



## Public Health Administration

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January 29, 2025

TO: Clinicians, Laboratory Directors, and Hospital Infection Preventionists

FROM: Sharon Wang, DO, MSHPE, FIDSA  
San Bernardino County Public Health Officer

### **H5N1 Avian Influenza: Specimen Submission Request for ICU Patients and Fatal Cases with Influenza-Like Illness in San Bernardino County**

#### **Key Messages:**

- San Bernardino County Department of Public Health (SBCDPH) is actively monitoring influenza-like illness to direct interventions that control the spread of influenza including H5N1 avian influenza.
- There are still no documented instances of human-to-human transmission and the current risk to the public remains low. Those who interact with infected dairy cows, poultry, or wildlife have a greater risk of infection.
- Advise patients to not consume any kind of raw milk and to ensure safe food handling practices when interacting with animals or their environments.
- The Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH) encourage enhanced surveillance and continued influenza testing throughout respiratory illness season and beyond to ensure early detection of influenza A subtypes circulating in the community.
- To support these efforts, SBCDPH requests healthcare clinicians to test all hospitalized patients and fatal cases with influenza-like illness for influenza A. If a test result is positive for influenza A virus but negative for seasonal influenza A virus subtypes [i.e., A(H1) and A(H3)], submit to the San Bernardino County Public Health Lab (SBC PHL).

#### **Background**

On December 18, 2024, Governor Newsom proclaimed a [State of Emergency](#) regarding the spread of bird flu in sixteen states, including in California and outside the Central Valley. Since March 25, 2024, there have been 67 confirmed cases of bird flu infection in humans across ten states, with one fatality reported outside of California. Of these cases, 38 have been reported in California. There are still no documented instances of human-to-human transmission and the

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current risk to the public remains low. However, individuals who interact with infected dairy cows, poultry, or wildlife have a greater risk of infection.

On January 15, 2025, SBCDPH released a [County Update](#) confirming the County's first case of H5N1 bird flu in a domestic cat. The cat was one of three cats that consumed recalled raw milk from Raw Farm, LLC. Two of the cats have died while the third hospitalized, treated and is now recovered.

SBCDPH continues to actively monitor influenza-like illness to direct interventions to control the spread of influenza including H5N1 avian influenza.

### **Action items for Clinicians and Clinical Laboratories:**

- Initial testing must be completed using your hospital/clinic protocol for influenza-like illness testing.
- CDC now recommends that all influenza A positive respiratory specimens from hospitalized patients, especially from those in an ICU, be subtyped for seasonal influenza A viruses [A(H1) and A(H3)] as soon as possible following admission. Submit all specimens that are positive for influenza A but negative for seasonal flu A virus subtypes [i.e negative for A(H1) and A(H3)] to the public health lab.
- Notify the health department immediately by phone if avian influenza A(H5N1) virus infection is suspected, based on clinical symptoms and exposure history, in accordance with [Title 17 Regulations](#).
- If influenza A virus subtyping is not available at the hospital/clinic or the clinical laboratory of the treating facility, notify SBC PHL to coordinate subtyping. (Refer to the "Submission to Public Health Laboratory" section below for detailed instructions).
- For more information visit the [CDC Health Alert Network](#).

### **Reporting:**

Patients who meet both the **clinical and exposure/epidemiological criteria** below must be reported immediately to the San Bernardino County Department of Public Health (SBCDPH) by calling **(800) 722-4794** during regular business hours (Monday to Friday, 8 a.m. to 5 p.m.) or by calling the after-hours line **(800) 472-2376**.

#### Clinical Criteria:

Influenza-like Illness:

- Mild illness: Cough, sore throat, eye redness, fever, fatigue, headache, conjunctivitis
- Moderate to severe illness: Patients exhibiting severe respiratory illness, such as high fever, persistent cough, difficulty breathing, pneumonia, or seizures

#### Exposure/Epidemiological Criteria:

Livestock, Poultry, and Wild Birds Exposure: Patients who have had direct or indirect contact with livestock within the past 10 days, including:

- Residing on or visiting farms with livestock or poultry
- Working with livestock in any capacity (e.g., farmers, veterinarians, livestock handlers)
- Attending livestock markets or fairs
- Bird or animal exposures can include, but are not limited to handling, slaughtering, defeathering, butchering, culling, or preparing or consuming raw animal products (including raw milk consumption).

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- As a reminder, all *Influenza-associated deaths in laboratory confirmed cases less than 18 years of age* must be reported to the SBCDPH within 7 days of identification.
- All *Influenza due to novel strains* (e.g., human cases of influenza A/H5N1) and outbreaks of influenza-like illness must be IMMEDIATELY reported by phone to SBCDPH Communicable Disease Section.

### Submission to Public Health Laboratory

- Initial testing must be completed using your hospital protocol for influenza-like illness testing.
- All positive influenza A specimens that are negative for seasonal influenza A virus subtypes [i.e., A(H1) and A(H3)] must be submitted to the SBC PHL. Please collect and submit a 2nd swab (a single swab is acceptable if duplicate swabs cannot be collected) along with the positive specimen. Please include a completed [Laboratory Test Request form](#) for each specimen being submitted.
- Refer to the SBC PHL [Influenza Testing Guidance](#) for further instructions on specimen collection, storage and shipping, testing, and communication with SBCDPH.

### 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 and animal products, or recent close contact with a symptomatic person diagnosed influenza A.
- Implement appropriate infection control measures. If avian flu is suspected, probable, or confirmed in a hospitalized patient, place the patient in an airborne infection isolation room with negative pressure if available; otherwise, use a single room ~~if not~~. Ensure caregivers adhere to standard, contact, and airborne precautions including eye [protection](#).
- Antiviral treatment is recommended as soon as possible for outpatients and hospitalized patients who are suspected, probable, or confirmed cases of human infection with novel influenza A viruses associated with severe human [disease](#).
- For further clinical guidance including post exposure chemoprophylaxis, please refer to and the [CDC Interim Guidance](#).

### Signs of H5N1 to monitor in patients:

Symptoms typically appear within two to eight days of exposure, but can be up to 10 days, and may include:

- |                            |                        |
|----------------------------|------------------------|
| • Eye redness or discharge | • Headaches            |
| • Cough or sore throat     | • Fatigue              |
| • Runny or stuffy nose     | • Difficulty breathing |
| • Diarrhea or vomiting     | • Fever                |
| • Muscle or body aches     |                        |

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## Preventive Measures:

- Avoid consuming raw (unpasteurized) milk and undercooked meat. Raw milk can contain harmful germs that may cause serious illness, particularly in young children, pregnant individuals, and people with weakened immune systems.
- Choose pasteurized milk and dairy products, as the pasteurization process eliminates the bird flu virus.
- Individuals who interact with infected dairy cows, poultry, or wildlife are at greater risk of infection.
- Wear protective clothing when working with birds, wildlife or livestock, or their environments.
- Refrain from working with sick animals or those exposed to avian influenza.
- Wash hands frequently after handling animals or being in their environment.

## Raw Milk Recall

CDPH has secured a [voluntary recall](#) of specific lots of raw milk from Raw Farm, LLC. Consumers are urged to return any remaining products to the store of purchase. Retailers have been notified to remove the affected products from their shelves.

## For More Information

For information on laboratory testing, supplies, and reporting, please refer to [Laboratory Testing, Supplies & Reporting – Department of Public Health](#).

If you have any questions or require further information, please contact us at the number listed above or email [CDS@dph.sbcounty.gov](mailto:CDS@dph.sbcounty.gov).

For any additional information, please contact the Communicable Disease Section of SB CDPH:

Phone: (800) 722-4794 (available during business hours, 8 a.m.-5 p.m.)

After-Hours Phone: (800) 472-2376 (available after-hours, weekends, and holidays)

## Resources

[SB CDPH Influenza Testing Guidance](#)

[SB CDPH Laboratory Request Form](#)

[SB CDPH Avian Influenza Webpage](#)

[SB CDPH Avian Influenza Webpage](#)

[CDPH Current Bird Flu Situation in California](#)

[CDC H5 Bird: Current Situation in the United States](#)

[CDC Interim Guidance on Specimen Collection and Testing for Patients with Suspected Infection with Novel Influenza A Viruses Associated with Severe Disease or with the Potential to Cause Severe Disease in Humans](#)

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[CDC Interim Guidance on the Use of Antiviral Medications for Treatment of Human Infections with Novel Influenza A Viruses Associated with Severe Human Disease](#)

[CDC Interim Guidance for Infection Control Within Healthcare Settings When Caring for Confirmed Cases, Probable Cases, and Cases Under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease](#)

[CDC Interim Guidance for Follow-up of Close Contacts of Persons Infected with Novel Influenza A Viruses Associated with Severe Human Disease or with Potential to Cause Severe Human Disease, and Use of Antiviral Medications for Post-exposure Prophylaxis](#)

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