



Health Alerts: Avian Influenza, Invasive Meningococcal Disease, Dengue Fever, Measles

April 8, 2024

Please review important updates from Skagit County Public Health.

NOTE: Our 24 hour Communicable Disease phone number is 360-770-8852.

Highly Pathogenic Avian Influenza A (H5N1) Virus: Identification of Human Infection and Recommendations

The Centers for Disease Control and Prevention (CDC) issued a [Health Alert Network \(HAN\) Health Advisory](#) to inform clinicians, state health departments, and the public of a recently confirmed human infection with highly pathogenic avian influenza (HPAI) A(H5N1) virus in the United States following exposure to presumably infected dairy cattle. The U.S. Department of Agriculture (USDA) [recently reported detections of](#) highly pathogenic avian influenza A(H5N1) virus in U.S. dairy cattle in multiple states. The Health Advisory also includes a summary of interim [CDC recommendations for preventing, monitoring, and conducting public health investigations of potential human infections with HPAI A\(H5N1\) virus.](#)

Skagit County Public Health is informed of reported human exposures to HPAI in people who reside in Skagit County. We conduct symptom monitoring for 10 days following the exposure and are prepared to test and provide antiviral medication to exposed people in their homes if urgent medical care is not needed. In the event that at risk individuals have not been placed under public health monitoring, CDC has the following guidance for clinicians. Suspect HPAI in humans is immediately notifiable to public health. In Skagit County, providers call 360-770-8852 to report.

Recommendations for Clinicians

- Clinicians should consider the possibility of HPAI A(H5N1) virus infection in people showing signs or symptoms of acute respiratory illness or conjunctivitis and who have relevant exposure history outlined in [Highly Pathogenic Avian Influenza A\(H5N1\) Virus in](#)

[Animals: Interim Recommendations for Prevention, Monitoring, and Public Health Investigations.](#)

- Examples of symptoms include but are not limited to:
 - Mild illness: (e.g., cough, sore throat, eye redness or eye discharge such as conjunctivitis, fever or feeling feverish, rhinorrhea, fatigue, myalgia, arthralgia, and headache)
 - Moderate to severe illness: (e.g., shortness of breath or difficulty breathing, altered mental status, and seizures)
 - Complications: (e.g., pneumonia, respiratory failure, acute respiratory distress syndrome, multi-organ failure (respiratory and kidney failure), sepsis, and meningoencephalitis)
- If signs and symptoms compatible with avian influenza A(H5N1) virus infection are present:
 - Isolate patient and follow infection control recommendations, including using PPE.
 - Initiate empiric antiviral treatment as soon as possible. Do not delay treatment while awaiting laboratory results.
 - Notify state and local health department to arrange testing for influenza A(H5N1) virus.
 - Collect respiratory specimens from the patient to test for influenza A(H5N1) virus at the state health department. If the exposed person has conjunctivitis, with or without respiratory symptoms, both a conjunctival swab and a nasopharyngeal swab should be collected for testing.
 - Encourage patients 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(H5N1) virus infection.
- Starting empiric antiviral treatment with oral or enterically administered oseltamivir (twice daily for five days) is recommended regardless of time since onset of symptoms. [Antiviral treatment](#) should not be delayed while waiting for laboratory test results.

Increase in Invasive Serogroup Y Meningococcal Disease in the United States

The Centers for Disease Control and Prevention (CDC) issued a [Health Advisory](#) regarding an increase in invasive meningococcal disease due to serogroup Y *Neisseria meningitidis*. Washington State is not seeing an increase in meningococcal disease. The preliminary case count for 2023 is four confirmed cases, and three confirmed cases have been reported to-date in 2024. We are sharing for your situational awareness.

CDC reports that cases caused by this strain are disproportionately occurring in people ages 30–60 years (65%), Black or African American people (63%), and people with HIV (15%). In addition, most cases of invasive meningococcal disease caused by ST-1466 in 2023 had a clinical presentation

other than meningitis: 64% presented with bacteremia, and at least 4% presented with septic arthritis. Of 94 patients with known outcomes, 17 (18%) died; this case-fatality rate is higher than the historical case-fatality rate of 11% reported for serogroup Y cases in 2017–2021.

Recommendations for Clinicians

- Maintain a heightened suspicion for invasive meningococcal disease and start immediate [antibiotic treatment](#) for persons with suspected meningococcal disease. Blood and cerebrospinal fluid (CSF) cultures are indicated for patients with suspected meningococcal disease.
- Recognize that invasive meningococcal disease may affect people of any age or demographic group.
 - Current increases in disease are disproportionately affecting people ages 30–60 years, Black or African American people, and people with HIV
 - Be aware that patients with invasive meningococcal disease may present with bloodstream infection or septic arthritis and **without** symptoms typical of meningitis (e.g., headache, stiff neck).
- Ensure that all people [recommended for meningococcal vaccination](#) are up to date for meningococcal vaccines.
 - All 11 to 12 year-olds should receive a MenACWY 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.
- Immediately notify Skagit County Public Health at 360-770-8852 about any suspect or confirmed cases of invasive meningococcal disease.

Global Increase in Dengue Cases; Be Alert for Cases in WA

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. Currently, many countries are experiencing dengue outbreaks. 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.

Washington State has also seen an increase in reported cases of dengue in persons arriving from affected areas. While Washington receives an average of 13 dengue cases reported 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).

Please refer to the [Washington State Department of Health Alert to Providers](#) for actions requested.

Measles Update, April 2024

As of April 4, 2024, [CDC reports](#) 113 cases of measles detected in 18 states, including Washington State. There have been 7 outbreaks in the US to date in 2024 compared with 4 outbreaks reported during all of 2023. In 2024, 58% of the cases were hospitalized for isolation or management of complications.

- [CDC offers many resources](#) on measles clinical presentation, diagnoses, and prevention for healthcare providers.
- Probable and confirmed cases of measles are immediately notifiable to public health. Call 360-770-8852 to report for Skagit County residents.
- Complete the [Suspect Measles Worksheet](#) when evaluating patients to determine if testing is advised.

Thank you for your partnership in keeping Skagit County healthy!



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