

Guidance on Influenza A Subtyping for Hospitalized Patients

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TO:	Health Alert Network
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SUBJECT:	Guidance on Influenza A Subtyping for Hospitalized Patients
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This transmission is a “Health Advisory” which provides important information for a specific incident or situation; may not require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; **EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS:** PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

Summary

- The Centers for Disease Control and Prevention (CDC) released updated recommendations to accelerate influenza A subtyping in hospitalized patients to identify and support care (CDC - HAN - 00520).
- Hospitals are urged to subtype all influenza A positive specimens collected from hospitalized patients, prioritizing ICU patients. Subtyping should be done as soon as possible, ideally within 24 hours of admission.
- Hospital laboratories that are using influenza A detection assays that are not able to detect subtype (i.e., H1, H3), are encouraged to add subtyping to their testing catalogue or use a reference lab or a commercial lab to perform subtyping in a timely manner.
- Influenza A-positive specimens that are negative for the H1 and H3 subtypes should be sent to the Pennsylvania Department of Health (DOH) Bureau of Laboratories (BOL).
- For all hospitalized patients with symptoms consistent with influenza, healthcare providers should ask about potential exposure to wild and domestic animals (especially wild birds, poultry, dairy cows, and cats); exposure to animal products such as raw cow milk, cheese, and other raw dairy products, and pet food containing raw meat; or recent close contact with a symptomatic person with probable or confirmed influenza A(H5). Providers are also encouraged to collect exposure information from patients in emergency department (ED) and outpatient settings.
- This effort supports the early identification and treatment of severe human infections with avian influenza A(H5) and facilitates prompt public health action to contain spread.
- If you have any questions, please call DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

Background

A panzootic outbreak of highly pathogenic avian influenza A(H5N1) viruses is currently affecting wild birds. In the United States, there have been outbreaks with these viruses among poultry and dairy cows, and other animals. Since 2022, 67 total human cases of avian influenza A(H5) virus infection were identified in the United States, with 66 of these cases occurring in 2024. Most infections in humans in the U.S. were clinically mild, but one fatality was reported. Many individuals infected with avian influenza A(H5) viruses reported unprotected workplace exposures, such as handling infected or sick dairy cows or poultry without using recommended personal protective equipment. 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 and DOH have routinely recommended influenza testing for hospitalized patients with symptoms suggestive of influenza. In light of the ongoing avian influenza A(H5) virus animal outbreak in the United States, CDC now recommends subtyping within 24 hours of all influenza A virus-positive specimens from hospitalized patients. This accelerated subtyping is part of a comprehensive strategy to quickly identify severe human infections with avian influenza A(H5) viruses, 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 prevent delays in identifying human infections with avian influenza A(H5) viruses. 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 will accelerate public health investigation of severe A(H5) cases and sharing of information about these viruses.

Recommendations for Testing of Hospitalized Patients

All hospitalized patients with influenza A-positive specimens should have specimens subtyped by the hospital lab or at a commercial lab as soon as possible, ideally within 24 hours of admission. Hospitals should prioritize subtype testing for ICU patients and other patients requiring respiratory support, including supplemental oxygen, invasive or non-invasive ventilation, or other forms of respiratory assistance (Figure 1).

If tests are subtype negative (positive for influenza A, but not seasonal H1 or H3), they should be couriered to the BOL. Please refer to the specimen shipping instruction section of this document.

If your hospital lab cannot subtype influenza-positive specimens and cannot arrange subtyping through another reference or commercial laboratory, please send all influenza-positive specimens from ICU patients and those with severe symptoms requiring respiratory support to BOL. Follow courier service instructions below.

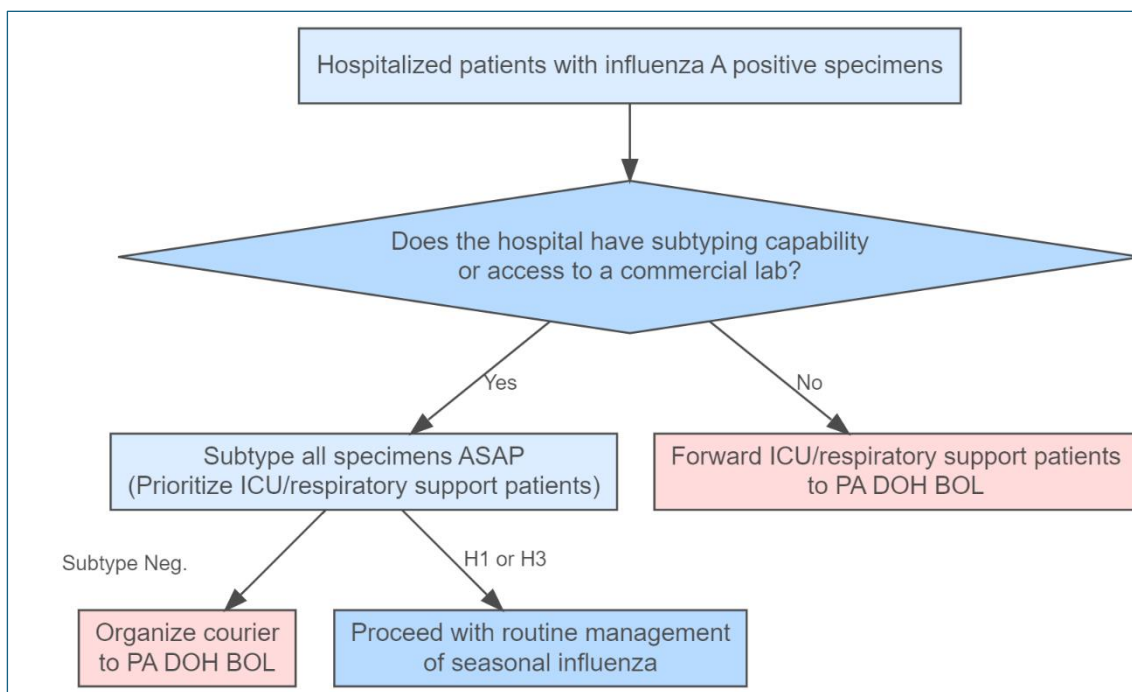


Figure 1. Flow of Influenza A Specimens for Hospitalized Patients

Recommendations for Clinicians

Obtain a thorough exposure history from hospitalized patients with suspected or confirmed influenza

Questions to ask when assessing exposure:

- What is your occupation?
- Have you had any known exposure to animals or people with bird flu?
- Have you had any contact with sick or dead animals, poultry, or dairy cows in the past 10 days?
- Have you eaten or touched raw (unpasteurized) milk, dairy products made with raw milk, or raw pet food?
- Have you visited any petting zoos, live markets, or agricultural fairs in the past 10 days?
- Do you ever have contact with gamebirds/wild birds?

NOTE: Any individual with symptoms consistent with influenza and with known exposure to influenza A(H5)-infected humans or animals, should be tested using lab methodology that produces a subtype result. Call DOH to organize testing at 1-877-PA-HEALTH (1-877-724-3258).

Treat all hospitalized influenza patients

Initiate antiviral treatment immediately for all hospitalized patients with influenza, especially those with severe illness or in the ICU. Hospitalized patients with known or suspected exposure to influenza A(H5) should be started on antiviral treatment before influenza testing results are available. If treating a hospitalized patient with confirmed A(H5) infection, consider combination antiviral treatment.

Implement appropriate infection control strategies

If A(H5) infection is suspected in a hospitalized patient, the patient should be placed in an airborne infection isolation room with negative pressure and caregivers should implement standard, contact, and airborne precautions with eye protection (goggle or face shield).

Recommendations for ED or Outpatient Settings

Collect a thorough exposure history from symptomatic patients with suspected or confirmed influenza. Symptoms can include fever, cough, sore throat, fatigue, eye irritation or discharge (conjunctivitis), body aches, diarrhea, vomiting, or nausea.

If there is no exposure, follow with routine clinical management. If there is exposure to sick or dead birds but confirmation of infection A(H5) is either unknown or pending, call the DOH or local health department to determine next steps. If there is a known exposure to a human or animal with confirmed A(H5), call the DOH or local health department and prepare to ship a specimen to the BOL. Please refer to the specimen shipping instructions below.

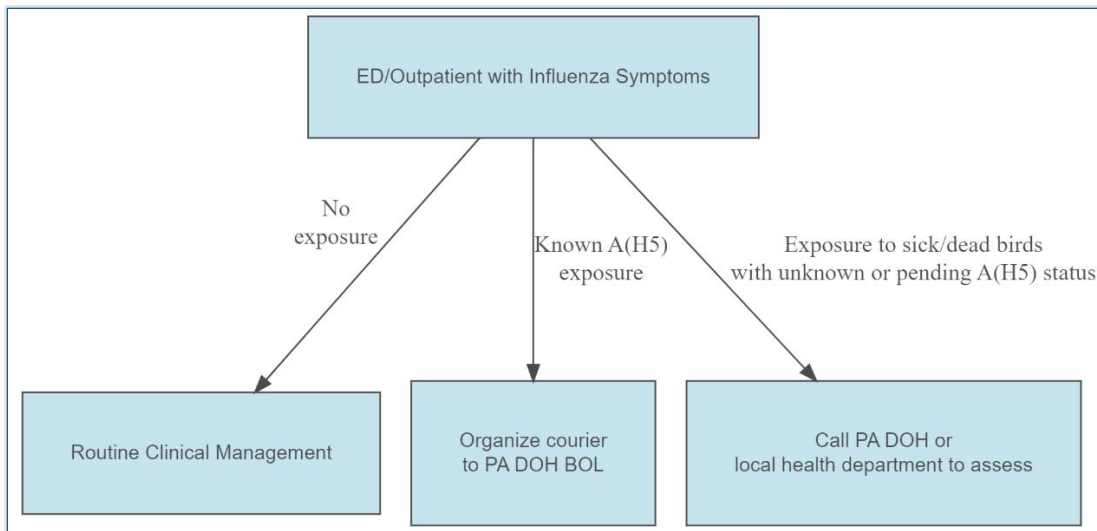


Figure 1. Flow of Specimens from ED Patients with Influenza Symptoms

Specimen shipping:

Instructions for specimen collection and shipping to BOL are here. Make sure to collect both respiratory and conjunctival swab specimens if the patient has respiratory and/or conjunctivitis. If the patient has only respiratory symptoms, collect respiratory specimens only.

For courier specimen shipping, send the following information:

- Facility name,
- Facility address,
- Pick-up location,
- Point-of-contact: name, email, and phone number,
- Number of packages,
- Time packages will be ready for pickup,
- Hours available for pickup,
- Patient initials, and patient's DOB.

Monday through Friday, 8 am to 5 pm, send courier requests via ra-dhpabolab_flu@pa.gov. After 5 pm, or on weekends, call **1-877-PA-HEALTH (877-724-3258)**.

Resources

- [Health Alert Network \(HAN\) - 00520 | Accelerated Subtyping of Influenza A in Hospitalized Patients](#)
- [H5 Bird Flu: Current Situation | Bird Flu | 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 | Bird Flu | 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 | Bird Flu | CDC](#)
- [Interim Guidance on the Use of Antiviral Medications for Treatment of Human Infections with Novel Influenza A Viruses Associated with Severe Human Disease | Bird Flu | CDC](#)

For questions, please call your local health department or DOH at 1-877-PA-HEALTH (877-724-3258).

Individuals interested in receiving future PA-HANs can register at <https://ondemand.mir3.com/han-pa-gov/login/>.

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of February 7, 2025 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.