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Influenza Season Off to an Early Start

The first two culture-confirmed cases of influenza of the 1995-96 influenza season have occurred:

1. On August 28, 1995 a 33-year-old Filipino woman in otherwise good health was evaluated by a physician in Anchorage for complaints of myalgia, rhinorrhea, dry cough, and fever. On examination, the only significant findings were a temperature of 99.8° F, minimally injected sclera, and mild nasal drainage. Influenza was suspected and a throat swab was obtained and sent to the State Public Health Laboratory, Fairbanks. Subsequently, a viral isolate was grouped as influenza B; characterization is underway at the U.S. Centers for Disease Control and Prevention in Atlanta, GA.

The patient was a member of a flight crew that had arrived in Anchorage from Hong Kong on August 27. She remained in the city for 4 days before flying to Toronto. After 3 days in Toronto, she flew back to Anchorage for 24 hours before returning to Hong Kong.

2. On September 8, 1995 a 9-year-old girl, with a 4-to 5-day history of sore throat, congestion, cough, nausea, vomiting, diarrhea, and fever was evaluated by an Anchorage physician. On examination, the patient had a temperature of 102° F and an injected pharynx. Streptococcal pharyngitis was suspected and she was prescribed an oral antibiotic. Two days later the patient continued to be febrile and have nausea, vomiting, sore throat, and cough. On examination, she had a temperature of 102° F, and influenza was suspected. A throat swab was obtained and sent to the State Public Health Laboratory and the oral antibiotic was discontinued. The State Laboratory isolated virus identified as group A influenza.

Discussion: These patients represent the first influenza isolates in Alaska during the 1995-96 influenza season. Although the patient with influenza B acquired her illness overseas, there was ample opportunity for disease transmission to occur during her initial 4-day stay in Alaska. Influenza is characterized by an incubation period of 1-2 days followed by the abrupt onset of fever up to 104° F, myalgia, headache, malaise, and anorexia. Symptoms usually last 3 days but can persist for as long as 8 days. Respiratory symptoms such as cough and rhinorrhea may last for more than 2 weeks. Children, in particular, may also have gastrointestinal symptoms such as nausea, vomiting, or diarrhea.

Prevention: Influenza vaccination usually results in protective levels of antibody 2 weeks following administration. **The Section of Epidemiology recommends that persons either at increased risk for influenza and related complications or who are potentially capable of transmitting influenza to high risk persons be vaccinated** (see *Epidemiology Bulletin* number 20; August 23, 1995). Influenza vaccine is 60-90% effective in preventing infection in healthy young adults when vaccine strains are well matched to circulating strains.

The antiviral drugs amantadine and rimantadine may be successful in preventing illness due to influenza A in unvaccinated or recently vaccinated persons. In studies with otherwise healthy young adults and children, amantadine has been proven to be 70-90% effective in preventing illness caused by naturally occurring strains of type A influenza, if administered prior to and throughout an epidemic. The decision to use amantadine or rimantadine should be based on the individual circumstances as well as the current epidemiologic assessment of influenza A activity in the community.

Influenza surveillance: The Section of Epidemiology strongly encourages physicians and other health care providers to participate in influenza surveillance. Successful isolation of influenza virus is increased by the collection of nasal washes, nasopharyngeal or throat swabs from patients 1 to 3 days after the onset of symptoms. **Culture materials for viral testing are available free of charge** and may be obtained from any of the three State Public Health Laboratories (Juneau, Fairbanks, and Anchorage). **Testing is performed free-of-charge in Fairbanks.** Unusual occurrences of influenza-like illness, particularly illness outbreaks among vulnerable persons such as nursing home residents or hospital patients, should be reported to the Section of Epidemiology.

(Reported by Drs. John Quimby, Stephanie Yeager, 9 Sanders, and Robert Myers.)