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Thank you for joining today's webinar. We will begin promptly at 2:00 p.m. Central.

The Rural Clinician's Role in Influenza A(H5N1) Surveillance This Summer: Practical Strategies for Assessing Patient Risk and Implementing Influenza Testing and Treatment

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Your *First* **STOP** for *Rural Health* **INFORMATION**



The Rural Clinician's Role in Influenza A(H5N1) Surveillance This Summer: Practical Strategies for Assessing Patient Risk and Implementing Influenza Testing and Treatment

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Housekeeping

- Slides are available at <https://www.ruralhealthinfo.org/webinars/influenza-testing-and-treatment>
- Technical difficulties please visit the Zoom Help Center at support.zoom.us

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If you have questions...

The image shows a Zoom meeting interface. On the left is a slide from RHIhub (Rural Health Information Hub) with the text: "Your *First STOP* for *Rural Health INFORMATION*". Below this is a map of the United States filled with various rural health-related images. At the bottom of the slide, it says "Examining Rural Cancer Prevention and Control Efforts from the National Advisory Committee on Rural Health and Human Services". A red arrow points to the "Q&A" icon in the Zoom meeting controls at the bottom. On the right is a "Question and Answer" window with the text: "Welcome. Feel free to ask the host and panelists questions." Below this is a text input field with the placeholder "Type your question here..." and a red arrow pointing to it.

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Featured Speakers



Sarah Heppner, MS, Associate Director, Federal Office of Rural Health Policy (FORHP)



Tim Uyeki, MD, MPH, MPP, Chief Medical Officer, Influenza Division, National Centers for Immunization and Respiratory Diseases (NCIRD), Centers for Disease Control and Prevention (CDC)



Laszlo Madaras, MD, MPH, Chief Medical Officer, Migrant Clinicians Network (MCN)

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Opening Remarks



Sarah Heppner, MS
Associate Director
Federal Office of Rural Health Policy



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Highly Pathogenic Avian Influenza A(H5N1)

Tim Uyeki, MD, MPH, MPP
Chief Medical Officer, Influenza Division
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention

June 18, 2024



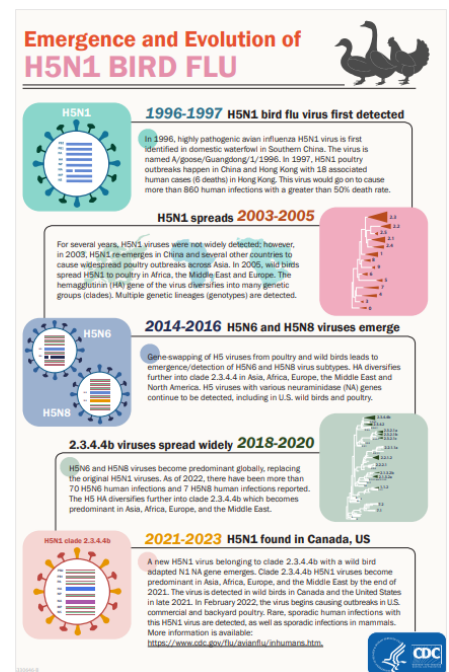
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Overview of Human HPAI A(H5N1) Cases

- Highly Pathogenic Avian Influenza (HPAI) A(H5N1) virus first detected in a poultry outbreak in Scotland (1959)
 - Continue to evolve (classified into clades)
- First human infection identified in 1997 (Hong Kong)
 - 18 cases, 6 deaths
- 1997 to date: **912 human cases reported (24 countries)**
 - >50% of cases have died
- Clade 2.3.4.4b viruses emerged in 2020 in wild birds
 - Detected in wild birds in North America (end of 2021)
 - Poultry outbreaks, wild bird detections since 2022 (ongoing)
 - Wide range of infected mammals



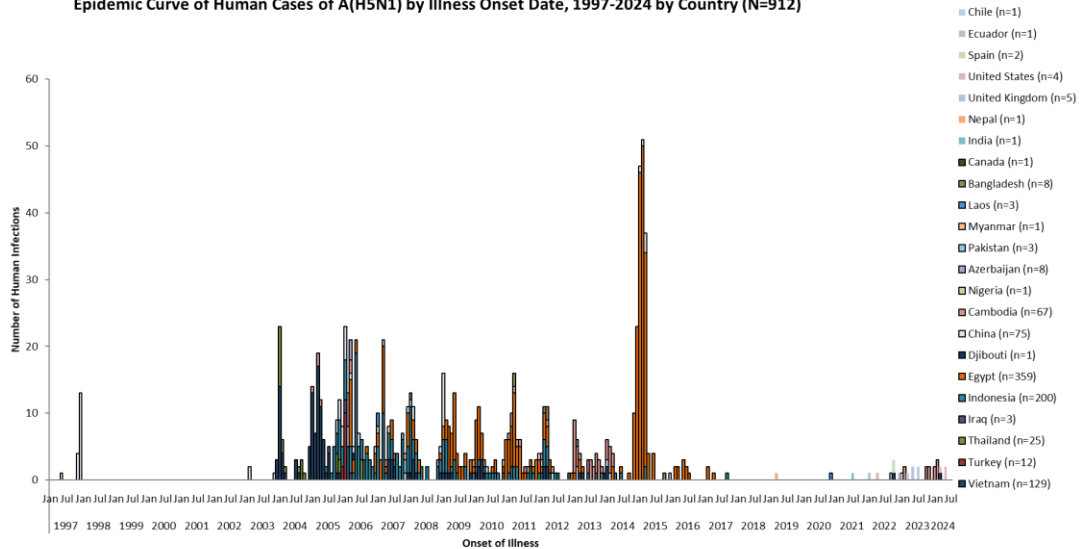
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H5N1 Cases Since 1997

2022-2024: 29 cases
(Australia 1, Cambodia 11, Chile 1, China 2, Ecuador 1, Spain 2, UK 5, US 4, Vietnam 2)

Epidemic Curve of Human Cases of A(H5N1) by Illness Onset Date, 1997-2024 by Country (N=912)



[Technical Report: Highly Pathogenic Avian Influenza A\(H5N1\) Viruses | Avian Influenza \(Flu\) \(cdc.gov\)](#)

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Human Infections with HPAI A(H5N1) Viruses

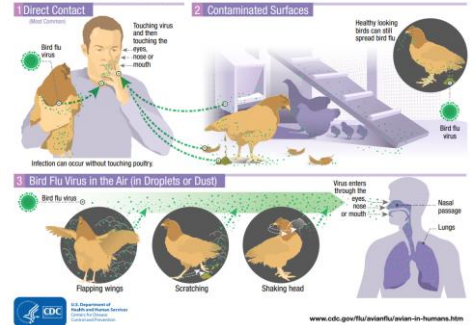
- HPAI A(H5N1) viruses bind preferentially to receptors most prevalent in the human lower respiratory tract
 - Virus receptors are also found on conjunctivae
- Wide symptomatic clinical spectrum
 - **Mild** (conjunctivitis, upper respiratory illness)
 - **Severe/critical** (pneumonia, respiratory failure, sepsis)
- **Unprotected exposures** resulting in human infection
 - **Direct contact with sick/dead poultry**
 - Visiting a live poultry market
 - Preparing poultry for consumption that were sick/died
 - **Direct contact or close exposure to other infected animals (swans, dairy cows)**
 - Limited, non-sustained transmission from prolonged exposure to a symptomatic H5N1 patient (last reported 2007)



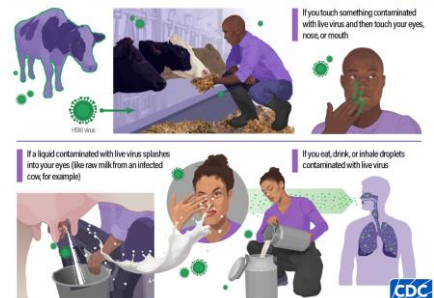
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How Infected Backyard Poultry Could Spread Bird Flu to People

Human Infections with Bird Flu Viruses Rare But Possible

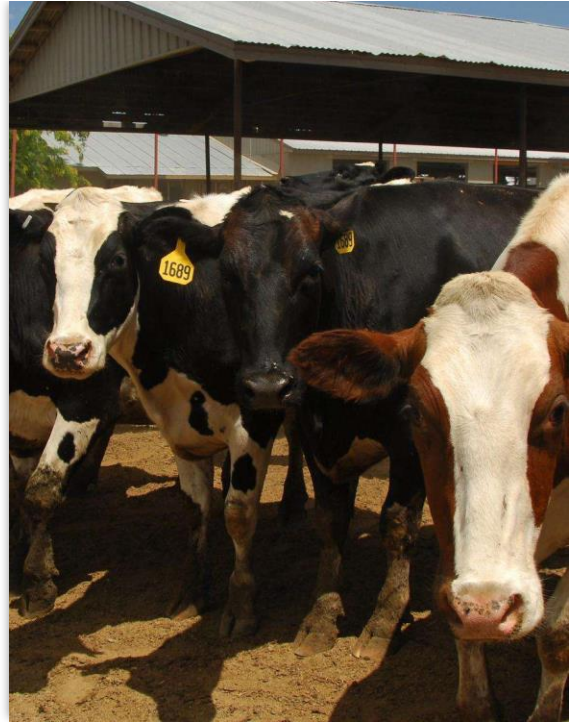


H5N1 Bird Flu Might Spread from Cows to People in Several Ways



H5N1 Human Cases in 2024, U.S.

- Three human cases with cattle exposure detected:
 - April 1 – Texas, farmworker, conjunctivitis
 - May 22 – Michigan, farmworker, conjunctivitis
 - May 30 – Michigan, farmworker, upper respiratory symptoms, watery eyes
- Not hospitalized, isolation recommended
- **Oseltamivir** recommended for antiviral treatment and post-exposure prophylaxis of household contacts
- No human-to-human transmission
- Virus isolated from 2 cases



[Health Alert: First Case of Novel Influenza A \(H5N1\) in Texas, March 2024 | Texas DSHS](#)

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Potential Exposures to H5N1 Virus

- **People with close, prolonged, or unprotected exposures to infected animals (including livestock), or to environments contaminated by infected animals, are at greater risk of infection.**
- **Potential occupational exposures**
 - Dairy farm workers
 - Slaughterhouse workers
 - Milk processing facility employees
 - Poultry farm workers
 - Veterinarians, veterinary assistants

Reminders at all clinical encounters:

- Monitor for signs or symptoms of ILI and/or conjunctivitis and seek clinical care if signs/symptoms occur
- Do not drink raw milk
- Frequent handwashing recommended



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Influenza Testing and Antiviral Treatment

- **If A(H5N1) virus infection is suspected (use recommended PPE*):**
 - Patients with acute respiratory symptoms:
 - › **Collect a nasopharyngeal swab, and a combined nasal and throat swab**
 - » Testing for influenza A virus, and A(H5) virus must be done at a public health laboratory**
 - Patients with conjunctivitis:
 - › **Collect a conjunctival swab, and a nasopharyngeal swab**
 - » Testing for influenza A virus, and A(H5) virus must be done at a public health laboratory**
 - **Recommend home isolation, prescribe empiric oseltamivir treatment, notify local and state public health for monitoring and follow-up**
 - If A(H5N1) virus infection is confirmed, household and close contacts are recommended to receive oseltamivir for post-exposure prophylaxis at treatment dosing as soon as possible

*PPE: NIOSH approved N95 filtering facepiece respirator, eye protection, gown, gloves

****Influenza tests available in clinical settings cannot specifically identify A(H5N1) virus**



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Summer Influenza Surveillance Priorities

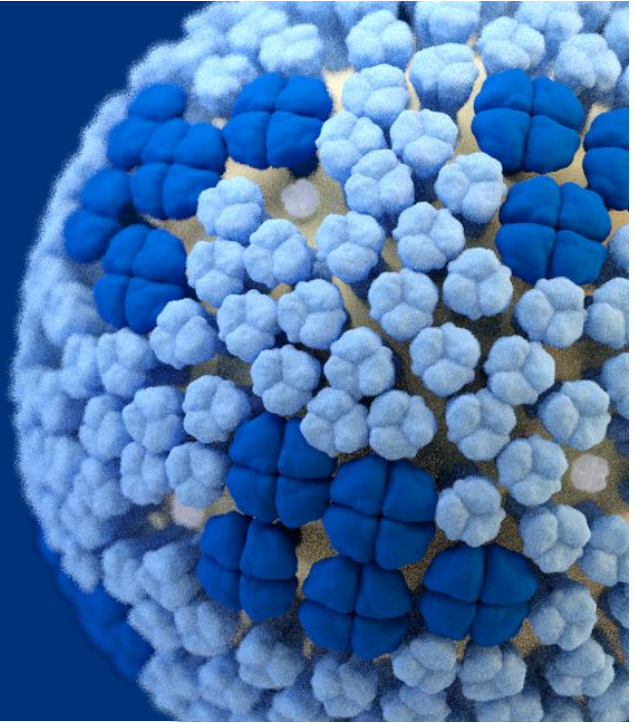
- Continued monitoring for symptomatic workers with recent exposure on confirmed dairy farms
- Enhance national surveillance for A(H5N1) virus infections of people
 - Subtyping of influenza A positive specimens, expanded specimen sources
 - Continued surveillance of lab-confirmed influenza associated hospitalizations
- Provider outreach to continue influenza testing throughout summer, particularly for patients with recent history of relevant exposures
- Continued follow-up in areas with signals in syndromic or wastewater data



[CDC Strategy for Enhanced Summer 2024 Influenza Surveillance | Avian Influenza \(Flu\)](#)

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Thank you



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The Rural Clinician's Role in Influenza A(H5N1) Surveillance This Summer: Practical Strategies for Assessing Patient Risk and Implementing Influenza Testing and Treatment

Laszlo Madaras, MD, MPH, FAAFP, SFHM



June 18, 2024

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MIGRANT CLINICIANS NETWORK



A force for health justice

Somos una fuerza dedicada a la justicia en salud

Our mission is to create practical solutions at the intersection of vulnerability, migration and health.

We envision a world based on health justice and equity, where migration is never an impediment to well-being.

The Clinician



Photo © Robyn Garbutt

Who is at risk

- **Dairy producers and workers**
 - 51% of dairy workforce are immigrants
 - 79% of our milk supply comes from immigrant workers
- **Workers on poultry farms**
- **Slaughterhouse workers**
- **Veterinarians**
- **Workers caring for sick animals**
- **Community Health Workers**
- **Consumers of raw milk**



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Role of Clinician

- **Know your area**
 - Are there dairies in your community?
 - Are herds positive where you are?
- **Know your patient population**
 - Immigrant
 - Language
 - Literacy Level
- **Prevention**
 - Educating your patients
- **Confirmatory Lab Test and Public Health Responsibility**



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Community Health Workers and Other Trusted Messengers

- Know the community
- Know workers
- Encourage workers to seek care and remind workers to tell clinician where they work

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H5N1 Symptoms



■ Flu Symptoms

- Fever
- Chills
- Runny Nose
- Cough
- Fatigue
- Muscle Aches

■ Red eyes/Conjunctivitis

image: NEJM article <https://www.nejm.org/doi/full/10.1056/NEJM2405371>

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Recognizing H5N1

- Patient History
 - Work
 - Environment
- At risk populations
- Confirmatory Lab Testing
 - State Department of Health



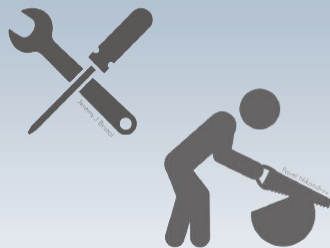
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EOH Screening Questions for the Primary Care Setting

Preguntas para sondear en los lugares de atención a la salud

1 OCCUPATION OCUPACIÓN

Describe what you do for work.
Describa lo que hace en su trabajo.



2 ACTIVITIES AND CAUSES ACTIVIDADES Y CAUSA

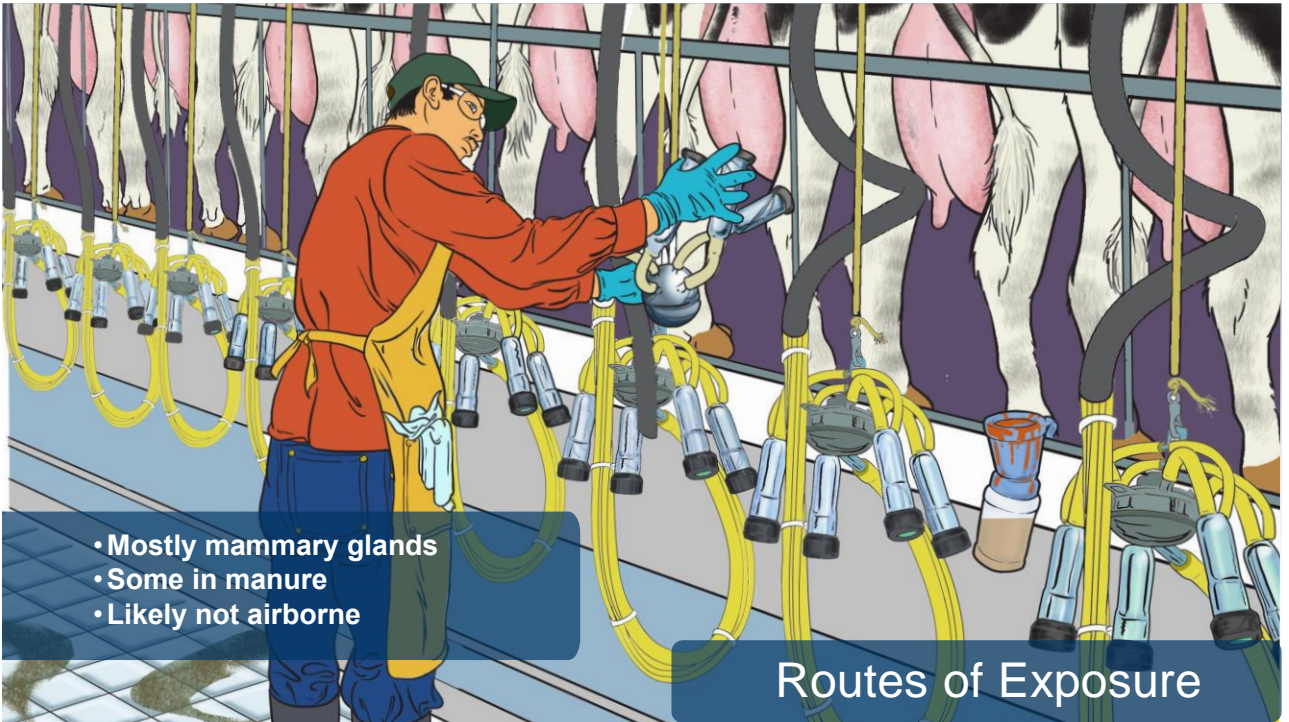
Are there any physical activities that you do – at work or away from work – that you feel are harmful to you?
¿Hay alguna actividad física-en el trabajo o en otro lugar-que crea usted es dañina para usted?

3 SUBSTANCES/PHYSICAL HAZARDS AND CAUSES SUBSTANCIAS/PELIGROS FÍSICOS Y CAUSA

Are you exposed to chemicals, fumes, dusts, noise, and/or high heat at your work or away from work? Do you think these are harming you?
¿Está usted expuesto a químicos, gases, polvo, ruido y/o altas temperaturas en su trabajo o en otro lugar? ¿Piensa usted que estas cosas lo pueden dañar?



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Prevention

- Personal Protective Equipment
 - Hands
 - Face

- Hand hygiene

- Do NOT drink raw milk

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Personal protective equipment (PPE)

- Face shields or masks
- Disposable gloves
- Safety glasses or goggles
- Overalls/gown

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Summary

- We are going to have emerging and re-emerging viruses
- Know your community
- Know who is most at risk
- Ask your patient what they do for work
- Prevention still important
- Get updates and partner with your local and state health departments
- Keep up to date with CDC guidelines

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Avian Flu MCN Web Page



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Avian Flu on Dairy Farms: What Clinicians and Dairy Worker Patients Need to Know

by Migrant Clinicians Network

April 17, 2024



Highly pathogenic avian influenza has arrived in dairy farms in eight states across the United States in recent weeks. One dairy worker became infected with avian flu when the virus jumped from the cows to the worker, luckily, his symptoms were mild. After two years of avian flu wrecking havoc on poultry production, there is concern that it may now harm the dairy industry. The [CDC Health Advisory from April 6th](#) gives a full description of the event as well as detailed recommendations for clinicians, including isolation and notification steps if a patient has signs and symptoms compatible with avian flu. As always, we have our eye toward the health and well-being of the workers, seeking to provide clinicians who serve these workers up-to-date and useful information, so they can best equip workers in the early stages to prevent further spread and to answer questions to reduce fear and confusion.

Jeff Bender, DVM, MS, DACVPM, is a veterinarian with the University of Minnesota's Veterinary and Public Health School, and Director of the Upper Midwest Agricultural Safety and Health (UMASH) Center, also housed at the University of Minnesota. Dr. Bender's expertise lends unique insight into both emerging health concerns of farm animals, and the occupational and environmental health needs of the workers who care for those animals. Here, Dr. Bender speaks with Migrant Clinicians Network's Claire Hukins Seda about the highly pathogenic avian

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Avian Flu

- [Avian Flu and Your Safety: Guidance for Dairy Workers](#) a one-page downloadable resource in English and Spanish.
- [Avian Flu on Dairy Farms: What Clinicians and Dairy Worker Patients Need to Know](#) Q&A with Jeff Bender, DVM, MS, DACVPM on the latest outbreak.
- [Avian Flu and Dairy Workers: Video Playlist on Youtube](#) features video clips from the Q&A, in English with Spanish.

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Championing Health Equity

In this article, MCN examines underserved populations in the United States and the efforts built to meet their basic health needs.

Migrant Clinicians Network: Championing Health Equity

By: Dr. Aida, MPH, AGS, Migrant Clinicians Network; Leticia Alvarado, MD, MPH, FACP, MHA, Migrant Clinicians Network; Dalena Gomez, MD, Migrant Clinicians Network; Amy K. Latham, MPH, MS, Migrant Clinicians Network; Clara V. Torres, PhD, Migrant Clinicians Network

ABSTRACT

As the more underserved populations, migrants, immigrants, and asylum seekers encounter barriers to access culturally responsive high-quality health care in the United States, clinicians dedicated to serving these groups to reach them, and help mitigate, prevent, and reduce disparities in access to care. Migrant Clinicians Network advocates for these populations' health needs, develops both patient-facing and clinical resources, and provides services and technical assistance to support clinical care on the frontline. Migrant Clinicians Network's goal is to create practical solutions at the intersection of vulnerability, migration, and health. In this article, the authors examine the underserved populations in the United States that Migrant Clinicians Network seeks to serve, and the efforts built to meet their basic health needs.

Keywords: Migrants, immigrants, asylum seekers, migrant health, community health, health equity, border health and safety, migrant disparities, medically or socially induced migration

Migration is complex, geographically and seasonally variable, and continually rapidly changing. Millions of people move within the United States each year, seeking improved economic or lifestyle conditions, fleeing or escaping from climate disaster, or following seasonal changes to work opportunities. Millions more arrive in the United States each year, seeking safety and a better life through immigration. Across the United States and U.S. territories, clinicians encounter migrants in new settings within their practice of through community outreach. This struggle to meet migrants' health needs and remove the significant and overlapping barriers migrants face to access health care and achieve health and well-being. Migrant Clinicians Network (MCN), a national nonprofit, addresses health equity and reduces structural barriers by developing practical solutions that enable migrants to access high-quality, culturally responsive health care, and equipping clinicians to provide that care.

1. Migration as a Normal Human Reaction

Political discourse often frames migration as an aberration. Human movement, however, is a typical human behavioral response to change and a normal condition. Most literature regarding migration or "mobility," in which individuals face a specific, destabilizing event like localized violence, poverty, or climate disaster. In reality, the vast majority of migration results in a migration of some kind and possibility, organization or groups that people seek after weighing the limited options that they have. For example, it is frequently assumed that a migrant destination is a "destination" migrant because it allows to apply for a U.S. visa, a temporary visa for agricultural work, but overlooking factors beyond economics or opportunity. An community reached by gang violence, a wildfire through reducing emergency services for its family while political corruption could have reduced an option to stay home. The complexity of the choice to migrate, however, is often swept away in favor of a simple and binary view of migration as a response of people fleeing to seek safety, opportunities or to reach another person's land, categorizing of migration into one type of people, seasonal, foreign, and undocumented.

2. Migration in the United States

Migrants are culturally, socially, economically, and politically diverse, with various skill sets, education levels, and health resources, and varying migrant experience levels. Migrant subpopulations can include farmworkers who move seasonally with the harvest or postharvest workers who move into regions for harvest, distribution, and reconstruction. Asylum seekers, another subpopulation, are those seeking refuge due to persecution in their home country based on race, religion, nationality, social membership or to a particular social group or political opinion.¹ After crossing the U.S.

3. Migrant Clinicians Network response to migrant health needs

MCN is a national nonprofit organization established in 1988 to support frontline service providers, addressing barriers to health care and to improve health and well-being of nearby populations. MCN's approach centers on

assessment and professional training, and domestic work.

improving many, if not most, physicians trained that they temporary agricultural work experience workers, higher

The number of individuals in higher numbers working

of year 2022, when 14,811 state of origin of the United States, El Salvador (7%),

and the demographic shifts. For one thing, members of 11

have grown. In December and the Southern Triangle

migrants and the recognition the increasingly increasing

difficult, often, and found an extreme heat and cold,

the nation's most dangerous one. While these issues,

like violence or reduced access to their U.S. food

adding a lack of culturally competent workforce,

big lack of safety regulations and conditions. For example,

with limited resources may document migrant populations

in. This situation hinders a

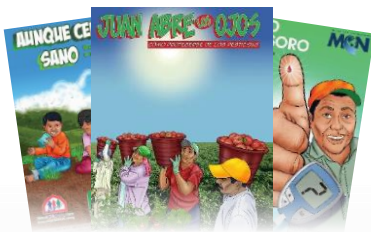
chance, limited eligibility for

care for migrants to receive

lack the resources, training,

<https://jnhma.scholasticahq.com/article/116893-migrant-clinicians-network-championing-health-equity>

Connect with MCN!



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and a lot more at www.migrantclinician.org



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Questions?

The image shows two overlapping windows. The larger window on the left is a presentation slide for RHIhub. It features the RHIhub logo (Rural Health Information Hub) and the website ruralhealthinfo.org. The main text reads: "Your *First STOP* for *Rural Health INFORMATION*". Below this is a map of the United States filled with various rural health-related images. At the bottom, a dark banner contains the text: "Examining Rural Cancer Prevention and Control Efforts from the National Advisory Committee on Rural Health and Human Services". A red arrow points to the "QA" icon in the bottom right corner of the slide. The smaller window on the right is titled "Question and Answer" and contains the text: "Welcome" and "Feel free to ask the host and panelists questions". Below this is a text input field with the placeholder "Type your question here..." and a red arrow pointing to it.

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Thank you!

- Contact us at ruralhealthinfo.org with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIhub website

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