

UW Virology Newsletter
October 2009

The resurgence of 2009 H1N1 influenza A (also termed “swine flu,” “swine origin influenza virus,” or “SOIV”) arrived during September/October. Widespread activity has been detected all across the United States. With the exception of one seasonal H1N1 virus *all the results detected to date have been the 2009 H1N1 strain.*

Pregnancy and other previously recognized high risk medical conditions for seasonal influenza continue to be associated with increased risk of complications from 2009 H1N1 Influenza A. These underlying conditions include asthma, diabetes, suppressed immune systems, heart disease, kidney disease, neurodevelopmental and neuromuscular disorders. Prompt use of appropriate antiviral therapy may reduce morbidity and mortality from influenza. 2009 H1N1 influenza A virus is, to date, sensitive to oseltamivir and zanamivir but resistant to amantadine and rimantadine.

All Influenza A detections by dFA, culture, and PCR can be typed using the Epidemic Influenza PCR Panel to provide diagnostic precision for patient care.

Viral Detections – September 2009

<u>ISOLATES</u>	<u>ANTIGEN POSITIVES</u>	<u>PCR POSITIVES</u>
Adenovirus – 4	Adenovirus – 10	Adenovirus – 27
CMV – 18	CMV – 6	BK Virus - 100
Enterovirus – 10	Enteric Adenovirus – 0	Bocavirus - 0
HSV – 62	HSV – 18	CMV – 237
Influenza A – 30	Influenza A – 47	Coronavirus – 4
Influenza B – 0	Influenza B – 0	EBV – 37
Parainfluenza – 7	Metapneumovirus 0	Enterovirus – 13
Rhinovirus – 11	Parainfluenza – 18	HHV6 – 8
RSV – 1	Rotavirus – 0	HHV8 – 0
VZV – 6	RSV – 4	HSV – 9
	VZV – 12	Influenza A – 64
		Influenza B – 0
		JC Virus – 0
		Metapneumovirus – 1
		Parainfluenza – 7
		Parechovirus - 5
		Parvovirus B19 – 2
		Rhinovirus – 85
		RSV – 0
		VZV – 1
		West Nile – 0