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HEALTH ADVISORY RECENT CASES OF H3N2v INFLUENZA ASSOCIATED WITH EXPOSURE TO SWINE

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To: Napa County Clinicians and Healthcare Facilities

From: Karen Smith, MD, MPH Public Health Officer (707) 253-4270

Actions requested of all clinicians:

- 1. **Be alert** for clinical signs fever, cough, pharyngitis, myalgia and headache
- 2. **Report** suspect cases to Napa County Public Health at (707) 299 -1499; in addition, if the case is or was in the hospital, report to your hospital Infection Control Preventionist (ICP)
- 3. Coordinate diagnostic testing with Napa County Public Health
- 4. Provide Treatment as described below

Current situation

- A recent increase in human cases with influenza A (H3N2v) infection has been reported in several states. Since July 2012, a total of **153** persons with confirmed H3N2v infection have been reported. The majority of cases have been in children with mild self-limiting illness similar to seasonal influenza. No fatalities from H3N2v have been reported to date. National H3N2v case counts will be updated by the CDC every Friday at http://www.cdc.gov/flu/swineflu/influenza-variant-viruses-h3n2v.htm.
- No H3N2v cases have been detected in California to date.
- All cases reported nationwide since July 2012 had contact with swine prior to the onset of illness.
 There is no evidence of sustained human-to-human transmission of H3N2v in the community at
 this time. Exposure to swine at agricultural fairs appears to be a significant risk factor; individuals
 should take action to prevent the spread of viruses between people and also between people and
 pigs.



- The seasonal influenza vaccine is unlikely to provide protection against H3N2v; however, influenza vaccination is still recommended for protection against seasonal influenza viruses which are much more common causes of illness in humans than H3N2v.
- Treatment with oseltamivir or zanamivir is effective for H3N2v and recommendations for antiviral use are the same as with seasonal influenza. Antiviral treatment is most effective when started as soon as possible after influenza illness onset.

Current Recommendations:

During the summer months, influenza testing is encouraged in the following:

- All persons with influenza-like illness (ILI)*, including severely ill/fatal cases and outpatients
- Acute respiratory outbreaks
- ILI in persons with recent swine exposures
- ILI in persons who can be epidemiologically linked to confirmed cases of novel or variant influenza.

Testing

- Testing is available at the Napa-Solano Public Health Laboratory (707-784-4410) or the California Department of Public Health Viral and Rickettsial Disease Laboratory (CDPH-VRDL) InfluenzaSurveillance@cdph.ca.gov.
- Upper respiratory samples suitable for RT-PCR include: nasopharyngeal (NP swabs), nasal swabs, throat swabs, nasal aspirate, nasal washes, NP wash, and NP aspirate. For patients hospitalized with pneumonia, specimens from the lower respiratory tract should also be obtained. Lower respiratory tract samples suitable for RT-PCR include: bronchoalveolar lavage, bronchial wash, tracheal aspirate, and lung tissue.
- Place Dacron-tipped swabs (cotton or calcium alginate swabs are not acceptable for PCR testing) in a standard container with 2-3 ml of viral transport media (VTM).
- Specimens should be collected within the first 24-72 hours of onset of symptoms and no later than 5 days after onset of symptoms. The specimens should be kept refrigerated at 4°C and sent on cold packs if they can be received by the laboratory within 5 days of the date collected. If samples cannot be received by the laboratory within 5 days, they should be frozen at -70°C or below and shipped on dry ice.



^{*} Influenza-like illness = fever (>100°F or 37.8°C) and cough and/or sore throat, in the absence of a known cause