

Practice management

Bird flu, measles spread: If you're nearby, take precautionary steps

Flu season has a few distressing added wrinkles this year. Keep your eye on two disease outbreaks that have health officials on high alert in several parts of the country, and make sure your infection control is tight.

You've probably heard about the recent, alarming measles outbreak and associated exposures in Texas and New Mexico — with about 125 cases and one fatality at this writing — and some other isolated cases in New York and other states; also, about the spread of avian or bird flu (H5 and other variants) among live-stock and some humans in several states.

The cases are still relatively rare, and all the bird flu cases involve humans catching the disease from animals; encouragingly, there have been no reported human-to-human transmissions.

But if you're anywhere near the strike zones, make adjustments in your own infection protocol.

While there had been some disruptions to federal health communications, including from the Centers for Disease Control and Prevention (CDC), in the first days of the Trump administration, Richard F. Cahill, vice president and associate general counsel of the Doctor's Company in Napa, Calif., says epidemiology reporting now seems to be on track ([PBN 2/10/25](#)).

"Guidance from CDC regarding bird flu remains a premier source of information regarding incidence and treatment," Cahill says. "Practitioners are also encouraged to rely on advice issued by state and local health departments, as well as suggestions emanating from applicable specialty societies addressing infection control."

Charles Bailey, M.D., medical director for infection prevention at Providence Mission Hospital and Providence St. Joseph Hospital in Orange County, Calif., has been keeping an eye on the progress of both illnesses. California is one of the states with multiple bird flu cases.

Regarding that virus, Bailey says that while "there may be a very small number of cases in which public health authorities haven't nailed down exactly how it

was acquired, all the cases I'm aware of have involved dairy farm or poultry farm workers."

Nonetheless, to keep ahead of the curve, Bailey reports that Providence is on the lookout for "a possibly less direct connection — in other words, people who have been in contact with those types of agriculture workers who were symptomatic." Also, "the public health community has put out the word to do additional testing on Flu A cases" — which are, he says, over 95% of the flu cases Providence has been seeing — "especially the ones that end up in the ICU. This includes questioning people with proven Flu A to make sure they didn't miss a history and epidemiologic link to either poultry or dairy cattle."

Bailey thinks bird-flu-related questions would be appropriate for appointments or phone triage in areas with dairy and poultry farms, "or even a fair number of people in the community raising poultry in the backyard." For example, if a patient in such an area is complaining of flu-like respiratory symptoms, you might ask "about eye irritation or conjunctivitis — [which is] another way avian flu can present."

Block measles hard

As to measles, the thing to remember is it is *extremely* contagious, Bailey warns — "more easily spread person-to-person than the flu or COVID or even TB." If someone contacts you seeking treatment for a rash, a fever and a runny nose, be on high alert.

"Maybe schedule that patient over the lunch hour or whenever the office is otherwise empty," Bailey suggests. "Make sure they have a mask they can wear up from the car — or even consider going out to the car for initial evaluation and taking masks with you, for yourself and the patient, before deciding whether this patient needs to come into the office — because a patient who's been waiting in your waiting room, unaware or unknown to your staff, with measles, means a waiting room full of exposed individuals."

Wherever you first deal with these patients, Bailey advises that you "perhaps add a script for the triage to drill down: [besides a rash] do you have a fever? A headache? A stiff neck, which could be meningitis? Have you recently been in contact with anyone having similar symptoms [helpful in elevating concerns about an infectious etiology over mimics such as allergies]?"

The best protection against measles, Bailey says, is a vaccinated patient population: "Especially if you hear about measles in your area, anybody coming in should be asked to ensure that they are up to date with the measles vaccination." To smooth the way, Cahill suggests practices where outbreaks have been reported post updated warnings at their websites. "They may be useful to educate parents regarding what to watch for prior to any clinical visits," he says.

With or without unusual viruses, Bailey says "we shouldn't just think about infection prevention when there's a pandemic or an outbreak." Even a basic infection control plan should segregate patients who have respiratory symptoms insofar as possible.

"If it's a walk-in, they should have simple surgical masks at the front desk that they can hand to anybody presenting [respiratory] symptoms when they're registering," Bailey advises. "If they've got a separate waiting area for these patients, that would be the place to go." — Roy Edroso (roy.edroso@decisionhealth.com)

RESOURCES

- Texas Department of State Health Services, "Texas announces first death in measles outbreak," Feb. 26, 2025: <https://www.dshs.texas.gov/news-alerts/texas-announces-first-death-measles-outbreak>
 - CDC, "Measles Cases and Outbreaks," Feb. 21, 2025: www.cdc.gov/measles/data-research/index.html
 - CDC "H5 Bird Flu: Current Situation," Feb. 24, 2025: www.cdc.gov/bird-flu/situation-summary/index.html
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