



## HEALTH ADVISORY



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There have been 225 confirmed cases of Influenza variant virus (H3N2v) throughout the United States. This is a significant increase from last year's total of 12 confirmed cases. 224 cases have been linked to either direct contact with an infected pig or in contact with its environment at an agricultural fair. There is no indication that the cases in different states are epidemiologically related.

Novel influenza A virus infection has been a notifiable condition since 2007. Since that time, human infection with animal-origin influenza viruses has been rare, with  $\leq 6$  cases reported each year, until 2011 when 14 cases were identified. While most of the cases are thought to have been infected as a result of close contact with swine, limited human-to-human transmission of this virus was identified in some cases in 2011. Therefore, enhanced influenza surveillance is indicated, especially in states with confirmed H3N2v cases.

Clinical characteristics of the H3N2v recent cases have been generally consistent with signs and symptoms of seasonal influenza. There have been a total of 8 hospitalizations and zero deaths. There is no evidence at this time that sustained human-to-human transmission is occurring. Central District Health Department officials are closely following this event and in constant collaboration with Nebraska State Fair Officials and will notify you of significant changes. The Nebraska State Fair begins Friday August 24<sup>th</sup> running through September 3, 2012 here in Grand Island, Nebraska.

### **Interim Recommendations for Health Care Providers**

- Clinicians who suspect influenza in persons with recent exposure to swine should obtain a nasopharyngeal swab or aspirate from the patient, place the swab or aspirate in viral transport medium, and contact testing laboratory to arrange transport and request a timely diagnosis.
- Reverse-transcription polymerase chain reaction (RT-PCR) testing for influenza should be considered for patients with influenza-like illness prior to the start of the traditional influenza season in October.
- RT-PCR testing for influenza should be considered throughout the year for patients with influenza-like illness reporting recent swine exposure and for those who can be epidemiologically linked to confirmed cases of variant influenza.
- Commercially available rapid influenza diagnostic tests (RIDTs) may not detect H3N2v virus in respiratory specimens. Therefore, a negative rapid influenza diagnostic test result does not exclude infection with H3N2v or any influenza virus. In addition, a positive test result for influenza A cannot confirm H3N2v virus infection because these tests cannot distinguish between influenza A virus subtypes (they do not differentiate between human influenza A viruses and H3N2v virus). Therefore, respiratory specimens should be collected and sent for RT-PCR testing at a state public health laboratory.

- Clinicians should consider antiviral treatment with oral oseltamivir or inhaled zanamivir in patients with suspected or confirmed H3N2v virus infection. Antiviral treatment is most effective when started as soon as possible after influenza illness onset.