KITSAP PUBLIC
HEALTH DISTRICT

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Influenza Activity and Predominant Strains

January 9, 2014

Dear Colleagues:

This predominant flu strains this year are:

- **Influenza A (2009 H1N1)** characterized as A/California/07/2009 -like, the influenza A (H1N1) component of the 2013–2014 vaccine.
- **Influenza A (H3N2)** characterized as A/Texas/50/2012-like, the influenza A (H3N2) component of the 2013–2014 vaccine.

None of the strains tested in Washington State have shown resistance to Oseltamivir.

Yesterday, the Public Health Agency of Canada (PHAC) reported a confirmed case of human infection with influenza A (H5N1) virus. The patient recently traveled to China, where avian influenza A (H5N1) is endemic in poultry. The patient was ill on the plane, admitted to a hospital in Canada shortly after arrival, and died a few days later. The patient reportedly flew through Vancouver, BC, then on to Alberta. This is the first confirmed case of influenza A (H5N1) in the Americas. PHAC is investigating the case and has not identified illness in anyone associated with the patient. Influenza A (H5N1) viruses do not spread easily from person to person so the current health risk posed by this case is very low.

This is a good opportunity to remind everyone what influenza cases should be reported to the public health system.

Reporting and Testing Guidelines:

1. **All lab-confirmed influenza-associated deaths.**
2. **Outbreaks of influenza-like illness or lab-confirmed influenza in an institutional setting (e.g., long-term care facility, hospitals, etc.).**
3. **Unexplained critical illness or death in persons < 50 years old.**
4. **Suspected and lab-confirmed infections due to an unsubtypeable or novel strain of influenza.**

As a clinician, you do not normally request a strain type, but in any of the above situations, I can send a specimen from your patient to the Washington State Public Health Lab (WAPHL) for subtyping at no cost to your patient. The following specimen types are preferred for influenza testing at WAPHL: nasopharyngeal swab, nasal aspirate or wash, or dual nasopharyngeal/throat swab.

Testing for **highly pathogenic avian influenza (HPAI) A (H5N1)** virus infection is recommended for a patient who:

1. Has an illness that requires hospitalization or is fatal;
   AND
2. Has or had a documented temperature of ≥38°C (≥100.4° F) in the past 24 hours OR has a history of feverishness in the past 24 hours;
   AND
3. Has radiographically-confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness;
   AND
4. Has at least one of the following potential exposures within 7 days of symptom onset:
   a. History of travel to a country where HPAI A H5N1 virus has been documented (Bangladesh, China, Egypt, India, Indonesia, or Vietnam);
   b. Close contact (approach within about 6 feet) with an ill person with confirmed HPAI A H5N1 virus infection;
   c. Close contact (approach within about 6 feet) with an ill person who was under investigation for possible HPAI A H5N1 virus infection; or
   d. Working with live HPAI A H5N1 virus in a laboratory.

In addition, testing for HPAI A H5N1 virus infection or any novel influenza strain can be considered on a case-by-case basis in any of the following:

1. A patient with mild or atypical disease (hospitalized or ambulatory) who has one of the exposures listed above; OR
2. A patient with severe or fatal respiratory disease whose epidemiological information is uncertain, unavailable, or otherwise suspicious but does not meet the criteria above. An example would include an ill returned traveler that visited a country where HPAI A H5N1 virus has been documented or is highly suspected in birds.

Feel free to contact me if you have any questions or need to facilitate testing of a patient.

Please call 360-337-5235 to report cases or if you have additional questions. This message will be posted on our website www.kitsappublichealth.org.

Sincerely,

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Health Officer
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360-337-5237 (office)