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Maine Health Alert Network (HAN) System

PUBLIC HEALTH ADVISORY

To: Health Care Providers
From: Dr. Isaac Benowitz, State Epidemiologist
Subject: **Influenza A(H5) Detected in Portland Wastewater**
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Influenza A(H5) Detected in Portland Wastewater

Summary
Influenza A(H5) in wastewater specimens collected in Portland on July 22 and 24, 2026, indicate the presence of highly pathogenic avian influenza virus A(H5N1) (HPAI) in Maine. The specimens were collected as part of routine wastewater surveillance operations, and subsequent testing did not identify influenza A(H5), suggesting time-limited or intermittent exposure (see WastewaterSCAN Dashboard). Wastewater comes from many sources, and detection could indicate a virus is present in animal, animal-product, and/or human sources. Wastewater testing cannot distinguish the origin of a pathogen detection. Local environmental data suggest infected wild birds may have contributed to this detection.

No human HPAI infections have been reported in Maine or other Northeast states in recent months. It is unlikely these detections are due to infection in humans. Human exposures to, and infection with, HPAI through animals and the environment remain a possibility.

Clinicians are advised to:

- Assess for relevant exposure history in patients with clinically-compatible respiratory illness
- Test for influenza in patients with compatible illness
- Send all influenza A positive specimens to Maine Health and Environmental Testing Laboratory (HETL) for subtyping when seasonal influenza virus activity is minimal

Background
Highly pathogenic avian influenza A(H5N1) (HPAI) is widespread in wild birds worldwide and has led in recent years to outbreaks in poultry and dairy cows along with human cases in the U.S. Between February 2024 and July 2026, 71 confirmed human cases in the U.S. were reported to U.S. CDC. There were no confirmed cases in Maine. The risk of human infection is low for the general population and moderate to high for people in contact with potentially infected animals, contaminated surfaces, or fluids. Risk factors include unprotected exposure to

infected animals or environments where infected birds or other animals are present or have been present. People with occupational or recreational exposures to infected animals should avoid direct contact with sick or dead animals, use appropriate personal protective equipment (PPE) for direct contact, and follow other recommended precautions.

Recommendations for Clinicians

Diagnosis: Clinicians should maintain a low threshold for testing and treating patients with known or suspected exposure to wild birds, poultry, or cattle (including milk processing).

- Consider the possibility of influenza A(H5N1) virus infection in persons showing signs or symptoms of acute respiratory illness or conjunctivitis, and who have relevant exposure history. This includes persons who have had contact with potentially infected sick or dead birds, livestock, or other animals within 10 days before symptom onset.
- Types of contact include:
    - Handling, slaughtering, defeathering, butchering, culling, preparing for consumption or consuming uncooked or undercooked food or related uncooked food products, including unpasteurized [raw] milk or other unpasteurized dairy products);
    - Direct contact with water or surfaces contaminated with feces, unpasteurized (raw) milk or unpasteurized dairy products, or parts (carcasses, internal organs, etc.) of potentially infected animals;
    - Prolonged exposure to potentially infected birds or other animals in a confined space.
- Contact the Maine CDC to arrange testing for influenza A(H5N1) virus. Collect recommended respiratory specimens (see below) using appropriate isolation precautions including personal protective equipment (PPE) (see below). Consider testing for other potential causes of acute respiratory illness depending upon the local epidemiology of circulating respiratory pathogens at the time, including SARS-CoV-2.

For persons with suspected HPAI A(H5N1) virus infection, the following specimens should be collected as soon as possible after illness onset or when deemed necessary: (1) a nasopharyngeal (NP) swab and (2) a nasal swab combined with an oropharyngeal (OP) swab (place the nasal and OP swabs together in one viral transport media vial). The NP swab and the combined nasal-OP swabs should be stored and tested separately. If these specimens cannot be collected, a single nasal or OP swab is acceptable. **If the person has conjunctivitis (with or without respiratory symptoms), collect (1) a conjunctival swab and (2) an NP swab and/or nasal swab combined with an OP swab.** For patients with severe respiratory disease, also collect lower respiratory tract specimens (e.g., endotracheal aspirate or bronchoalveolar lavage fluid), if possible. For severely ill persons, obtain multiple respiratory tract specimens from different sites to increase the potential for influenza A(H5N1) virus detection.

For further information on epidemiologic criteria and clinical criteria, public health response, clinical specimens, and recommended antiviral treatment and chemoprophylaxis, see U.S. CDC: Highly Pathogenic Avian Influenza A(H5N1) Virus: Interim Recommendations for Prevention, Monitoring, and Public Health Investigations

Treatment: Place patients suspected of influenza A(H5N1) virus infection under Standard, Contact, and Airborne precautions. Preference is to use an airborne infectious isolation room (AIIR) or a private room with the door closed. PPE should include gown, gloves, eye protection, and an N95 (or higher) respirator if available, or a well-fitted facemask. Consider starting empiric antiviral treatment (see below). Encourage the patient to isolate at home away from household members and to not go to work or school until it is determined they do not have an avian influenza A virus infection.

- Chemoprophylaxis with influenza antiviral medications can be considered for any person meeting epidemiologic exposure criteria. Decisions to initiate post-exposure antiviral chemoprophylaxis should be based on clinical judgment, with consideration given to the type of exposure, duration of exposure, time since exposure, and known infection status of the birds or animals the person was exposed to. Antiviral chemoprophylaxis is not an alternative for appropriate engineering and administrative controls and PPE.
- Antiviral chemoprophylaxis is not routinely recommended for persons who handle sick or potentially infected birds or other animals or decontaminating infected environments (including animal disposal) *as*

long as they use proper PPE and experience no breaches in recommended PPE. Proper PPE use details can be found at https://www.cdc.gov/bird-flu/worker-safety/personal-protective-equipment.html.

Testing: Influenza testing is available free of charge at HETL. A requisition form must accompany every specimen. Submission processes and requisition forms are available at https://www.maine.gov/dhhs/mecdc/public-health-systems/health-and-environmental-testing/.

Laboratory submission information can be found at:

- Influenza Virus Detection by Real Time RT-PCR https://www.maine.gov/dhhs/mecdc/sites/maine.gov.dhhs.mecdc/files/samples/Influenza-Detection-by-Real-Time-RT-PCR.pdf
- Avian Influenza A H5 Detection by Real Time RT-PCR https://www.maine.gov/dhhs/mecdc/sites/maine.gov.dhhs.mecdc/files/samples/Avian-Influenza-H5-by-Real-Time-RT-PCR-LSIS.pdf

Reporting: Human infection with novel influenza A virus, and pediatric influenza-associated deaths (with any influenza virus), are notifiable in Maine and should be reported to the Maine CDC immediately upon suspicion by phone at 1-800-821-5821. Outbreaks and influenza-associated hospitalizations are also notifiable and should be reported to the Maine CDC via electronic laboratory reporting, phone at 1-800-821-5821, fax at 1-800-293-7534, or email at disease.reporting@maine.gov.

Recommendations for Veterinarians

Monitor animals for possible avian influenza infection. Veterinarians can help prevent the spread of influenza A(H5N1) by working with animal owners and producers to implement biosecurity measures, including:

- Monitor for, separate, and test sick animals. Common clinical signs in dairy cattle infected with influenza A(H5N1) include low appetite, reduced milk production, and abnormal milk appearance (e.g., thickened, discolored). Poultry with influenza A(H5N1) infection will show significant clinical signs, including skin discoloration, nasal/ocular discharge, respiratory distress, diarrhea, and often death.
- Avoid, limit, or discourage comingling of livestock species (e.g., poultry and cattle) and minimize access of wild birds to livestock and poultry.

Animal influenza infection is reportable, and testing should be coordinated through the Animal Health Program, which can be reached by email at animalhealth.agr@maine.gov or by phone at 207-287-3701.

For more information

- U.S. CDC: Avian Influenza (Bird Flu): https://www.cdc.gov/bird-flu/site.html#php
- U.S. CDC: Highly Pathogenic Avian Influenza A(H5N1) Virus: Interim Recommendations for Prevention, Monitoring, and Public Health Investigations: https://www.cdc.gov/bird-flu/prevention/hpai-interim-recommendations.html
- U.S. CDC: National Wastewater Surveillance System (NWSS): https://www.cdc.gov/nwss/index.html
- USDA Avian Influenza Detections in Wild Birds https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza/hpai-detections/wild-birds
- USDA Avian Influenza Detections in Mammals https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza/hpai-detections/mammals
- Maine CDC: Influenza: https://www.maineflu.gov