Epidemiological Alert:

Influenza like illness

25 November 2011

Current situation

On 22 November, the United States of America - International Health Regulation National Focal Point (USA IHR-NFP) reported a cluster of influenza like illness cases among three children (3 years, 11 months, and 2 years) with onset of febrile respiratory illness on 10, 11 and 13 November respectively. All children visited the same health care provider where rapid influenza diagnostic tests were positive for influenza A.

Molecular[1] testing confirmed an influenza triple reassortant (influenza A (H3N2) (SOtrH3N2)) virus on 18 November. The specimens were forwarded to the Center for Disease Control and Prevention (CDC) where genomic sequencing confirmed they were S-OtrH3N2 viruses with the M segment gene from the pH1N1 virus on 20 November. In addition, it was informed that 2011-12 seasonal influenza vaccine for the north hemisphere is expected to provide limited protection from this virus for adults but none for young children.

In this regard, the Pan American Health Organization/World Health Organization (PAHO/WHO) would like to stress to its Member States the importance of the recommendations specified in the PAHO-CDC Generic Protocol for Influenza Surveillance (http://www.paho.org/English/AD/DPC/CD/flu-snl-gpis.htm).

Recommendations:

- Routine influenza surveillance activities should be continued, which should include both epidemiologic and laboratory surveillance. Epidemiologic surveillance should include the surveillance of both ambulatory influenza-like illness(ILI)/acute respiratory infection cases and hospitalized severe acute respiratory infection cases. Clinical samples should be collected from these cases and tested by real-time RT-PCR for influenza. If a laboratory is using kits provided by CDC, routine protocols for testing should be followed, which would include the testing of all influenza A positive cases using the subtyping kit primer/probe sets: H1, H3, pdm InfA, and pdm H1.

- All specimens that are unsubtypeable and specimens with inconclusive or unexpected subtyping results should be forwarded to the WHO Collaborating Center, the CDC in Atlanta, as soon as possible for additional testing.

- Influenza should be considered in any patient admitted to a healthcare facility with respiratory symptoms. Some groups of the population are more susceptible to developing serious infections and require special attention such as pregnant women and people suffering from chronic diseases. These patients should be treated with antivirals

[1] Real time reverse transcription-polymerase chain reaction (rRT-PCR)

(e.g. oseltamivir) at the onset of symptoms, even if there has not been laboratory confirmation of influenza. The success rate of oseltamivir is higher the earlier it is administered.

- The public should be informed that the primary form of transmission of influenza is through interpersonal contact. Washing hands is the most effective way of reducing the transmission and knowledge of "respiratory etiquette" can also help in preventing the virus spread. People with fever should avoid leaving their homes to go to work or to other public places until the fever is gone.

References

1. Dispatch. MMWR. Limited human-to-human transmission of novel influenza A(H3N2) virus – Iowa, November 2011. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60d1123a1.htm?s_cid=mm60d1123a1_e&source=govdelivery
2. CDC Online Newsroom. Iowa reports novel Influenza infections in three children. November 22, 2011. Available at: http://www.cdc.gov/media/haveyouheard/stories/iowa_influenza.html
3. Generic Protocol for Influenza Surveillance PAHO-CDC. Available at: http://www.paho.org/english/ad/dpc/cd/flu-snl-gpis.pdf