



Disease Control Branch

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**PUBLIC HEALTH ADVISORY  
HUMAN AVIAN INFLUENZA A (H5N1)  
INFORMATION FOR HEALTHCARE PROVIDERS  
FEBRUARY 20, 2025**

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**Situational Update**

As of February 20, 2025, 38 confirmed human cases of H5N1 have been reported in California. To date no human cases have been reported in Riverside County.

There is no evidence of human-to-human transmission in the United States.

The overall public health risk remains low. Healthcare providers are encouraged to remain vigilant and report any suspected cases promptly to the Riverside University Health System Public Health Department (RUHS-PH).

**Overview of Human H5N1 Influenza Infections**

H5N1 is primarily transmitted to humans through direct contact with infected birds, their droppings, or contaminated environments. Rarely, human-to-human transmission can occur through close, unprotected interactions. Individuals who handle infected poultry, dairy cows, or wildlife are at higher risk of infection, particularly if proper personal protective equipment (PPE) is not used. Consumption of raw milk or other raw dairy products can result in illness in people. However, pasteurized milk and dairy products remain safe for consumption, as the pasteurization process effectively inactivates the virus.

**Testing Criteria**

Appropriate testing of exposed individuals is an important strategy for identifying and controlling Avian influenza. Testing should be performed on individuals meeting both epidemiologic and clinical criteria.

## **Epidemiologic Criteria**

Healthcare providers should **ask all patients presenting with flu-like symptoms about recent exposure to birds, cows, wildlife, or consumption of unpasteurized dairy products.**

Recent exposure (within 10 days) to H5N1 through:

- **Bird Exposure:** Close contact (within 6feet) with infected birds, including handling, slaughtering, defeathering, or preparing birds for consumption. Contact with surfaces contaminated by feces or parts of infected birds. Visiting live poultry markets linked to bird infections or human influenza cases.
- **Dairy Cow and Raw Milk Exposure:** Direct contact with infected dairy cows, such as milking, feeding, or cleaning them, or handling contaminated equipment or bedding. Consumption of unpasteurized (raw) milk or dairy products from infected cows.
- **Laboratory Exposure:** Unprotected (without respiratory and eye protection) exposure to influenza A virus in a laboratory setting.
- **Human Exposure:** Close, unprotected contact (without respiratory and eye protection) with a confirmed, probable, or symptomatic suspected human case.

## **Clinical Criteria**

People presenting with any of the following symptoms:

- **Mild Illness:** Fever, cough, sore throat, rhinorrhea, fatigue, myalgia, headache, or conjunctivitis.
- **Moderate to Severe Illness:** Shortness of breath, difficulty breathing, altered mental status, or seizures.
- **Complications:** Pneumonia, respiratory failure, ARDS, multi-organ failure, or meningoencephalitis.

## **Testing & Subtyping**

Healthcare providers suspecting H5N1 infection should promptly contact RUHS-PH Disease Control to discuss testing needs and coordinate testing through the Public Health laboratory. Providers may also choose to send specimens to their contracted commercial laboratory.

Consistent with the CDC's January 16, 2025, health advisory recommending faster identification of influenza subtypes to detect H5N1 infections, the RUHS Public Health Laboratory (PHL) is asking clinical labs that test for influenza but do not perform subtyping to send all positive influenza samples from hospitalized patients to RUHS PHL for further analysis. These samples should be collected and stored in viral transport media (VTM). While submitting all positive specimens may not always be feasible, please prioritize submissions to RUHS PHL for severe-hospitalized or ICU patients to the best of your ability.

RUHS-PH Public Health Laboratory (PHL) provides the following guidance for testing individuals who meet both clinical and epidemiologic criteria for H5N1. Ideally, two specimens should be collecte

1. A nasopharyngeal (NP) swab

2. A combined nasal (NS) swab and oropharyngeal (OP) swab (both swabs placed in a single vial of viral transport media)

For individuals meeting clinical and epidemiologic criteria for H5N1 who present with conjunctivitis (with or without respiratory symptoms), at least two swabs should be collected:

1. A conjunctival swab

2. An NP swab

Additional specimen sources, such as OP and NS swabs, may be considered for individuals with conjunctivitis. Specimens should be collected within 24–72 hours of symptom onset but no later than 10 days. Use synthetic-tipped swabs with plastic shafts and place them in vials containing 2–3 mL of viral or universal transport media (VTM/UTM). If transportation is delayed for more than 72 hours, specimens must be refrigerated or frozen and transported on cold packs (if refrigerated) or dry ice (if frozen).

Additionally, RUHS PHL reminds laboratories to also submit positive RSV and SARS-CoV-2 samples for expanded respiratory surveillance testing.

For any questions regarding this request, obtaining the appropriate test requisition, or courier coordination please contact [rhlsurveillance@ruhealth.org](mailto:rhlsurveillance@ruhealth.org) or call (951)-358-5070.

### **Antiviral Treatment & Prophylaxis**

#### **For Symptomatic Individuals:**

- Oseltamivir (Tamiflu): 75 mg twice daily for 5 days.
- Severe cases may require extended or combination therapy.
- Treatment should begin immediately, even if test results are pending.

#### **For Asymptomatic Exposed Individuals:**

- Oseltamivir prophylaxis: is recommended for individuals with significant exposure.
- Duration: 5 days for limited exposure; 10 days for ongoing exposure (e.g., household settings).

### **Mandatory Reporting**

Healthcare providers must report suspected and confirmed cases immediately to RUHS, Disease Control. Cases can be reported via:

- Telephone: 951-358-5107
- California Reportable Disease Exchange (CalREDIE)-if enrolled
- Confidential Morbidity Report (CMR) submission via Fax to (951)358-5446
- Information is available on the RUHS-PH **website**: [www.rivco-diseasecontrol.org](http://www.rivco-diseasecontrol.org).

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#### **Additional Information can be found at the following websites:**

[Information for Workers Exposed to H5N1 Bird Flu, CDC.](#)

[Prevention of Avian Influenza A Viruses in People, CDC.](#)