

# MLS Laboratory Update: Guidance for Highly Pathogenic Avian Influenza (HPAI) Testing

MAY 2, 2024

## Purpose of this Message:

Inform partner laboratories of HPAI testing capabilities at the Minnesota Department of Health Public Health Laboratory (MDH-PHL).

## Action Item:

If a patient has conjunctivitis and/or influenza-like symptoms and has a high-risk exposure (e.g., exposed to infected birds or animals), providers should contact the HPAI Monitoring Surveillance Line at 651-201-5921 or 651-201-5414 to discuss need for testing and coordinate specimen submission to the MDH-PHL.

## Background:

In early April, a person in the United States tested positive for HPAI (influenza A/H5N1) virus. This person had exposure to a dairy cattle herd in Texas infected with HPAI. The patient reported eye redness (consistent with conjunctivitis) as their only symptom and has recovered. The patient was told to isolate and was treated with an antiviral. This infection does not change the HPAI human health risk assessment for the U.S. general public, which CDC considers to be low. However, people with close or prolonged, unprotected exposures to infected birds or other animals (including livestock), or to environments contaminated by infected birds or other animals (such as farmers, poultry workers, backyard flock owners, or animal hobbyists), are at greater risk of infection.

CDC is working with state and local health departments to continue to monitor workers who may have been in contact with infected or potentially infected birds/animals and test those people who develop symptoms.

## Additional Information:

- If you have a provider requesting HPAI testing on a patient, they should work through the HPAI Monitoring Surveillance Line (651-201-5921) to approve and coordinate testing at the MDH -PHL
- MDH epidemiologists will provide proper submission form documents and coordinate specimen collection and transport with local health care providers

- For patients with symptoms of conjunctivitis, conjunctival and nasopharyngeal swabs should be collected and submitted for parallel testing
- For patients presenting with classic respiratory symptoms, nasopharyngeal swabs should be submitted
- Swabs should be made of a synthetic material (e.g., Dacron) with a plastic or aluminum shaft. Swabs should be put into tubes containing viral transport media. **NOTE: Aluminum shafted calcium alginate swabs commonly used in ophthalmology are not an acceptable collection device for molecular testing**
- The testing algorithm for high-suspect cases at the MDH-PHL will include real-time RT-PCR screening for influenza A/H5, the current seasonal circulating influenza A genotypes, influenza B and SARS-CoV-2
  - Any specimen that tests positive for influenza A/H5 at the MDH-PHL will be sent to the Centers for Disease Control and Prevention (CDC) for confirmatory testing
- If influenza testing was performed on the patient ahead of referral to MDH, please indicate the assay used and test results. Commercial IVD assays may vary in their claims for detection of avian influenza genotypes. Review manufacturer’s package insert to determine sensitivity for influenza A/H5
- SARS-CoV-2 and seasonal influenza are still circulating throughout Minnesota. Individuals presenting with influenza like illness (ILI) in the community are most likely infected with seasonal influenza, SARS-CoV-2 or other circulating respiratory viruses

**Questions:** Please contact: Scott Cunningham, Virology Unit Supervisor; 651-201-5032, [Scott.Cunningham@state.mn.us](mailto:Scott.Cunningham@state.mn.us)

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