

DAILY NEWS

Since 1854 — News from Montcalm County and Ionia County, Michigan

January is National Radon Action Month

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By The Daily News Staff

on January 18, 2025

[Submitted by the Mid-Michigan District Health Department](#)

0:00 / 0:00

The Mid-Michigan District Health Department (MMDHD) is encouraging residents to test their homes for radon this January and is offering free test kits to those living in Clinton, Gratiot and Montcalm counties.

Radon is a naturally occurring radioactive gas. It is tasteless, odorless, and colorless. It comes from the radioactive breakdown of radium, which comes from the radioactive decay of uranium. Both radium and uranium are found in at least trace amounts in almost any kind of soil or rock.

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MMDHD's Environmental Health Director, Lonnie Smith says, "You cannot see, smell, or taste radon, so we encourage residents to test for radon in their homes. Any home could have elevated levels of radon."

One in every four Michigan homes is expected to have radon levels that exceed the recommended federal action level. This is alarming because radon is the second leading cause of lung cancer, behind smoking. Home radon testing is recommended every two to five years because homes settle and new cracks form in the foundation, causing radon levels to change. You can't see, smell or taste radon. The only way to know if you have elevated radon levels is to test.

Get your free radon test kit by visiting or contacting the MMDHD:

- Clinton County Branch Office: 1307 E. Townsend Road, St. Johns. Phone: (989) 224-2195
- Gratiot County Branch Office: 151 Commerce Drive, Ithaca. Phone: (989) 875-3681
- Montcalm County Branch Office: 615 N. State St., Stanton. Phone: (989) 831-5237

For further information about radon, visit: [Michigan.gov/radon](https://www.michigan.gov/radon) or [EPA.gov/radon](https://www.epa.gov/radon).

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'I can't hear you'

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Residents beg Maple Valley Township Board members to speak up at meeting

By Elisabeth Waldon

on January 24, 2025

0:00 / 0:00



Maple Valley Township Treasurer Meghyn Booth, at right, listens as township residents complain that they can't hear the board discuss township business during Monday's meeting. Clerk Andi Knapp, center, and Supervisor Dan Boes listen in the back. The board spent some of its federal ARPA money on microphones and a speaker last summer, none of which were used on Monday. — DN Photo | Elisabeth Waldon

MAPLE VALLEY TOWNSHIP — The Maple Valley Township Board on Monday discussed concerns about allegedly missing tax records, whether to put money into improving a township-owned garage and how a long-standing blight problem is once again headed to court.

All the while, residents in attendance at the meeting repeatedly complained that they couldn't hear township officials conduct business. The Daily News reporter often could not hear the board's discussion either.



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While Supervisor Dan Boes and Clerk Andi Knapp usually speak up, Treasurer Meghyn Booth and Trustee Lee Frandsen are both very soft-spoken and often turned their heads toward board members and away from the audience while speaking and Trustee Tim Thornhill sometimes can't be heard as well.

"Please, please speak up for the whole meeting," resident Penny Bassett begged the board during the first public comment.



However, as the meeting continued, board members often couldn't be heard, leading residents to repeatedly ask them to speak up or to turn the table to face the audience instead of each other. Making matters worse, when the furnace turns on in the Coral Community Center, almost nothing can be heard.

"There has got to be some transparency up here about not being able to hear," said resident Robin Poulsen during the second public comment. "I have not heard one word that Meghyn has said, with the furnace off or the furnace on. She talks right directly to you."

The township board voted in July 2024 to spend \$250 of its federal American Rescue Plan Act (ARPA) funds to purchase microphones and a speaker so people could hear better during board meetings. However, these have not been used lately.

"You spent \$250 for a microphone, you used it twice," Poulsen said during Monday's meeting. "There's got to be something we can do to be able to hear you, besides constantly asking you to speak up. If we have to keep asking you to speak up, that's not good transparency. I can't hear you. I'm not the only one and you know that."

"Is there a reason the microphones aren't being used?" Bassett asked.



"They just didn't get set up," Boes responded.

"OK," Bassett responded with a frustrated laugh.

Sound issues have been a problem at the Community Center for years. At one point, Poulsen brought a speaker and microphone to a Planning Commission meeting in March 2022, but planners didn't want to hold the mic while they spoke so it just lay on the table in front of them.

TAX RECORD ALLEGATIONS

The township board voted on Monday to pay an office and finance management specialist (with no dollar amount or hour amount specified) to help Treasurer Booth after Booth said multiple tax reconciliations are missing dating back to last summer and autumn when former treasurer Miranda Brewer was in charge (Brewer did not run for re-election last year).

Booth admitted she had not reached out to Brewer to ask about the matter before bringing it up publicly at Monday's meeting. When contacted by the Daily News after the meeting, Brewer adamantly disputed Booth's allegations.

During Monday's meeting, Booth said the general ledger transactions didn't balance, some transactions were posted to the wrong accounts and some information was missing. The township's audit is coming up in April.

"I can't get any of the deposit books to align," Booth said. "It looks like she (Brewer) consolidated a bunch of them."



The Maple Valley Township Board on Monday discussed allegations made by new Treasurer Meghyn Booth about allegedly missing tax records, something former treasurer Miranda Brewer adamantly disputed when contacted by the Daily News. Pictured, from left, are trustees Lee Frandsen and Tim Thornhill, Supervisor Dan Boes, Clerk Andi Knapp and Booth. — DN Photo | Elisabeth Waldon

"Wow," Boes responded as Booth showed him some paperwork. "And she has no record of doing that?"

"No, and there's no notes," Booth said. "I honestly don't know if I'm going to be able to unravel it myself. I don't want to undo or void Maranda's transactions, because then it might throw even more off."

"We can't have consolidated deposits on our Quickbooks," Boes said.

"Where do you suspect those itemized deposits are?" Thornhill asked.

"They weren't done," Booth said, noting that taxes were apparently all done together in one batch.

"That's bad," Boes said.

"Are we sure that information doesn't exist? Have you reached out to Miranda?" Thornhill asked.

"I haven't," Booth said.

"I would contact her and see if she's available," Thornhill said. "It's a step."

Knapp said the board should pay for Booth to work with Blaine Gebhardt of Trusted Solutions in Howard City to figure out the issue (the board previously hired Gebhart in late 2022 to provide QuickBooks training to new township officials, as well as to review the township's confusing financial records; Booth is the township's fourth treasurer in two and a half years).



"I think we should give her the assistance of Blaine so she's not having to do triplicate work," Knapp said of Booth. "She's having to correct someone else's sloppy recordkeeping."

The board voted 5-0 to hire Gebhardt (with no dollar amount or hour amount specified) to assist Booth in rectifying the matter.

The Daily News contacted Brewer on Thursday to get her side of the story.

"The tax reconciliations were not missing," Brewer told the Daily News. "It was reconciled when I left with the backup in the file. The current treasurer (Booth) chose to undo the reconciliations because she disagreed with how it was done. Now she would like Blaine to redo the reconciliations with the entry showing funds collected late September were deposited in October."

"I have not heard anything from the board since I left," Brewer added. "I offered multiple times to sit down with Meg before her term started to review the accounts but I received no response. I watched the meeting and would be happy to answer any questions she may have, but it's not my place to reach out to her and intrude on her position. It's unfortunate that some members of the board have a history of making derogatory accusations toward prior board members to erode their integrity in the community. It's a shame, but I guess that is small-town politics."

The Daily News also contacted Booth on Thursday. She said she had contacted Brewer earlier that day.

"She provided enough information for me to further investigate the reconciliation in partnership with Blaine and Trusted Solutions," Booth said.

GARAGE IMPROVEMENTS

Also during Monday's meeting, Booth proposed spending township money to get proposals for what to do with a township-owned garage consisting of three stalls next to the Coral Community Center.

"We could convert it into a board room for board meetings. We could adjust how the pantry and the garage come together. There's a lot of space out there that's just not used. It's just sitting cold," Booth said.

Booth made a motion to hire an engineer to make recommendations, which was seconded by Knapp, who added that residents could also rent the garage for small parties instead of using the recently renovated Community Center, which is available for rental.

However, when Booth noted that the cost of blueprints would be around \$20 per square foot, other board members noted that this could add up to \$12,000 (estimating that the building is 600 square feet).

"What do we actually want to do with it?" Thornhill asked. "I've heard lots of ideas, but none have really made my head spin."

"I think we need a smaller space," Knapp responded.

"But what does the township need?" Thornhill asked. "What demand is out there that the township is saying we need this? We have an opportunity to supply the township with something it needs. They already have a place to have a party and it's quite cheap."

Knapp said some residents have contacted her asking if the township has office space where residents can work remotely from instead of working from home.

"If we put \$50,000 into that building and nobody uses it, that's a waste of time," Boes said. "Before we spend that kind of money on blueprints, we've got to look at the fact that we've got \$6,000 from the insurance company to fix that (the ceiling). We really don't have the money to put into that. I hope we vote it down."

Boes asked the board if they would table Booth's motion for now, and they agreed.

PARIS ROAD BLIGHT

Also during Monday's meeting, Boes provided an update on the problematic property at 1320 N. Paris Road near Trufant.

The property is owned by William Bradford III of Grand Rapids and has been severely blighted since at least 2022.

A clean-up crew hired by the township this winter has removed nearly 30 dumpsters of garbage from the property, but the garbage is actively being replaced faster than the crew can keep up with it. The Mid-Michigan District Health Department in Stanton became involved last November after allegations of an open well with human excrement in a hole near the well.

Health Department Environmental Health Division Director Lonnie Smith told the Daily News that the health department did a site visit on Dec. 4, 2024, and found the well open and non-functional and an outhouse placed over a septic tank. He said a correction order was sent to the property owner for having no water at the property, and the owner applied for a well permit the following day, Dec. 5, 2024, which was approved by the health department.

Bradford was in Montcalm County District Court on Dec. 27, 2024, where it was agreed that Bradford would remove the blight within 60 days, or the township would be authorized to clean it up and then charge Bradford.

According to the health department, a site visit of the property on Jan. 14 confirmed the existing well had been properly abandoned, but no replacement well has been drilled and there was no evidence of anyone living at the property.

"The Paris property, we had some problems with that," Boes said during Monday's meeting. "That was supposed to be resolved and it evidently didn't get resolved, so we have another court date, Feb. 3. We made arrangements with the owner of the property, he was supposed to sign what we had agreed on and send it back but he didn't."

The township board voted in November 2024 to hire Pierce Enterprises at a cost of \$8,000 to clean up the property, but at Monday's meeting, the board approved paying \$10,000 to Pierce Enterprises.

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Maple Valley Township Board changes annual meeting format

The Maple Valley Township Board held its annual meeting on Saturday, but this time residents were only allowed to vote...

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**MID-MICHIGAN DISTRICT HEALTH DEPARTMENT
(MMDHD) PUBLIC NOTICE of FINANCE COMMITTEE
AND REGULAR BOARD OF HEALTH MEETINGS FOR
2025 Finance**

Finance Committee meetings held at 8:30 a.m. and Regular meetings held at 9:00 a.m.

January 22	Organizational Meeting, Montcalm Office, Stanton
February 26	Clinton Office, Saint Johns
March 26	Gratiot Office, Ithaca
April 23	Montcalm Office, Stanton
May 28	Clinton Office, Saint Johns
June 25	Gratiot Office, Ithaca
July 23	Montcalm Office, Stanton
August 27	Clinton Office, Saint Johns
September 24	Gratiot Office, Ithaca
October 22	Montcalm Office, Stanton
November 26	Clinton Office, Saint Johns
December 17	Gratiot Office, Ithaca

This meeting is open to all members of the public under Michigan's Open Meetings Act. The MMDHD will provide necessary reasonable auxiliary aids and services, such as signers for the hearing impaired, interpreters, and audio tapes of printed materials being considered at the meeting, to individuals with disabilities at the meeting/hearing with a one (1) week notice. Individuals with disabilities requiring auxiliary aids or services should contact the Mid-Michigan District Board of Health by emailing, writing, or calling:

Krishna Santana, Board Secretary
Mid-Michigan District Board of Health
615 N. State St.

Stanton, Michigan 48888-9702
(989) 831-3610

E-Mail: ksantana@mmdhd.org

DAILY NEWS

Since 1854 — News from Montcalm County and Ionia County, Michigan

Health department offers guidance on influenza for schools

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Sickness blamed for canceling events and classes

By The Daily News Staff

on February 12, 2025

0:00 / 0:00

Dr. Jennifer Morse

Medical Director, Mid-Michigan District Health Department



The Mid-Michigan District Health Department recognizes that school administrators and staff are concerned about the flu.

On Monday evening, Carson City-Crystal Area Schools announced on Facebook that it would close on Tuesday and Wednesday due to illness and all extracurricular activities would be “canceled during the two day closure.”

Also canceled due to illness was last Thursday’s Ionia County Career Center Open House. It has been rescheduled for 4 to 6 p.m. on Feb. 20.

“Due to the prevalence of illness in Ionia County, we have made the decision to postpone our scheduled Open House for the well-being of our community,” Ionia County Career Center Data/Outreach Coordinator Shelly Hills wrote in an email to the Daily News.

Here are some concepts and information that may be useful to school superintendents and staff regarding influenza and the need for closing schools during “flu” outbreaks.

Influenza, commonly called “the flu,” is caused by the influenza virus, which infects the respiratory tract (nose, throat, lungs). It can cause mild to severe illness, and at times can lead to death.

Influenza is spread from person to person in respiratory droplets of coughs and sneezes, such as when droplets from a cough or sneeze of an infected person are propelled (generally up to 3 feet) through the air and deposited on the mouth or nose of people nearby. The virus also can be spread when a person touches respiratory droplets on another person or an object and then touches their own mouth or nose before washing their hands.

Illness from influenza and COVID-19 cannot be differentiated based on symptoms alone. Sick individuals must be tested for both illnesses to know if they are ill with one or both viruses.

There is no state law mandating closure of school because of illness. The public health code (P.A. 368 of 1978, as amended) allows a local health department's health officer to close schools in certain situations, but this power has not been exercised for decades. The decision is typically left to the school; however, the health department is available for consultation. Once absenteeism reaches 25 to 30%, education is likely hindered because so many students must make up schoolwork.

A sudden increase in student absenteeism due to illness should be reported to the health department. The public health code does require that a primary or secondary school, child daycare center, or camp shall report to their local health department, within 24 hours of suspecting, the occurrence of any of the serious communicable diseases as listed by the State of Michigan and the unusual occurrence, outbreak, or epidemic among those in attendance of any disease, infection, or condition.

If the decision is made to close a school due to an influenza outbreak, it should be closed for a minimum of four calendar days (which may include a weekend). Influenza has an incubation period of one to four days. Keeping kids home four days will help stop the transmission of disease and allow for students that are incubating influenza to develop symptoms. Any students that develop influenza-like symptoms should be advised to stay home. All school-related activities, such as sporting events, should also be canceled.

Sick students and sick staff do not belong in school. Anyone who is sick should stay home. One exclusion criterion is a child with a temperature of 101°F or greater AND behavior changes or other signs or symptoms (e.g., sore throat, rash, vomiting, or diarrhea). If there is influenza-like-activity or COVID-19-like-activity in the school or in the community, criteria would also include a temperature over 100.4°F and respiratory symptoms (e.g., cough, sore throat). The child should not return until 24 hours of no fever, without the use of fever-reducing medications.

Students and staff should be reminded often to cover their mouth and nose with a tissue when coughing or sneezing. Students should be taught to cough and sneeze into the bend of their elbow for times a tissue is not available. They should also be reminded to avoid touching the eyes, nose or mouth. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

All students and all staff should wash their hands as soon as they get to school. Time for hand-washing should also be worked into the students' and staff daily schedules, particularly before the students eat snacks or go to lunch. They should also wash their hands after blowing their nose or coughing into their hands.

Doorknobs and faucets should be cleaned with a bleach-containing solution (1/4 cup of household bleach in a gallon of water is strong enough to kill the influenza virus) or with an EPA-registered disinfectant effective against influenza.

All students and staff should be encouraged to drink extra water during the day. Unless it is too cold to go outside, recess should be allowed. Running and exercising help raise a child's temperature temporarily, which helps the body develop a stronger immunity. Facial tissue should be available on campus, as well as a place to dispose of the used tissue

Influenza vaccination is the most effective way to prevent influenza. The families of children that have been vaccinated against influenza have been shown to be less likely to get influenza. Your local health department branch office or pharmacy can provide influenza vaccination clinics for your employees.

Visit mmdhd.org for more information.

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Highly Pathogenic Avian Influenza A(H5N1) Virus Infection of Indoor Domestic Cats Within Dairy Industry Worker Households — Michigan, May 2024

Ramya Narahariseti, PhD^{1,2}; Meghan Weinberg, PhD²; Becky Stoddard³; Mary Grace Stobierski, DVM²; Kimberly A. Dodd, DVM⁴; Nora Wineland, DVM⁵; Mathew Beal, DVM⁴; Jennifer Morse, MD³; Samantha Hatter, DVM⁴; Dodd Sledge, DVM⁴; Katelynn Youatt, DVM⁴; Joseph Coyle, MPH²; Jevon McFadden, MD^{2,6}; Timothy M. Uyeki, MD⁷; Lizette O. Durand, VMD, PhD⁷

Abstract

Highly pathogenic avian influenza (HPAI) A(H5N1) virus, clade 2.3.4.4b, genotype B3.13 infection has been documented in cats on U.S. dairy cattle farms. In May 2024, the detection of HPAI A(H5N1) virus infection in two cats that were reported to be exclusively indoor, and that had respiratory and neurologic illness in different households, prompted an investigation by the Michigan Department of Health and Human Services and Mid-Michigan District Health Department (MDHHS/MMDHD). The cats' owners and household members were interviewed and offered testing for influenza A(H5) virus. The owner of one cat worked on a dairy farm but declined A(H5) testing; three other household members received negative A(H5) test results. The owner of the other cat lived alone and worked on multiple dairy farms transporting unpasteurized milk; this worker also reported getting splashed in the face and eyes by unpasteurized milk but declined A(H5) testing. Both workers were employed in a county known by MDHHS/MMDHD to have HPAI A(H5N1) virus, clade 2.3.4.4b, genotype B3.13—positive dairy cattle. In states with confirmed HPAI A(H5N1) in livestock, veterinary care can be aided if veterinarians obtain household members' occupational information, especially when evaluating cats with signs of respiratory or neurologic illness. If occupational exposure to HPAI A(H5N1)-infected livestock is identified among cat owners, and their companion cats are suspected to have HPAI A(H5N1) virus infection, it is important that veterinarians contact state and federal public health and animal health officials to collaborate on joint One Health investigations and testing to protect human and animal health.

Investigation and Results

Identification of First Case and Public Health Notification

In May 2024, the index cat (cat 1A, one of three cats in household 1), aged 5 years, exclusively indoor, spayed female domestic shorthair, experienced decreased appetite, lack of grooming, disorientation, and lethargy, followed by progressive neurologic deterioration. On the second day of illness, the cat was evaluated at a local veterinary clinic; on the fourth day, the cat was referred to the Michigan State University (MSU) Veterinary Medical Center (VMC), a tertiary care facility

with advanced diagnostic and treatment capabilities where, because of rapid disease progression, cat 1A was euthanized. Because the cat's owner had known occupational exposure to dairy cattle, and because highly pathogenic avian influenza (HPAI) A(H5N1) virus was known to be circulating in dairy cattle on Michigan dairy farms, upon approval from the state veterinarian, cat 1A's remains were submitted to MSU's veterinary diagnostic laboratory (VDL) for necropsy. Brain and nasal swabs tested by reverse transcription–polymerase chain reaction (RT-PCR) were positive for influenza A(H5) virus.* Genetic sequencing results identified HPAI A(H5N1) virus, clade 2.3.4.4b, genotype B3.13. The U.S. Department of Agriculture's National Veterinary Services Laboratories (NVSL) confirmed the sequencing results; the virus was indistinguishable from viruses circulating in Michigan dairy cattle[†] (1). This identification of HPAI A(H5N1) virus infection in a domestic house cat resulted in initiation of a public health investigation by the Michigan Department of Health and Human Services and Mid-Michigan District Health Department (MDHHS/MMDHD). This activity was reviewed by CDC, deemed not research, and was conducted consistent with applicable federal law and CDC policy.[§]

Investigation and Public Health Response — Household 1

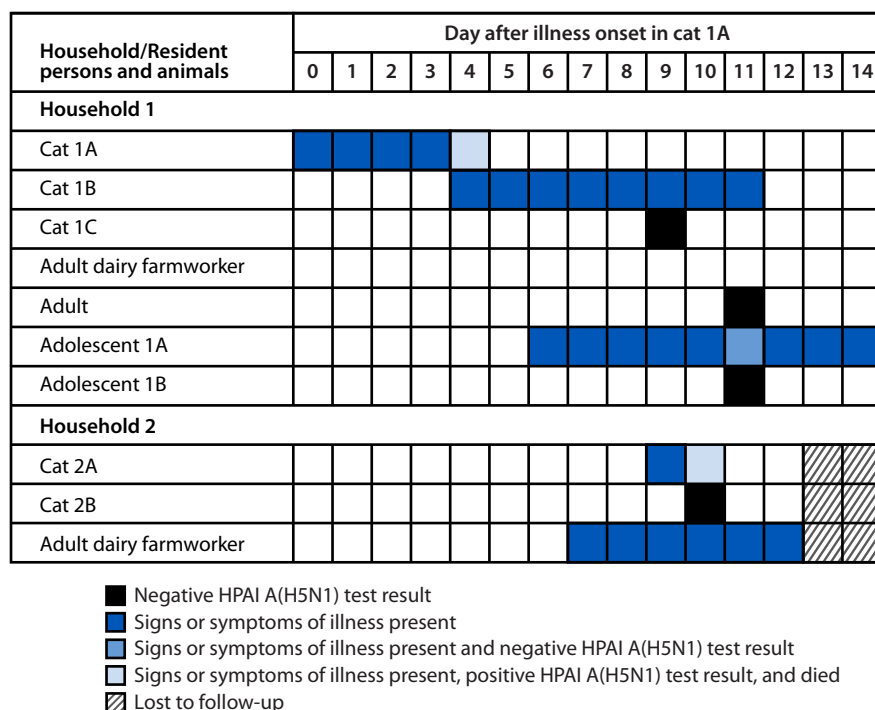
Cat 1A lived in a household with two adults, one of whom worked on a dairy farm in a county known to have HPAI A(H5N1)-positive dairy cattle; two adolescents (adolescents 1A and 1B); and two other exclusively indoor cats (cats 1B and 1C) (Figure). Cat 1B was reported to have signs of watery, purulent eye discharge, increased respirations, and decreased appetite 4 days after onset of illness in cat 1A. MSU VMC

* Testing for avian influenza virus in cat specimens was performed using matrix PCR; subsequent testing for avian influenza virus H5 was done by PCR. No other testing was reported.

† All human specimens in this investigation (except one specimen from an MSU veterinary staff member who received testing only for influenza A) were tested with the Biofire FilmArray Torch System (<https://www.biomerieux.com/us/en/our-offer/clinical-products/biofire-torch-system.html>), which includes a panel of pathogens including adenovirus, coronaviruses (229E, HKU1, NL63, and OC43), SARS-CoV-2, human metapneumovirus, human rhinovirus/enterovirus, influenza A and B, parainfluenza (viruses 1–4), respiratory syncytial virus, *Bordetella pertussis*, *Mycoplasma pneumoniae*, *Chlamydia pneumoniae*, and *Bordetella parapertussis*.

§ 45 C.F.R. part 46, 21 C.F.R. part 56; 42 U.S.C. Sect. 241(d); 5 U.S.C. Sect. 552a; 44 U.S.C. Sect. 3501 et seq.

FIGURE. Testing, signs, and symptoms in cats^{*,†} and household members^{§,¶} of domestic indoor cats infected with highly pathogenic avian influenza A(H5N1) virus, clade 2.3.4.4b genotype B3.13 (N = 2) — Michigan, 2024



Abbreviation: HPAI = highly pathogenic avian influenza.

* Reported by veterinary staff members.

† Sequencing of isolated influenza A virus identified virus HPAI A(H5N1) clade 2.3.4.4b genotype B3.13 in cat 1A.

§ Adult dairy farmworkers in households 1 and 2 received no laboratory testing.

¶ Adolescent 1A received a positive laboratory test result for rhinovirus/enterovirus (assay does not differentiate) on a multiplex polymerase chain reaction BioFire FilmArray Respiratory Panel (<https://www.biofire.com/products/the-filmarray-panels/#respiratory>) at the Michigan Department of Health and Human Services.

requested that the owner obtain a swab from cat 1B because the cat was too ill to be taken into the clinic, but specimens were not submitted by the owner. Cat 1B’s illness signs were reported to have resolved 11 days after cat 1A’s illness onset. Cat 1C had no signs of illness when it arrived at MSU VMC and received negative test results for influenza A 11 days after cat 1A’s illness onset. No other indoor or outdoor pets were reported. All four household members had daily contact with all three cats in the home. Although the dairy farm where the adult household member worked was not known to be affected by HPAI A(H5N1) virus, it was located near other affected farms.[¶] This dairy farmworker did not work directly with animals but worked on the dairy farm premises. The worker reported removing work clothes and boots outside when returning to the household; these items were then

[¶] Although the farm’s manager denied the presence of ill animals at the farm, the household member who worked on the dairy farm reported many of the barn cats on the premises had recently died.

brought to a location in the home that was not accessible to the cats. The cats and household members did not consume unpasteurized milk or milk products.^{**}

Physical examination of cat 1A by veterinary staff members was notable for signs of severe neurologic disease (obtundation, abnormality of cranial nerves, and abnormal motor function in all four limbs), anorexia, and lethargy. The cat initially had signs of ataxia, decreased appetite, swollen right jaw, abnormal gait, and hiding behavior. Some improvement and return of appetite occurred on day 3, 1 day after the cat received subcutaneous antibiotics. However, on day 4, it could not hold up its head, had an unsteady gait, and displayed all initial signs again; the cat was euthanized on day 4.

Nasopharyngeal and oropharyngeal swab specimens were collected from three household 1 members (the non farmworker adult and the two adolescents) 11 days after onset of illness in cat 1A; specimens were sent to MDHHS, where they tested negative for influenza A viruses by RT-PCR. The dairy farmworker declined influenza testing. Only one of the three persons tested (adolescent 1A, who had no comorbidities) experienced signs or symptoms of illness (cough, sore throat, headache, and myalgia), which began 6 days after illness onset in cat 1A). The household 1 members who received testing received a 10-day

course of twice-daily oral oseltamivir as postexposure prophylaxis (PEP) at the time of testing; the dairy farmworker declined testing and PEP.^{††} Adolescent 1B reported a “dry croupy” cough 6 days after onset of illness in cat 1A that was attributed to severe allergies. Communication with public health representatives ended before final resolution of adolescent 1B’s symptoms was reported. Only adolescent 1A received any positive laboratory test result; this test was for rhinovirus/enterovirus on a multiplex PCR BioFire Film Array Respiratory Panel at MDHHS. Cat 1A’s owner, the dairy farmworker, had

^{**} The owners in both households were not asked whether their pets ate raw cat food. This report investigates a detection of HPAI A(H5N1) in indoor domestic cats that were presumably exposed through their dairy farmworkers in May 2024, which preceded the recent detection of cats with HPAI A(H5N1) presumably exposed through commercially available contaminated raw pet food in late 2024.

^{††} Although oseltamivir postexposure prophylaxis of HPAI A(H5N1) is recommended for 5 days, longer duration can be considered if exposure is ongoing.

regular contact with cat 1A and adolescent 1A; the farmworker reported 1 day of vomiting and diarrhea that preceded onset of illness in cat 1A.

Investigation and Public Health Response — Household 2

Six days after referral of cat 1A to MSU VMC, cat 2A, an exclusively indoor intact male Maine Coon cat aged 6 months from a second household (household 2), was brought by its owner directly to MSU VMC with a 1-day history of progressive neurologic deterioration, anorexia, lethargy, and facial swelling. On initial physical examination of cat 2A, it was found to be obtunded, with abnormalities of cranial nerve function, abnormal motor function, puffiness of the eyes and nose, and minimal movement; the cat died within 24 hours of onset of illness signs.

Cat 2A lived with one additional indoor cat (cat 2B) and its owner, a dairy farmworker. Nasal swabs from cat 2A tested by RT-PCR at MSU VDL, 1 day after onset of cat 2A's illness signs and upon initial examination, were positive for influenza A viruses and were confirmed as HPAI A(H5N1) virus, clade 2.3.4.4b, genotype B3.13 at the United States Department of Agriculture's NVSL. Cat 2B did not show any signs of illness, and nasal swabs tested negative for influenza A viruses. Cat 2A's owner transported unpasteurized milk from various farms in a Michigan county that included farms with dairy cattle confirmed to be infected with HPAI A(H5N1) virus and lived in the same county where cat 1A's owner lived. Cat 2A's owner did not wear personal protective equipment (PPE) while handling raw milk; reported frequent milk splash exposures to the face, eyes, and clothing; and did not remove work clothing before entering the home when returning from work. Cat 2A's owner reported that cat 2A would roll in the owner's work clothes, whereas cat 2B did not exhibit this behavior. Cat 2A's owner experienced eye irritation that began 2 days before the onset of illness signs in cat 2A but reported no other symptoms. The owner did not receive testing for influenza and declined oseltamivir and further contact with public health officials, stating fear of losing employment as a consequence of communicating with public health officials and implicating farms that provided milk.

Screening and Testing of Veterinary Staff Members

Veterinary staff members who handled the infected cats at the local veterinary practice or MSU VMC were contacted and enrolled by public health authorities for 10 days of symptom monitoring after their last exposure to the cats. Overall, 24 veterinary staff members, including one veterinarian, five nurses, three technicians, five assistants, two caregivers, three interns, and five students, were potentially exposed to the two ill cats; 18 (75%) were contacted and monitored, but because of their

limited exposure, they were not offered PEP.^{§§} PPE protocols are in place for all patients managed in MSU VMC's isolation unit, where the cats were treated and in laboratory units where specimens were tested. For HPAI A(H5N1), recommended PPE include a Tyvek suit, boot covers, nitrile gloves, a surgical head cover, and a face mask. Veterinary staff members were reported to likely wear surgical masks for the initial encounter of cat 1A and N95 masks thereafter. Varying levels of PPE use were reported by veterinary staff members, which ranged from only using gloves to following full protocol. Laboratory staff members wear either powered air-purifying respirators or N95 respirators. Among seven persons who reported signs or symptoms after exposure to the ill cats, including four who reported nasal congestion and three who reported headache, five agreed to testing; all received negative influenza A RT-PCR test results.

Discussion

HPAI A(H5N1) virus, clade 2.3.4.4b, has been detected in wild birds, poultry, and wildlife in the United States since 2022, and in commercial U.S. dairy cattle since 2024 (2–4). In the ongoing U.S. outbreak of HPAI A(H5N1) in dairy cattle, serious illness, including neurologic signs, and death from HPAI A(H5N1) virus infection in cats that are frequent inhabitants of farms have been attributed to consumption of unpasteurized milk from infected dairy cattle, wild birds, or raw poultry products.^{¶¶} (4–6). Continued epizootic circulation of HPAI A(H5N1) virus increases the potential for emergence of mutations that might increase risk for mammalian adaptation and transmission to and among humans, and this finding has been documented in the case of domestic cats (7). Isolated, sporadic instances of cow-to-human transmission of HPAI A(H5N1) virus, clade 2.3. 4.4b, genotype B3.13 have occurred in California, Colorado, Michigan, and Texas (1,8). Presumed cat-to-human transmission of low pathogenic avian influenza A(H7N2) virus in an animal shelter in 2016 suggests that exposure to cats infected with HPAI A(H5N1) virus might also pose a transmission risk to humans (9).

Although reported cases of infection of indoor cats with HPAI A(H5N1) viruses are rare, such cats might pose a risk for human infection. The source of HPAI A(H5N1) virus

^{§§} The household contacts had a much more intense and longer exposure to the cats than did veterinary staff members and were provided antivirals as prophylaxis, not as treatment.

^{¶¶} Commercially available raw poultry cat food has been reported to test positive for HPAI A(H5N1) virus since this investigation concluded (http://publichealth.lacounty.gov/vet/docs/AHAN/AHAN_H5BirdFluDomesticCats_ConfirmedInRawPetFood_RawMilk_01132025.pdf). However, the genotype of clade 2.3.4.4b HPAI A(H5N1) virus identified in the cats in this investigation is different from the genotype that was identified in the commercially available cat food outbreak.

Summary**What is already known about this topic?**

Outdoor cats on U.S. dairy farms have been infected with highly pathogenic avian influenza (HPAI) A(H5N1) virus; infection has not been reported in indoor cats.

What is added by this report?

HPAI A(H5N1) virus was detected in two indoor domestic cats with respiratory and neurologic illness that lived in homes of dairy workers but had no known direct exposure to HPAI A(H5N1)-affected farms. Both dairy workers declined testing; other household members received negative test results for influenza A.

What are the implications for public health practice?

Veterinarians in states with confirmed HPAI A(H5N1) in livestock should consider obtaining household occupational information, testing for influenza A viruses, and wearing personal protective equipment when evaluating companion cats with respiratory or neurologic illness. Suspected cases should be reported to public and animal health officials.

infection in these two cats is unknown; however, the cats' owners worked on dairy farms and potentially had occupational exposures to HPAI A(H5N1)-positive dairy cattle or contaminated products or environments. Further research is necessary to evaluate the risk of fomite transmission and other types of transmission routes of HPAI A(H5N1) virus to cats. The two dairy workers described in this report did not use recommended PPE before their illnesses and could have been exposed to HPAI A(H5N1) virus. However, because neither dairy worker received testing for A(H5), whether cat 1A's owner's gastrointestinal symptoms or cat 2A's owner's ocular symptoms were because of HPAI A(H5N1) virus infection or a different etiology is unknown.

Implications for Public Health Practice

Given the potential for fomite contamination, farmworkers are encouraged to consider removing clothing and footwear and to rinse off any animal byproduct residue (including milk and feces) before entering households.*** Veterinarians evaluating companion cats with signs of respiratory or neurologic illness in areas with HPAI A(H5N1) virus circulating in cattle or poultry or other animals are recommended to wear PPE when examining these animals or collecting specimens for influenza testing and to obtain occupational information from household members to help prevent unprotected exposures and guide coordinated One Health^{†††} (i.e., human, animal, and environmental) public health investigations of potential animal-to-human spread of HPAI A(H5N1) virus.

*** <https://www.cdc.gov/bird-flu/prevention/farm-workers.html>

††† <https://www.cdc.gov/one-health/about/index.html>

Implementation of standard precautions for zoonotic disease prevention and CDC guidance for veterinarians at veterinary clinics can help limit the number of staff members exposed to sick animals potentially infected with pathogens, including HPAI A(H5N1) virus. Further, given the widespread outbreak in animals, including poultry and wild birds, throughout the United States, anyone who has occupational or recreational exposure should wear the recommended PPE when interacting with any potentially infected animals.^{§§§}

§§§ <https://www.cdc.gov/bird-flu/hcp/animals/index.html>

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