

Fourth US dairy farm worker infected with bird flu virus

Benjamin Mateus

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Last week, the Centers for Disease Control and Prevention (CDC) confirmed another person working on a dairy cattle farm, this time in Colorado, has been infected with the H5N1 bird flu virus. This raises to four the number of confirmed spillover cases from cows to workers since the outbreak was first confirmed in late March, the first in Texas and the next two in Michigan.

In the most recent case, the worker's only symptoms were inflammation of his eyes, also described as conjunctivitis or pink eye. He was treated with antivirals and has since recovered. Health officials have not provided the exact date when the person was first diagnosed nor if there was any genetic testing of the virus that infected him.

Nirav Shah, an epidemiologist and the CDC's principal deputy director, in a call with reporters on the day the CDC confirmed the fourth case, stated bluntly, "We need to stay prepared for the possibility of an expansion of the H5N1 outbreak in humans." He then recited the oft-used phrase that the risk to the public continues to remain low, a reassurance so perfunctory as to be meaningless.

Such assurances, in the context of the continued deepening of the bird flu outbreak on cattle and poultry farms, and while testing of farm workers and broader serological surveillance remain essentially non-existent, have no scientific basis. The extent of these infections remains unknown, and their potential evolution into a pandemic pathogen remains a serious existential threat.

One must recall it was a matter of only a few weeks after COVID-19 was first detected spreading across the city of Wuhan, China, in December 2019, before it had begun to spread across the globe. Since H5N1 is far more lethal than COVID, health authorities and government officials cannot be allowed to follow the blueprint followed by the Trump and Biden administrations, when elementary public health precautions were scrapped in favor of exclusive reliance on vaccines.

Nonetheless, HHS Secretary Xavier Becerra wrote, "We have successfully taken lessons during the COVID-19 pandemic and used them to better prepare for future public health crises. As part of that, we continue to develop new vaccines and other tools to help address influenza and bolster our pandemic

response capabilities."

The US government is securing future stocks of vaccines against bird flu, including from Moderna to the tune of \$176 million. This suggests that the health officials regard H5N1 as a serious threat, despite their public complacency.

Given the experience with mRNA technology and the current COVID vaccines, the Biomedical Advanced Research and Development Authority (BARDA) unit of HHS has accelerated the development of a bird flu vaccine that could be used in people. Preliminary work has been underway with promising results.

Using a portion of the genetic signature of the H5N1 virus, a blueprint that encodes instructions to make a small protein is administered as a vaccine that teaches the immune system to build immunity against the real pathogen. Testing in mice and ferrets has shown they develop high immune titers. Also, vaccinated ferrets were deliberately infected with the bird flu and all of them survived. By comparison, all the animals that were immunologically naïve succumbed to the infection.

The vaccine nationalism that proved catastrophic for the world's poorest countries during COVID is also a danger in the bird flu pandemic. In mid-June, the EU's Health Emergency Preparedness and Response Authority (HERA) signed a deal to provide 665,000 pre-pandemic vaccine doses for 15 EU and European Economic Area (EEA) member states, with the possibility of buying 40 million doses over four years.

Finland, which has seen widespread outbreaks of bird flu among mink and fox open-air fur farms and the culling of some 485,000 animals last year, has purchased vaccines for 10,000 people (the series is a two-dose injection), and will, as of this week, begin inoculating workers who have exposure to animals. A statement released by the Finnish Institute for Health and Welfare declared, "The vaccine will be offered to those aged 18 or over who are at increased risk of contracting avian influenza due to their work or other circumstances."

Last week, British Pharma behemoth GSK said it would offer as much as \$1.5 billion for several mRNA vaccines that include COVID, seasonal flu, and the bird flu from CureVac. According to the company, they would pay the vaccine maker \$430 million to take full control of these vaccines and then provide an additional \$1.13 billion depending on achieving

developmental, regulatory and sales goals.

According to the USDA, as of July 3, 2024, 140 total outbreaks have been confirmed across 12 states, a figure that continues to grow at a steady clip. Worrisome too is a CNN report stating that the FDA had collected and tested 275 bulk samples of raw milk collected from four states in which herds had been infected with H5N1 bird flu virus.

Almost 60 percent of these samples showed traces of the virus. In a quarter of the positive samples, the virus proved infectious and viable when injected into fertilized chicken eggs. However, these figures represent samples collected from late April, more than two months ago, underscoring the concerns raised by scientists and researchers for timely and accurate data on the actual epidemiology of the H5N1 outbreak.

This implies that despite the promises and assurances offered little is being done to contain and eliminate the main threat posed by the bird flu: its transformation into a potential pandemic pathogen.

Rick Bright, an immunologist/vaccine researcher and former director of BARDA, wrote in a social media post, “Another human confirmed infected with H5N1 bird flu. This is sad to hear. Completely expected by weak efforts to track and stop this outbreak. Completely preventable. Will the CDC do any serology testing of infected person, close contacts, family members, co-workers, or get virus samples from cows on the same farm?”

Despite having already distributed 750,000 bird flu tests to local public health labs and another 1.2 million expected to be available in the next three months, the CDC has only managed to test 53 people for the bird flu, which translates to fewer than four tests a week over the 15 weeks that have passed since the outbreak was first officially confirmed. Meanwhile, more than 17,000 tests for bird flu in cattle have been conducted.

Commenting on this glaring gap, Shah has previously claimed, “We would like to be doing more tests. We’d like to be testing not just symptomatic workers, but anyone on a farm who is exposed. [However] ... right now we want to be in a role where we’re building trust with farms and farm workers.”

These “trust building” initiatives have mainly been on the use of financial incentives that include a meager \$200 million in federal support promised on May 10, 2024, to stop the continuing spread of H5N1 among dairy cows. This includes \$2,000 a month to farms for providing their workers with personal protective equipment, such as N95 respirators and face shields. The USDA has added up to \$10,000 per affected premises for veterinary costs from the initial date of positive confirmation.

The American Association of Bovine Practitioners (AABP) has estimated the economic impact from bird flu for dairy cattle at \$100 to \$200 per cow. The Executive Director of AABP, Dr. Fred Gingrich, told the American Veterinary Medical Association, “If you have, say, a 1,000-cow dairy, in two to three weeks, you can expect to lose \$100,000 to \$200,000, not

including the long-term impact from the disease, decreased herd size, or other potential effects.”

But there is nary a word that addresses the human toll on laborers working on these farms or incentives for them and their families.

The reliance on immigrant workers, many undocumented, places the necessary context for the failures of testing squarely on the predatory and criminal policies that exploit their labor. They offer a paltry \$75 payment to any farm worker who agrees to provide blood and nasal swabs to the CDC. There are no discussions on the grueling conditions that these workers labor under, let alone the constant fear of retaliation for their undocumented status.

A 2015 study on the economic impact of immigrant labor on US dairy farms by the Center for North American Studies found that immigrant labor accounts for 51 percent of all dairy labor. Dairy farm workers are paid an average wage of \$11.54 per hour, and with non-wage benefits included, an annual equivalent compensation of \$34,443.

A key finding in the study noted that if immigrant labor was eliminated, the number of US dairy herds would fall by 2.1 million cows, milk production by 48.4 billion pounds, and the number of farms by 7,011. Retail milk prices would almost double.

The dairy farm sector of the US agricultural economy is in increasing crisis, with real wages down 2.2 percent from 2019 at \$4.2 billion. Revenues have declined over the last five years by one percentage point to \$46.4 billion. The number of employees working in the dairy business declined 5.5 percent to 102,000 and the number of businesses fell by 10 percent to 18,830.

Unsurprisingly, in a survey conducted by the APHIS, more than 60 percent of dairy farms continue to move their livestock across state lines from infected farms after the onset of clinical signs of infection in the animals. The well-being of workers is intimately connected with the broader public health threat posed by the bird flu virus. However, the immediate needs of agricultural business and corporate profits render such considerations moot.



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