August 10, 2012

Dear Colleague,

In recent weeks, many of you and your patients have likely seen news stories about the significant increase in the number of cases of swine-origin variant H3N2 influenza virus (H3N2v) in several states. From July 12, 2012 to August 9, 2012, a total of 153 cases of H3N2v infections were reported to the Centers for Disease Control and Prevention (CDC) from Indiana, Ohio, Illinois, and Hawaii. There have been no reported cases of H3N2v infections in Virginia to date.

This is a rapidly evolving situation and it is expected that more cases will be confirmed in the coming weeks. The 152 patients reported from Indiana, Ohio, and Illinois resided in 27 counties; all reported direct or indirect exposure to swine, the majority at agricultural fairs. At this time, there is no evidence of sustained human-to-human transmission related to any of these cases; however, there was evidence of limited human-to-human transmission in cases in prior years. The H3N2v virus does contain the M, or matrix, gene from the 2009 H1N1 virus, which, according to the CDC, may make it easier for the strain to spread from pigs to humans and from human to human.

The Virginia Department of Health (VDH) is prepared with enhanced surveillance to help identify H3N2v infections in Virginia as soon as possible and with response measures to respond to any reported cases. VDH tracks influenza-like-illness (ILI) in emergency rooms and urgent care centers around the state to help detect emerging trends of illness like H3N2v infections. Virginia is not experiencing any increase in ILI activity.

Testing and Case Management

The H3N2v illness has been described as a relatively mild illness similar to seasonal flu. If you see a patient that presents with symptoms that may be consistent with H3N2v virus infection, I encourage you to ask about recent exposure to swine. Testing may be indicated if the patient meets the following criteria:

1. Symptoms of fever plus a cough OR fever plus a sore throat AND
2. Either direct contact with swine within the seven days preceding illness onset, OR an epidemiologic link to a confirmed case of influenza A H3N2v infection.
Contact your local health department (http://www.vdh.virginia.gov/LHD/index.htm) for further guidance and, if testing is indicated, for directions on submitting a sample to the Division of Consolidated Laboratory Services. The clinical management and treatment guidelines for influenza H3N2v infections are the same as seasonal influenza: H3N2v is susceptible to antivirals, which should be used if indicated.

**Prevention**

Most of the recent cases have been in children, who are believed to have little immunity to the novel virus. This time of year, many Virginians enjoy agricultural fairs around the state that may include a potential exposure to swine. It is wise to always assume a low level of influenza risk associated with exposure to swine. Please take the time to remind parents of children younger than 5 years, pregnant women, and other patients at increased risk for complications from influenza to take appropriate precautions while enjoying fairs around the state:

- Wash hands frequently with soap and running water before and after exposure to animals,
- Never eat, drink or put things in your mouth while in animal areas, and
- Avoid close contact with animals that look or act ill, when possible.

For questions about animal health, please contact the Virginia Department of Agriculture and Consumer Services at (804) 692-0601.

While this year’s seasonal influenza vaccine does not provide protection against the H3N2v strain of the virus, annual influenza vaccination is still the most effective method of preventing infection from more common strains of the flu, and I encourage everyone to get vaccinated for the upcoming influenza season.

Finally, VDH will continue to monitor this situation and do our best to keep you abreast of information pertinent to your practice. The CDC has information on swine influenza on their webpage www.cdc.gov/flu/swineflu/.

Your attention to the 2009 H1N1 influenza was an integral part of our ability to educate and protect Virginians. I trust that you will continue to be our valuable partner as this public health issue continues to evolve.

Thank you,

Sincerely,

Karen Remley, MD, MBA, FAAP
State Health Commissioner