



HEALTH INFORMATION BULLETIN

Seasonal and Novel H1N1 Flu

This information sheet is being provided in response to a number of recent questions about the flu and flu vaccines. It was compiled with the most current information available on the Centers for Disease Control and Prevention website.

What is the flu?

The flu (influenza) is an infection of the nose, throat, and lungs caused by influenza viruses. Flu viruses cause illness, hospital stays, and deaths in the United States every year. There are many different flu viruses and sometimes a new flu virus emerges to make people sick.

What is novel H1N1?

Novel H1N1 flu is a new and very different influenza virus that is spreading worldwide among people. The new virus was called "swine flu" at first because it has pieces of flu viruses found in pigs in the past. However, novel H1N1 virus has not been detected in U. S. pigs.

Influenza is unpredictable, but scientists believe that the new H1N1 virus will cause illness, hospital stays, and deaths in the United States over the coming months. This flu season, the new virus may cause a lot more people to get sick than during a regular flu season. It may also cause more hospital stays and deaths than seasonal flu.

How does the flu spread?

Both seasonal and novel H1N1 flu are thought to spread mostly from person-to-person through the coughs and sneezes of people who are sick with the flu. People may also get sick by touching something with flu virus on it and then touching their mouth or nose. Studies have shown that flu viruses can survive on surfaces and can infect a person for 2-8 hours after being deposited on the surface.

What are the symptoms of the flu?

Symptoms of seasonal flu and novel H1N1 flu include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, and fatigue. Some people also may have vomiting and diarrhea.

How long can a sick person spread the flu to others?

People infected with seasonal and novel H1N1 flu shed virus and may be able to infect others from 1 day before getting sick to 5 to 7 days after.

For additional information, contact Cheryl Fleming, Belmont Parish Nurse Coordinator at (704) 678-3545 or visit www.cdc.gov.

How can you prevent spread of the flu?

- Cover your nose and mouth with a tissue when you sneeze. Throw the tissue in the trash after you use it. If you do not have a tissue, cough or sneeze into your elbow or shoulder.
- Wash your hands often with soap and water for 20 seconds (or for your children, as long as it takes to sing “Happy Birthday” twice). Be sure to include the backs of your hands, the wrists, between the fingers, and around the nails, as well as the palms. After drying your hands, use your paper towel to turn off the water and open the restroom door. If soap and water are not available, alcohol-based cleaners are also effective.
- Avoid touching your eyes, nose, and mouth.
- Keep surfaces like bathroom and kitchen counters clean by wiping them down with household disinfectant.
- Try to lessen close contact (about 6 feet) with those sick with the flu.
- If sick yourself, stay home for at least 24 hours after your fever is gone. (Fever should be gone without having taken fever-reducing medicine.) A fever is defined as 100 degrees Fahrenheit or 37.8 degrees Celsius.

Is there medicine to treat the flu?

Antiviral drugs can treat both seasonal flu and the new novel H1N1 flu. They can make people feel better and get better sooner. But they need to be prescribed by a doctor, and they work best when started during the first 2 days of illness.

Flu Vaccine Information

A vaccine against the novel H1N1 flu is being produced and will be available in the coming months. The seasonal flu vaccine is already available, but **the seasonal flu vaccine is not expected to protect against the 2009 H1N1 flu.** It is recommended to take the seasonal flu virus now and the novel H1N1 vaccine as it becomes available.

The present plan is to vaccinate the most susceptible with the first batch of novel H1N1 vaccine. **The CDC has identified 5 initial target populations: pregnant women; those who live with or care for infants 6 months old or less (who cannot be vaccinated); health care and emergency workers; those 6 months old to 24 years old; and those 25 to 64 years old who are high risk for complications (those with asthma, diabetes, heart and lung disease, or weakened immune systems). After these five target populations, the next group to be vaccinated will be everyone 25 to 64 years old followed by those 65 years old and above.** One thing that appears to be different with the novel H1N1 flu from the seasonal flu is that adults older than 64 years do not appear to be at increased risk of novel H1N1-related complications thus far. About one-third of adults older than 60 may have antibodies against this virus, whereas CDC laboratory tests have shown no children and very few adults less than 60 years of age have existing antibodies to the novel H1N1 flu virus. This has been the reasoning behind the present vaccine administration plan.

The 1976 swine flu virus and the novel H1N1 virus differ enough that it is unlikely a person vaccinated in 1976 will have full protection from the 2009 H1N1. Those vaccinated for the 1976 swine flu will need to also receive the 2009 novel H1N1 flu vaccine.

Every state is developing a vaccine delivery plan. Vaccine will be available in a combination of settings such as vaccination clinics organized by local health departments, healthcare provider offices, schools, and other private settings such as workplaces.

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