2009 H1N1 FLU UPDATE

October 12, 2009

WorkCare® Making Health Count

2009 H1N1 Flu Status

In North America, influenza transmission is geographically widespread and continues to increase. According to the Center for Disease Control and Prevention (CDC), every region of the country has elevated influenza activity except for the New England region. Widespread influenza activity at this time of year is very unusual. More than 98% of influenza cases where testing was completed showed the strain was H1N1.

From August 30 - October 3, 2009, there were 3,874 laboratory-confirmed influenza associated hospitalizations, 240 laboratory-confirmed influenza associated deaths (76 have been children), 12,384 pneumonia and influenza syndrome-based hospitalizations, and 1,544 pneumonia and influenza syndrome-based deaths reported to CDC.

As of October 4, 2009, according to the World Health Organization (WHO) worldwide there have been more than 375,000 laboratory confirmed cases of H1N1 flu and over 4,500 deaths.

Antiviral Treatment

The H1N1 flu can be treated with antiviral drugs such as Tamiflu® (oseltamivir) or Relenza® (zanamivir). Antiviral drugs are prescription pills, liquids or an inhaled powder that fight against the flu by keeping the germs from growing in your body. These work best if they are taken as soon as you have symptoms of the flu. For that reason, it is important that you call the doctor as soon as flu-like symptoms begin. If an antiviral drug is prescribed, it needs to be taken for five days.

Two Types of H1N1 Flu Vaccines

There are two types of H1N1 flu vaccines: the flu shot and the nasal spray.

H1N1 Flu Shot

The H1N1 flu shot is an inactivated vaccine (containing killed virus) that is given with a needle, usually in the arm. The same manufacturers who produce seasonal flu shots are producing H1N1 flu shots for use in the US. The CDC

Advisory Committee on Immunization Practices (ACIP) has recommended the vaccine for the following five target groups because of their increased risk of H1N1 infection due to complications or their contact with vulnerable people:

- Pregnant women
- Household contacts of babies under 6 months of age
- Healthcare and emergency medical services (EMS) workers
- Children and young people age 6 months through 24 years
- People between 25 and 64 years of age who have chronic medical conditions

Note: The H1N1 flu vaccine will not protect against seasonal flu, but the seasonal flu shot may offer some protection against the H1N1 pandemic virus.[1]

H1N1 Nasal Spray

The H1N1 nasal spray is made with live, weakened viruses that do not cause the flu. The indications for who can get the H1N1 nasal spray are the same as for seasonal nasal spray – it is approved for use in healthy people 2-49 years of age. This is not recommended for pregnant women. The nasal spray is being made by MedImmune, the same company that makes the seasonal nasal spray called "FluMist®."

The H1N1 nasal spray can be given to people with minor illnesses, but if nasal congestion is present, delivery of the vaccine to the nasal lining might be limited. In that case, delaying of vaccination until the nasal congestion is reduced should be considered. Also, people who received the flu shot last year can get the H1N1 nasal spray this year.

Who Should Not Be Vaccinated?

There are some people who should not get ***any*** flu vaccine without first consulting a physician. These people include:

- People who have a severe allergy to chicken eggs
- People who have had a severe reaction to an influenza vaccination
- People who previously developed Guillain-Barré syndrome within six weeks of getting an influenza vaccine
- Children younger than six months of age (under 24 months for the nasal spray)
- People who have a moderate-to-severe illness with a fever

[1] BMJ 2009;339:b3928. http://www.bmj.com/cgi/doi/10.1136/bmj.b3928)

H1N1 Flu Vaccine Doses

The US Food and Drug Administration (FDA) has approved the use of one dose of H1N1 flu vaccine for persons 10 years of age and older. All children 2-9 years of age will need two doses of the H1N1 flu vaccine. The first dose should being given as soon as the vaccine becomes available. The second dose should be given 28 or more days after the first dose. Infants younger than 6 months of age are too young to get the H1N1 and seasonal flu vaccines.

Availability of the 2009 H1N1 Flu Vaccine

According to Anne Schuchat, Director of the National Center for Immunization and Respiratory Diseases at the CDC, vaccination development is currently transitioning from the “planning phase” to the “implementation phase.” The first doses to be available will most likely be the nasal spray for inhalation, with the injection shot soon after. More specific dates cannot be provided at this time as vaccine availability depends on several factors, including manufacturing time and time needed to conduct clinical trials.

The US government has purchased more than 2 million doses of H1N1 vaccine which is enough for all those who choose to get vaccinated. The ACIP recommendations on H1N1 vaccination are not intended to deny the H1N1 flu vaccine to anyone who wishes to be vaccinated. All US states have ordered vaccines and are developing a vaccine delivery plan. Vaccines 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 pharmacies and workplaces. To find out the latest information for each state’s distribution of the seasonal or H1N1 flu vaccines, go to www.flu.gov.

Concern About the Safety of H1N1 Flu Vaccines

The H1N1 flu vaccine is being produced exactly the same way that the seasonal flu vaccines are produced, with exactly the same careful oversight. The clinical trials have not found any red flags in terms of safety. According to Director of the CDC Thomas Frieden, “This flu vaccine is made as flu vaccine is made each year. By the same companies. In the same production facilities. With the same procedures. With the same safety, safeguards. We have had literally hundreds of millions of people vaccinated against flu with flu vaccine made this way. That enables us to have a high degree of confidence in the safety of the vaccine.”

Extra Protection against the H1N1 Flu: Surgical Masks or N95 Respirators?

According to the results of a study in JAMA, N95 respirators offer no better protection than standard surgical masks. While the N95 respirators can catch a much wider range of airborne pathogens, they are more expensive and in much

shorter supply than surgical masks which can be a problem during a flu pandemic. The study involved 446 nurses who were assigned to wear either an N95 respirator or a surgical mask while treating patients with respiratory illness and fever over a three month period. By the end, 22.9% of nurses who wore the N95 respirator got the flu compared to 22.9% of nurses who wore the surgical mask.

Another source for respiratory protection is through GlaxoSmithKline Plc (GSK), a pharmaceutical company based in the UK. GSK is selling Actiprotect®, an innovative new respirator mask specifically designed to help protect individuals from pandemic influenza. This medicated face mask has an antiviral coating that helps block more then 99% of flu viruses by killing them on contact. Currently, GSK is producing these masks for government supply only, but hopes to soon make them available to the general public.

H1N1 Flu and Pregnant Women

Pregnant women who get sick with H1N1 flu can have serious health problems, including early labor and severe pneumonia. A pregnant woman who develops flu symptoms or who has had close contact with someone with the flu should call a doctor right away. As of October 1, 2009, the CDC has reported that 100 pregnant women in the US have required intensive care unit hospitalization for H1N1 flu. There have also been 28 pregnant women who have died from the H1N1 influenza in the US.

Antiviral medicine can be a very important treatment for pregnant women who have respiratory illness. At this time, there have been no reports to show harm to the pregnant woman or her unborn baby. Antiviral medicines can be taken at any stage during the pregnancy.

The seasonal flu shot has been given to millions of pregnant women over many years. Flu shots have not been shown to cause harm to pregnant women or their babies. It is very important for pregnant women to get both the seasonal flu shot and the H1N1 flu shot. The nasal spray vaccine is not for pregnant women.

The information in this fact sheet was collected from WorkCare physicians, the CDC (www.CDC.gov/swineflu/) and WHO (www.who.int/en/). If you have any questions, please call WorkCare at 800-455-6155.