



Note: It is important to keep updated on current recommendations and risk assessment as more is learned about the novel H1N1 influenza virus. The information presented here is taken from the Centers for Disease Control (CDC) and the US Department of Health and Human Services (HHS).

What is novel H1N1?

Novel H1N1 is a new influenza virus causing illness in people. This new virus was first detected in people in the United States in April 2009. The virus has spread worldwide via person-to-person transmission, in the same manner of transmission as seasonal flu.

How many people are infected with novel H1N1?

The number of laboratory confirmed cases and worldwide distribution of the virus was so great that as of July 16, 2009 countries with wide-spread transmission of pandemic influenza (novel H1N1) 2009 infection were no longer required to submit regular reports of individual laboratory-confirmed cases to WHO.

Beginning August 30, 2009 the Centers for Disease Control (CDC) initiated a new weekly count based on pneumonia-associated hospitalizations and deaths, for the 2009-2010 influenza season; includes both seasonal and H1N1 influenza.

What are the symptoms of novel H1N1 in people?

The symptoms of novel H1N1 flu virus 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 this virus also have reported diarrhea and vomiting. Also, like seasonal flu, severe illnesses and death have occurred.

Who is at risk?

In a typical year with seasonal flu, people at “high risk” are those 65 years and older, children younger than five years old, pregnant women, and people of any age with certain chronic medical conditions. Thus far, about 70 percent of people who have been hospitalized with this 2009 H1N1 virus have had one or more medical conditions previously recognized as placing people at “high risk” of serious seasonal flu-related complications.

These “high risk” conditions include pregnancy, diabetes, heart disease, asthma, and kidney disease.

Notable is that it appears novel H1N1 is different from seasonal flu in that adults older than 64 years do not yet appear to be at increased risk of 2009 H1N1-related complications. CDC laboratory studies have shown that no children and very few adults younger than 60 years old have existing antibody to 2009 H1N1 flu virus; however, about one-third of adults older than 60 may have antibodies against this virus. It is unknown how much, if any, protection may be afforded against 2009 H1N1 flu by any existing antibody.

Are there medicines to treat novel H1N1 infection?

CDC recommends the use of oseltamivir or zanamivir for the treatment and/or prevention of infection with novel H1N1 flu virus. Antiviral drugs are prescription medicines (pills, liquid or an inhaled powder) that fight against the flu by keeping flu viruses from reproducing in your body. If you get sick, antiviral drugs can make your illness milder and make you feel better faster. They may also prevent serious flu complications. There have been reports of the virus being resistant to novel H1N1, but thus far these cases appear to be isolated and do not represent the general population response to these medications.

Is there a vaccine?

Vaccination is the best protection against contracting the flu. You need two vaccines, the seasonal and novel H1N1 vaccines to be fully protected this year. The seasonal flu vaccine is different from the H1N1 flu vaccine. The CDC is encouraging people to get both vaccinations. Nationwide distribution of the H1N1 flu vaccine began on September 30, 2009. The CDC recommends that certain priority groups be the first to receive the H1N1 flu vaccine.

Who will be the first to receive the novel H1N1 vaccine?

The Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP) has made recommendations for use of vaccine against novel influenza A (H1N1). 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 CDC does not expect that there will be a shortage of H1N1 flu vaccine, but vaccine availability and demand can be unpredictable. **It is likely that initially, the vaccine will be available in limited quantities.** In addition to the priority groups outlined above, the CDC has the following recommendations for adults certain medical conditions such as cancer, blood disorders, chronic lung disease, diabetes and several others. **Check the SDDOH website for information on novel H1N1 vaccine distribution in South Dakota.**

How effective are face masks and respirators to protect me from novel H1N1?

Information on the effectiveness of face masks and respirators for decreasing the risk of influenza infection in community settings is **extremely limited**. However, the U.S. government is reviewing recommendations on the use of surgical masks to protect health-care workers from flu after a recent Australian study showed they do not help. Thicker, more expensive respirators should be used, the study found. Surgical masks did not stop the spread of flu and other respiratory illnesses during a five-week study involving 1,936 health-care workers at 24 hospitals in Beijing last winter. Thicker versions designed to better fit the face, called N95 masks reduced flu by 75 percent.

How can I reduce my risk of becoming infected with novel H1N1?

Avoid close contact. Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick.

Stay home when you are sick. If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness. CDC has recommended people remain home 24 hours after they no longer have a fever and not on fever reducing medication. It has also been suggested people remain home 5-7 days after initial symptoms or until a person is symptom free whichever occurs first.

Cover your mouth and nose. Cover your mouth and nose with a tissue when coughing or sneezing, or better yet cough or sneeze into your sleeve.

Clean your hands. Washing your hands often will help protect you from germs. If soap and water are not available use alcohol-based hand sanitizers to clean your hands.

Be Mindful of Potential Contaminated Surfaces. Research has shown that influenza virus can survive on environmental surfaces for 2 to 8 hours after being deposited on the surface. Droplets from a cough or sneeze of an infected person move through the air and land on surfaces such as desks, keyboards, coffee pots, and leave the surface contaminated. When a person touches these contaminated surfaces and then their eyes, nose or mouth before washing their hands, they may become infected with the virus.

Chemical germicides, including chlorine, hydrogen peroxide, detergents (soap), iodophors (iodine-based antiseptics), and alcohols are effective against human influenza viruses if used in proper concentration for a sufficient length of time. Read and follow all label directions when using these products. An influenza virus can also be destroyed by heat (167-212°F).

Avoid touching your eyes, nose or mouth. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

Practice other good health habits. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

Resources:

CDC -- <http://www.cdc.gov/h1n1flu>

HHS -- <http://www.flu.gov>

WHO -- <http://www.who.int/en/>

South Dakota Department of Health -- <http://h1n1.sd.gov/>

Extension Disaster Education Network –

Pandemic Influenza – <http://www.eden.lsu.edu/>

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