



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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Acting Health Commissioner

2025 Veterinary Advisory #1

Updates on Highly Pathogenic Avian Influenza A(H5N1) Including Cat Infections Linked to Raw Milk and Raw Food Diets

- **Highly pathogenic avian influenza (HPAI) A(H5N1) virus continues to circulate globally among wild birds.**
 - **The virus has been detected in New York City among wild water birds and raptors, captive birds, and poultry; the most recent detection was among two ducks collected in Queens on January 12, 2025. A third duck from Queens, and an additional four ducks and a raccoon collected from the Bronx are awaiting confirmatory testing.**
- **Several recent detections of HPAI A(H5N1) virus in sick cats in California and Oregon have been linked to consumption of contaminated raw milk and raw food diets.**
- **Report any cats or other animals with illness consistent with influenza and exposure to HPAI A(H5N1) virus in birds, other animals, or contaminated food items to the [NYC Health Department](#).**
- **Report suspicions of HPAI A(H5N1) in poultry birds to the New York State Department of Agriculture and Markets at 518-457-3502, and in wild birds to the New York State Department of Environmental Conservation at 518-478-2203.**

Please share with your colleagues in Veterinary Medicine and your staff.

February 3, 2025

Dear colleagues,

This advisory provides an update on highly pathogenic avian influenza A(H5N1). In New York City (NYC), the most recent detection was in two ducks collected in Queens on January 12, 2025. Test result for a third duck from Queens, and an additional four ducks and a raccoon from the Bronx are pending confirmation. Prior to these recent detections, the last detection occurred in February 2024. Since the beginning of 2022, A(H5N1) has been detected in over 40 wild and captive birds, and in poultry from 6 live bird markets in NYC. No human cases or detections in dairy cattle with A(H5N1) have been reported in NYC, New York State (NYS), or New England.

Nationally, the virus continues to circulate, primarily among wild birds with occasional introductions to farmed and backyard poultry. Detections in dairy cattle herds have declined following improved biosecurity measures that have reduced fomite transmission, a major factor in farm-to-farm spread. Spillover events have also been reported in wild, domestic, and captive mammals, as well as in humans. Regular updates on animal detections can be found on the [USDA website](#), while human cases are tracked on the [CDC website](#).

As of January 16, 2025, there have been 67 confirmed human cases of A(H5N1) infection in the U.S., including one person who died as a result of infection. [CDC continues to consider the current A\(H5N1\) bird flu risk](#) to the general public to be low. People with close, prolonged, and unprotected contact with infected wild birds, poultry, dairy cattle, raw milk, or certain mammals – including cats are at greater risk of infection.

Cat Infections

Multiple HPAI A(H5N1) infections in cats have been [reported in the U.S.](#), Poland, South Korea, and France, as well as suspected A(H5N1) infections in U.S. cats that consumed raw pet food or raw milk. Recently, genomic sequencing has confirmed A(H5N1) infections in domestic cats directly linked to the consumption of raw milk or raw pet food diets. Eight of these laboratory-confirmed cases were reported in Los Angeles and one in Oregon. Five cats had consumed a [raw milk product that had been recalled](#) following the detection of virus during sampling. All five cats became severely ill and died. Three additional cats became severely ill after consuming commercial raw pet food products [Morasch Meat's](#) (Oregon) and [Monarch Raw Pet Food](#) (California). Further testing is being performed for additional raw food products consumed by these cats.

Affected cats have presented with a spectrum of clinical manifestations, including respiratory problems, severe neurological disease, and death. In addition to consumption of infectious raw milk and raw dairy, cats may also become infected following exposure to infected birds or other animals. A(H5N1) has not been reported in cats in New York State; routine H5 testing of over 700 cats with neurologic disease that tested negative for rabies has not detected the virus.

Dog Infections

Dogs currently appear to be less susceptible to A(H5N1) infection than cats. Canada reported a fatal [infection in a dog that had been chewing on an infected bird](#). Researchers detected antibodies to H5 and N1 in a small number of hunting dogs, suggesting transmission of A(H5N1) from waterfowl to dogs can occur; however, the small number of detections and the lack of reported disease suggests the virus is currently poorly adapted to dogs.¹

Testing Options

Veterinarians must contact the NYC Health Department about any animal suspected of A(H5N1) infection that meets the following criteria:

1. A clear epidemiologic link such as consumption of raw milk, raw pet food, or raw poultry/meat.
2. Acute onset of compatible clinical signs, which may include:
 - Fever
 - Severe lethargy
 - Loss of appetite
 - Acute respiratory disease
 - Acute neurologic disease

¹ Brown JD, et al. Antibodies to Influenza A(H5N1) Virus in Hunting Dogs Retrieving Wild Fowl, Washington, USA. Emerg Infect Dis. 2024;30(6):1271-1274. <https://doi.org/10.3201/eid3006.231459>

- Hepatopathy or icterus
- Uveitis

Contact the NYC Health Department's Zoonotic and Vector-borne Disease Unit (ZVDU) for consultation and to arrange testing when indicated. Call 347-396-2600 (ask to speak with ZVDU) or email ZIVDU@health.nyc.gov. Additionally, A(H5N1) testing is available at the [Cornell Veterinary Diagnostic Laboratory](#) and may be available at certain commercial veterinary diagnostic laboratories.

Guidance for Veterinarians

Veterinarians should advise pet owners to:

- Not feed pets raw pet food diets, raw milk, or raw meat and poultry.
- Eliminate unsupervised outdoor time for pets to prevent exposure to wild birds.

When caring for an animal suspected or confirmed to have H5 infection based on epidemiologic link and clinical signs, consider the following:

- Educate Staff
 - Sick animals can shed A(H5N1) virus in their saliva, feces, and other body fluids.
 - Human infections can occur when the virus is inhaled or enters a person's eyes, nose, or mouth.
- Animal Management
 - Place the animal in isolation to limit exposure to other animals.
 - Limit the number of staff handling the animal as much as possible.
- Protecting Staff and Other Animals
 - Wear appropriate personal protective equipment (PPE) that includes an N95 mask, gloves, eye protection, shoe protection, and a gown, at minimum.
 - PPE must be worn at all times during contact with the animal.

As always, we appreciate your continued collaboration with our efforts to monitor public health issues in New York City.

Sincerely,

Asha Abdool, MPH; Renee King, MPH; Kevin Lovingood, MPH; Ryan MacDonald, MPH; Marc Paladini MPH, Christina Ng, MPH; Sally Slavinski, DVM, MPH, DACVPM

Zoonotic and Vector-borne Disease
Bureau of Communicable Disease
ZIVDU@health.nyc.gov
347-396-2600

Visit our webpage for information and resources for veterinarians: [Zoonotic and Vector-borne Diseases: Information for Providers](#)

If you do not receive these alerts via email and would like to be added to the distribution list, email zivdu@health.nyc.gov

Report animal diseases to the NYC Health Department:

- Online through a [secure web-based reporting platform](#)
- Call 347-396-2600
- Fax the [Animal Disease Case Report form](#) to 347-396-2753

Report upon suspicion: Anthrax, brucellosis, glanders, influenza (novel with pandemic potential), mpox, plague, Q fever, rabies, SARS, tularemia

Report upon laboratory diagnosis: Arboviral encephalitides, carbapenem-resistant organism (CRO), leptospirosis, psittacosis, Rocky Mountain spotted fever, salmonellosis, tuberculosis

Report within 24 hours any outbreak or suspected outbreak of any disease, condition, or syndrome, of known or unknown etiology, which may pose a danger to public health.