

British Columbia teenager in critical condition with H5N1 bird flu

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15 November 2024

On Tuesday, epidemiologist Dr. Bonnie Henry, the provincial health officer in British Columbia, Canada, announced that a teenager from the Fraser Health Authority had been admitted in critical condition with acute respiratory distress (ARDS) after being infected with the H5N1 bird flu virus.

The genetic sequence of the virus was consistent with H5N1, belonging to the clade 2.3.4.4b and to the D.1.1 genotype. This is different than the B3.13 genotype of the virus that has infected US dairy cattle herds but is consistent with the strain from wild birds and infected poultry in that region.

According to a statement released by the Public Health Agency of Canada, this is the first confirmed human case of bird flu in Canada that was acquired domestically. The only other case involved a woman flying back from Beijing to Alberta in 2014. She was admitted to the hospital but succumbed to the infection a week later. The British Columbia teenager is currently receiving care at BC Children's Hospital. His status remains unknown, except that he is in the ICU for treatment and management of ARDS, which can be fatal in 25-40 percent of people even with treatment.

The teenager, whose identity has been protected, fell ill on November 2. His health deteriorated, necessitating admission to the hospital on November 9. Initial testing confirmed he had been infected with H5N1. However, the source of the infection remains unknown, except that the strain he acquired is consistent with those seen in wild birds in the area. He did not have any underlying health conditions. He and his family do not live near a poultry farm, nor do they have pet birds in their home. However, migrating wild birds carrying the influenza viruses can infect birds on poultry farms as well as wild animals.

At the press conference held by health authorities, Henry said that a patient can become infectious two days before they develop symptoms and up to 10 days after.

Although the teenager had not gone to school in this period, around 40 people had been exposed, mainly healthcare providers. The case was detected via the hospital-based influenza surveillance.

In their November 13 statement, the Public Health Agency of Canada wrote:

British Columbia officials continue to undertake a thorough public health investigation and have taken important actions including contact tracing, testing and offering antiviral medication to contacts to prevent infection and to contain any potential virus spread. There have been no further cases identified at this time. The investigation has not yet determined how the individual became infected with avian influenza.

Additionally, they warned the public that people should avoid handling live or dead wild birds and animals and keep their pets from encountering them.

Significantly, in the press conference in which Henry released information on the case of the British Columbia teenager, she was asked by a reporter, "Is there a number of avian flu infections in people here in BC that would trigger public safety restrictions like we've seen in the past, and what might that look like?"

Henry chuckled and replied, "Hmm, that's a difficult question. The short answer is no."

This paralleled the video from the Centers for Disease Control and Prevention (CDC) released last week on the symptoms associated with a bird flu infection, which was posted without any context.

The downplaying of the potential ramifications of mass infection with H5N1 by Canadian and American authorities as a pathogen which will not

require massive public health resources, or as just “another flu,” is criminally misleading and negligent. Historically, bird flu has a case fatality rate of 50 percent, and its development into a pandemic could cause tens or hundreds of millions of deaths, if not more.

The impact of the bird flu panzootic—which has spread globally and affected dozens of species since 2020—has been considerable in British Columbia. Although no cattle have been detected with H5N1 in the region, more than two dozen poultry farms have been affected, and, since 2022, more than 11 million birds have been culled.

The development of ARDS by an H5N1 infection in the teenager from British Columbia brings home the critical point that this virus is very dangerous. Allowing its continued spread among farm workers and animals like dairy cows, poultry, and for the first time, in pigs in Oregon, raises the specter of another bird flu pandemic akin to the 1918–1920 Great Influenza pandemic that wrought mayhem on the world’s population, eclipsing the deaths encountered from World War I. The world is watching another pandemic unfold in real-time, with the bare minimum being done to stem the spread of the virus.

To date, there have been 46 confirmed human cases of H5N1 infections in the US during 2024, with 21 cases just in California. As of mid-November, 505 dairy herds have been affected across 15 states. Meanwhile, 48 states have reported outbreaks among poultry, affecting close to 108 million birds. Additionally, a small study recently conducted by the CDC found that eight out of 115 farm workers in Colorado and Michigan had serology tests that were positive for exposure to the bird flu virus.

The election of Donald Trump and his placing at the helm of the Department of Health and Human Services (HHS) Robert F. Kennedy Jr., an openly acknowledged anti-vaccine zealot who maintains an anti-public health stance, will have chilling consequences, including on the oversight by the Food and Drug Administration (FDA) on agriculture.

In a video filmed outside the Environmental Protection Agency (EPA) in October, Kennedy stated, “Our big priority will be to clean up the public health agencies like CDC, NIH, FDA and the U.S. Department of Agriculture. Those agencies have become sock puppets for the industries that they’re supposed to regulate. I want to get on the inside of FDA to make America healthy again.”

Separately, Scott Atlas, Trump’s coronavirus czar in 2020 who first implemented the criminal “herd immunity” policy of mass infection, has advocated the

abolition of all middle levels in the CDC and divestment from the World Health Organization (WHO). These moves would have long-lasting ramifications for global pandemic preparedness and a destabilizing influence on global health and vaccinations, setting global public health back decades from its already crippled state amid the ongoing COVID-19 pandemic.

Before Trump’s decision to appoint Kennedy to head the HHS, Professor Beate Kampmann at the London School of Hygiene and tropical Medicine observed, “Progress will be rapidly lost in societies where vaccine hesitancy is promoted as I fear will be the case in the US if Kennedy is appointed. My worry is that polarization on the topic will further increase.”

With respect to the current H5N1 strain circulating among dairy cattle in the US, two well-designed studies suggested that the strain that caused the initial outbreak in Texas were quite lethal to the animals tested in their investigation. In particular, the virus, without prior adaptation, spread via aerosol and killed at high rates.

The attempts by the current CDC and public health officials to continually downplay these dangers and assure the population that there is no need to worry now is a sure indication that all is not well in light of these developments. Based on the conclusions of their study, Kawaoka warned, “Every effort should be made to contain HPAI H5N1 [bird flu virus] outbreaks in dairy cattle to limit the possibility of further human infections.”



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