"There was a little girl, and she had a little bird, And she called it by the pretty name of Enza; But one day it flew away, but it didn't go to stay, For when she raised the window, in-flu-Enza.

- Nursery rhyme, 1894

HPAI, H5N1 – Why the concern?

Dan Luong, MPH
Russ Jones, MPH (presenting)

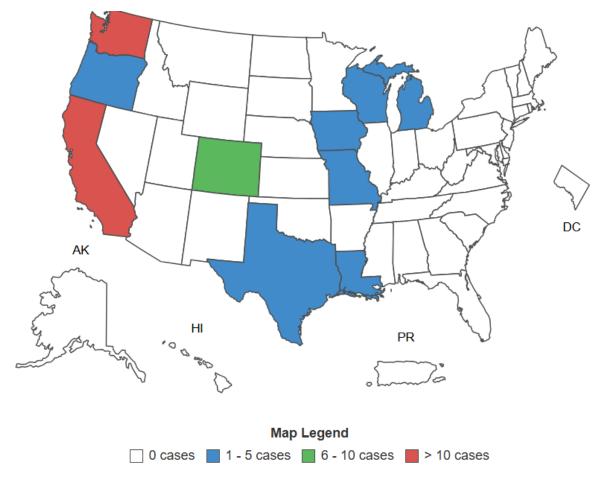


H5N1

- 1996 1997 H5N1 virus first identified in domestic waterfowl in China. Poultry outbreaks occur in China and Hong Kong. 16 human cases, 8 deaths
- 2003 2005 H5N1 re-emerges in China, spreads to other countries, widespread bird outbreaks in Asia.
- 2020 New genotype **H5N1**, clade **2.3.4.4b** emerges and spreads rapidly in wild birds.
 - The virus spreads across Europe in autumn.
- 2022 February, the 2.3.4.4b clade begins causing poultry outbreaks in the U.S. First Human case in U.S.
- 2023 Additional animal infection detections.
- 2024 By November, WHO has recorded 948 confirmed human H5N1, leading to 464 deaths since 2003.
 - November, a Canadian teenager, presented with ocular symptoms and develops pneumonia.
 - Total U.S. Cases 67, 66 of them since March 2024.
- 2025 January first death in the U.S reported



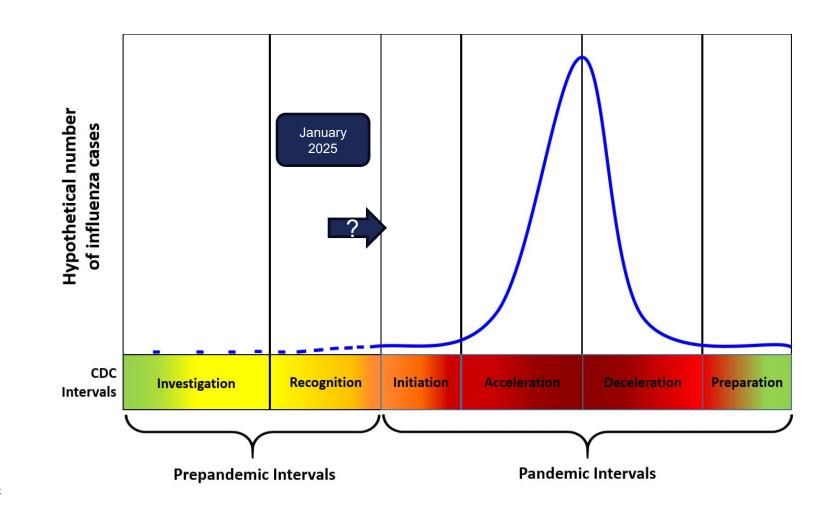
Confirmed Novel Influenza A Virus Human Infections: 2024





Pandemic Intervals

- Investigation Interval:
 - Investigation of Novel Influenza
- Recognition Interval:
 - Increased Potential for Ongoing Transmission
- Initiation Interval:
 - Initiation of the Pandemic
- Acceleration Interval:
 - Acceleration of the Pandemic Wave
- Deceleration Interval:
 - Deceleration of the Pandemic Wave
- Preparation Interval:
 - Preparation for a Subsequent Pandemic Wave





Risk

At this time, **LOW risk** to the general public health. Limited human cases from animals, no human-to-human transmission.

Pandemic potential based on:

Properties of the virus

Attributes of the population

Ecology and Epidemiology of the virus

Answer questions:

Likelihood of virus causing pandemic

Likely impact of the virus

Moderate Pandemic Risk

Signs/Symptoms

Disease presentation and severity of current virus is different than the 2003-2005 clade.

Current

- Eye redness and irritation (conjunctivitis) approximately 67%.
- Mild respiratory symptoms (sore throat, runny nose, cough) 33%
- Fever, chills, tearing reported
- Severe pneumonia
- One Hospitalized patient reported in December 2024, died January 2025.

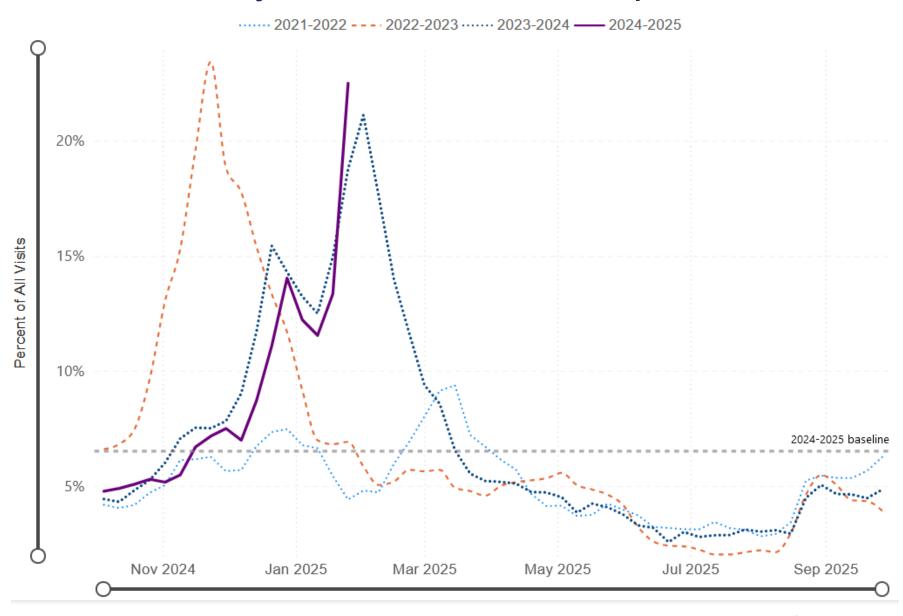
Exposures of Concern

- Direct contact with infected poultry or lactating cows
- Environmental exposure:
- Consumption of contaminated animal products
- Occupational exposure
- Household exposure
- Other factors

Public Health Surveillance

- Monitoring people exposed, >22,800
- Case reporting
- Emergency Departments for unusual trends (syndromic)
- Waste water surveillance
- Testing of positive influenza specimens
- Public health lab testing
 - Routine surveillance testing and typing
 - CDC Health Advisory January 2025 to test hospitalization

Syndromic Surveillance - Example

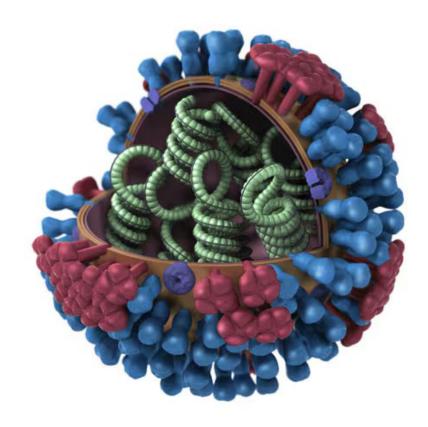




Responses

- Lab testing:
 - CDC has worked with reference labs to develop H5 testing. Quest, LabCorp, Arup.
 - Public Health labs have investigational H5 testing. First positive cases would be confirmed at CDC lab.
- Vaccines
 - Several H5N1 vaccines are in the Strategic National Stockpile, though are developed for older strains. Some cross protection to current clade.
 - Newer mRNA vaccines in development with money from HHS. One is preparing for phase 3 studies.
 Limited and not yet in the Stockpile
- Medications, Antivirals in the Strategic National Stockpile
- PPE, Contact and respiratory PPE
- Continued surveillance/epidemiology identify risk groups







Hemagglutinin



Neuraminidase



M2 Ion Channel



RNP

TARRANT COUNTY PUBLIC HEALTH



Main Address:

1101 S. Main Street Fort Worth, Texas 76104



Phone:

817-321-4700



Scan the QR code or visit:

www.tarrantcountytx.gov/health



