

Novel Influenza H3N2 variant virus [(H3N2)v] in West Virginia

In response to confirming the second case of H3N2 in Mineral Co and based on recommendations from the Centers for Disease Control and Prevention, we are asking your help in our effort finding cases that might be infected with this novel influenza virus. We are recommending the following:

For those under the age of 5 years of age, we are asking for enhanced surveillance. In an outbreak situation, all children 5 years old and under, who present to ER with any upper respiratory symptoms should be tested for influenza by nasopharyngeal swab and should be sent to the WV Office of Laboratory Services for PCR testing. Upper Respiratory symptoms may include ANY of the following:

- Fever (patient does not necessarily have to have a fever)
- Stuffiness/runny nose
- Sore throat
- Cough
- Shortness of breath.

Nasopharyngeal swabs should be sent to West Virginia Office of Laboratory Services (OLS) for (RT-PCR testing). For more information about influenza testing kits, submission forms and shipping materials, please visit OLS website at <http://www.wvdhhr.org/labservices/labs/virology/influenza.cfm>

For those over the age of 5 we are continuing our routine surveillance by identifying ILI in your community and reporting this to your local health department. Influenza-like illness (ILI) is defined as: fever ≥ 100 °F; **and**, cough and/or sore throat; and no other identified cause. Please report the number of people presenting with ILI in your practice per week to your local health department.

During times of low influenza activity, the negative predictive value of a rapid test for influenza is highest. Confirmation of a negative rapid test by PCR or culture in patients with clinical symptoms of ILI may be indicated especially in patients with severe illness and in the setting of an outbreak. Commercial testing for influenza is summarized at:

http://www.dhhr.wv.gov/oeps/disease/flu/Documents/Provider_how%20do%20test%20for%20influenza.pdf

The CDC recommends an annual seasonal flu vaccine to protect against seasonal influenza viruses. However, a seasonal flu vaccine is unlikely to protect against influenza A (H3N2)v virus infection. Recommendations of the Advisory Committee on Immunization Practices (ACIP) for 2011 can be found at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6033a3.htm>

Persons with ILI should be managed in accordance with IDSA guidelines, available at:

<http://www.dhhr.wv.gov/oeps/disease/flu/Documents/IDSA%20Seasonal%20Influenza%20Guidelines.pdf>

If clinically indicated, antiviral treatment should not be withheld pending confirmation by polymerase chain reaction (PCR). Oseltamivir (Tamiflu) and zanamivir (Relenza) have activity against currently circulating influenza A and B strains, including the novel influenza A (H3N2)v virus. Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who is hospitalized; has severe, complicated, or progressive illness; or is at higher risk for influenza complications. CDC treatment guidelines are available at:

<http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

For more information, please visit our website at

<http://www.dhhr.wv.gov/oeps/disease/Pages/default.aspx>

or call us 24/7 at 1-800-423-1271.