



GOVERNMENT OF BERMUDA

Ministry of Health

Department of Health

Influenza: Frequently Asked Questions

September 2009

1. What is flu?

Influenza or flu, is an acute highly contagious viral infection affecting the respiratory tract. It can occur in isolated cases or in epidemics affecting large numbers of people. Pandemics occur when large populations in many countries are affected. The disease is generally mild and self limiting, but complications such as bronchitis and pneumonia can occur in some people. Individuals most at risk of complications are the very young, the elderly, those with pre existing medical conditions such as heart, lung or renal disease, diabetes, asthma, sickle cell, obesity, pregnancy, immune disorders, etc.

2. What is Novel (new) influenza, Type A (H1N1)?

Initially referred to as “Swine” flu, novel A (H1N1) is a newly identified strain of flu virus that was first detected in people in Mexico in April 2009. It has since spread worldwide through person-to-person transmission. Many of the first cases in Mexico were severe and some deaths were attributed to the infection and its complications. In June 2009, the World Health Organization (WHO) signaled that an influenza ‘pandemic’ was underway. Confirmed cases of both annual flu and pandemic flu have already been reported in Bermuda in the “first wave” of infection. These cases have been mild with no reported secondary cases, hospitalizations or deaths. The Department of Health expects a “second wave” to occur later this year.

3. What are the common symptoms of influenza?

The symptoms of A (H1N1) influenza are similar to those of annual influenza but can sometimes be more severe and can affect younger populations. Symptoms include:

- Sudden onset of fever, usually over 101F, 38C, and generally feeling ill. Some cases of pandemic flu may only have mild fever.
- Chills, headache, sore throat, cough, body aches, runny nose, fatigue, stomach upset.

4. How does influenza spread?

Influenza virus is spread mainly from person to person through coughing or sneezing by people infected with influenza. It is also transmitted by hand, nose and mouth contact with articles which have been contaminated with flu virus. Spread of the novel influenza A (H1N1) virus is thought to occur in the same way as annual influenza. The incubation period between exposure and developing symptoms is about 1-4 days for both types of flu.

Children are highly efficient ‘spreaders’ of influenza infection, both between each other at school, and to adults and families at home and in the community. Infections may also spread quickly within residential facilities.

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5. How can influenza be prevented?

- **With vaccines:** Vaccines are customized each year to match the strains estimated as most likely to be circulating. Protection begins within two weeks of administration and lasts for a year. Two types of vaccine will be available this year:
 - a. Annual seasonal influenza vaccine: - usually available by late October each year.
 - b. Novel A (H1N1) vaccine: - not expected to be available until November 2009.
Distribution of A H1N1 vaccine is likely to be on a priority basis initially.
- **By reducing Transmission:** The chance of becoming infected can be reduced by following these simple steps: 'Cover your Cough', always use tissues for sneezes and runny noses & dispose of them carefully, wash your hands frequently, and observe 'social distancing' as much as possible when in crowded places.

6. Will the seasonal flu vaccine also protect against the A (H1N1) flu?

No. This year's annual flu vaccine is not a good match for A (H1N1) flu and is not expected to provide protection. Similarly, the 2009 A (H1N1) influenza vaccine will not protect against annual influenza.

A (H1N1) is a 'new' flu virus and most people have no natural immunity to it. Therefore, a second dose of A (H1N1) vaccine may be required after an interval of 3-4 weeks to provide good protection. This means a total of 3 shots may be required this year to protect against both infections: one for annual flu and two for A (H1N1) pandemic strain flu. It is anticipated that both vaccines will be incorporated into one vaccine next year, requiring only a single shot.

7. Should pregnant women receive annual influenza vaccine and A (H1N1) vaccine?

The Center of Disease Control (CDC), and WHO, recommend both flu vaccines for pregnant women as they are at increased risk of serious complications and hospitalization if they get flu. Influenza vaccines have not been shown to cause harm to a pregnant woman or her baby.

8. Are there any side effects or risks of the vaccine?

Flu vaccines are considered safe and relatively free from side effects. The A (H1N1) influenza vaccine will be made using the same processes and facilities that are used to make seasonal influenza vaccines. Most people have no side effects but a few may have redness or tenderness at the injection site, and very occasionally, mild headache, fever and muscle ache. Vaccines used by the Department of Health are 'inactivated' and cannot cause flu infection in the recipient.

Occasional allergic reactions have been reported and, as with any vaccine or drug, the possibility of severe potentially life threatening reactions or neurological complications, exists. The chance of developing a serious neurological complication is estimated to be one per million people immunized.

An international system for reporting and monitoring all suspected vaccine associated adverse reactions (VAARS) is in place. Any unusual reaction should always be reported to a physician.

9. How can influenza be treated?

- **Supportive medical care.** If you think you have influenza, stay at home and call your health care provider. Follow directions regarding reducing fever and hydration. Remember that children should **not** be given aspirin to reduce fever because of the risk of Reyes syndrome.
- **Medication.** *Adults and healthy children older than 5 years do not usually require treatment with antiviral or antibiotic medication unless their illness persists or worsens.* Antiviral medication may be indicated for some people who are severely ill or for those at risk of serious complications due to a pre-existing medical condition; also, for children under the age of five years as this age group is at increased risk of more severe illness. Pregnant women are recommended for early treatment with antiviral medication and

this can be taken during any trimester of pregnancy. In people at high risk, early treatment can prevent hospitalizations and deaths. Occasionally, 'prophylaxis' or preventive treatment with antiviral medication may be indicated for some people to reduce the chance of developing infection after exposure. Antibiotics may sometimes be used to treat complications of flu such as bronchitis.

10. What are the emergency warning signs in children?

Some signs that indicate urgent medical attention is needed: Fast breathing or trouble breathing; bluish or grey skin colour; 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; if flu-like symptoms improve but later return with fever and a worse cough.

11. Can people attend work or school if they may have been exposed to influenza?

Yes – people may continue to attend work and school after contact with a case of annual flu or A (H1N1) flu.

However, any individual, (including care givers, teachers, parents, children) who may have been exposed to someone suspected of having flu, should monitor their own health for 7 days following the exposure. They can continue to work and attend school or day care as usual unless they become ill with influenza-like symptoms.

12. What to do if someone becomes ill with influenza like symptoms.

If people become ill with influenza-like symptoms, (including fever, chills, cough, headache, body aches, sore throat, runny nose, sometimes vomiting or diarrhea), they, or a parents/guardian, should:

- Contact their personal physician, giving details of body temperature and other symptoms.
- Stay at home except to seek medical care; sick adults and children should not attend work, school, nursery or day care.
- Notify their employer or your child's school principal, or person in charge.
- Inform the Clinic, Physician's office or Emergency Department about the possibility of flu before going there.
- Cancel or defer trips - do not travel by aircraft with symptoms of flu.
- Limit contact with others as much as possible.
- When not alone or in a public place, adhere to the following:
 - **'Cover your cough': cover nose and mouth with single-use tissue,**
 - **Dispose of tissues properly,**
 - **Frequent hand washing with soap & water, with proper drying of hands, or by**
 - **Hand sanitizing with alcohol-based gels or foam,**
 - **Keep hands away from eyes, nose and mouth,**
 - **Observe 'social distancing': this means standing at least three (3) feet away from another person!**

13. Who is more at risk for complications of flu?

- A child or adult with a pre existing medical condition (eg. asthma, diabetes, heart, lung or renal disease, obesity, compromised immune systems, or neuromuscular diseases),
- Children under the age of one year, women who are pregnant, elderly people.

14. When can someone return to work or school after having flu?

Adults and children who have been ill with fever (100F / 37.8C) and flu like symptoms should stay home until at least 24 hours after they are free of fever (or from any signs of a fever without the use of fever-reducing medications), and are feeling well enough.