



COMMONWEALTH of VIRGINIA

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Avian Influenza Update for Virginia

January 31, 2025

Dear Colleague:

This letter provides updates on influenza testing guidance and avian influenza A(H5) (bird flu) activity in Virginia birds.

Avian influenza A(H5) has **not been detected** in people or dairy cattle in Virginia. It has recently been [detected](#) in Virginia in wild birds, commercial poultry, and in birds housed in a zoo collection. These detections are not unexpected, as avian influenza A(H5) virus is currently widely circulating in the environment. **The risk from avian influenza viruses to the public remains low.** People with job-related or recreational exposure to birds or other avian influenza virus-infected animals are at greater risk of infection.

Avian influenza A(H5) Virus Interim Recommendations for Clinicians

Clinicians should consider the possibility of avian influenza virus infection in persons showing signs or symptoms of acute respiratory illness or conjunctivitis who have a relevant exposure history. This includes people who have had contact with potentially infected sick or dead birds, livestock, or other animals or animal products within 10 days before their symptom onset.

If avian influenza virus infection is suspected or confirmed in any patient:

- Ask about exposures to:
 - Wild and domestic animals, including birds, poultry, and dairy cattle.
 - Raw animal products, such as raw cow milk and raw cow milk products, or raw meat-based pet food.
 - Recent close contact with a symptomatic person with probable or confirmed avian influenza A(H5) infection.
- Isolate the patient and follow [infection control recommendations](#), including the use of PPE.
- Initiate [antiviral treatment](#) with oseltamivir as soon as possible without waiting for the results of influenza testing.
- Immediately notify your [local health department](#) to coordinate testing with the Division of Consolidated Laboratory Services (DCLS), if needed. Specimen collection guidance is available on the [DCLS website](#).

Recommendations for Influenza Testing of Hospitalized Patients

On January 16, 2025, the Centers for Disease Control and Prevention (CDC) issued a [Health Alert Network \(HAN\) Health Advisory](#) to clinicians and laboratories **recommending expedited subtyping of influenza A positive respiratory specimens from hospitalized patients**, especially those in intensive care units (ICU). This request for expedited subtyping is in response to continued sporadic human infections with avian influenza A(H5N1) viruses in the U.S. during high levels of seasonal influenza activity. These recommendations will enhance patient care and infection prevention and control measures and will help facilitate timely public health investigation and action, such as contact tracing.

Clinicians should test for seasonal influenza A in hospitalized patients suspected of having influenza, especially ICU patients, within 24 hours of admission using a diagnostic test capable of providing seasonal influenza subtyping [i.e., A(H1) and A(H3)]. When possible, when ordering these tests, please include clinical information from the patient to help ensure specimens from hospitalized and severely ill patients are prioritized.

Recommendations for Hospital and Commercial Clinical Laboratories

- Subtype respiratory specimens (for seasonal influenza subtypes) from hospitalized patients that are positive for influenza A.
- If specimens from these patients are positive for influenza A but negative for seasonal influenza A virus subtypes [i.e., negative for A(H1) and A(H3)] please forward the specimens to DCLS as soon as possible and within 24 hours of obtaining the results.
- If the hospital does not have access to seasonal influenza A subtyping in-house or at a commercial laboratory, forward influenza A positive samples from hospitalized patients to DCLS. DCLS-specific guidance for submitting specimens for influenza A subtyping are available on the [DCLS website](#).
- Immediately notify your [local health department](#) and the infection control program of your facility if subtyping yields a positive result for influenza A(H5) virus.

Notably, if results are “Influenza A positive with no subtype identified/obtained” or “Flu A-unsubtypeable” **AND** a clinician suspects avian influenza A(H5) or another novel influenza A infection, contact DCLS (804-335-4617) immediately for specific consultation regarding shipment of specimens to DCLS for testing. Specimens should not be submitted until consultation has occurred. You should also immediately notify your [local health department](#).

Thank you again for your continued partnership in keeping Virginians safe from respiratory illnesses. To learn more about influenza viruses, please visit the following websites:

- **VDH Avian Flu:** www.vdh.virginia.gov/hpai
- **VDH Influenza in Virginia:** www.vdh.virginia.gov/flu
- **CDC:** www.cdc.gov/bird-flu/hcp/clinicians-evaluating-patients

Sincerely,

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State Health Commissioner