

Influenza A Fact Sheet

Toledo-Lucas County Health Department | Emergency Preparedness



What is influenza A?

The causative agent of novel influenza infection is the influenza virus. Influenza A strains are sub-classified by two antigens, hemagglutinin (H) and neuraminidase (N). Novel influenza virus infections are human infections with influenza A viruses that are different (i.e. novel) from currently circulating human influenza H1 and H3 viruses. These viruses include those that are subtyped as non-human origin and those that are not compared with standard methods and reagents. One of the reasons that novel influenza viruses are a concern is because of their potential to lead to an influenza pandemic.

What are the signs and symptoms of influenza A?

Although the exact symptoms of infection are unknown until the novel virus begins circulating in people, clinical symptoms will likely resemble typical influenza symptoms. Seasonal influenza infections may be asymptomatic or may produce a wide spectrum of symptoms from mild to severe. Symptoms include the abrupt onset of fever, myalgia (muscle aches), sore throat, nonproductive cough, and headache. The fever is usually 101°F to 102°F and accompanied by extreme exhaustion.



Additional symptoms may include runny nose, chest pain, eye pain, sensitivity to light, nausea, vomiting, and diarrhea may occur. Most uncomplicated infection subsides in 3-7 days.

How is influenza A transmitted?

Novel influenza viruses are transmitted from person to person (or from birds to other mammals) through droplet spread, direct contact with nose or mouth secretions, or via objects recently contaminated with secretions. Although birds and non-human mammals may be the source for the novel influenza virus, humans are the primary reservoir for human influenza infections. Some novel influenza strains have primarily been transmitted from swine to humans after exposure to swine.

How is influenza A diagnosed?

Influenza A is diagnosed by influenza virus isolation in tissue cell culture from respiratory specimens. Reverse-transcriptase polymerase chain reaction testing and immunofluorescent antibody staining of respiratory specimens is also used.



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What is the treatment for Influenza A?

Influenza antivirals are recommended for cases of novel influenza A virus infection. Antiviral treatment should be given as soon as possible after development of symptoms, within 48 hours of onset of symptoms.



If the case is hospitalized, appropriate isolation precautions should be undertaken. CDC recommends contact, droplet, and airborne precautions for all cases of Novel Influenza A infection (airborne isolation in a negative pressure room if possible). If the case is not hospitalized, the individual should be asked to voluntarily isolate him/herself at home to avoid exposing others to possible infection. Contacts should self-monitor for onset of influenza-like illness.

How can influenza A be prevented?

The best means of preventing the spread of and exposure to a novel influenza A virus is a vaccine that is well-matched to the virus causing illness. However, since the virus is novel a vaccine does not exist and it is not likely that a vaccine will be available until well after the virus emerges. In the absence of a vaccine (and in conjunction with one when it becomes available), community strategies referred to as non-pharmaceutical interventions (NPI) may delay or mitigate the spread of the novel virus.

NPI guidelines (i.e. measures intended to reduce contact between people) issued by the World Health Organization (WHO) include, but are not limited to, the following:

- Closing schools
- Canceling public gatherings
- Public wearing of face masks
- Avoidance of crowds

- Voluntary isolation of cases; and
- Voluntary quarantine of household contacts

For more information:

Centers for Disease Control and Prevention (CDC):
<https://www.cdc.gov/flu/index.htm>

The Toledo-Lucas County Health Department is committed to providing relevant and timely information during a public health emergency.

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