Highly Pathogenic Avian Influenza (HPAI) H5N1 Dairy Farm or Commercial Poultry Outbreak Response Protocol

November 2026

In the event of an HPAI H5N1 outbreak in Oregon dairy cattle or commercial poultry, the local public health authority (LPHA) will be asked to deploy to the affected farm with the Oregon Department of Agriculture (ODA). Public health personnel should defer to ODA as the lead agency and should not deploy to farms without an invitation from the agency. The LPHA's role is to collect demographic and symptom information from all people exposed to infected animals (i.e., persons under monitoring or PUMs), instruct PUMs on how to monitor themselves for symptoms, perform testing of symptomatic PUMs, and offer oseltamivir prophylaxis or treatment as indicated. ODA will provide all personal protective equipment (PPE) to farmworkers. Oregon Health Authority (OHA) will be engaged in all dairy cattle and commercial poultry outbreaks and available to provide support on-site as needed.

Required materials (available here)

1. H5N1 person under monitoring data collection form: due to biosafety concerns, this form should be printed and manually completed on-site. Laptops should not be taken to farms with active outbreaks.

2. Person under monitoring 'Exposure to animals infected with bird flu' educational handout: double-sided English and Spanish.

3. **Specimen collection kits**: influenza diagnostic testing should be offered to all PUMs with symptoms. **Combined nasal and throat swabs should be collected**. If conjunctivitis is present, conjunctival swabs should be collected as well.

4. **Oseltamivir**:
    a. OHA-supplied oseltamivir is available and has been prepositioned at LPHAs statewide. Oseltamivir may be dispensed under the State of Oregon Statewide Standing Order Authorizing Dispensation of Oseltamivir for Novel Influenza A Virus Exposure or under local Health Officer authority. We have not had success in rapidly obtaining oseltamivir via the healthcare system.

HPAI H5N1 dairy cattle and commercial poultry outbreak response steps

1. In collaboration with ODA, OHA will notify the LPHA of HPAI H5N1 dairy cattle and commercial poultry outbreaks. Farm location, languages spoken, and the estimated number of people exposed will be communicated at that time.
2. LPHAs meet ODA on-site during a time designated by ODA to collect demographic, symptom, and risk information from all PUMs, provide symptom-monitoring education, test any individuals with symptoms, and offer oseltamivir prophylaxis or treatment as indicated.
    a. All PUMs should be documented in Orpheus as a "Person Under Monitoring (HPAI)" within 24 hours.
    b. Note: **all symptom monitoring information must be documented in the PUM tab of the case record** (i.e., not in the notes field).

Testing for influenza

Symptomatic PUMs should be tested as soon as possible. Because we want to limit exposure to suspected novel influenza and ensure that the most appropriate specimen type is obtained, we ask that the LPHA obtain the specimen whenever possible. **Combined nasal and throat swabs should be collected**. If conjunctivitis is present, conjunctival swabs should be collected as well.

Options for performing testing, in order of preference, include:

1. LPHA collects specimens (preferably at PUM's residence to limit exposure to others) and sends to the Oregon State Public Health Laboratory (OSPHL) for testing.
2. OHA collects specimens and sends to OSPHL for testing. If the LPHA is unable to collect specimens, please contact Dr. Melissa Sutton and Lex Zhang immediately at Melissa.Sutton@oha.oregon.gov and alexia.y.zhang@oha.oregon.gov.
3. Local health care system collects specimens and sends to OSPHL for testing. Specimens should not be sent to commercial laboratories.

Specimen Submission

Specimens should be collected per CDC Influenza Specimen Collection guide and submitted to OSPHL for influenza subtyping.

- In the comment field at the bottom of the OSPHL Virology/Immunology Request form write in "Suspect novel influenza"
- Viral transport media (preferred), universal transport media, and sterile saline are accepted

Infection control considerations

Standard, contact, and airborne precautions are recommended for management of people with suspected or laboratory confirmed novel influenza A virus, including during specimen collection. Providers should use eye protection, gowns, gloves and a fit-tested N95 respirator or higher level of respiratory protection.

Patients should be placed in an airborne isolation room. If an airborne isolation room is not available, place a well-fitting face mask on the patient and isolate the patient in a private room with the door closed. If testing is indicated but the patient does not require urgent medical evaluation, consider in-car or otherwise outside specimen collection.

Prescribing and dispensing oseltamivir

Rapid access to oseltamivir is essential because avian influenza has historically been associated with severe disease during human spillover events. **Ideally, oseltamivir will be dispensed directly by public health rather than through the traditional health care system**.

Oseltamivir may be dispensed under the State of Oregon Statewide Standing Order Authorizing Dispensation of Oseltamivir for Novel Influenza A Virus Exposure or under local Health Officer authority. For PUMs who do not meet criteria for dispensation under the standing order (e.g., infants, individuals with underlying kidney disease), Dr. Sutton may be consulted (melissa.sutton@oha.oregon.gov or 503-871-9772). If Dr. Sutton is unavailable, Dr. Dean Sidelinger (dean.e.sidelinger@oha.oregon.gov) may be consulted.

Facilitating medical evaluation through the health care system

If PUMs are ill enough to require medical evaluation, the LPHA should facilitate appropriate infection prevention and control measures by notifying the health care system in advance. Even when medical evaluation occurs, oseltamivir may first be provided by the LPHA. The need for prompt oseltamivir therapy, even in the access of positive test results, should be reinforced with the clinician evaluating the patient.