



Provider Alert

Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802

Avian Influenza Detected in Grant County

No human cases reported at this time

Date: October, 10th, 2025

The Washington State Department of Agriculture (WSDA) reported Grant County's first case of highly pathogenic avian influenza (HPAI or H5N1) in domestic birds, detected in a commercial poultry farm in Grant County. Washington State Department of Health (DOH), Grant County, and neighboring health jurisdictions including the Chelan-Douglas Health District (CDHD) are monitoring for illness among workers with exposure to infected birds as a precautionary measure.

The Health Officer for CDHD, Dr. James Wallace, urges the healthcare community in Chelan and Douglas Counties, especially the clinical staff, to consider avian influenza infection in all patients who present with acute respiratory illness (ARI), isolated acute conjunctivitis (pink eye), or influenza-like illness (ILI) AND a recent exposure to animals (especially poultry, cattle, wild birds, other wildlife, or other animals) or a recent exposure to people suspected or known to be infected with avian influenza. All persons presenting with ARI, ILI or acute conjunctivitis should be routinely asked about possible avian influenza exposures or work in agriculture.

About Avian Influenza

Avian influenza is a respiratory illness caused by influenza Type A viruses that naturally occur in wild aquatic birds throughout the world. These viruses can also infect other species of birds, and occasionally mammals, and can cause significant mortality in poultry.

On rare occasions, avian influenza viruses infect people and make them sick. Most instances of people becoming infected with avian influenza have happened after prolonged, close contact with animals infected with avian influenza or environments contaminated with avian influenza. **No person-to-person spread of avian influenza has been identified in the United States at this time.**

Symptoms of avian influenza A virus infections in humans can be similar to those seen in seasonal influenza, but have ranged from mild (e.g., eye infection, cold-like symptoms) to severe illness (e.g., pneumonia) resulting in death.

Current Situation

Detections of avian influenza in birds and other animals have been reported throughout the year across the US, including in Washington. While this is the first domestic bird outbreak of avian influenza in Grant County, and our Region, over 100 wild birds have tested positive in our region since January 2022. There are no known human cases of avian influenza in Grant, Chelan or Douglas Counties at this time. However, a sizeable number of agricultural workers were exposed at the Grant County poultry farm.



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Since 2024, there have been 70 confirmed human cases of avian influenza reported in the United States and one confirmed death. Data on human cases of avian influenza in Washington is available here: <https://doh.wa.gov/you-and-your-family/illness-and-disease-z/avian-influenza>

Actions Requested by the Chelan-Douglas Health District Health Officer

- Ensure prompt screening and triage of symptomatic patients presenting with ARI, ILI or other respiratory symptoms. Every symptomatic patient should wear a facemask upon entry to the facility.
- All persons presenting with ARI, ILI or acute conjunctivitis should be routinely asked about possible avian influenza exposures or work in agriculture.
- Place a person suspected of avian influenza into an isolation or private room as soon as feasible. If available, a negative pressure room should be used.
- **When caring for persons suspected or confirmed of avian influenza or any other novel influenza use AIRBORNE (not droplet) precautions, including N95 and face shield or goggles, plus additional airborne protocol PPEs.**
- Clinicians should consider avian influenza and other novel influenza virus infections in patients who present with the following:
 - Symptoms of acute respiratory illness, isolated conjunctivitis, or influenza-like illness (ILI), AND
 - Recent close contact with animals known or suspected of having avian influenza A virus infection, OR
 - Exposure to a suspected, probable or confirmed human case of HPAI H5N1, including symptomatic persons who have been exposed to avian influenza A in animals but have not been tested or diagnosed.
- Specifically, ask patients presenting for care with the clinical syndromes above about:
 - Exposure to poultry (e.g., chickens, turkeys, ducks)
 - Exposure to sick or dead wildlife
 - Exposure to cattle or pigs
 - Attendance at agricultural fairs or other livestock exhibitions
 - Consumption of unpasteurized dairy products
 - Contact with other animals or their environments with known or suspected avian influenza virus infection (e.g., worked at a poultry farm with known or suspected infections)
 - Contact with another person suspected or confirmed to be infected with HPAI, or symptomatic after exposure to animals infected with HPAI
- Clinicians are URGED to test for novel influenza for patients with ARI, isolated conjunctivitis, or ILI who endorse any of the above exposures in the past ten (10) days and have no alternative diagnosis.
- Testing for avian influenza requires NP and conjunctival swabs (if symptoms of conjunctivitis are present) submitted in separate viral transport media (VTM) to public health. VTM is a requirement.
- **Immediately report any suspected persons with novel or avian influenza to CDHD.** Novel (and avian) influenza is a notifiable condition in Washington State.



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- If novel influenza infection, including avian influenza, is suspected, contact CDHD immediately to help arrange sample collection and [testing at the Washington State Public Health Laboratories \(WA PHL\)](#). CDHD can provide guidance on collecting the below samples:
 - A nasopharyngeal swab collected in viral transport medium for testing at WA PHL
 - A separate [conjunctival swab](#) collected in its own viral transport medium for testing at WA PHL for patients presenting with conjunctivitis
- Standard, contact and **airborne** precautions, including the use of eye protection, are recommended when evaluating patients for infection with avian influenza.
 - If an airborne infection isolation room (AIIR) is not available, isolate the patient in a private room.
 - Healthcare personnel should wear [recommended personal protective equipment \(PPE\)](#) when providing patient care and when collecting samples for novel influenza testing.
 - For more information on recommended [infection prevention and control measures, please visit *Infection Control Within Healthcare Settings for Patients with Novel Influenza A Viruses*](#).
- Empiric antiviral treatment should be started as soon as possible for patients suspected to be infected with novel influenza A viruses, including avian influenza, as they have the potential to cause severe disease in humans. For more information, see the [CDC's interim guidance on the use of antiviral medications for treatment of human infections with novel influenza A viruses](#) associated with severe human disease.
- If novel influenza is suspected, the patient should 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 virus infection.
- Postexposure prophylaxis (PEP) for avian influenza should be considered in ASYMPTOMATIC persons who were in contact with avian influenza, if not contraindicated. **If prescribed, PEP for avian influenza differs from seasonal influenza. Oseltamivir (Tamiflu) use requires TWICE DAILY dosing for PEP for 5-10 days**, depending on any continuation of exposure after prophylaxis is started (an exposed asymptomatic farmworker who will continue working on a farm with avian influenza present, for example, should be prescribed a 10-day course of twice daily standard dose of oseltamivir, weight permitting).

Seasonal Influenza and Vaccines

Seasonal influenza vaccines do not protect against avian influenza infection, but they make it less likely that a person could get coinfectd with both seasonal influenza and avian influenza at the same time. Coinfection increases the risk that a strain of avian influenza virus could arise that spreads easily from person-to-person. Promote the routine use of influenza vaccines this season in keeping with this concept and the CDC recommendations.

Summary

As we continue to see an increase in avian influenza during migratory season, monitoring for novel influenza A virus infections in humans is critical to identify transmission of these viruses between animals



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and people. Rapid detection of, and treatment for, novel influenza A viruses and efforts to reduce transmission to other people remain important components of national efforts to prevent the emergence of new viruses with pandemic potential.

Resources for Providers

- [H5 Bird Flu: Current Situation | 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](#)
- [APIC Highly Pathogenic Avian Influenza \(HPAI\) Infection Prevention Playbook](#)
- [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](#)
- [Avian Influenza | Washington State Department of Health](#)
- [Bird Flu in Animals and People: Causes and How It Spreads | Bird Flu | CDC](#)

Contact information:

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- Monday through Thursday 8am-5pm, Friday 9am-12pm.