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It's Flu Season

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Whether it is the seasonal flu or H1N1 (earlier referred to as the swine flu), people with disabilities and chronic health conditions, particularly ventilator users, need to be knowledgeable in order to protect themselves to avoid either contracting or spreading the viruses. The H1N1 virus can cause severe complications in people whose respiratory function is already compromised.

The symptoms and severity of new H1N1 infections are similar to seasonal flu. Although most cases of H1N1 have been mild, additional hospitalizations and deaths are anticipated during the fall.

Influenza-like illness is defined as fever (>37.8°C or 100°F) with either cough or sore throat. It is spread from person to person through coughing or sneezing by people who are infected. Other symptoms can include a runny or stuffy nose, body aches, headache, chills and fatigue. A number of people with H1N1 also have reported diarrhea and vomiting.

The highest-risk category for seasonal influenza is people over age 65. H1N1 appears to be different, because the high risk groups are under 25 years of age. Adults older than 64 do not yet appear to be at increased risk of new H1N1-related complications because they have immunity from a similar strain that appeared decades ago. The unknown is how much protection may be afforded against new H1N1 flu by any existing antibody.

Few cases and few deaths due to H1N1 have been reported in people older than 64, another difference from seasonal flu. However, pregnancy and other previously recognized high risk medical conditions appear to be associated with increased risk of complications from H1N1, including asthma, diabetes, suppressed immune systems, heart disease, kidney disease, and neurocognitive and neuromuscular disorders.

Caregivers and respiratory health professionals are also at risk and need to take extra precautions such as cleaning hands with soap and water or using an alcohol-based hand rub after touching someone sick or handling used tissues or laundry. The use of gloves and masks can also help to avoid inadvertently transmitting the viruses. However, masks must fit properly in order to be effective.

The first doses of a vaccine for H1N1 are due in October, however, at this writing, it is unknown whether more than one dose will be needed, but there is speculation that it will be two.

The annual seasonal flu vaccine is recommended, because the seasonal influenza virus will still be around. "The real reason to get vaccinated for seasonal flu is because seasonal flu

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"The real reason to get vaccinated for seasonal flu is because seasonal flu kills people."

Dr. Aaron Glatt, Infectious Diseases Society of America

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kills people," according to Dr. Aaron Glatt, spokesperson for the Infectious Diseases Society of America.

Serious complications, such as pneumonia, resulting in hospitalizations and deaths are linked to the seasonal flu virus. Because the body is in a weakened state, bacterial pneumonia, *S. pneumonia,* can invade the lungs. Therefore the pneumococcal vaccine (Pneumovax® 23) is suggested. It provides protection against pneumonia for up to ten years. One dose of the vaccine is usually sufficient, but sometimes physicians recommend a second dose of the vaccine.

Treatment of H1N1 is with the use of antiviral agents, such as Tamiflu® (oseltamivir) and Relenza® (zanamivir), which should be prescribed ideally within 48 hours after the first symptoms of H1N1 develop.

However, the widespread, inappropriate use of these medicines could increase the risk of the virus developing resistance to them. Otherwise healthy people with mild flu-like symptoms need not be given the drugs. British researchers recently concluded that children should not routinely be treated with flu drugs like Tamiflu since there is no clear evidence they prevent complications, and the medicines may do more harm than good.

Common Sense Precautions

- Cover your mouth and nose with a tissue when you cough or sneeze. Throw the tissue away after use.
- Wash hands often with soap and warm water for 15-20 seconds or use alcohol-based hand cleaners and sanitizers, especially after you cough or sneeze.
- Avoid touching your nose, mouth and eyes, and spreading germs.
- Avoid close contact with people who might be ill.
- Reduce the time spent in crowded settings.
- Stay HOME. Do not go to school or to work until you are without fever (afebrile) for at least 24 hours.

Other Important Actions

- Follow public health advice regarding school closures and avoiding crowds.
- Be prepared in case you get sick and need to stay home for a week or so. Stock up on alcohol-based hand rubs, tissues and other related items to avoid trips out in public.

For the most current, accurate and reliable information, go to the following websites:

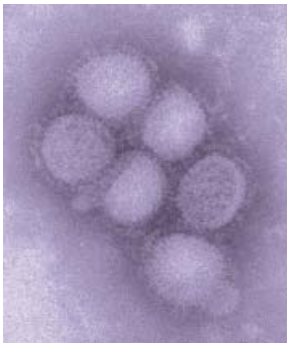
Centers for Disease Control and Prevention, www.cdc.gov/h1n1flu/#stay_healthy

The World Health Organization, www.who.int/csr/disease/swineflu

American Academy of Pediatrics, www.aap.org

Your local county government's public health department

Do not rely exclusively on television or radio newscasts for influenza information. ▲



H1N1 Virus
Photo by CDC Influenza Laboratory

INFORMATION FOR PEOPLE WITH DISABILITIES ABOUT H1N1 VIRUS is a two-page document, with related websites, by long-time disability educator and activist Lex Frieden (lex.frieden@uth.tmc.edu) with contributions by Kim Dunn, MD, and Gerard Francisco, MD, from the University of Texas Health Science Center, Houston, Texas.

IVUN has posted it on its website at: www.ventusers.org/H1N1BulletinLF0809.pdf