

Hot Topic:

H1N1 Flu

(Swine Flu)

For additional information go to: http://www.cdc.gov/swineflu/general_info.htm

Note: The information in this document is based on information from the CDC. The CDC site notes that much of the information regarding H1N1 Flu is based on studies and past experience with seasonal (human) influenza. CDC believes the information applies to the new H1N1 (swine) viruses as well but the information cannot be considered definitive until appropriate studies have been completed.



What is H1N1 Flu?	H1N1 (also known as swine flu) is a respiratory infection caused by a type of influenza A (H1N1). This new influenza virus is spreading from person to person in a manner similar to the way in which regular seasonal influenza viruses are spread.
Transmission	Human-to-human spreading of the H1N1 virus occurs primarily through respiratory transmission, such as coughing and sneezing, but it is not currently known how easily such transmission happens. Transmission may also be possible through touching surfaces contaminated with the flu viruses and through contact with bodily fluids (diarrheal stool) of infected individuals. Note: <i>H1N1 Flu CANNOT be contracted from eating pork and pork products.</i>
Period of Contagion	The period of contagion for the virus has been defined as one day before the onset of illness to seven days after onset, but people who continue to have symptoms beyond seven days should be considered to be contagious until symptoms have resolved. Also, children, particularly younger ones, may be contagious for longer than the seven days.
Symptoms	Symptoms, which are similar to those of the regular human flu, include fever, cough, sore throat, body aches, headache, chills, and fatigue. Other symptoms include vomiting, diarrhea, and worsening of underlying co-morbid conditions. In previous outbreaks, there have been instances of pneumonia, respiratory failure and death. Young children may not have typical symptoms, but may have difficulty breathing and a low activity level.
Prevention/ Treatment	The CDC recommends the anti-viral agents zanamivir and oseltamivir for the treatment and/or prevention of the disease. These medications are effective if taken within two days of the development of symptoms. Additional preventive measures include frequent hand washing with soap and water, or an alcohol-based hand cleaner. Also, avoid contact with those who are ill and with surfaces that may be contaminated with the flu virus.

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<p>If You Become Ill</p>	<p>Stay home and avoid contact with others to help avoid spreading the disease. If you are at higher risk for complications, speak with your doctor regarding possible need for treatment. (People at higher risk include those with chronic medical conditions, pregnant women, young children and those ages 65 and older).</p> <p>Symptoms that require emergency evaluation include:</p> <ul style="list-style-type: none"> • Difficulty or rapid breathing or shortness of breath • Chest pain or pressure • Abdominal pain • Sudden dizziness • Confusion • Severe or persistent vomiting • Seizures <p>In children, additional symptoms that may occur and require emergency evaluation include:</p> <ul style="list-style-type: none"> • Inability to drink sufficient liquids to stay hydrated • Fever with a rash • Improvement of symptoms followed by return of fever and worsening of cough <p>Some symptoms which require calling Emergency Medical Services include:</p> <ul style="list-style-type: none"> • Skin color turning blue • Inability to awaken your child or not interacting • Excessive irritability; e.g., child does not want to be held
<p>Outbreak Details</p>	<p>Information on the ongoing CDC investigation can be found on: http://www.cdc.gov/swineflu/investigation.htm</p>
<p>Travel Restrictions</p>	<p>As of April 27, the CDC recommends that U.S. travelers avoid all nonessential travel to Mexico.</p>
<p>A Special Reminder for Children 19 Years of Age and Younger!</p>	<p>Aspirin or aspirin-containing products (e.g., bismuth subsalicylate – Pepto Bismol) should not be administered to any confirmed or suspected cases of H1N1 virus infection aged 19 years of age or younger due to the risk of Reye’s syndrome. Non-steroidal agents and acetaminophen may be used as anti-pyretics. Children younger than 4 years of age should not be given over-the-counter cold medications without first speaking to a healthcare provider. For children younger than 2 years of age, the safest care for flu symptoms is using a cool-mist humidifier and a suction bulb to help clear away mucus.</p>



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Answers for Questions

Likely to be Frequently Asked by Consumers

1. Are there effective treatments if I do develop H1N1 flu?

Yes. According to the CDC, “laboratory testing has found the swine influenza A (H1N1) virus susceptible to the prescription antiviral drugs oseltamivir and zanamivir and has issued interim guidance for the use of these drugs to treat and prevent infection with swine influenza viruses.”

2. Does the flu shot I received earlier this year protect me?

No. There is no vaccine available for this strain of influenza virus at this time, so it is important for people living in affected areas to take steps to prevent spreading the virus to others.

3. Will a flu shot now help prevent me from getting H1N1 flu?

No. There is no vaccine available for this strain of influenza virus at this time, so it is important for people living in these areas to take steps to prevent spreading the virus to others.

4. Who is at highest risk of severe complications from H1N1 flu?

It is not known at this time whether certain groups may be at greater risk for severe complications from H1N1 Flu. Those at increased risk for complications from seasonal influenza include young children, pregnant women, people with chronic medical problems and people 65 years and older.

5. If I am traveling to Mexico, should I take medications to prevent me from getting the flu? What about regular airplane travel? Can I get it from being on an airplane not traveling to Mexico?

The CDC currently recommends against all non-essential travel to Mexico at this time. If you are planning travel to Mexico, following the recommendations on the CDC Web site can reduce the risk of infection. The CDC recommends that people traveling to Mexico from the U.S. who are at high risk for severe disease (examples include people with chronic medical problems such as diabetes, heart or lung disease, or the elderly) take anti-viral medicates during travel. Please refer to the following Web site for additional detailed recommendations and precautions: <http://wwwn.cdc.gov/travel/contentSwineFluMexico.aspx>



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6. What are the indications for the use of the anti-viral agents, oseltamivir (Tamiflu) and zanamivir (Relenza)?

Anti-viral medicines are available for people 1 year or older, though the Food and Drug Administration (FDA) has authorized emergency use of certain medicines in children under the age of 1. Individuals should ask their health care provider whether they need antiviral medication.

The CDC's current recommendations for **anti-viral treatment** are as follows: Anti-viral treatment should be considered for confirmed, probable or suspected cases of swine-origin influenza A (H1N1) virus infection. Treatment should be started as soon as possible after symptoms begin. Treatment is recommended for five days.

Pregnant women: Pregnant women may be at higher risk for severe complications from H1N1 (swine influenza) and the benefits of treatment or preventive treatment with oseltamivir or zanamivir likely outweigh the risks of anti-viral use. Therefore, the CDC is recommending that pregnant women with confirmed, probable or suspected H1N1 (swine influenza) infection receive anti-viral treatment with oseltamivir or zanamivir. The CDC also recommends that pregnant women who have had close contact with suspected, probable, or confirmed cases of H1N1 flu) should receive preventive treatment with an anti-viral medication.

Anti-viral chemoprophylaxis (preventive drug treatment in an individual who is not ill): Anti-viral chemoprophylaxis (pre-exposure or post-exposure) with either oseltamivir or zanamivir is recommended for the following individuals:

- Household close contacts who are at high risk for complications of influenza (e.g., persons with certain chronic medical conditions, persons 65 or older, children younger than 5 years old, and pregnant women) of a confirmed or probable case.
- Health care workers or public health workers who were not using appropriate personal protective equipment during close contact with an ill confirmed, probable, or suspect case of swine influenza A (H1N1) virus infection during the case's infectious period.



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Antiviral chemoprophylaxis (pre-exposure or post-exposure) with either oseltamivir or zanamivir is considered for the following individuals:

- Household close contacts who are at high risk for complications of influenza (e.g., persons with certain chronic medical conditions, persons 65 years or older, children younger than 5 years old, and pregnant women) of a suspected case.
- Children attending school or daycare who are at high risk for complications of influenza (children with certain chronic medical conditions) and who had close contact (face-to-face) with a confirmed, probable, or suspected case.
- Health care workers who are at high risk for complications of influenza (e.g., persons with certain chronic medical conditions, persons 65 or older, and pregnant women) who are working in an area of the health care facility that contains patients with confirmed swine-origin influenza A (H1N1) cases, or who is caring for patients with any acute febrile respiratory illness.
- Travelers to Mexico who are at high risk for complications of influenza (e.g., persons with certain chronic medical conditions, persons 65 or older, children younger than 5 years old and pregnant women). (Note: A travel warning is currently in effect stating that nonessential travel to Mexico should be avoided.)
- First responders who are at high risk for complications of influenza (e.g., persons with certain chronic medical conditions, persons 65 or older, children younger than 5 years old, and pregnant women) and who are working in areas with confirmed cases of swine-origin influenza A (H1N1) virus infection.

In addition to treating high risk and confirmed cases, the CDC also recommends that anti-viral treatment be considered for suspected cases of swine flu and that treatment be started as early as possible after development of symptoms.

Influenza infections can lead to or occur with bacterial infections. As a result, some people will also need to take antibiotics. More severe or prolonged illness or illness that seems to get better, but then gets worse again, may be an indication that an individual has a bacterial infection. People with concerns about the course of their symptoms should check with their health care provider.



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7. How quickly can they develop a vaccine against this flu?

The answer to this question is unknown at this time, but the development of testing of influenza vaccines can take many months. The current seasonal influenza vaccine, which was produced based on World Health Organization recommendations, does not contain swine influenza virus. It is unknown whether the seasonal vaccines can provide any cross protection to ongoing H1N1 influenza virus infection in the United States and Mexico.

8. Can I get swine influenza from food?

No. The H1N1 influenza virus is not transmitted by foods, such as pork and pork products.

9. How can I protect myself and my family and others from contracting the disease?

You can help protect yourself and your family with frequent hand washing and avoiding contact with those who are ill as well as surfaces that may be contaminated with the flu virus. Also, follow good general health habits which include getting adequate sleep, being physically active, staying appropriately hydrated, eating a nutritious diet and managing stress. If you get sick with an influenza-like illness, be sure to cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it. Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective. Avoid touching your eyes, nose or mouth. Germs are spread this way. The CDC also recommends that you stay home from work or school and limit contact with others to keep from infecting them.

10. How long can the virus live on surfaces?

It is known that some viruses and bacteria can live two hours or longer on surfaces like cafeteria tables, doorknobs, and desks.

11. What about the use of face masks and respirators?

If used correctly with other preventive measures, face masks (disposable masks) and N95 respirators (higher filtering facepiece respirators) may help reduce the risk of getting swine flu if you are in an area where there is a confirmed human case and it is absolutely necessary to enter a crowded setting or have close contact with persons who might be ill.



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Face masks should be considered for use by individuals who enter crowded settings in areas where transmission of swine flu has been confirmed; the time spent in crowded settings should be as short as possible. Respirators should be considered for use by individuals for whom close contact (up to 6 feet) with an infectious person is unavoidable. This can include selected individuals who must care for a sick person at home.

If possible, disposable face masks and N95 respirators should not be reused, and once used, should be discarded into the trash immediately after removal. Hand washing should be performed immediately after removal of the mask or respirator. For more information on the use of face masks and respirators, please see the CDC Web site: <http://www.cdc.gov/swineflu/masks.htm>.

12. What guidance is there for the care of a person sick with known or suspected H1N1 Flu at home?

The CDC has just updated information on the home care of an individual ill with a documented or suspected case of swine influenza at home. This information can be accessed through the following link: http://www.cdc.gov/swineflu/guidance_homecare.htm. Some important considerations include the following:

- The sick person should not have visitors at home other than caregivers. A phone call is safer than a visit.
- Keep the sick person in a room separate from the common areas of the house with the door kept closed.
- If possible, have only one adult in the home take care of the sick person.
- Consider use of a respirator by the selected caregiver.
- Avoid having pregnant women care for the sick person. Pregnant women are at increased risk of influenza-related complications and immunity can be suppressed during pregnancy.
- If the sick person needs to be in a common area of the home near others, the sick person should wear a surgical mask
- If possible, the sick person should use a separate bathroom.



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- If the sick person requires respiratory treatments using a nebulizer, treatments should be performed, if at all possible, in a separate room away from common areas of the home. Caretakers helping with respiratory treatments should wear an N95 respirator when helping with the treatments.
- All persons in the household should clean their hands with soap and water or an alcohol-based hand rub frequently, including after EVERY contact with the sick person or the sick person's room or bathroom.
- Make sure the sick person covers coughs and sneezing and is washing their hands frequently, especially after coughing and sneezing.
- Use paper towels for drying hands after hand washing or dedicate cloth towels to each person in the household. For example, have different colored towels for each person.
- Caregivers might catch flu from the person they are caring for and then the caregiver might be able to spread the flu to others before the caregiver shows symptoms. Therefore, the caregiver should wear a mask when they leave their home to keep from spreading the disease to others, in case they are in the early stages of infection.
- Caregivers should talk to their health care provider about taking an anti-viral medication to prevent them from contracting the illness.
- Caregivers should monitor themselves and household members for flu symptoms and contact a telephone hotline or health care provider if symptoms occur.
- Household contacts who are at increased risk for complications from the flu should talk to their health care providers about taking an anti-viral medication to prevent them from contracting the illness.

13. If I or a member of my family is ill with an influenza-like illness, what can we do to prevent the spread of the disease?

In addition to the advice provided in question 12, people who develop an influenza-like illness should remain at home (home isolation) for seven days after the onset of illness or 24 hours after symptoms have resolved, whichever is longer. If an individual wishes to seek medical care, they should contact their health care provider before traveling to the site of care. Those with severe symptoms (e.g., difficulty breathing) should seek immediate medical attention. If someone must venture out in the community, they should wear a face mask to reduce the risk of spreading the virus.



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If a face mask is not available, other means should be used (e.g., handkerchief) to cover coughing or sneezing. Of course, those in home isolation should be practicing the usual hygienic measures such as frequent hand washing or use of alcohol-based hand gels. As a rule, hand washing should be performed for a minimum of 15 to 20 seconds. If others at home are likely to be within 6 feet of the ill person, the ill individual should, if possible, wear a face mask.

Additionally:

- Surfaces, (particularly bedside tables, bathroom surfaces and toys for children) should be kept clean by wiping them down using a household disinfectant as directed on the product label.
- Linens, eating utensils and dishes used by those who are sick do not need to be cleaned separately, but they should not be shared without washing them thoroughly first.
- Wash linens by using household laundry soap and tumble dry on a hot setting. Care should be taken not to “hug” the laundry prior to washing. Wash hands immediately after handling dirty linens.
- Eating utensils should be washed either in a dishwasher or by hand with water and soap.

14. I am breast-feeding and have been prescribed anti-viral medication for H1N1 Flu. Can I continue to breast-feed?

The CDC states that women who are breast-feeding and have been prescribed anti-viral medications can continue breast-feeding while taking these medicines. They should, however, take steps to reduce the risk of transmission of the H1N1 virus to their infants. These steps should include frequent hand washing, possibly wearing a mask and limiting close contact as much as possible.

Note: *The risk for H1N1 (swine influenza) transmission through breast milk is unknown, but reports of seasonal influenza infection in the bloodstream are rare.*



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15. What should I do if I am prescribed anti-viral medications but cannot obtain them from my local pharmacy?

If you are having difficulty filling your prescription for anti-viral medicines, speak with your doctor or contact your local health department. Either of these sources may be able to direct you as to where you can fill your prescription.

16. My child's school has been closed because of a confirmed case of H1N1 Flu, what can I expect?

The CDC is currently recommending that if a school or childcare facility is closed due to a confirmed or probable case of H1N1 Flu, the facility should remain closed for a minimum of 14 days.

17. Special information for pregnant health care workers.

According to the CDC, pregnant women who are likely to be in direct contact with patients with confirmed, probable or suspected influenza A (H1N1) cases should consider reassignment to lower-risk activities. If reassignment is not possible, the CDC recommends avoiding participation in procedures that may generate increased small-particle aerosols of respiratory secretions. For additional information go to:

<http://www.cdc.gov/h1n1flu/guidance/pregnant-hcw-educators.htm>

