tan, Kathrine (CDC/NCIRD/ID) <kit4@cdc.gov>; Montgomery, Martha (CDC/NCIRD/ID) <lwx6@cdc.gov>  
**Subject:** Thank you // minimum data sent needed for confirmed H5N1 cases

Dear Tim, Martha, Phil,

Thank you to Tim for the tremendous support during the presentation during clinical webinar on influenza A/H5N1 today. We appreciate all pre-work and support from Martha to create the materials and inputs from Phil. We estimate between 240 - 275 people logged in from across Cambodia. We are compiling notes from the chat and questions and responses and will send them to you for answers and editing before we translate them to Khmer and post to the clinicians.

(b)(5)

(b)(5) I found the article by Baird et al. as a reference in your CID (2009) review article and they point to the attachment below which was based on the WHO minimum data set at the time.

[08cmt4633 EOP webappendix \(thelancet.com\)](#)

Does ID have a form for US cases that would be good to potentially use? If not: We can use the above link and wanted to ask if there is any other information you would recommend collecting during the chart review.

(We also reviewed the 2008 NEJM article also [Update on Avian Influenza A \(H5N1\) Virus Infection in Humans | New England Journal of Medicine \(nejm.org\)](#) which has great tables of course)

Thank you in advance for your expert advice.

Best Wishes,  
Alyssa

Alyssa Finlay, MD លោកស្តីវិធីដុំដ្ឋាន, អាណីសុសា ហុវិនលេ  
Program Director នាយកកកម្មមិនិ  
Division of Global Health Protection ជុំវិភាគការពារអូខាតសកល  
US CDC Cambodia មន្ទីរមណុខលប្បរយុទ្ធបាស និងបច្ចាស់ជ័យ សហគមនាមិនិ  
Email អ៊ីម៉ែល: [afinlay@cdc.gov](mailto:afinlay@cdc.gov) | Mobile ទូរសព្ទតួនាទី: +855-12-222-149







**From:** Finlay, Alyssa (CDC/GHC/DGHP)  
**Sent:** Tue, 26 Mar 2024 05:15:57 +0000  
**To:** Uyeki, Timothy M. (CDC/NCIRD/ID); Montgomery, Martha (CDC/NCIRD/ID); Tan, Kathrine (CDC/NCIRD/ID); Gould, Philip L. (CDC/NCIRD/ID)  
**Cc:** Sar, Borann (CDC/NCIRD/ID); Bun, Sreng (CDC/GHC/DGHP); Chan, Kunthy (CDC/NCIRD/ID)  
**Subject:** prep for intros at the upcoming Cambodia webinar RE: a couple more questions RE: Webinar timing and your availability//Clinician inputs  
**Attachments:** Dr. Tim Uyeki\_draft intro slide.pptx

Dear Tim,

If you agree, we would like to introduce you as a subject matter expert and guest resource at the beginning of the Webinar on A/H5N1 this upcoming Wednesday evening your time (March 27)=March 28 Thursday morning Cambodia time 8:30am).

I have attached a draft zero intro slide with your picture – could you kindly review it and feel free to make edits (see notes section also)? I pulled the picture from a google search that led me to your Oberlin interview. If you prefer another picture please feel free to send it.

The proposed agenda:

1. Opening remarks: DHS – Director Dr. SRUN Sok or alternate
2. Introduction to speakers and you as the guest SME (MC)
3. Overview of Agenda – MC (TBD)
4. Background/Epi – C-CDC staff (Dr. Seng Heng) slides 3-7  
Clinical slides, patient pathway diagrams, job aide chart – by Dr. Vann Mich (Khmer Soviet Hospital) – Chair of Pulmonology Association, Dr. Nareth Chorn (Calmette Hospital) – Vice chair of Pneumology, Dr. Chanty Ny (Preah Kossamak Hospital), Dr. Leankim Sreng (National Pediatric Hospital and SARI site focal point)

*Coordination will be finalized tomorrow, the clinicians above have participated actively in the slide editing and review.*

5. Any additional comments: Dr. Tim Uyeki (in case there needs to be an additional emphasis or to clarify)
6. Question and Answer – will open it up for answers by you and the presenters

How does this sound? The presentations will be Khmer, with simultaneous translation on the Zoom channel.

We warmly welcome your suggestions.

Thank you again for attending the webinar virtually late on Wednesday next week, we are honored you can make it.

Best Wishes,  
Alyssa

Alyssa Finlay, MD លោកស្រីវឌ្ឍន៍, អាជីវសាលា ហ្មីនលាន  
Program Director នាយកការមុខិត្ត  
Division of Global Health Protection ជនកក្រការពារសុខភាពសកល  
US CDC Cambodia មជ្ឈមណ្ឌលបុរីយទួល និងបង្ការដៃនឹង សហរដ្ឋប្រជាមិនុគ

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**From:** Uyeki, Timothy M. (CDC/NCIRD/ID) <[tmu0@cdc.gov](mailto:tmu0@cdc.gov)>  
**Sent:** Thursday, March 21, 2024 10:59 PM  
**To:** Finlay, Alyssa (CDC/GHC/DGHP) <[avf0@cdc.gov](mailto:avf0@cdc.gov)>; Montgomery, Martha (CDC/NCIRD/ID) <[lwx6@cdc.gov](mailto:lwx6@cdc.gov)>; Tan, Kathrine (CDC/NCIRD/ID) <[kit4@cdc.gov](mailto:kit4@cdc.gov)>; Gould, Philip L. (CDC/NCIRD/ID) <[ffa9@cdc.gov](mailto:ffa9@cdc.gov)>  
**Cc:** Sar, Borann (CDC/NCIRD/ID) <[iez8@cdc.gov](mailto:iez8@cdc.gov)>  
**Subject:** RE: a couple more questions RE: Webinar timing and your availability//Clinician inputs RE: Chemoprophylaxis guidelines - close contacts to infected persons RE: input on clinician training materials and next steps

Hi Alyssa – here are my thoughts:

(b)(5)

Agree, thanks a lot to Martha for her work!!  
I'd love to come to Cambodia to help, just need to schedule it in advance.  
Thanks,  
Tim

---

**From:** Finlay, Alyssa (CDC/GHC/DGHP) <[avf0@cdc.gov](mailto:avf0@cdc.gov)>  
**Sent:** Thursday, March 21, 2024 6:45 AM  
**To:** Uyeki, Timothy M. (CDC/NCIRD/ID) <[tmu0@cdc.gov](mailto:tmu0@cdc.gov)>; Montgomery, Martha (CDC/NCIRD/ID) <[lwx6@cdc.gov](mailto:lwx6@cdc.gov)>; Tan, Kathrine (CDC/NCIRD/ID) <[kit4@cdc.gov](mailto:kit4@cdc.gov)>; Gould, Philip L. (CDC/NCIRD/ID) <[ffa9@cdc.gov](mailto:ffa9@cdc.gov)>

**Cc:** Sar, Borann (CDC/NCIRD/ID) <[iez8@cdc.gov](mailto:iez8@cdc.gov)>

**Subject:** a couple more questions RE: Webinar timing and your availability//Clinician inputs RE: Chemoprophylaxis guidelines - close contacts to infected persons RE: input on clinician training materials and next steps

Dear Tim,

We went through the webinar materials yesterday with a small team of clinicians again, focused on recommended updates from the last review.

Two questions came up that we want to run by you:

- 1) For a person ill with confirmed avian influenza A/H5N1 is there ever a time when the clinician should treat beyond 10 days oseltamivir (e.g. on-going illness, not getting better)? Or continue if the patient is still ill or not getting better?
- 2) We are looking for a practical testing approach to determine discharge criteria given limited testing supplies overall

Would this seem reasonable for follow-up testing (and for end isolation criteria?) 1) after 5 days (oseltamivir will be given) 2) then every 2 days (or 3?)

**Discharge criteria:** clinical improvement + at least 5 days of oseltamivir AND an RT-PCR test result that is negative for avian influenza A/H5N1 or equivalent (CT value >30 with good clinical status)

The webinar is planned for March 28 8:30am Cambodia time, we will have an interpreter.

- The proposed plan is for C-CDC to give some background EPI (first 7 slides) and well-known senior pulmonary physicians who have been reviewing and adjusting/commenting on the presentation materials with us will give the presentation followed by Q+A.
- We will introduce you at the beginning, we're organizing an interpreter channel, and we can use the chat, however it's likely that several people would participate by mobile phone.
- We will record the session and if participation is low we'll organize another session with afternoon timing.

How does the above plan sound? We do hope you will be available to come to Cambodia later in the year for in-person training sessions.

We warmly welcome your feedback and appreciate the great materials and advice from you. Special thanks to Martha for her support to adapt materials and create job aids with our team and incorporate comments from FLU team and government colleagues.

Warm Regards,

On behalf of the Cambodia team

Alyssa Finlay, MD លោកស្តីរដ្ឋុង, អាសីសុសា ហិវិនហី  
Program Director នាយកកកម្មបិធី

Division of Global Health Protection ជំន៉ែកការការសុខភាពសកល

US CDC Cambodia មន្ទីរមណ្ឌលបុរយុទ្ធន និងបង្ការជ័យ សហគ្មេបអាមេរិក

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**From:** Uyeki, Timothy M. (CDC/NCIRD/ID) <[tmu0@cdc.gov](mailto:tmu0@cdc.gov)>  
**Sent:** Tuesday, March 19, 2024 9:26 AM  
**To:** Finlay, Alyssa (CDC/GHC/DGHP) <[avf0@cdc.gov](mailto:avf0@cdc.gov)>; Montgomery, Martha (CDC/NCIRD/ID) <[lwx6@cdc.gov](mailto:lwx6@cdc.gov)>; Tan, Kathrine (CDC/NCIRD/ID) <[kit4@cdc.gov](mailto:kit4@cdc.gov)>; Gould, Philip L. (CDC/NCIRD/ID) <[ffa9@cdc.gov](mailto:ffa9@cdc.gov)>  
**Cc:** Sar, Borann (CDC/NCIRD/ID) <[iez8@cdc.gov](mailto:iez8@cdc.gov)>  
**Subject:** RE: Webinar timing and your availability//Clinician inputs RE: Chemoprophylaxis guidelines - close contacts to infected persons RE: input on clinician training materials and next steps

Dear Alyssa,

I can be available on March 27<sup>th</sup> at 930-1030 PM EDT. I think a 10-day monitoring period for identified close contacts is fine – this is what we are currently using in the U.S.

Regarding the flow diagram – overall, it looks good, nice work! Some quick minor edits and comments for consideration:

\*Top box: consider “Patient with **acute** respiratory symptoms and exposure to sick or dead birds **in past 7 days**”

\*2<sup>nd</sup> box, 3<sup>rd</sup> bullet: consider: “Start empiric antiviral treatment (**oseltamivir**) as soon as possible”

\*I’m not sure what “Low suspicion for avian influenza” means?

\*It seems that some arrows are missing between boxes?

\*There’s not enough room on the slide to add some points, and not sure about footnotes, but useful to “Restrict visitors” and to “Start post-exposure oseltamivir prophylaxis” [use treatment dosing – twice daily], and of course any visitors need to utilize the same PPE as recommended for healthcare personnel.

\*Could consider changing [REDACTED] (b)(5) to:  
[REDACTED] (b)(5)

\*I think a patient with sick or dead poultry exposures (need to define direct or close – within 1-2 meters) and pneumonia has H5N1 virus infection until proven negative x 2.

\*Please note that multiple respiratory tract specimens need to be collected from different respiratory sites. It is possible for a patient with pneumonia and suspected H5N1 to test negative for H5N1 on an upper respiratory tract specimen and then to test positive on a lower respiratory tract specimen.

Thanks,

Tim

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**From:** Finlay, Alyssa (CDC/GHC/DGHP) <[avf0@cdc.gov](mailto:avf0@cdc.gov)>  
**Sent:** Monday, March 18, 2024 11:42 AM  
**To:** Uyeki, Timothy M. (CDC/NCIRD/ID) <[tmu0@cdc.gov](mailto:tmu0@cdc.gov)>; Montgomery, Martha (CDC/NCIRD/ID) <[lwx6@cdc.gov](mailto:lwx6@cdc.gov)>; Tan, Kathrine (CDC/NCIRD/ID) <[kit4@cdc.gov](mailto:kit4@cdc.gov)>; Gould, Philip L. (CDC/NCIRD/ID) <[ffa9@cdc.gov](mailto:ffa9@cdc.gov)>  
**Cc:** Sar, Borann (CDC/NCIRD/ID) <[iez8@cdc.gov](mailto:iez8@cdc.gov)>  
**Subject:** Webinar timing and your availability//Clinician inputs RE: Chemoprophylaxis guidelines - close contacts to infected persons RE: input on clinician training materials and next steps

Dear Tim,

Dr. Borann, Dr. Sreng and Martha (on-line) met with some lead clinicians (including SARI site clinicians) and WHO and went over the proposed avian influenza (H5N1) training materials last week. One of their main comments was to request a clinical pathway type guideline. Please see attached “pathway” kindly drafted by Martha and Dr. Sreng as a result. Note:we also found this COVID clinical care pathway document example [COVID-19 Clinical Care Pathway](#) ([who.int](#)) and the clinical care of severe acute respiratory infections toolkit which includes avian influenza [WHO-2019-nCoV-SARI-toolkit-2022.1-eng.pdf](#).

We would very much appreciate your input on the attached patient flow diagram.

We are working with MOH departments to schedule the clinician webinar on Thursday March 28 Cambodia time.

We have an option to schedule the webinar either morning (8:30am) or afternoon for example 2pm Cambodia time. We are trying to figure out the best time. Clinicians are busiest in the morning however if we schedule it in the afternoon it would be in the middle of the night for you to call in.

- Would you be available to support the training at 9:30pm-10:30pm March 27? If so we will hold the training in the morning Cambodia time.

We will have two more meetings with the clinicians before the webinar to go over any other key questions and content.

Thank you again for sending detailed responses and suggestions for the training materials and all the helpful background information below.

Best Wishes,

Alyssa

Alyssa Finlay, MD លោកស្រីរដ្ឋាន, អាជីវកម្ម ហិរិនហាន  
Program Director នាយកគម្ពុមវិធី

Division of Global Health Protection ទីនគរការការសមខាតសកល

US CDC Cambodia មជ្ឈមណ្ឌលបុរខយុទ្ធស និងបង្ការជ័យ សហរដ្ឋប្រជាធិបតេយ្យ

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**From:** Uyeki, Timothy M. (CDC/NCIRD/ID) <[tmu0@cdc.gov](mailto:tmu0@cdc.gov)>  
**Sent:** Sunday, March 10, 2024 10:06 PM  
**To:** Finlay, Alyssa (CDC/GHC/DGHP) <[avf0@cdc.gov](mailto:avf0@cdc.gov)>; Montgomery, Martha (CDC/NCIRD/ID) <[lxw6@cdc.gov](mailto:lxw6@cdc.gov)>; Tan, Kathrine (CDC/NCIRD/ID) <[kit4@cdc.gov](mailto:kit4@cdc.gov)>; Gould, Philip L. (CDC/NCIRD/ID) <[ffa9@cdc.gov](mailto:ffa9@cdc.gov)>  
**Cc:** Sar, Borann (CDC/NCIRD/ID) <[iez8@cdc.gov](mailto:iez8@cdc.gov)>; Uyeki, Timothy M. (CDC/NCIRD/ID) <[tmu0@cdc.gov](mailto:tmu0@cdc.gov)>  
**Subject:** RE: Chemoprophylaxis guidelines - close contacts to infected persons RE: input on clinician training materials and next steps

Dear Alyssa,

Thanks for your question about post-exposure antiviral chemoprophylaxis for persons exposed to novel influenza A viruses associated with severe disease in infected humans. For transparency, I am behind CDC recommendations on this topic for >20 years, and my perspectives have evolved. And here we are only discussing one antiviral drug – oseltamivir.

(1) A key issue is what is the incubation period following exposure (and presumed infection) with H5N1 virus. There are data suggesting that the incubation period following exposure to infected poultry to symptom onset in infected people is likely to be a mean or median of approximately 3 days, range 2-5 days, with @95% or more of symptomatic infections probably occurring within 7 days of the exposure. What about outliers? I think rarely yes (and I have published on outliers, including in limited human-to-human transmission). So to be cautious, we have gone with a 10-day monitoring period after exposure to sick/dead birds, or visiting a live poultry market, or exposure to a symptomatic H5N1 patient. It would also apply to persons exposed to mammals infected with H5N1 virus. But again, it is being overly cautious, and a 7-day monitoring period is probably fine.

(2) What is the basis for the duration of post-exposure oseltamivir prophylaxis? It is outlined in (1) above. We used to use a 10-day period for once daily oseltamivir dosing – that is based upon seasonal influenza (e.g., control of seasonal influenza during institutional outbreaks such as in nursing homes where there might be ongoing exposures and we recommend 2 weeks of PEP with once daily oseltamivir and then at least 7 days after the last case is identified) and being cautious about the duration of the incubation period in outlier cases. However, I have recommended for many years to utilize post-exposure oseltamivir **treatment dosing (twice daily)**, not the once daily prophylaxis dosing) because infection might have already occurred when PEP is started, and if so, then once daily prophylaxis dosing would be sub-therapeutic treatment dosing and could result in a theoretical risk of emergence of oseltamivir resistance. Also, it is unlikely that PEP can be started right away due to delays in recognizing close contacts and getting oseltamivir. Therefore, in my opinion, it is much better to utilize **post-exposure oseltamivir treatment dosing** (e.g., **twice daily**) than prophylaxis dosing (once daily) that the UK is doing in the guidance in the weblink you shared, and what we used to recommend a long time ago. We have outlined this: <https://www.cdc.gov/flu/avianflu/novel-av-chemoprophylaxis-guidance.htm>

Note that many people are not aware of this and it is difficult to find by searching but here is WHO guidance that was issued in January 2014 in response (in my opinion a bit late) to the outbreak of human cases of H7N9 virus infection with high severity in Eastern China in 2013 (and for transparency, I advocated for treatment dosing and co-authored these WHO recommendations):

<https://www.who.int/publications/m/item/post-exposure-antiviral-chemoprophylaxis-of-close-contacts-of-a-patient-with-confirmed-h7n9-virus-infection-and-or-high-risk-poultry-environmental-exposures>

(3) Regarding who should receive oseltamivir prophylaxis, we don't recommend pre-exposure prophylaxis, and post-exposure antiviral chemoprophylaxis might not be needed for persons who are compliant with recommended PPE (e.g., people culling poultry or healthcare personnel caring for patients) but the issue in Cambodia is for close contacts with unprotected exposures to an H5N1 patient or persons with unprotected exposures to sick/dead poultry. It seems reasonable to use the CDC risk stratification and adapt it for Cambodia as needed:

<https://www.cdc.gov/flu/avianflu/novel-av-chemoprophylaxis-guidance.htm>

<https://www.cdc.gov/flu/avianflu/guidance-exposed-persons.htm>

Let me know if there are additional questions related to these topics.

Thanks,

Tim

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**From:** Finlay, Alyssa (CDC/GHC/DGHP) <[avf0@cdc.gov](mailto:avf0@cdc.gov)>  
**Sent:** Friday, March 8, 2024 9:06 PM  
**To:** Uyeki, Timothy M. (CDC/NCIRD/ID) <[tmu0@cdc.gov](mailto:tmu0@cdc.gov)>; Montgomery, Martha (CDC/NCIRD/ID) <[lwx6@cdc.gov](mailto:lwx6@cdc.gov)>; Tan, Kathrine (CDC/NCIRD/ID) <[kit4@cdc.gov](mailto:kit4@cdc.gov)>; Gould, Philip L. (CDC/NCIRD/ID) <[ffa9@cdc.gov](mailto:ffa9@cdc.gov)>  
**Cc:** Sar, Borann (CDC/NCIRD/ID) <[iez8@cdc.gov](mailto:iez8@cdc.gov)>  
**Subject:** Chemoprophylaxis guidelines - close contacts to infected persons RE: input on clinician training materials and next steps

Dear Tim, Martha, Phil and Katherine,

Dr. Borann was able to organize the consultation meeting with DHS this week – on Thursday 2pm Cambodian time. We will be reviewing and looking to gain consensus on the chemoprophylaxis guidelines post-exposure to infected human case.

To prepare we are researching other guidelines given there are no WHO guidelines – so far have researched the UK guidelines and will check French public health agency guidelines (awaiting more info). In other words taking the “expert opinion” route.

I reviewed UK Health Security Agency guidelines and they are similar but different from the interim US CDC, in fact specifies treatment for unprotected health care workers and prolonged close contact with non-household members.

The table they use also includes guidance on passive vs. active daily follow-up and I think it looks good – understanding this may be expert opinion, but it is an operational question that we should standardize here in country. I think we should add that part as well.

<https://www.gov.uk/government/publications/avian-influenza-guidance-and-algorithms-for-managing-human-cases/investigation-and-initial-clinical-management-of-possible-human-cases-of-avian-influenza-with-potential-to-cause-severe-human-disease>

Treatment for chemoprophylaxis – they recommend 10d vs. 5d.

**Bottom line: We will present CDC guidelines and like the risk stratification approach better, but I will also provide these other guidelines to show that other countries are indeed also recommending at least HH close contacts/caregivers take oseltamivir. I warmly welcome your thoughts on this.**

Best Wishes,

Alyssa

Alyssa Finlay, MD លោកស្តីវិធុន, អាជីសុស ហើនណា  
Program Director នាយកកម្មមនីដី

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**From:** Finlay, Alyssa (CDC/GHC/DGHP)  
**Sent:** Saturday, March 9, 2024 6:49 AM  
**To:** Uyeki, Timothy M. (CDC/NCIRD/ID) <[tmu0@cdc.gov](mailto:tmu0@cdc.gov)>; Montgomery, Martha (CDC/NCIRD/ID) <[lwx6@cdc.gov](mailto:lwx6@cdc.gov)>; Olsen, Sonja (CDC/NCIRD/ID) <[sco2@cdc.gov](mailto:sco2@cdc.gov)>; Tan, Kathrine (CDC/NCIRD/ID) <[kit4@cdc.gov](mailto:kit4@cdc.gov)>; Gould, Philip L. (CDC/NCIRD/ID) <[ffa9@cdc.gov](mailto:ffa9@cdc.gov)>  
**Cc:** Davis, William (CDC/NCIRD/ID) <[lyo0@cdc.gov](mailto:lyo0@cdc.gov)>; Sar, Borann (CDC/NCIRD/ID) <[iez8@cdc.gov](mailto:iez8@cdc.gov)>; Neal, Joyce (CDC/GHC/DGHT) <[jxn4@cdc.gov](mailto:jxn4@cdc.gov)>; Jones, Joyce (CDC/NCIRD/ID) <[isk6@cdc.gov](mailto:isk6@cdc.gov)>  
**Subject:** RE: input on clinician training materials and next steps

Thank you Tim for all these helpful suggestions and the direct edits – Dr. Borann and I review together tomorrow and coordinate with Martha.

For slide 14, we had edited it to make it more specific to Cambodia but that detail seems to have been lost, lesson learned – never trust autosave on the shared drive. We'll edit them back in.

Best Wishes,

Alyssa

Alyssa Finlay, MD លោកស្តីវិធីន, អាណីសុសា ហុវិនិយោបល់

Program Director នាយកគម្មរដ្ឋ

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**From:** Uyeki, Timothy M. (CDC/NCIRD/ID) <[tmu0@cdc.gov](mailto:tmu0@cdc.gov)>  
**Sent:** Saturday, March 9, 2024 5:28 AM  
**To:** Montgomery, Martha (CDC/NCIRD/ID) <[lwx6@cdc.gov](mailto:lwx6@cdc.gov)>; Olsen, Sonja (CDC/NCIRD/ID) <[sco2@cdc.gov](mailto:sco2@cdc.gov)>; Tan, Kathrine (CDC/NCIRD/ID) <[kit4@cdc.gov](mailto:kit4@cdc.gov)>; Gould, Philip L. (CDC/NCIRD/ID) <[ffa9@cdc.gov](mailto:ffa9@cdc.gov)>  
**Cc:** Davis, William (CDC/NCIRD/ID) <[lyo0@cdc.gov](mailto:lyo0@cdc.gov)>; Finlay, Alyssa (CDC/GHC/DGHP) <[avf0@cdc.gov](mailto:avf0@cdc.gov)>; Sar, Borann (CDC/NCIRD/ID) <[iez8@cdc.gov](mailto:iez8@cdc.gov)>; Neal, Joyce (CDC/GHC/DGHT) <[jxn4@cdc.gov](mailto:jxn4@cdc.gov)>; Jones, Joyce (CDC/NCIRD/ID) <[isk6@cdc.gov](mailto:isk6@cdc.gov)>  
**Subject:** RE: input on clinician training materials and next steps

I added some additional edits and also added edits to the FAQ and checklist document, including adding a section on (b)(5) – see what you think. We might also consider adding information on (b)(5) to the slide deck – note there is no standard or consensus agreement on (b)(5) for hospitalized H5N1 patients – so see what you think of what I added to the checklist document.

Thanks,

Tim

---

**From:** Uyeki, Timothy M. (CDC/NCIRD/ID)  
**Sent:** Thursday, March 7, 2024 11:26 PM  
**To:** Montgomery, Martha (CDC/NCIRD/ID) <[lwx6@cdc.gov](mailto:lwx6@cdc.gov)>; Olsen, Sonja (CDC/NCIRD/ID) <[sco2@cdc.gov](mailto:sco2@cdc.gov)>; Tan, Kathrine (CDC/NCIRD/ID) <[kit4@cdc.gov](mailto:kit4@cdc.gov)>; Gould, Philip L. (CDC/NCIRD/ID) <[ffa9@cdc.gov](mailto:ffa9@cdc.gov)>  
**Cc:** Davis, William (CDC/NCIRD/ID) <[lyo0@cdc.gov](mailto:lyo0@cdc.gov)>; Finlay, Alyssa (CDC/GHC/DGHP) <[avf0@cdc.gov](mailto:avf0@cdc.gov)>; Sar, Borann (CDC/NCIRD/ID) <[iez8@cdc.gov](mailto:iez8@cdc.gov)>; Neal, Joyce

(CDC/GHC/DGHT) <[jxn4@cdc.gov](mailto:jxn4@cdc.gov)>; Jones, Joyce (CDC/NCIRD/ID) <[isk6@cdc.gov](mailto:isk6@cdc.gov)>  
**Subject:** RE: input on clinician training materials and next steps

Dear Martha and Colleagues,

Thanks for working on the slides and other materials (I was going to prepare a slide deck this weekend from different presentations I have given, so thanks!). Thanks for following my crude outline I posted in Teams last week. I added edits to a number of slides on the slide deck and here are a few additional comments. Also, we may want to further simplify some of the slides.

\*Title slide: You might consider emphasizing human infections without using [redacted] (b)(5)

[redacted] (b)(5)

\*Slide #2: In rethinking the outline, consider moving Infection Prevention and Control to after Complications.

\*Slide #4: Emphasize these points: (1) H5N1 viruses are present in poultry feces, respiratory secretions, and can be on feathers and also infect internal organs, and can be present on the ground and surfaces contaminated by poultry feces. (2) H5N1 viruses can be aerosolized and people can inhale viruses to cause respiratory infection.

\*Slide #6: Would be useful to provide the number of human cases and deaths. Can the speaker notes mention something like: "More than 900 human cases of H5N1 have been reported from 23 countries since 1997, with greater than 50% mortality." [I moved the "Cambodia" text box and added the #case and deaths to date – make corrections if wrong: (b)(5) cases, (b)(5) deaths.]

Suggest changing the title to: [redacted] (b)(5)

[redacted] (b)(6)

\*Slide #7: I made a number of edits to this slide. I don't think you want to say that [redacted] (b)(5)

[redacted] (b)(5)

\*Slide #10: I added information on the incubation period as the 1<sup>st</sup> bullet.

\*Slide #11: Could consider simplifying the atypical complications or only listing a few, e.g., shorten the 1<sup>st</sup> bullet to: "Encephalitis"

\*Slide #12: Excellent that you are including CXRs from Cambodia H5N1 cases.

\*I moved IPC to slide #13

\*Slide #14: I made some edits, but it is still a detailed slide – we might want to simplify it more. I think more edits are needed to make this Cambodia-specific – where H5 testing is done (NIPH, IPC), etc.

\*Slide #15: I took out (b)(5) I think we don't want to cause confusion – (b)(5)

(b)(5) While it is true that some cases of oseltamivir resistance that emerged during oseltamivir treatment have been reported in H5N1 patients with fatal outcome, I think it will just cause confusion. I also deleted the last bullet (b)(5)

(b)(5) Instead I added a sub-bullet about H5N1 viruses in poultry are susceptible to oseltamivir.

\*Slide #17: Is ECMO is not available in Cambodia, not sure you want to include ECMO. I added that it has been used in China.

\*I added a new slide #21 with Key Points that I think need to be repeated for all clinicians in Cambodia.

I'm happy to continue reviewing and will review the other 2 documents as well.

Thanks,

Tim

---

**From:** Montgomery, Martha (CDC/NCIRD/ID) <[lwx6@cdc.gov](mailto:lwx6@cdc.gov)>  
**Sent:** Thursday, March 7, 2024 2:34 AM  
**To:** Uyeki, Timothy M. (CDC/NCIRD/ID) <[tmu0@cdc.gov](mailto:tmu0@cdc.gov)>; Olsen, Sonja (CDC/NCIRD/ID) <[sco2@cdc.gov](mailto:sco2@cdc.gov)>; Tan, Kathrine (CDC/NCIRD/ID) <[kit4@cdc.gov](mailto:kit4@cdc.gov)>; Gould, Philip L. (CDC/NCIRD/ID) <[ffa9@cdc.gov](mailto:ffa9@cdc.gov)>  
**Cc:** Davis, William (CDC/NCIRD/ID) <[lyo0@cdc.gov](mailto:lyo0@cdc.gov)>; Finlay, Alyssa (CDC/GHC/DGHP) <[avf0@cdc.gov](mailto:avf0@cdc.gov)>; Sar, Borann (CDC/NCIRD/ID) <[iez8@cdc.gov](mailto:iez8@cdc.gov)>; Neal, Joyce (CDC/GHC/DGHT) <[jxn4@cdc.gov](mailto:jxn4@cdc.gov)>; Jones, Joyce (CDC/NCIRD/ID) <[isk6@cdc.gov](mailto:isk6@cdc.gov)>  
**Subject:** input on clinician training materials and next steps

Hi Dr. Uyeki and Atlanta team,

Alyssa, Borann, and I have developed a few materials for the clinician training on avian influenza. We have a presentation deck (borrowed heavily from Tim, thank you!), an FAQ sheet, a checklist, and a decision tree for postexposure antiviral prophylaxis.

Request from Atlanta – would you mind reviewing the materials to make sure that we haven't made any gross errors? We still need to share with local partners in Cambodia to adapt to the context of what's feasible (who should be tested, treated, etc. based on availability of testing and treatment). We plan to do this next week. We've tried not to stray too far from Tim's slides or CDC's webpages, but a few areas have been simplified for plain language.

Here's our plan for the next steps:

- Receive feedback from HQ Influenza team this week
- Week of March 10 – convene meeting with DHS (including a few clinicians), C-CDC and WHO – review content. Plan webinar: confirm timing, and DHS to invite clinicians for a 1 hour webinar on March 27 (provisional date)
- Week of March 18 – translate to Khmer
- Week of March 25 – provisional schedule
  - March 25 meet with select SARI site clinicians and deliver content, document feedback and questions
  - March 26 – make any changes needed and update FAQ
  - March 27 – 8:30am Webinar with you or other TDYer and Dr. Uyeki remotely for Q&A

Please let us know your feedback on the materials and the next steps.

Thank you all!

Martha

**Martha Montgomery, MD MHS CTropMed (she/her)**

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# Dr. Tim Uyeki, MD, MPH

- Chief Medical Officer, Office of the Director, CDC Influenza DivisionClinical Professor, University of California San FranciscoAdjunct Associate Professor Rollins School of Public HealthWHO Guideline Development Group on the Clinical Management of Influenza Virus Infections



Credit: World Health Organization

**From:** Spratling, Robin (CDC/NCIRD/ID)  
**Sent:** Mon, 25 Mar 2024 13:11:46 +0000  
**To:** Jordan, Douglas E. (CDC/NCIRD/ID); Richardson-Smith, Nicole (CDC/NCIRD/ID)  
**Cc:** Denty, Robert (RED) (CDC/NCIRD/ID); Adams, John Patrick (CDC/NCIRD/ID)  
(CTR); Swyers, Victoria (CDC/NCIRD/ID); Szablewski, Christine (CDC/NCIRD/ID); Jhung, Michael  
(CDC/NCIRD/ID); Uyeki, Timothy M. (CDC/NCIRD/ID); Davis, Charles (Todd) (CDC/NCIRD/ID); Kniss, Krista  
(CDC/NCIRD/ID); Richmond-Crum, Malia (CDC/NCIRD/ID); Budd, Alicia (CDC/NCIRD/ID); Tastad, Katie  
(CDC/NCIRD/ID); Dugan, Vivien (CDC/NCIRD/ID)  
**Subject:** RE: Avian TPs

Thanks for sharing, Doug. I'm combing through our longer KPs (they are quite outdated). Going through and marking it up to see if we can get them in a better place.

Robin

---

**From:** Jordan, Douglas E. (CDC/NCIRD/ID) <fud7@cdc.gov>  
**Sent:** Monday, March 25, 2024 9:10 AM  
**To:** Spratling, Robin (CDC/NCIRD/ID) <qbm9@cdc.gov>; Richardson-Smith, Nicole (CDC/NCIRD/ID)  
<ewo0@cdc.gov>  
**Cc:** Denty, Robert (RED) (CDC/NCIRD/ID) <otl1@cdc.gov>; Adams, John Patrick (CDC/NCIRD/ID) (CTR)  
<qpx2@cdc.gov>; Swyers, Victoria (CDC/NCIRD/ID) <qoe2@cdc.gov>; Szablewski, Christine  
(CDC/NCIRD/ID) <lqz9@cdc.gov>; Jhung, Michael (CDC/NCIRD/ID) <dvk3@cdc.gov>; Uyeki, Timothy M.  
(CDC/NCIRD/ID) <tmu0@cdc.gov>; Davis, Charles (Todd) (CDC/NCIRD/ID) <eou8@cdc.gov>; Kniss, Krista  
(CDC/NCIRD/ID) <krk9@cdc.gov>; Richmond-Crum, Malia (CDC/NCIRD/ID) <jrv8@cdc.gov>; Budd, Alicia  
(CDC/NCIRD/ID) <acp4@cdc.gov>; Tastad, Katie (CDC/NCIRD/ID) <qwu5@cdc.gov>; Dugan, Vivien  
(CDC/NCIRD/ID) <lny1@cdc.gov>  
**Subject:** RE: Avian TPs

Hey all,

(b)(6) and so I'm catching up on these emails. I see Vivien has scheduled a H5 huddle at 12:15 p.m. to discuss. Copying in others for awareness. Just FYI, here are the avian key points I put together the other week for sharing with the Minnesota DOH. I imagine we can use these and update them with a few sentences about the Texas dairy cow situation.

(b)(5)

(b)(5)

**Additional information and guidance:**

- CDC has guidance for clinicians in a [Health Alert Network \(HAN\) Health Advisory](#) summarizing the agency's recommendations for testing and treatment of patients with possible A(H5N1) virus exposure/infection. (Issued April 29, 2022)
- [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 \(Flu\) \(cdc.gov\)](#)
- [Case Definitions for Investigations of Human Infection with Avian Influenza A Viruses in the United States \(cdc.gov\)](#)
- [H5N1 Technical Report | Avian Influenza \(Flu\) \(cdc.gov\)](#) These technical reports are intended for scientific audiences.

---

**From:** Spratling, Robin (CDC/NCIRD/ID) <[gbm9@cdc.gov](mailto:gbm9@cdc.gov)>

**Sent:** Monday, March 25, 2024 9:02 AM

**To:** Richardson-Smith, Nicole (CDC/NCIRD/ID) <[ewo0@cdc.gov](mailto:ewo0@cdc.gov)>; Jordan, Douglas E. (CDC/NCIRD/ID) <[fud7@cdc.gov](mailto:fud7@cdc.gov)>

**Subject:** RE: Avian TPs

Thanks—was chatting with Haley and it looks like a presumptive positive in a dairy cow in TX. No official results yet, but yes these are pretty outdated and need a little bit of updating (mostly updating numbers and reordering information that is no longer as relevant).

-Robin

---

**From:** Richardson-Smith, Nicole (CDC/NCIRD/ID) <[ewo0@cdc.gov](mailto:ewo0@cdc.gov)>

**Sent:** Monday, March 25, 2024 8:45 AM

**To:** Jordan, Douglas E. (CDC/NCIRD/ID) <[fud7@cdc.gov](mailto:fud7@cdc.gov)>; Spratling, Robin (CDC/NCIRD/ID) <[gbm9@cdc.gov](mailto:gbm9@cdc.gov)>

**Subject:** RE: Avian TPs

Hi Doug, I gave Robin a heads up and she is taking a look at our TPs to see about updating. If you got anything additional from Vivien or Dayle please let us know. Thanks!

---

**From:** Kern, Dayle (CDC/NCIRD/OD) <[ltt0@cdc.gov](mailto:ltt0@cdc.gov)>  
**Sent:** Monday, March 25, 2024 7:47 AM  
**To:** Jordan, Douglas E. (CDC/NCIRD/ID) <[fud7@cdc.gov](mailto:fud7@cdc.gov)>  
**Cc:** Burns, Erin (CDC/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Richardson-Smith, Nicole (CDC/NCIRD/ID) <[ewo0@cdc.gov](mailto:ewo0@cdc.gov)>  
**Subject:** FW: Avian TPs

Coming your way... I don't know what it is that USDA will be making public (maybe you do?), but wanted to be sure you saw this right away while Erin is on leave.

Thanks,  
Dayle

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**From:** Griffis, Kevin (CDC/IOD/OC) <[tvw8@cdc.gov](mailto:tvw8@cdc.gov)>  
**Sent:** Monday, March 25, 2024 7:45 AM  
**To:** Burns, Erin (CDC/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Kern, Dayle (CDC/NCIRD/OD) <[ltt0@cdc.gov](mailto:ltt0@cdc.gov)>  
**Cc:** Dugan, Vivien (CDC/NCIRD/ID) <[lny1@cdc.gov](mailto:lny1@cdc.gov)>  
**Subject:** Avian TPs

Hi all,  
I assume we are going to get incoming once USDA makes public the situation at the dairy operation.  
Would probably be good to dust off our latest avian flu preparedness talking points and whatever we have specific to this situation.

-Kevin

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**From:** Jordan, Douglas E. (CDC/NCIRD/ID)  
**Sent:** Mon, 25 Mar 2024 17:51:27 +0000  
**To:** Dugan, Vivien (CDC/NCIRD/ID); Adams, John Patrick (CDC/NCIRD/ID) (CTR); Spratling, Robin (CDC/NCIRD/ID); Richardson-Smith, Nicole (CDC/NCIRD/ID)  
**Cc:** Denty, Robert (RED) (CDC/NCIRD/ID); Swyers, Victoria (CDC/NCIRD/ID); Szablewski, Christine (CDC/NCIRD/ID); Jhung, Michael (CDC/NCIRD/ID); Uyeki, Timothy M. (CDC/NCIRD/ID); Davis, Charles (Todd) (CDC/NCIRD/ID); Kniss, Krista (CDC/NCIRD/ID); Richmond-Crum, Malia (CDC/NCIRD/ID); Budd, Alicia (CDC/NCIRD/ID); Tastad, Katie (CDC/NCIRD/ID)  
**Subject:** RE: Avian TPs

Just for folks awareness, this is our current draft media statement – will let everyone know if anything changes.

CDC is aware of the recent animal detections of highly pathogenic avian influenza (HPAI) in dairy cows by USDA and we are monitoring the situation closely. We are working closely with USDA, FDA, and state health departments to identify any human health issues that may have occurred. We will provide more information as it becomes available.

---

**From:** Dugan, Vivien (CDC/NCIRD/ID) <[lny1@cdc.gov](mailto:lny1@cdc.gov)>  
**Sent:** Monday, March 25, 2024 1:48 PM  
**To:** Adams, John Patrick (CDC/NCIRD/ID) (CTR) <[qpx2@cdc.gov](mailto:qpx2@cdc.gov)>; Jordan, Douglas E. (CDC/NCIRD/ID) <[fud7@cdc.gov](mailto:fud7@cdc.gov)>; Spratling, Robin (CDC/NCIRD/ID) <[qbm9@cdc.gov](mailto:qbm9@cdc.gov)>; Richardson-Smith, Nicole (CDC/NCIRD/ID) <[ewo0@cdc.gov](mailto:ewo0@cdc.gov)>  
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**Subject:** RE: Avian TPs

Negative. No changes to risk assessment at this time. No human cases. No IRAT has been performed. No sequence data have been shared.

---

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(b)(5)

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**Subject:** RE: Avian TPs

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-Robin

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Hi Doug, I gave Robin a heads up and she is taking a look at our TPs to see about updating. If you got anything additional from Vivien or Dayle please let us know. Thanks!

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Would probably be good to dust off our latest avian flu preparedness talking points and whatever we have specific to this situation.

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Gotcha, thank you!

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Will let others pipe in, but the IRAT is about pandemic risk, not risk to the general public....its a little more complicated

-Robin

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Thanks! Discussing at 2pm if there's time would be helpful!

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To clarify, I was debating whether we should add that language, given increasing reports of infections in mammals. Perhaps we can discuss. Agree that all past known human illnesses have been attributed to exposure to birds.

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**Cc:** Dugan, Vivien (CDC/NCIRD/ID) <[lny1@cdc.gov](mailto:lny1@cdc.gov)>  
**Subject:** Avian TPs

Hi all,

I assume we are going to get incoming once USDA makes public the situation at the dairy operation. Would probably be good to dust off our latest avian flu preparedness talking points and whatever we have specific to this situation.

-Kevin

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**From:** Uyeki, Timothy M. (CDC/NCIRD/ID)  
**Sent:** Mon, 25 Mar 2024 17:54:50 +0000  
**To:** Richmond-Crum, Malia (CDC/NCIRD/ID); Jordan, Douglas E. (CDC/NCIRD/ID); Adams, John Patrick (CDC/NCIRD/ID) (CTR); Spratling, Robin (CDC/NCIRD/ID); Richardson-Smith, Nicole (CDC/NCIRD/ID)  
**Cc:** Denty, Robert (RED) (CDC/NCIRD/ID); Swyers, Victoria (CDC/NCIRD/ID); Szablewski, Christine (CDC/NCIRD/ID); Jhung, Michael (CDC/NCIRD/ID); Davis, Charles (Todd) (CDC/NCIRD/ID); Kniss, Krista (CDC/NCIRD/ID); Budd, Alicia (CDC/NCIRD/ID); Tastad, Katie (CDC/NCIRD/ID); Dugan, Vivien (CDC/NCIRD/ID)  
**Subject:** RE: Avian TPs

Only to sick/dead mammals with confirmed H5N1 virus infection. No case of mammal-to-human transmission of any avian influenza A virus in the world.  
Pigs might infrequently be able to be infected with H5N1 virus.

---

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**Sent:** Monday, March 25, 2024 1:51 PM  
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Is there agreement on saying "...people who have job-related or recreational exposure to infected birds OR MAMMELS might be at high risk..."? I thought all the human illness were still attributed to exposure to birds?

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