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WHAT IS BIRD FLU?

June 2025

What Is Bird Flu?

Avian influenza (bird flu) is a type of influenza virus that infects birds and mammals, including humans. Controlling the spread of avian flu in birds and mammals is important to keep the disease from mutating to spread from person to person.

Bird flu has been infecting wild and domesticated birds for nearly 30 years, but the current strain, H5N1, began spreading aggressively around the world in 2023. Since then, H5N1 has been found in cats, goats, sheep, mink, tigers, seals and dolphins in a variety of countries. In 2024, the virus jumped to dairy cows in several U.S. states. It is the largest animal disease outbreak in known history, impacting all continents except Australia. Dogs appear to be less susceptible to bird flu than cats.

How Does It Affect People?

More than 960 people have been infected worldwide since 2003. About half of these cases resulted in death, but this high fatality rate may be a result of uncounted infections.

Within the United States, 70 people are known to have been infected since the beginning of 2024. This is likely an undercount due to insufficient testing among farmworkers. Nearly all of the people who have been infected were exposed to infected birds or dairy cows. A few people who were

infected had no clear contact with infected animals. States and the U.S. Department of Agriculture have assisted farmers with implementing biosecurity measures to control disease spread in poultry and dairy cows.



Symptoms and Severity

Most of the people infected in the U.S. had mild illness, experiencing conjunctivitis (pink eye) and respiratory symptoms. A 65-year-old man in Louisiana died in January 2025 after direct contact with backyard birds infected with a

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severe variant. A Canadian teenager became critically ill in 2024.

How Does Bird Flu Spread?

Like seasonal flu, avian flu is primarily spread through **airborne transmission**, meaning inhalation of viral matter suspended in the air after animals or people exhale, cough or sneeze. Viral matter can be aerosolized when dust gets stirred up from animal bedding or other contaminated items.

The virus can also be transmitted through **direct contact with contaminated items**, such as touching one's eyes, nose or mouth after contact with saliva, mucus or feces from an infected animal. Infection may occur if **droplets** of raw (unpasteurized) milk splash into a person's eyes, mouth or nose. The **virus can be ingested** in unpasteurized milk or infected meat. Two young children died recently in Mexico and in India after eating undercooked chicken.

Preventing Bird Flu from Becoming a Human Pandemic

Bird flu can be passed from human to human, but it is rare and has only been documented when there has been prolonged close contact between an infected person and a family caregiver. H5N1 has not yet adapted to spread easily from human to human.

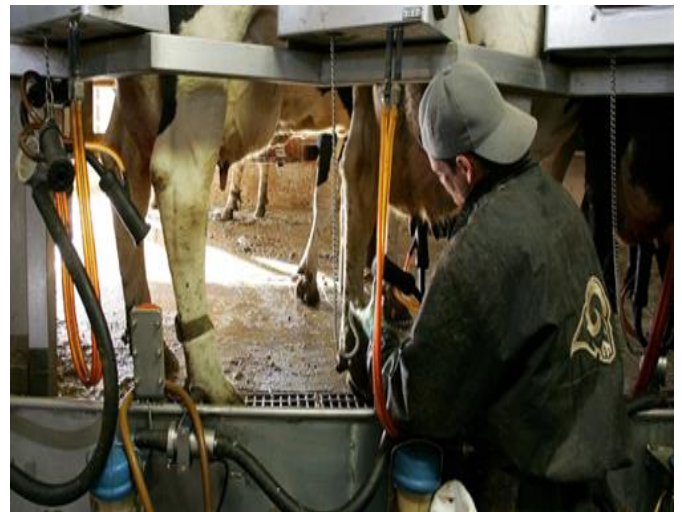
Flu viruses do mutate frequently and can cause epidemics. Preventing bird flu infections in humans and animals is critical to slowing the mutation of the virus and reducing the risk that it will adapt to spread efficiently from person to person.

Preventing the spread of **seasonal flu** also reduces the strong possibility that bird flu and seasonal flu will combine to form a new variant, which could result in a pandemic. Getting the seasonal flu vaccine is an important way to protect yourself and others.

Who Is Most at Risk of Infection?

Currently, the people with the most occupational risk work with animals, including those who work on or in:

- Farms;
- Poultry culling operations;
- Milk processing facilities;
- Animal shelters and sanctuaries;
- Zoos; and
- Veterinary settings.



The Federal Response

The Trump administration's actions have hampered efforts to stop the spread of bird flu in multiple ways:

Massive layoffs within the Department of Health and Human Services have eliminated the jobs of crucial public health workers, including National Institute for Occupational Safety and Health (NIOSH) staff who were working to protect agricultural workers, Centers for Disease Control and Prevention officials who were assisting state health

departments with testing, and Food and Drug Administration staff who were responsible for testing milk.

HHS canceled contracts with Moderna to develop a new mRNA vaccine to protect people from bird flu. This forfeited the U.S. government's right to purchase doses to prepare for a pandemic. The Strategic National Stockpile currently has a few million doses of an existing vaccine, but mRNA vaccines can be adapted quickly for new variants and can be produced quickly. HHS has announced plans to develop pandemic preparedness vaccines using older technology.

U.S. Department of Immigration and Customs Enforcement deportation raids have stopped agricultural workers from seeking personal protective equipment, testing, vaccines and treatment. CDC testing dropped dramatically after President Trump took office, leaving us in the dark about the true number of infections.

Outreach workers claim that agricultural workers, even those with legal status, are too frightened to seek testing and medical help when they are sick. They stay home, which increases the risk of spreading bird flu to household members and gives the virus more opportunities to mutate. Crowded, inhumane and unhygienic detention facilities also increase the risk of widespread infection among detainees and staff.



Protection for the General Public

Get a seasonal flu vaccine.

Avoid contact with wild birds, even if they don't look sick.

Do not consume raw milk or undercooked meat or poultry.

Keep pet cats indoors or ask your veterinarian to test for feline avian flu if they catch or eat wild birds, or consume chicken feed or raw cow's milk.

For people who own chickens, see [Backyard Flock Owners: Protect Yourself from Bird Flu | Bird Flu | CDC](#)

Protection for Healthcare Workers

Bird flu is spread through aerosol, droplet, contact and foodborne transmission. It is not too early for healthcare employers to incorporate avian flu into the infection prevention and control plan they are required to develop for other potential outbreaks. These protocols should be in place to reduce transmission for all serious respiratory illnesses, like seasonal flu, COVID-19 and measles, but this is often not the case.

Airborne Isolation Precautions

Screening: Patients reporting respiratory symptoms, fever or conjunctivitis should be asked if they work with animals, such as domestic poultry, wild birds, dairy cows, or if they work in veterinary care or in animal shelters.

Isolation: Patients with possible bird flu should be given a medical mask for source control while in public areas and placed in an airborne infection isolation room (AIIR) as soon as possible.

If no AIIR is available, the patient must still be isolated in a room with air outputs captured in a filtration system or vented to the outdoors.^{1,2} If a temporary isolation and air ventilation solution cannot be provided, the patient should be transported to a facility that does have an AIIR; and

The AIIR should provide six to 12 air exchanges per hour in accordance with ASHRAE 170. Ventilation in waiting rooms, lobbies, and other areas should be improved and meet ASHRAE 26.2.

Personal Protective Equipment

N95 (or stronger) respirators must be provided to any staff entering the isolation room. Staff using respirators must have been trained and medically evaluated, with annual fit-testing in accordance with the Occupational Safety and Health Administration respiratory protection standard.³

N95s must be disposed of upon leaving the isolation room. They must not be reused.

Medical masks will not protect the wearer and should only be used for source control for the patient during transport outside the AIIR.

Gloves, eye protection, and gowns for airborne and contact precautions should be worn.⁴

Environmental service staff and other non-clinical staff should not be required to work the patient care area unless provided with and trained on PPE.

Cleaning

Wet cleaning methods should be used with Environmental Protection Agency-registered disinfectants.

Terminal cleaning should be conducted after at least 12 air exchanges have occurred. Otherwise, environmental service staff should be provided with respiratory protection, gloves, gown and eye protection.

Exposure Notification, Contact Tracing, Paid Precautionary Medical Leave

The employer should notify exposed staff within 24 hours.

Provide treatment and medical leave for exposed workers for 10 days.

Symptomatic exposed staff may be treated with Tamiflu or another antiviral.

CDC suggests that asymptomatic staff can return before 10 days if:

- Tests are negative;
- They are started on post-exposure chemoprophylaxis within two days of exposure; and
- Wear source control at all times, unless treating patients with avian flu or another illness when a respirator is needed.

¹ [Expedient Patient Isolation Rooms | Healthcare Workers | CDC](#)

² [Ventilated Headboards | Healthcare Workers | CDC](#)

³ [1910.134—Respiratory Protection. | Occupational Safety and Health Administration](#)

⁴ [Transmission-Based Precautions | Infection Control | CDC](#)

Sources

[H5 Bird Flu: Current Situation | Bird Flu | CDC](#)

[Everything You Need to Know About Bird Flu | Knowable Magazine](#)

[Trump's Immigration Tactics Obstruct Efforts to Avert Bird Flu Pandemic, Researchers Say—KFF Health News](#)

[The Bird Flu Virus Is Mutating Fast—And Scientists Say Our Vaccines May Not Be Enough](#)

[Spike in Avian Flu Cases in Cats Triggers Worry About Human Spillover | CIDRAP](#)

[Public Ignorance, Apathy Toward Avian Flu Could Threaten Containment, Researchers Say | CIDRAP](#)

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