

# Missouri health officials report first bird flu case in adult without previous known animal contact

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On Friday, after the Missouri Department of Health and Senior Services (DHSS) issued their preliminary report to the media, the Centers for Disease Control and Prevention (CDC) announced that a Missouri man who was hospitalized on August 22 with underlying medical conditions had tested positive for the H5 subtype of the avian influenza (bird flu).

The health agency said that the person, whose identity was being withheld to ensure their privacy, had not worked with or ever been in contact with stockyard animals known to harbor the H5N1 bird flu virus.

This brings the number of people infected with the bird flu this year in the US to 14. Four of these cases occurred among workers handling dairy cows (one in Texas, two in Michigan, and one in Colorado). Then, over the month of July, 10 poultry workers in Colorado were confirmed with infection after exposure to infected birds.

The latest case, one without known exposure to an animal source, has raised the ongoing threat posed by the bird flu considerably. The most pressing questions for which the CDC has no answers currently are: how did this person acquire the virus?, and what does this mean for the public health risk?

In their brief September 6 press statement, they wrote:

[The] CDC has confirmed a human case of avian influenza A(H5) ('H5 bird flu') reported by the state of Missouri. The case was identified through that state's seasonal flu surveillance system. The specimen was forwarded to CDC for confirmatory testing per usual protocols and confirmed yesterday. An investigation into the potential exposure is ongoing by the Missouri Department of Health and Senior Services (DHSS).

Furthermore, the CDC added:

Missouri DHSS reports that the patient, who was hospitalized, had underlying medical conditions, was treated with influenza antiviral medications, subsequently discharged, and has recovered. There is no immediate

known animal exposure. No ongoing transmission among close contacts or otherwise has been identified.

This was the first time that the country's national flu surveillance system detected a case of the H5 subtype of bird flu. There were no indications made in the press statement from the Missouri DHSS as to why the person was admitted to the hospital or what his symptoms were beyond noting he had "underlying medical conditions and tested positive for influenza A."

This prompted additional confirmatory testing that identified the H5-strain of the flu virus, which is usually found in wild birds and poultry, and most recently in dairy cattle. The CDC was then duly notified. According to media reports, the infected person made a complete recovery after treatment with antivirals was initiated and was discharged to home.

The public health agencies involved with the case have not provided any further details on the genetic sequence of the influenza virus that infected the Missouri patient, and it remains to be ascertained if the strain of the virus they were infected with was the same one from either dairy cattle or the poultry farms. Neither did they disclose any details on the extent of contact tracing and testing that they conducted.

The only concrete information provided was that the CDC had not noted any spike in flu viruses in their wastewater data from the region where the infected man resides, nor had they picked up any traces of the H5-subtype of the bird flu virus.

Speculation in the media as to how this individual became infected includes the possibility of drinking contaminated milk, or exposure to animals such as dead birds, cats, or even house mice which have been known to harbor the bird flu. Missouri is not one of the states affected by infected dairy cow herds, although several counties in the state have confirmed H5N1 bird flu at poultry farms.

Certainly, confirmation of viral sequence from this case can offer critical information as to where the individual may have acquired the virus and whether the bird flu virus is evolving to transmit more efficiently between people.

The identification of an infected person without prior animal exposure comes on the heels of the continued rise in the number of dairy cow herds that have reported bird flu infections.

Notably, California, the leading dairy state in the US with 1,300 dairy farms and 1.69 million dairy cows, is the latest state affected, with three herds in the Central Valley region reportedly harboring the virus. Since confirmation of the virus in dairy cows in Texas in March 2024, there have been a total of 197 dairy cow herds affected across 14 states.

Last Tuesday, health officials reported that the tests on infected cattle revealed the strain of the virus was nearly identical to those found among infected dairy herds in Colorado. Bryan Richards, the Emerging Disease Coordinator at the US Geological Survey's National Wildlife Health Center, told the *LA Times* that "the genetic sequence found in the infected cows was clearly the result of anthropogenic [*human activity*] movement; essentially zero chance it was an independent spill from wild birds into these dairies. So, if anyone is trying to blame wild birds: Nope!"

On initial news suspecting herds in California being infected, Rick Bright, a virologist and the former head of the US Biomedical Advanced Research and Development Authority, said:

This is really sad news, but not surprising. [The H5N1 virus] has become entrenched in dairy cattle across the US, and what has recently seemed like a lull in reporting likely reflects a lull in testing.

In addition, clearly little is being done to protect people working with these animals, let alone raising any concerns about the broader threat it poses to the public. Bright continued:

[When] fall and winter months arrive, there will be increased risk of having avian and human flu viruses mix. It's critical that we have a stringent surveillance and testing program in place for animals and people before the flu season arrives.

Despite the profound concerns raised by these developments, the CDC offered their standard minimizing assurances with some notable caveats, writing:

CDC's current assessment is that the risk to the general public from H5N1 remains low. CDC's recommendations related to H5 virus have not changed at this time. As always, circumstances may change quickly as more information is learned. The results of this investigation will be particularly important in light of the current lack of an obvious animal exposure. It is important to note that, while rare, there have been novel influenza A cases where an animal source cannot be identified. The main concern in these situations is that no onward transmission is occurring. Findings from the ongoing investigation will inform whether guidance changes are needed.

Since the outbreak in late March, the CDC has been monitoring around 4,810 people: 2,210 with exposures to dairy cows and 2,600 with exposure to birds and other animals including poultry. However, they have only conducted 240 tests for the novel influenza A pathogen, of which 72 of those monitored were among those exposed to infected dairy cows.

Dr. Nahid Bhadelia, director of the Center on Emerging Infectious Diseases at Boston University, with respect to the infection in the Missouri patient, told the *New York Times*, "The route of transmission is going to determine how much more escalated the risk of the disease is to the general public." Bhadelia then cautioned, "We are always later than we think we are in outbreaks."

Indeed, the wait-and-see attitude that has been adopted by the CDC to the H5N1 bird flu virus, which is evolving into an existential threat, is untenable. At the present rate of development, under capitalism which subordinates public health to private profit, it is no longer a matter of if the bird flu will become a pandemic pathogen, but when.

The working class must heed the warnings being given by Dr. Bright and other scientists. The virus that has affected multiple bird and mammal species and spread across the entire surface of the planet—and which historically has had a 50 percent fatality rate among humans—is not to be toyed with.

The *laissez-faire* attitude of international and national public health agencies to emerging pandemic pathogens, which threaten human populations and the well-being of animal life in general, is nothing short of criminal. These institutions function as auxiliary infrastructure to capitalist countries whose primary purpose is the unfettered accumulation of profits, acting in accordance with the demands imposed on them.

Therefore, the emergence of numerous infectious disease threats in the present period, of which the bird flu virus is but one, underscores the decrepit nature of capitalism in its advanced state of disintegration. After normalizing the ongoing COVID-19 pandemic through the "forever COVID" policy, the ruling elites and their political representatives are normalizing the spread of bird flu, as well as mpox and other growing threats.

The only way to stop these growing dangers is through the socialist reorganization of society, in which the international working class implements scientific planning as the basis of world economy.



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