

FOR IMMEDIATE RELEASE 4/11/2024

TO: Grant Co. Healthcare

FOR INFORMATION CONTACT

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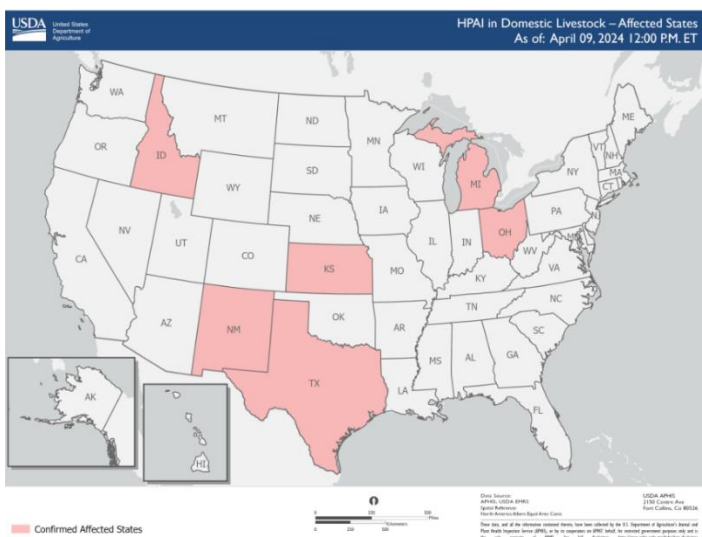
Recent Emerging Public Health Concerns

Avian Influenza A (H5N1) • Meningococcal Disease • Dengue

Avian Influenza A (H5N1) Virus -

UNITED STATES - **Highly pathogenic avian influenza (HPAI) H5N1 has been detected in dairy cattle in several U.S. states. One human-associated case has been reported.**

The HPAI H5N1 virus was confirmed in Texas in a person who worked on a farm and had contact with dairy cattle presumed to be infected with HPAI H5N1. The person's primary symptom was conjunctivitis without other respiratory symptoms. This is the second human case of HPAI H5N1 identified in the United States. The first human case was identified in [Colorado in April 2022](#) in a person who had direct exposure to poultry with presumptive H5N1 avian influenza. **At this time, CDC and DOH still classify the risk of HPAI transmission to humans as low.**



HPAI in dairy cows was first reported in Texas and Kansas by the U.S. Department of Agriculture (USDA) [on March 25, 2024](#). To date, 21 dairy cow herds in seven states, now also including ID, NM, MI and OH have been found to be infected. More herds with infected animals will likely be found in the U.S. in the near future. So far, no infected herds have been reported in Washington state.

HPAI H5N1 has rarely been transmitted from person to person. As such, the risk to the public is believed to be low; however, people who have close contact with contagious animals could become infected.

The following documents were released on April 1, 2024, by the Centers for Disease Control and Prevention (CDC) and the Texas Department of State Health Services on the human case of HPAI H5N1:

- [Highly Pathogenic Avian Influenza A \(H5N1\) Virus Infection Reported in a Person in the U.S. \(CDC\)](#)
- [Health Alert: First Case of Novel Influenza A \(H5N1\) in Texas \(Texas DSHS\)](#)

In response to this situation, CDC has updated their HPAI guidance for public health prevention, monitoring, and investigation: [HPAI in Animals: Interim Recommendations for Prevention, Monitoring, and Public Health Investigations \(CDC\)](#)

Actions Requested -

- **Clinicians should consider the possibility of HPAI A(H5N1) virus infection in persons showing signs or symptoms of acute respiratory illness who have relevant exposure history, particularly in agricultural or wildlife workers with exposures to poultry or livestock, veterinarians, laboratory personnel or small-scale farmers.**
 - This [Brief summary for Clinicians](#) was previously written to address exposure to sick birds but now includes exposure to livestock, or other potentially infected animals within the week before symptom onset.
 - **Testing:**
 - Contact Grant County Health District to arrange testing for influenza A(H5N1) virus, collect recommended respiratory specimens using full PPE.
 - Commercially available influenza tests are NOT appropriate for avian influenza testing as they will most likely give a false negative result.
 - Testing for other potential causes of acute respiratory illness should also be considered depending on the local respiratory virus activity and the clinical scenario.
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- **Treatment & Isolation:**

- Strongly consider starting empiric antiviral treatment in persons presenting with influenza-like illness who may have been exposed to avian influenza (see treatment guidelines outlined in this [document](#)) and inform the patient that they need to isolate at home away from their household members and not go to work or school until it is determined they do not have avian influenza A virus infection. If treating for suspected avian influenza, contact GCHD to arrange for testing.
- Other family members should monitor for symptoms and be tested immediately and in a similar fashion as their potentially infected family member.
- People exposed to HPAI A(H5N1)-virus-infected birds or other animals (including people wearing recommended PPE) should monitor themselves for new respiratory illness symptoms, including conjunctivitis (eye redness), beginning after their first exposure and for 10 days after their last exposure.

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Meningococcal Disease –

UNITED STATES – The Grant County Health Officer, Dr. Alexander Brzezny, has issued the following alert to notify the Grant County healthcare community **of an increase in meningococcal cases across the United States, mainly attributable to *Neisseria meningitidis* serogroup Y.** While there are no confirmed cases in Grant County, we ask that providers consider meningococcal disease in any patient with a clinically plausible scenario. The last confirmed case of meningitis in Grant County occurred in 2018.

Current Situation - In 2023, the U.S. experienced the highest number of reported meningococcal cases since 2014. [CDC's recent advisory](#) states, “As of March 25, 2024, 143 cases have been reported to CDC for the current calendar year, an increase of 62 cases over the 81 reported as of this date in 2023”. Cases caused by the serogroup Y strain are disproportionately occurring in people ages 30–60 years (65%), Black or African American people (63%), and people with HIV (15%).

Symptoms – While initial symptoms of meningococcal disease can at first be non-specific, they worsen rapidly, and the disease can become life-threatening within hours. Most cases of invasive

meningococcal disease caused by serogroup Y in 2023 **had a clinical presentation other than meningitis**: 64% presented with bacteremia, and at least 4% presented with septic arthritis.

Meningococcal disease most often presents

as meningitis, with symptoms that may include:

- Fever
- Headache
- Stiff neck
- Nausea
- Vomiting
- Photophobia
- Altered mental status

Meningococcal bloodstream infection, may present with symptoms that may include:

- Fever and chills
- Fatigue
- Vomiting
- Cold hands and feet
- Severe aches and pains
- Rapid breathing
- Diarrhea, or, in later stages, a dark purple rash.

Actions Requested:

- Reporting & Testing:
 - Immediately report any suspected cases of *Neisseria meningitidis* (NM) ([case definition](#)) to GCHD – (509) 766-7960.
 - Test any suspected NM case(s). Blood and cerebrospinal fluid (CSF) cultures remain the gold standard [laboratory test](#) for the identification of NM with virtually 100% specificity.
 - Treatment:
 - Because of the risks of severe morbidity and death, effective antibiotics should be administered promptly to patients suspected of having meningococcal disease. [Click here to view situational antibiotic treatment options.](#)
 - Prevention:
 - Ensure all patients are up to date on [meningococcal vaccines](#).
 - Universal immunization of all adolescents aged 11–18 years and persons aged 2–55 years who are considered at increased risk is recommended. Good respiratory hygiene can reduce the likelihood of transmission. Exposed individuals will be recommended to take a post-exposure prophylactic antibiotic.
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- All 11 to 12-year-olds should receive a meningococcal conjugate vaccine. Since protection wanes, CDC recommends a booster dose at age 16 years.
- For people at increased risk due to medical conditions (e.g., with HIV), recommended vaccination includes a 2-dose primary MenACWY series with booster doses every 3–5 years, depending on age.
- A different vaccine can help protect against meningitis caused by serogroup B.

Source: CDC | <https://emergency-origin.cdc.gov/han/2024/hano0505.asp>

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Dengue -

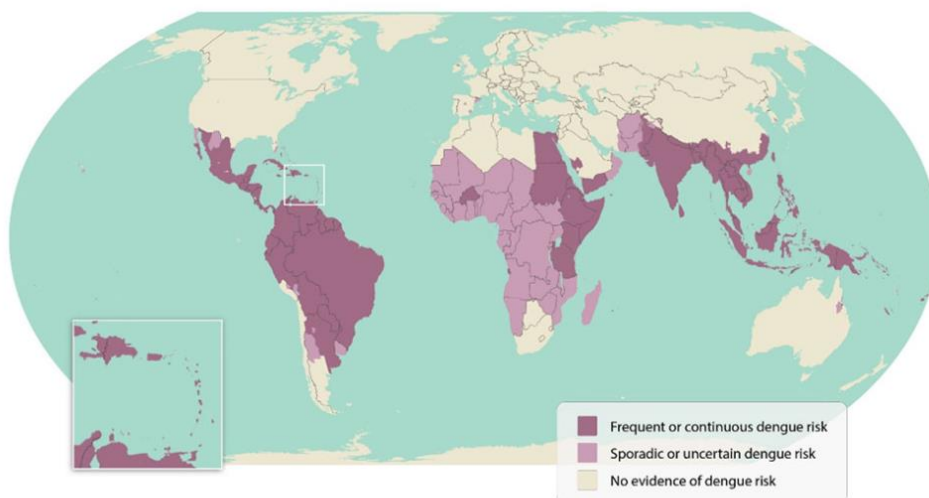
GLOBAL - **This is a Provider Alert from the Washington Department of Health (DOH) regarding a global increase in cases of dengue.** Washington healthcare providers are advised to remain alert for patients with symptoms of dengue, and to test for dengue when symptomatic patients report recent travel to high-risk areas. **No cases of dengue have been reported in Grant County.** The last confirmed case in Grant County occurred in 2021.

Dengue viruses are spread to people through the bite of an infected *Aedes* species (*Ae. aegypti* or *Ae. albopictus*) mosquito. Over recent years, there has been a significant rise in dengue cases globally. Currently, many countries are experiencing dengue outbreaks, including in many popular Spring break destinations. CDC has recently issued Level 1 travel notices for Central and South America, Mexico, the Caribbean, parts of Africa and the Middle East, and many parts of Asia and the Pacific Islands. Anyone arriving from an affected area could be at risk.

Current Situation in Washington – While dengue is not endemic to Washington, DOH has seen an increase in reported cases of dengue in persons arriving from affected areas. While WA DOH receives an average of 13 dengue cases per year, 31 cases were reported in 2023, and cases remain high in 2024. In many cases, appropriate diagnostic testing is not ordered by providers (namely, serologic testing is ordered too early after symptom onset, when it may be negative, and PCR testing that allows serotyping is not performed).

Actions Requested -

- Healthcare providers should take a detailed travel history for a patient who reports fever or rash and who recently arrived from an affected region. Dengue can cause fever, rash, headache, body aches, and joint aches. Severe symptoms include central nervous system infection and hemorrhage.
- If dengue is a possible diagnosis based on symptoms and recent travel, recommend the patient avoid NSAIDs until dengue is ruled out.
- **If the person is within the first week of illness (acute phase), order PCR or dengue virus antigen tests AND serology (IgM and IgG) for dengue and for any other likely conditions. Report positive results to the local health jurisdiction of the patient.**
- **If the person is after the first week of illness, order serology (IgM and IgG) for dengue and any other likely conditions. Report positive results to the local health jurisdiction of the patient; IgM antibodies can remain detectable for 3 months or longer after infection.**
- **If the person with suspected dengue is hospitalized with encephalopathy or aseptic meningitis, also order PCR on cerebral spinal fluid. Report positive results to the local health jurisdiction of the patient.**
- Dengue testing is not recommended for asymptomatic persons.
- When providing pre-travel consultation, recommend prevention measures to avoid mosquito bites if the person is traveling to an area at risk for dengue, including use of an EPA-registered insect repellent: <https://www.cdc.gov/dengue/prevention/plan-for-travel.html>



Map of areas with dengue risk.

Below is a complete list of high-risk countries (Dengue):

Central and South America, Mexico, the Caribbean:

<https://wwwnc.cdc.gov/travel/notices/level1/dengue-americas>

Africa and the Middle East: <https://wwwnc.cdc.gov/travel/notices/level1/dengue-africa>

Asia and Pacific Islands: <https://wwwnc.cdc.gov/travel/notices/level1/dengue-asia>

CDC - Areas at risk for dengue: <https://www.cdc.gov/dengue/areaswithrisk/around-the-world.html>

CDC Dengue testing guidance: <https://www.cdc.gov/dengue/healthcare-providers/testing/testing-guidance.html>

**To report suspected cases, or for any other questions, please contact: Grant County Health District
-(509) 766-7960.**

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