



## Avian Influenza A H5N1

Columbus Public Health &  
Franklin County Public Health

### Summary

Due to sporadic human infections with avian *Influenza A H5N1 Virus* amid high levels of seasonal influenza activity, Centers for Disease Control & Prevention (CDC) highly recommends a shortened timeline for subtyping all influenza A specimens among hospitalized patients and enhanced efforts at clinical laboratories to identify non-seasonal influenza. Clinicians and laboratorians are reminded to test for influenza in patients with suspected influenza and, going forward, to now expedite the subtyping of influenza A-positive specimens from hospitalized patients, particularly those in an intensive care unit (ICU). This approach can help prevent delays in identifying human infections with avian *Influenza A H5N1 Virus*, while also supporting optimal patient care and timely infection control and case investigation.

### Background

A panzootic of highly pathogenic avian *Influenza A H5N1 Virus* is currently affecting wild birds. In the United States, there have been outbreaks with these viruses among poultry and dairy cows, as well as infections among other animals. Since 2022, 67 total human cases of avian *Influenza A H5 Virus* infection have been identified in the United States, with 66 of these cases occurring in 2024. No cases have yet been reported in Ohio. Most infections in humans have been clinically mild, but [one fatality](#) has been reported. Many individuals infected with avian *Influenza A H5 Virus* have reported unprotected workplace exposures, such as handling infected or sick dairy cows or poultry without using [recommended personal protective equipment](#). However, one case involved exposure to backyard poultry or wild birds. The source of the exposure in two confirmed cases in the United States could not be determined.

CDC has routinely recommended [influenza testing for hospitalized patients](#) with suspected influenza. In light of the ongoing avian *Influenza A H5 Virus* animal outbreak in the United States, CDC now recommends subtyping of all influenza A virus-positive specimens from hospitalized patients on an accelerated basis. This accelerated subtyping is part of a comprehensive strategy to identify severe human infections with avian *Influenza A H5 Virus*, in addition to characterizing seasonal influenza viruses in a timely fashion.

Enhancing and expediting *Influenza A Virus* subtyping of specimens from hospitalized patients, especially from those in an ICU, can help avoid potential delays in identifying human infections with avian *Influenza A H5 Virus*. Such delays are more likely while seasonal influenza activity is high, as it is now, due to high patient volumes and general burden on healthcare facilities. Additional testing also ensures optimal patient care along with timely infection control. Furthermore, expediting transportation of such specimens to commercial or public health laboratories for additional testing may also accelerate public health investigation of severe influenza A H5 cases and sharing of information about these viruses.

- Most influenza tests ordered in clinical settings do not distinguish avian *Influenza A H5 Virus* from seasonal *Influenza A Virus*; a positive result simply confirms *influenza A virus* infection. Therefore, using tests that identify the seasonal *Influenza A Virus* subtype will help identify whether infection with a seasonal *Influenza A Virus* is present. If a test result is positive for *Influenza A Virus* but negative for seasonal *Influenza A Virus* subtypes A H1 and A H3, the virus detected might be a novel *Influenza A Virus*, such as *Influenza A H5 Virus*, and specimens should be prioritized for shipment to a public health laboratory for additional testing. Alternatively, there are now a few commercial laboratories offering *Influenza A H5 Virus* subtyping in the clinical setting. Additionally, the Food and Drug Administration offers a list of influenza A typing and subtyping tests. Services like diagnostic and subtype testing that are reasonable and necessary to diagnose illness are covered in most cases by both [public](#) and private health insurers.

Subtyping is especially important in people who have a history of relevant exposure to wild or domestic animals infected or possibly infected with avian *Influenza A H5N1 Virus*.

CDC still considers the risk from avian *Influenza A H5 Virus* to the public to be low, but is closely monitoring this dynamic situation. At this time, while seasonal influenza levels are high nationally, nearly all people who are currently hospitalized with influenza A virus infections probably have seasonal influenza.

## Recommendations for Testing of Hospitalized Patients

CDC now recommends that all *Influenza A Virus* positive respiratory specimens from hospitalized patients, especially from those in an ICU, be subtyped for seasonal *Influenza A H1 Virus* and *Influenza A H3 Virus* as soon as possible following admission and ideally within 24 hours to support optimal patient care and [proper infection prevention and control](#) measures and to facilitate rapid [public health investigation and action](#).

## Recommendations for Clinicians

- When collecting a thorough exposure history from a patient with suspected or confirmed influenza who is hospitalized, ask about potential exposure to wild and domestic animals, including pets (cats and dogs), animals (poultry, dairy cows), animal products (raw cow milk, raw cow milk products, raw meat-based pet food), or recent close contact with a symptomatic person with a probable or confirmed case of influenza A H5.
- Implement appropriate infection control measures when influenza is suspected.
  - If avian *Influenza A H5 Virus* infection is suspected, probable or confirmed in a hospitalized patient, place the patient in an airborne infection isolation room (AIIR) with negative pressure with implementation by caregivers of [standard, contact, and airborne precautions](#) with eye protection (goggles or face shield).
- Test for seasonal *Influenza A Virus* in hospitalized patients with suspected seasonal influenza or novel influenza A such as avian *influenza A virus* infection, using whatever diagnostic test is most readily available for initial diagnosis.
  - If the initial diagnostic test does not subtype, order an influenza A subtyping diagnostic test within 24 hours of hospital admission for patients who test positive for influenza A.
  - Subtyping should be performed with assays available to the testing laboratory, as follows:
    - Subtyping tests should be performed in the hospital clinical laboratory, if available.
    - Alternatively, specimens should be sent to a commercial clinical laboratory.
    - If *Influenza A Virus* subtyping is not available through one of these preferred routes, subtyping can potentially be performed at Ohio Department of Health Laboratory (ODHL).
- All hospitalized patients, especially those in an ICU, with suspected seasonal influenza A H1 or H3 or avian influenza A H5 should be started on [antiviral treatment](#) with Tamiflu® (oseltamivir) as soon as possible without waiting for the results of influenza testing.
  - Consider [combination antiviral treatment](#) with both Tamiflu® (oseltamivir) and Xofluza® (baloxavir) for hospitalized patients confirmed to have avian *Influenza A H5 Virus* infection.
- Immediately notify Columbus Public Health (CPH) and Franklin County Public Health (FCPH) via Infectious Disease Reporting System (IDRS) at 614.525.8888 Option # 1 if avian *Influenza A H5 Virus* infection is suspected, probable or confirmed in a patient.
- Questions about appropriate clinical management or testing of hospitalized patients with novel *Influenza A Virus* infection, including about combination antiviral treatment dosing or testing for antiviral resistance, can be directed to the CDC Influenza Division for consultation with a medical officer via the CDC Emergency Operations Center at 770.488.7100.



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<https://www.cdc.gov/bird-flu/situation-summary/index.html>

### Accelerated Subtyping of Influenza A in Hospitalized Patients

<https://www.cdc.gov/han/2025/han00520.html>

### Infectious Disease Reporting System

<http://idrsinfo.org>

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