

Influenza A (H3N2) Variant Virus Update

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To: Infection Control Professionals
Infectious Disease Physicians
Primary Care Providers
Emergency Room Directors
Laboratory Personnel

From: Drs. Julie Morita, Kathy Ritger, Stephanie Black

Subject: Updated Influenza A H3N2 Variant Virus (aka "H3N2v") Guidance

The first cases of H3N2v virus infection this year were reported in June 2013. These cases were associated with exposure to swine at an agricultural fair prior to illness onset. Please see <http://www.cdc.gov/flu/swineflu/h3n2v-situation.htm>. CDC anticipates that more H3N2v virus cases will be identified in 2013 as agricultural fair season continues. H3N2v virus, as a novel influenza virus, is reportable to CDPH. The following guidance includes updated case definitions, reporting and testing criteria.

Case definitions

Confirmed: H3N2v virus infection in a patient with laboratory confirmation by:

1. Reverse-transcription polymerase chain reaction (RT-PCR) testing or genetic sequencing results positive for H3N2v virus at the CDC Influenza Division Laboratory.
- OR**
2. RT-PCR testing results at a public health laboratory consistent with H3N2v viruses using a CDC-approved assay. Please see www.cdc.gov/flu/swineflu/h3n2v-testing.htm for additional guidance on testing for H3N2v viruses.

Case Under Investigation: Illness compatible with influenza (fever and cough OR fever and sore throat; although absence of fever should not supersede clinical judgment) in a patient meeting at least one of the criteria below for whom laboratory confirmation for H3N2v virus is not known or pending, or for whom test results do not provide a sufficient level of detail to confirm H3N2v virus (e.g., a positive rapid influenza diagnostic test).

1. Recent contact (within 7 days of illness onset) with swine or recent attendance at an event (such as an agricultural fair) where swine were present. Contact with swine may be direct contact (i.e., touching or handling a pig) or indirect contact (coming within 6 feet of a pig without known direct contact).

OR

2. Recent (within 7 days of illness onset) close contact (coming within 6 feet) with a confirmed case while the case was ill (beginning 1 day prior to symptom onset and continuing until resolution of illness).

Testing at the IDPH Division of Laboratories

RT-PCR is recommended for:

1. Hospitalized patients with fever and cough OR fever and sore throat without an alternative diagnosis
 - a. If contact with swine or a confirmed case is known, hospitalized patients with fever and cough OR fever and sore throat should be tested regardless of alternative diagnoses.
2. Cases Under Investigation (see definition above)

Prior to sending specimens, Chicago clinicians should obtain approval for testing by contacting CDPH*. CDPH will provide an authorization code that must be included on the submission form.

Cases to report to CDPH*

1. Hospitalized patients with fever and cough OR fever and sore throat without an alternative diagnosis
 - a. If contact with swine or a confirmed case is known, hospitalized patients with fever and cough OR fever and sore throat should be reported regardless of alternative diagnoses.
2. Cases Under Investigation (see definition above)
3. Clusters of influenza-like-illnesses

Please refer to the following links for specimen submission guidelines and the Influenza disease specimen submission form.

http://www.idph.state.il.us/flu/Influenza_Virus_Specimen_Submission.pdf

http://www.idph.state.il.us/about/laboratories/Flu-Respiratory_Req_Form.pdf

*** Contact CDPH at 312-746-5911 (weekdays, 8:30AM-4:30 PM) or the CDPH communicable disease on-call physician at 311 (afterhours, on weekends and holidays).**

For more information about influenza A (H3N2v):

1. "Interim Guidance on Case Definitions to be Used for Investigations of Influenza A (H3N2) Variant Virus Cases" for state and local health departments is available at <http://www.cdc.gov/flu/swineflu/case-definitions.htm>
2. "Prevention Strategies for Seasonal and Influenza A(H3N2v) in Health Care Settings" is available at <http://www.cdc.gov/flu/swineflu/prevention-strategies.htm>
3. "Interim Guidance on Specimen Collection, Processing and Testing for Patients with Suspected Influenza A (H3N2) Variant Virus Infection" for public health professionals is available at <http://www.cdc.gov/flu/swineflu/h3n2v-testing.htm>
4. "Interim Guidance for Enhanced Influenza Surveillance: Additional Specimen Collection for Detection of Influenza A (H3N2) Variant Infections" for state and local health departments is available at <http://www.cdc.gov/flu/swineflu/h3n2v-surveillance.htm>
5. "Measures to Minimize Influenza Transmission at Swine Exhibitions, 2013" is available at <http://nasphv.org/Documents/NASPHO-NASPHV-InfluenzaTransmissionAtSwineExhibitions2013.pdf>
6. "Compendium of Measures to Prevent Disease Associated with Animals in Public Settings, 2011" is available at <http://nasphv.org/documentsCompendiumAnimals.html>
7. H3N2v Treatment Guidance is available at www.cdc.gov/flu/swineflu/h3n2v-treatment.htm
8. H3N2v Guidance for the Public is available at www.cdc.gov/flu/swineflu/h3n2v-fairs-factsheet.htm