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West Virginia Bureau for Public Health
Your Health Your Safety Our Purpose
Department of Health & Human Resources

HEALTH ADVISORY #64

TESTING AVAILABLE FOR INFLUENZA A H3N2v

TO: **West Virginia Healthcare Providers, Hospitals and other Healthcare Facilities**

FROM: **Marian L. Swinker, MD, MPH, Commissioner for Public Health and State Health Officer, WVDHHR, Bureau for Public Health**

DATE: **08/16/12**

LOCAL HEALTH DEPARTMENTS: PLEASE DISTRIBUTE TO COMMUNITY HEALTH PROVIDERS, HOSPITAL-BASED PHYSICIANS, INFECTION CONTROL PREVENTIONISTS, LABORATORY DIRECTORS, AND OTHER APPLICABLE PARTNERS

OTHER RECIPIENTS: PLEASE DISTRIBUTE TO ASSOCIATION MEMBERS, STAFF, ETC.

West Virginia is reporting 3 laboratory-confirmed cases of H3N2v in persons who attended an Ohio agricultural fair where swine were being exhibited. From July 12 to August 9, 2012, a total of 153 cases of influenza A H3N2v were reported by Hawaii, Illinois, Indiana and Ohio to the Centers for Disease Control and Prevention (CDC). This 'variant' influenza H3N2v strain has genetic material from humans, birds and swine, including the M gene from the influenza A(H1N1)pdm09 virus (2009 H1N1 pandemic virus). According to CDC, almost all of the H3N2v cases in 2012 have been epidemiologically linked to agricultural fairs, either through exhibiting pigs or walking through a swine barn. Only limited, non-sustained human-to-human transmission of H3N2v virus was noted in 2011, including a small outbreak in a daycare center in West Virginia.

Influenza rapid tests perform poorly for diagnosis of this variant influenza. Clinicians should collect a nasopharyngeal specimen in viral transport media for testing by PCR at the Office of Laboratory Services for patients with influenza-like illness (fever and cough or sore throat) and a history of:

- exposure to swine (including walking through a swine barn at a county fair); OR
- exposure within 6 feet to an ill person exposed to swine.

The Office of Laboratory Services (OLS) can test properly collected nasopharyngeal specimens for H3N2v. Please coordinate specimen collection efforts with your local health departments before submitting specimens to OLS.

To date, signs and symptoms, duration of illness and hospitalization rates due to influenza A H3N2v have been similar to seasonal influenza. For a more complete review, see: http://www.cdc.gov/flu/swineflu/h3n2v-clinician.htm Key differences in epidemiology between seasonal influenza and this variant strain include (to date) highly inefficient human-to-human spread of the variant strain; and the variant strain predominantly infects persons under the age of 10 because older persons have partial immunity. As with any new strain of influenza, clinicians should remain watchful for changes in patterns of transmission, clinical illness and populations at risk and report unusual observations to the local health department.