



IN THIS ISSUE

Influenza A H3N2

Measles Virus: State, Nation and World

Messenger

Influenza A H3N2: A Second Season

The Centers for Disease Control and Prevention (CDC) has issued a health advisory to notify clinicians that influenza activity remains high in the United States. The California Department of Public Health [reports](#) that influenza activity is elevated for most of California but is no longer elevated in a five-county region including San Luis Obispo County.

Influenza A (H3N2) virus is now the predominant strain circulating nationwide, statewide and in San Luis Obispo County, as reflected by laboratory surveillance testing conducted by the Public Health Laboratory using the CDC-developed reverse-transcription real-time polymerase chain reaction amplification test.

Please note: this season's laboratory surveillance for influenza will end with specimens collected on Tuesday, April 30.

In six weeks, the H3N2 strain increased from rarely detected to now accounting for 85 percent of all influenza A virus detected. Influenza A H1N1 pdm 2009 strain continues to circulate with low levels of influenza B viruses and other respiratory viruses. These other viruses include rhino/enteroviruses, respiratory syncytial viruses (RSV), adenoviruses, coronaviruses and human metapneumovirus.

CDC recommends antiviral medications for treatment of influenza, regardless of a patient's influenza vaccination status. Antiviral treatment has been shown to have clinical and public health benefit in reducing illness and severe outcomes of influenza based on numerous studies. Influenza antiviral medications are most effective in treating influenza and reducing complications when treatment is started early (within 48 hours of illness onset). However, some studies suggest clinical benefit among hospitalized patients and young children with febrile illness even when treatment starts three to five days after illness onset.

Unfortunately, antiviral drugs are only available for influenza A virus treatment at present, although the disease burden of RSV has prompted the development of at least four drugs to treat this virus, which is known to cause serious infections in premature infants, the elderly, those with weakened immune systems and those with lung or heart conditions.

The Centers for Disease Control and Prevention (CDC) now reports a total of 555 cases of measles thus far in 2019, with cases in 20 states: Arizona, California, Colorado, Connecticut, Florida, Georgia, Illinois, Indiana, Kentucky, Maryland, Massachusetts, Michigan, Missouri, Nevada, New Hampshire, New Jersey, New York, Oregon, Texas, and Washington. With less than four months elapsed, total cases are likely to exceed the record year of 2014, when 667 cases were reported.

The World Health Organization reports activity is widespread in numerous countries in Africa and Asia, with high activity in the Republic of the Congo, India, Madagascar, Nigeria, Pakistan, the Philippines, Thailand, Ukraine and Yemen. For the Americas, travelers should be aware that transmission is high in Brazil.

Rash illness cases—especially with exposure to a known measles case—should prompt inquiries with the communicable disease staff at the Public Health Department. Call 805-781-5500 (Monday-Friday, 8:00-5:00) or 805-781-4553 (on weekends and after hours).

Rapid, reliable measles or mumps virus PCR testing is performed by the Public Health Laboratory staff in the space of a few hours.

For collection supplies, contact the laboratory at 805-781-5507.

Questions?

Please contact the Laboratory Director at 805-781-5512 or jbeebe@co.slo.ca.us.

County of San Luis Obispo Public Health Laboratory
www.slopublichealth.org | (805) 781-5507

