



H1N1 Flu Update

HARFORD COUNTY GOVERNMENT

Division of Emergency Operations

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CDC News:

CDC Advisors Make Recommendations for Use of Vaccine Against Novel H1N1

The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) met today to make recommendations for use of vaccine against novel influenza A (H1N1).

The committee met to develop recommendations on who should receive vaccine against novel influenza A (H1N1) when it becomes available, and to determine which groups of the population should be prioritized if the vaccine is initially available in extremely limited quantities.

The committee recommended the vaccination efforts focus on five key populations. Vaccination efforts are designed to help reduce the impact and spread of novel H1N1. The key populations include those who are at higher risk of disease or complications, those who are likely to come in contact with novel H1N1, and those who could infect young infants. When vaccine is first available, the committee recommended that programs and providers try to vaccinate:

- pregnant women,
- people who live with or care for children younger than 6 months of age,
- health care and emergency services personnel,
- persons between the ages of 6 months through 24 years of age, and
- people from ages 25 through 64 years who are at higher risk for novel H1N1 because of chronic health disorders or compromised immune systems.

The groups listed above total approximately 159 million people in the United States.

The committee does not expect that there will be a shortage of novel H1N1 vaccine, but availability and demand can be unpredictable. There is some possibility that initially the vaccine will be available in limited quantities. In this setting, the committee recommended that the following groups receive the vaccine before others:

- pregnant women,
- people who live with or care for children younger than 6 months of age,
- health care and emergency services personnel with direct patient contact,
- children 6 months through 4 years of age, and
- children 5 through 18 years of age who have chronic medical conditions.

The committee recognized the need to assess supply and demand issues at the local level. The committee further recommended that once the demand for vaccine for these prioritized groups has been met at the local level, programs and providers should begin vaccinating everyone from ages 25 through

64 years. Current studies indicate the risk for infection among persons age 65 or older is less than the risk for younger age groups. Therefore, as vaccine supply and demand for vaccine among younger age groups is being met, programs and providers should offer vaccination to people over the age of 65.

The committee also stressed that people over the age of 65 receive the seasonal vaccine as soon as it is available. Even if novel H1N1 vaccine is initially only available in limited quantities, supply and availability will continue, so the committee stressed that programs and providers continue to vaccinate unimmunized patients and not keep vaccine in reserve for later administration of the second dose.

The novel H1N1 vaccine is not intended to replace the seasonal flu vaccine. It is intended to be used alongside seasonal flu vaccine to protect people. Seasonal flu and novel H1N1 vaccines may be administered on the same day.

What to Do If You Get Flu-Like Symptoms

Background

The novel H1N1 flu virus is causing illness in infected persons in the United States and countries around the world. CDC expects that illnesses may continue for some time. As a result, you or people around you may become ill. If so, you need to recognize the symptoms and know what to do.

Symptoms



The symptoms of novel H1N1 flu virus in people are similar to the symptoms of seasonal flu and include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. **A significant number of people who have been infected with novel H1N1 flu virus also have reported diarrhea and vomiting.** The high risk groups for novel H1N1 flu are not known at this time, but it's possible that they may be the same as for seasonal influenza. People at higher risk of serious complications from seasonal flu include people age 65 years and older, children younger than 5 years old, pregnant women, people of any age with chronic medical conditions (such as asthma, diabetes, or heart disease), and people who are immunosuppressed (e.g., taking immunosuppressive medications, infected with HIV).

Avoid Contact With Others

If you are sick, you may be ill for a week or longer. You should stay home and keep away from others as much as possible, including avoiding travel and not going to work or school, for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of fever-reducing medicine.) If you leave the house to seek medical care, wear a facemask, if available and tolerable, and cover your coughs and sneezes with a tissue. In general, you should avoid contact with other people as much as possible to keep from spreading your illness, especially people at increased risk of severe illness from influenza. With seasonal flu, people may be contagious from one day before they develop symptoms to up to 7 days after they get sick. Children, especially younger children, might potentially be contagious for longer periods. People infected with the novel H1N1 are likely to have similar patterns of infectiousness as with seasonal flu.

Treatment is Available for Those Who Are Seriously ILL

It is expected that most people will recover without needing medical care.

If you have severe illness or you are at [high risk for flu complications](#), contact your health care provider or seek medical care. Your health care provider will determine whether flu testing or treatment is needed. Be aware that if the flu becomes widespread, less testing will be needed, so your health care provider may decide not to test for the flu virus.

Antiviral drugs can be given to treat those who become severely ill with influenza. These antiviral drugs are prescription medicines (pills, liquid or an inhaler) with activity against influenza viruses, including novel H1N1 flu virus. These medications must be prescribed by a health care professional.

There are two influenza antiviral medications that are recommended for use against novel H1N1 flu. The drugs that are used for treating novel H1N1 flu are called oseltamivir (trade name Tamiflu ®) and zanamivir (Relenza ®). As the novel H1N1 flu spreads, these antiviral drugs may become in short supply. Therefore, the drugs may be given first to those people who have been hospitalized or are at high risk of severe illness from flu. The drugs work best if given within 2 days of becoming ill, but may be given later if illness is severe or for those at a high risk for complications.

Aspirin or aspirin-containing products (e.g., bismuth subsalicylate – Pepto Bismol) should not be administered to any confirmed or suspected ill case of novel influenza A (H1N1) virus infection aged 18 years old and younger due to the risk of Reye's syndrome. For relief of fever, other anti-pyretic medications are recommended such as acetaminophen or non steroidal anti-inflammatory drugs. For more information about Reye's syndrome, visit the [National Institute of Health website](#) .

- Check ingredient labels on over-the-counter cold and flu medications to see if they contain aspirin.
- Children 5 years of age and older and teenagers with the flu can take medicines *without* aspirin, such as acetaminophen (Tylenol®) and ibuprofen (Advil®, Motrin®, Nuprin®), to relieve symptoms.
- Children younger than 4 years of age should **NOT** be given over-the-counter cold medications without first speaking with a health care provider.

Emergency Warning Signs

If you become ill and experience any of the following warning signs, seek emergency medical care.

In children, emergency warning signs that need urgent medical attention include:

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Severe or persistent vomiting
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough

In adults, emergency warning signs that need urgent medical attention include:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion

- Severe or persistent vomiting
- Flu-like symptoms improve but then return with fever and worse cough

Protect Yourself, Your Family, and Community

- Try to avoid close contact with sick people.
- If you are sick with a flu-like illness, [stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. \(Your fever should be gone without the use of fever-reducing medicine.\) Keep away from others as much as possible. This is to keep from making others sick.](#)
- If you are sick and sharing a common space with other household members in your home, wear a facemask, if available and tolerable, to help prevent spreading the virus to others. For more information, see the [Interim Recommendations for Facemask and Respirator Use](#).
- Learn more about how to take care of someone who is ill in ["Taking Care of a Sick Person in Your Home"](#)
- Follow public health advice regarding school closures, avoiding crowds, and other social distancing measures.
- If you don't have one yet, consider developing a family emergency plan as a precaution. This should include storing a supply of extra food, medicines, and other essential supplies. Further information can be found in the ["Flu Planning Checklist "](#)

Harford County Government News:

- The virus is still mild and although it is still a concern, most people are recovering at home. The situation is being monitored daily by the Health Department, DHMH and the CDC.
- The Harford County Pandemic Executive Committee and Pandemic Coordinating Committee is meeting regularly and trying to identify gaps in our pandemic planning.
- The revised Pandemic PowerPoint for trainers and associated training guide was sent out in the spring, if you did not get a copy contact Reed Correll at grcorrell@harfordpublicsafety.org. We encourage all departments to provide this training to their employees and provide the EOC with your class roster.
- Continuity of Operations Plans (COOP) are being reviewed by the EOC personnel, we have identified many gaps in the COOP plans that were submitted and will offer a training session in the near future to help departments provide the required information.
- Several resource groups will be meeting and should report back to the Pandemic Coordinating Committee. These groups should identify gaps and try and address them before the fall of this year. These groups are: Public

Outreach and Education; Treatment Prioritization/Delivery; Law Enforcement and Security; Mental Health; Social Distancing and Medical Surge.

As a reminder to everyone - **preparedness starts with you!** Infection control strategies should be put into place while the H1N1 flu epidemic continues.

Infection control strategies include:

- **Cover your cough and sneeze** – The best practice is to cough or sneeze into the crook of your arm.
- **Wash your hands frequently** – The frequent use of soap and water or alcohol based products such as Purell will kill 99.9% of all germs.
- **Keep living and work area clean** – Wipe down work areas, telephones and computers before using them especially if you share that area with co-workers.
- **Keep your distance** – Avoid close contact with people who are sick.
- **Stay home if your sick** – Don't come to work and spread the flu.
- **Avoid touching your eyes, nose or mouth** - Germs spread that way.
- **Social Distancing** - Follow public health advice regarding school closures, avoiding crowds and other social distancing measures.
- **Develop a family emergency plan** - This should include storing a supply of food, medicines, alcohol-based hand rubs and other essential supplies.