



H5N1 Flu

This sheet is about having H5N1 flu in a pregnancy or while breastfeeding. This information is based on available published literature. It should not take the place of medical care and advice from your healthcare provider.

What is H5N1 flu?

The flu (influenza) is an infection of the respiratory (breathing) tract. The flu is caused by a group of viruses called influenza virus. H5N1 flu is caused by an avian (bird) influenza virus primarily found in wild birds, poultry, and U.S. dairy cows.

How do you get H5N1 flu?

H5N1 can be spread to humans through exposure to infected animals. This includes contact with an infected animal's saliva, mucous, feces (poop), and milk. People can get H5N1 flu from the virus getting into their eyes, nose, and mouth, or when it is breathed in. At this time, most people are not considered to be at high risk of getting H5N1 flu. People that work with or have close contact with animals or animal products are at a higher risk of being exposed to H1N1 flu. H5N1 flu can be spread from person to person, but this is rare.

What are the symptoms of H5N1 flu?

Common symptoms of H5N1 flu include fever, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue, eye redness, shortness of breath, or trouble breathing. Less common symptoms include diarrhea, nausea, vomiting, or seizures. A severe case of H5N1 flu can be fatal. Women who are pregnant are more likely to experience severe symptoms and death than those who are not pregnant.

People who think they have been exposed to H5N1 infected birds, other animals, or humans should monitor themselves for respiratory symptoms and eye redness for 10 days after their exposure. Anybody who develops symptoms after exposure to H5N1 should seek medical attention immediately. It is important to treat H5N1 flu as early as possible.

How can I protect my pregnancy from H5N1 flu?

To help prevent H5N1 flu infections, the Centers for Disease Control and Prevention (CDC) recommends that people avoid exposure to sick or dead animals, including wild birds, poultry, other domesticated birds, and other domesticated and wild animals (including cows). It is also recommended to avoid exposures to animal feces, bedding, litter, unpasteurized ("raw") milk, and materials that have been touched or were close to infected animals.

People who come in contact with domesticated and wild animals (such as poultry and livestock workers, veterinary staff, bird flock owners, and emergency responders) should use appropriate protective gear and avoid direct physical contact or close exposure with infected or potentially infected animals or materials. Personal protective equipment (PPE), such as thick disposable gloves, protective clothing, and a mask, should be worn when in contact or near sick birds, livestock, other animals, animal carcasses (dead bodies), feces, litter, raw milk or surfaces and water that may be contaminated. All staff members should wear PPE whether they are pregnant or not. Proper hand washing is also critical. For more information, please visit CDC's page on reducing risk for people working with or exposed to animals: <https://www.cdc.gov/bird-flu/prevention/worker-protection-ppe.html>. MotherToBaby also has a general fact sheet on working as a Veterinarian or Veterinarian Technician at <https://mothertobaby.org/fact-sheets/vet-vettech/> and a general sheet on workplace safety tips at <https://mothertobaby.org/fact-sheets/reproductive-hazards-workplace/>.

Poultry, eggs, and beef should be cooked to a safe internal temperature to kill bacteria and viruses. Pasteurized milk and foods made with pasteurized milk are not expected to be contaminated with H5N1 flu. Unpasteurized "raw" milk and unpasteurized milk products (such as soft cheeses, ice creams, and yogurts) can be contaminated with H5N1 virus and other bacteria. Pasteurization kills H5N1 virus.

How can I find out if I am infected with H5N1 flu?

If you think you are infected with H5N1, seek medical attention as soon as possible. A healthcare provider can order H5N1 laboratory testing for you. Over-the-counter rapid flu tests will not be able to tell the difference between seasonal flu and H5N1 flu.



What should I do if I think I have been infected with H5N1 flu?

CDC has recommended that anyone with suspected or confirmed H5N1 flu receive an antiviral treatment for H5N1 as soon as possible. The World Health Organization (WHO) recommends that women who are pregnant and have suspected or confirmed H5N1 flu receive antiviral treatment, regardless of how far along in pregnancy they are. It is important that you seek medical attention if you think you have H5N1 flu. Because of the increased risk of death in women who are pregnant and have H5N1 flu, the benefits of antiviral therapy outweigh any potential risks. There is no vaccine available for H5N1 flu.

MotherToBaby has a general fact sheet on antiviral medications for the flu here:
<https://mothertobaby.org/fact-sheets/antiviral-medications-treat-prevent-influenza-the-flu-pregnancy/>.

I have H5N1 flu. Can it make it harder for me to become pregnant?

It is not known if H5N1 flu can make it harder to get pregnant.

Does having/getting H5N1 flu increase the chance for miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. It is not known if H5N1 flu can increase the chance of miscarriage. Miscarriage has been reported in 2 women who had H5N1 flu. It is important to talk with your health care provider if you are pregnant and have symptoms of the H5N1 flu to receive treatment.

Does having/getting H5N1 flu increase the chance of birth defects?

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Because getting flu from the H5N1 virus is rare in humans, it is not known if having H5N1 flu increases the chance for birth defects above the background risk. However, other types of influenza viruses have not been shown to cause birth defects.

Fever is a possible symptom of H5N1 flu. A high fever in the first trimester can increase the chance of certain birth defects. Acetaminophen has been recommended as an option to reduce fever in pregnancy. If you have H5N1 flu and develop a fever, talk with your healthcare provider about the best way to treat your fever. For more information about fever and pregnancy, see the MotherToBaby fact sheet about hyperthermia at <https://mothertobaby.org/fact-sheets/hyperthermia-pregnancy/> and a fact sheet on acetaminophen here: <https://mothertobaby.org/fact-sheets/acetaminophen-pregnancy/>.

Would having/getting H5N1 flu increase the chance of other pregnancy-related problems?

It is not known if H5N1 flu can cause preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth). There have been 2 reports of preterm delivery in women who had H5N1 virus.

Can H5N1 flu be passed to the baby during pregnancy or at the time of delivery?

When a woman is pregnant and passes an infection to the fetus, it is called vertical transmission. Vertical transmission has been reported with H5N1 flu in pregnancy, but is thought to be rare. Vertical transmission can happen at any time in pregnancy, but is more likely to happen when someone gets the infection close to the time of delivery.

Does having/getting H5N1 flu in pregnancy affect future behavior or learning for the child?

Studies have not been done to see if H5N1 flu can increase the chance of behavior or learning issues for the child.

Breastfeeding while I have H5N1 virus:

CDC encourages women to continue to breastfeed or provide breast milk for their babies even if they have the flu. There are antibodies in breast milk that might help prevent a baby from getting sick with the flu. Women with H5N1 flu may feel too sick to breastfeed. CDC recommends that breastfeeding women who have the flu should continue to express milk when possible. A woman with the flu might have a lower breast milk supply than normal. There are no breastfeeding recommendations specific to H5N1 flu.

While sick, it is important to try to protect the baby from getting sick. Wash your hands with soap and water before holding your baby. Avoid coughing or sneezing on your baby. Cover your mouth/nose with a tissue when you cough or sneeze, then throw away the tissue and wash your hands. While you are ill, you may want to consider having someone



who is not sick help you care for your baby. CDC has more information on the flu and breastfeeding at <https://www.cdc.gov/breastfeeding-special-circumstances/hcp/illnesses-conditions/flu.html>. If you think your baby has symptoms of H5N1 flu, contact your child's healthcare provider. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a man has H5N1 flu, can it make it harder to get a woman pregnant or increase the chance of birth defects?

Illnesses that cause fever, such as H5N1 flu, might cause a temporary reduction in the movement or number of sperm, which could make it harder to get a woman pregnant during that time. Close contact may not be recommended when you have H5N1 flu in order to avoid passing H5N1 flu to your partner. In general, however, exposures that men have are unlikely to increase the risk to a pregnancy. For more information, please see the fact sheet Paternal Exposures at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>.

Please click [here](#) for references.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).

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