

5/14/2009

SWINE ORIGIN INFLUENZA VIRUS (A/SWH1)

CURRENT SITUATION:

Along I-5 corridor in Washington State, there is widespread influenza activity.

- ♦ There are over 248 confirmed cases of influenza A/SWH1
- ♦ Majority of the cases are in the 10 -19 age group. The average age of confirmed cases is 13 years.
- ♦ Many adults over age 40 still turn out to have seasonal H1N1 Influenza.
- ♦ There are also many cases of influenza B.
- ♦ Majority of the cases appear to have mild symptoms.

CASES OF A/SWH1

A/SWH1 should be considered in persons with severe respiratory infections such as pneumonia and persons with influenza-like illness. Symptoms include fever, cough and sore throat. In addition, fatigue, lack of appetite, runny nose, nausea, vomiting and diarrhea have been reported. A/SWH1 cannot be distinguished from seasonal influenza. Persons with novel H1N1 virus infection should be considered contagious from one day before to 7 days following illness onset.

TREATMENT

- ♦ Mild illness should not be treated.
- ♦ Use antiviral drugs to treat persons with confirmed, probable, or suspected infection due to swine-origin influenza virus (A/SWH1) who are hospitalized or at high risk for severe complications of influenza.
- ♦ A/SWH1 is susceptible to oseltamivir and zanamivir but resistant to amantadine and rimantadine
- ♦ Seasonal human influenza A virus (human H1N1) is resistant to Oseltamivir.
- ♦ For maximum benefit, antiviral treatment should be initiated as soon as possible after the onset of symptoms. This benefit is greatest when treatment is started within 48 hours of illness onset.

TESTING

Notify local health (360)754-3352 when you are considering submitting a laboratory sample. At this time, the DOH laboratory will **only** accept nasopharyngeal specimens for A/SWH1 testing for the following:

- ♦ Unexplained death due to severe respiratory illness, respiratory failure, or pneumonia?
- ♦ Specimens from hospitalized patients, healthcare workers, pregnant women, and infants < 1 year old will be prioritized.
- ♦ Local health jurisdictions have the option to submit specimens for testing from persons associated with outbreaks

INFECTION CONTROL

Please remember to protect yourself from exposure. Use a mask and eye protection when obtaining specimens. Standard and droplet precaution should be used when caring for person ill with influenza.

To view previous CD Updates, www.co.thurston.wa.us/health

Notifiable Conditions Reporting 360-786-5470

5/14/2009

LOOKING TOWARD THE FALL FLU SEASON

It appears that A/SWH1 is now part of our endemic influenza virus population and there is concern that it will increase in virulence before next flu season, we will be doing long-term influenza surveillance to monitor the presence of the virus in Washington. This will allow measurement of the impact and disease severity in well recognized at-risk groups to assess their need for new vaccine components that may be available in the fall.

Below are three surveillance systems that will likely be in effect for the next 12 months with adjustments later as we near the next flu season. All three will result in testing for A/SWH1 at the Washington State Public Health Laboratories (PHL). In addition to these three methods, after consultation with staff in PHL or the Communicable Disease Epidemiology Section, local health jurisdictions (LHJs) have the option of submitting samples to PHL.

The three systems are:

1. **Lab-Based Surveillance:** Selected laboratories will be asked to submit influenza A-positive samples to PHL. This is separate from the healthcare provider reporting system.
 - PHL will no longer request that all labs submit Flu A-positive specimens to PHL.
 - PHL will identify five laboratories throughout the state that will send PHL a limited number of Flu A-positive specimens.
 - These samples may be from hospitalized persons or outpatient settings.
 - A periodic summary of the results will be prepared and distributed to the LHJs.
2. **ILI-Net Sentinel Providers:** A limited number of ILI-Net sentinel providers in geographically-strategic sites will be asked to collect specimens on patients with influenza-like illness (ILI). The specific sampling strategy will be determined with these providers. **Let us know if you are interested in participating as a sentinel physician.**
3. **Healthcare Provider Reporting:** Healthcare providers and facilities will be asked to report the following groups of patients to LHJs and submit specimens for A/SWH1 testing.
 - Unexplained deaths possibly due to A/SWH1 virus
 - Hospitalized patients with severe respiratory illness and a positive Flu A test (or a negative test if clinical suspicion for A/SWH1 infection is high)
 - Outpatients with ILI and a rapid Flu A-positive test with one of the following criteria:
 - Children <5 years old;
 - Adults ≥65 years old;
 - Healthcare workers; or
 - Pregnant women.

These are groups that traditionally receive influenza vaccine in the United States. CDC is interested in determining the impact of A/SWH1 on these populations in order to better shape vaccination policy in the coming influenza season. Outpatient surveillance for A/SWH1 in these groups will be re-evaluated in two to three months to determine its utility.