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California Health Alert Network Advisory

Influenza A (H1N2) Variant Virus Confirmed in California Residents with Exposure to an Infected Pig at a Fair

Two cases of influenza A (H1N2) variant virus infection have been laboratory-confirmed in persons who had pig exposure at the California Mid-State Fair, which occurred in Paso Robles, CA during July 17–29. Influenza A (H1N2) was also detected in a pig at the fair. When the H1N2 influenza virus is transmitted from pigs to humans, the resulting infection is called H1N2 variant (H1N2v).

Person-to-person transmission of variant influenza viruses is rare. CDPH and the local health department continue to monitor the current situation and no person-to-person transmission has been identified at this time.

Health care providers should ask patients presenting with influenza-like illness this summer whether they attended a state or county fair within 7 days of illness onset. County fair dates are available at [https://www.cdfa.ca.gov/Fairs & Expositions/Fair Information/Fair Dates and Information.asp](https://www.cdfa.ca.gov/Fairs_&_Expositions/Fair_Information/Fair_Dates_and_Information.asp). Exposure to pigs outside of fairs may also be considered. Exposures can be defined as follows:

- Direct contact with pigs (e.g. exhibiting, raising, or feeding pigs, or cleaning their waste)
- Indirect exposure to pigs (e.g. visiting or walking through a swine farm or barn)
- Close contact (approximately 6 feet) with an ill person who had recent pig exposure or is known to be infected with H1N2v

Symptoms of H1N2v in humans are similar to those of seasonal influenza viruses and may include fever, cough and runny nose, body aches or sore throat, and less frequently, nausea, vomiting, or diarrhea. [People at increased risk](#) for complications of seasonal influenza (e.g., children younger than 5 years, adults 65 years and older, pregnant women, and persons with certain underlying medical conditions) are also likely to have an increased risk for serious complications from H1N2v infection. Recommendations for antiviral treatment of suspected H1N2v cases are the same as those for seasonal influenza viruses and are available at <https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>.



H1N2v infection cannot be clinically distinguished from infection with a seasonal influenza virus. Only the Centers for Disease Control and Prevention (CDC) can confirm H1N2v infections. Therefore, if H1N2v infection is suspected in a patient, clinicians should immediately notify their local public health department for consultation and testing authorization. For local health department contact information, visit: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Local-Health-Department.aspx>.

If testing is authorized, a nasopharyngeal (NP) swab or aspirate (or a combination of nasal and throat swab) should be obtained and placed into viral transport medium and transported to your local public health laboratory.

For other resources, please visit the CDC [Variant Influenza Virus webpage](#) or the CDC's [Interim Guidance for Clinicians on Human Infections with Variant Influenza Viruses](#).