



Pat Quinn, Governor

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MEMORANDUM

TO: Local Health Departments and Hospitals; Departments of Critical Care, Emergency Medicine, Family Practice, Geriatrics, Internal Medicine, Infectious Disease, Infection Control, Pediatrics, Pharmacy, Neonatal Units, Obstetrics and Gynecology, Pulmonary Medicine and Laboratory Medicine.

FROM: Paul J. Lucas II, MS, CHES, Influenza Coordinator
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DATE: November 30, 2011

RE: Novel Influenza A (H3N2) Virus Reported in Iowa

This is to inform you that on November 20, 2011, CDC confirmed three cases of swine-origin triple reassortant influenza A (H3N2) (S-OtrH3N2) virus in three children in Iowa (1). All three children were in contact with one another however, none had a known recent exposure to swine. Iowa has increased surveillance for influenza-like-illness to detect any additional cases of infection with this novel virus.

CDC has confirmed that the novel influenza A viruses detected in Iowa are similar to other swine-origin influenza A viruses reported in other states bringing the total number of cases up to ten (Indiana- 2, Pennsylvania-3, Maine-2, and Iowa-3) (1). All patients have recovered and only three patients were hospitalized. The cases in Iowa are the first potential instance of unsustained human-to-human transmission. Prior to Iowa, most human infections with the virus were associated with exposure to swine (2). To date, **no cases** have been reported in **Illinois**.

The current seasonal vaccine is expected to provide limited protection to adults and no protection to children because these viruses are substantially different from human influenza A (H3N2) viruses. Laboratory testing does indicate these viruses are susceptible to the antiviral drugs oseltamivir (Tamiflu®) and zanamivir (Relenza®) (2). CDC recommends these drugs for treatment of seasonal and these swine-origin influenza viruses.

It is important to note that swine influenza viruses are not spread through contact with pork or pork products (2). Eating properly handled and cooked pork is safe (2). Additional information about this novel influenza virus can be found in the MMWR and at CDC FluView.

Although swine exposure was not associated with the three cases described in this report, because most previous cases of human infection with S-OtrH3N2 viruses have occurred in patients who reported swine exposure before illness onset, clinicians should consider swine-origin influenza A virus infection in the differential diagnosis of patients with febrile respiratory illness who have had contact with swine.

It is anticipated that commercially available diagnostic tests, including point-of-care rapid tests, will detect infection with the S-OtrH3N2 virus; however, these tests will not differentiate S-OtrH3N2 from seasonal influenza A viruses. Clinicians who suspect swine influenza virus infections in humans should treat with oseltamivir when indicated (3), obtain a nasopharyngeal swab from the patient, place the swab in viral transport medium, and contact their reference laboratory to facilitate transport and timely diagnosis, using RT-PCR assay cleared by the Food and Drug Administration.

References

1. Centers for Disease Control and Prevention (2011). Limited Human-to-Human Transmission of Novel Influenza A (H3N2) Virus- Iowa, November 2011. *Morbidity and Mortality Weekly, Dispatch 60:1-3*. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60d1123a1.htm>
2. Centers for Disease Control and Prevention (2011). Iowa Reports Novel Influenza Infections in Three Children. *Have You Heard?* Retrieved from http://www.cdc.gov/media/haveyouheard/stories/iowa_influenza.html
3. [CDC. Antiviral agents for the treatment and chemoprophylaxis of influenza--- recommendations of the Advisory Committee on Immunization Practices \(ACIP\). MMWR 2011;60\(No. RR-1\).](#)