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To: Healthcare providers (emphasis on those who care for dairy workers or work in the Central Valley of California)

Subject: Infection prevention and control recommendations for patients with suspected or confirmed avian influenza A (H5N1) infection

Background: Multiple California dairy workers in the Central Valley have been diagnosed with avian influenza A virus infection following presumed transmission from infected cattle. All cases have been mild, with symptoms including conjunctivitis and fever. There has been no evidence of human-to-human transmission thus far. A [CAHAN](#) was sent with information for healthcare workers on specimen collection, testing, and treatment. Risk to the general public remains low; however, healthcare personnel, particularly those in the Central Valley who may see dairy workers, should be aware of appropriate infection prevention and control practices in the care of patients with suspected or confirmed avian influenza.

Recommendations for Healthcare Providers:

- Consider avian influenza A virus infection in a patient with:
 - Signs and symptoms consistent with acute respiratory tract infection or conjunctivitis, AND
 - Exposure in the last 10 days to animals or people with suspected or confirmed avian influenza A infection.
- If a case is suspected, immediately mask the patient and place them in an airborne infection isolation room (AIIR) with the door closed. While in an AIIR, the patient's mask may be removed.
- If an AIIR is not available, place the patient in a single-patient room with the door closed and have the patient remain masked.
- Use personal protective equipment that includes:
 - Respiratory protection (fit-tested N95 respirator or higher level of protection)
 - Eye protection (goggles or face shield)
 - Gown and gloves
- Use diligent hand hygiene before and after contact with the patient.
- Limit room entry to essential personnel. Limit transport of patient outside their room.



- If a non-AIIR room is used, after the patient leaves, the room should not be reused and unprotected individuals should not enter until sufficient time has elapsed for enough air changes to remove potentially infectious particles, per [CDC guidance](#). For example, in a patient-care area with 6 air exchanges per hour, the time to removal of airborne contaminants with 99.9% efficiency is 69 minutes.
- For additional infection control recommendations, see [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](#).