



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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Division of Public Health

To: All North Carolina Clinicians
From: Erica Wilson, MD, MPH, Medical Epidemiologist
Subject: Management of People Exposed to Avian Influenza (2 pages)
Date: April 3, 2022 (*Replaces version posted March 20, 2020*)

This memo provides guidance to providers for monitoring and managing people who are exposed to birds infected with avian influenza viruses currently circulating in birds in the United States and North Carolina.

Background

On January 18, 2022, the [United States Department of Agriculture's \(USDA\) Animal and Plant Health Inspection Services \(APHIS\)](#) confirmed detection of an influenza A H5N1 highly pathogenic avian influenza (HPAI) in wild birds in North Carolina. Since then, more than 100 hunter harvested wild birds have tested positive, and the virus has been found on over 40 commercial farms and over 30 backyard flocks in 13 states. On March 29, 2022, the first cases of HPAI in a commercial poultry flock in North Carolina were reported in Johnston County, with three additional flocks in Johnston and Wayne counties testing positive on April 2. [The North Carolina Department of Agriculture and Consumer Services](#) provides regular updates on HPAI virus detections in North Carolina.

No human infections with these viruses have been detected in the United States to date. However, some [avian influenza viruses have infected people in other countries](#).

Monitoring of Exposed Persons

[The Centers for Disease Control and prevention \(CDC\)](#) considers the risk to the U.S. public's health from these avian influenza viruses to be low. However, it is recommended that people exposed to infected birds should be monitored for signs and symptoms of influenza for 10 days after their last exposure. Monitoring should be coordinated with state and local public health officials.

Clinical Presentation

The clinical presentation of human infection with avian (novel) influenza A viruses varies considerably, from mild illness, including fever, cough, and conjunctivitis; to severe illness, including pneumonia and acute respiratory distress syndrome (ARDS).

- Clinicians caring for patients who develop fever or signs or symptoms of respiratory illness or conjunctivitis within 10 days after their last exposure to infected birds should immediately contact their local health department or the state Communicable Disease Branch (919-733-3419; available 24/7) to discuss control measures, testing and treatment.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

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Laboratory Testing

Specimens should be obtained for novel influenza A virus testing as soon as possible after illness onset, ideally within 7 days.

- Follow the CDC provided [guidance](#) on testing, specimen collection, and processing for patients with suspected infection with novel influenza A viruses.
- Specimen from patients at increased risk for novel influenza infection should be sent to SLPH for testing and subtyping. Clinical specimen [storage](#) and [submission](#) guides should be followed.
- Negative antigen detection test should not be used as final diagnostic for novel influenza virus infection. Both positive and negative antigen results should be confirmed at SLPH.

Infection Prevention

Clinicians seeing patients with suspected, probable or confirmed infection with novel influenza A viruses should adhere to [recommended infection control practices](#) including droplet, contact, and airborne precautions.

Information on biosecurity practices to prevent potential disease spread should be shared with persons at risk for novel influenza infection. [USDA/APHIS](#) and [NCAGR](#) websites provide guidance for hunters, backyard flocks and poultry facilities workers.

Antiviral Chemoprophylaxis and Treatment

- Clinicians should follow [guidance](#) on antiviral [treatment](#), [chemoprophylaxis of persons exposed to birds](#) with avian influenza, and [chemoprophylaxis of close contacts](#).
- Decisions to initiate antiviral chemoprophylaxis should be based on clinical judgement, with consideration given to the type of exposure and to whether the exposed person is at high risk for complications from influenza. Chemoprophylaxis is not routinely recommended for personnel involved in handling sick birds or decontaminating affected environments who consistently used proper personal protective equipment.
- For patients with symptoms of influenza and exposure to infected poultry, antiviral treatment should not be delayed pending collection of specimen or laboratory confirmation.

When to contact the Division of Public Health

Clinicians caring for patients with suspected novel influenza infection should [immediately](#) contact their local health department or the Communicable Disease Branch at the Division of Public Health (919-733-3419; available 24/7)