



Novel H1N1 Influenza (Swine Flu)



Overview

August 2009

What is novel H1N1 influenza?

Novel H1N1 is a new influenza virus first detected in people in the United States in April 2009. This virus was initially referred to as “swine flu” because it was thought to have originated in North American pigs. Subsequent study of the virus has identified influenza genes from viruses that normally circulate in pigs in Europe and Asia, as well as bird (avian) and human genes.

On June 11, 2009, the World Health Organization (WHO) signaled that a pandemic of novel H1N1 flu was underway.

What is a pandemic?

An influenza pandemic occurs when a new influenza virus emerges for which there is little or no immunity in the human population, causes serious illness and spreads easily from person-to-person worldwide.

How does novel H1N1 spread?

Novel H1N1 virus is thought to spread in the same way as seasonal flu, from person to person through coughing or sneezing by people with influenza. People may also become infected by touching something, such as a desk or door knob, contaminated with flu viruses and then touching their mouth or nose.

What are the signs and symptoms of novel H1N1 flu?

The symptoms of novel H1N1 flu virus 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. Severe illnesses and death have occurred as a result of illness associated with this virus.

How severe is illness associated with novel H1N1 virus?

Illness with the novel H1N1 virus has ranged from mild to severe. Most people have recovered without needing medical treatment; however, hospitalizations and deaths from infection with this virus have occurred.

In seasonal flu, certain people are at “high risk” of serious complications. This includes people 65 years and older, children younger than five years old, pregnant women, and people of any age with certain chronic medical conditions. About 70 percent of people who have been hospitalized with this novel H1N1 virus have had one or more medical conditions previously recognized as placing people at “high risk” of serious seasonal flu-related complications. This includes pregnancy, diabetes, heart disease, asthma and kidney disease.

What are the signs of more severe illness with novel H1N1?!

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.

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

For children:

- Fast breathing or trouble breathing
- Bluish skin color
- Not drinking enough fluids
- 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

For Adults:

- 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

How long can an infected person spread novel H1N1 to others?

People infected with novel H1N1 flu shed virus and may be able to infect others from 1 day before getting sick to 5 to 7 days after. This can be longer in some people, especially children and people with weakened immune systems.

Which medications are used to treat novel H1N1 flu?

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. During the current pandemic, the use of influenza antiviral drugs will be prioritized for cases of severe influenza illness (for example hospitalized patients) and for people who are sick with the flu who have pre-existing medical conditions that place them at high risk for serious flu-related complications.

Is there a vaccine for novel H1N1?

A novel H1N1 vaccine is currently in production and may be ready for the public this fall. The CDC's Advisory Committee on Immunization Practices (ACIP) recommends that the following five initial target groups receive the vaccine:

- pregnant women,
- persons who live with or provide care for infants aged <6 months (e.g., parents, siblings, and daycare providers),
- health-care and emergency medical services personnel,
- persons aged 6 months--24 years, and
- persons aged 25--64 years who have medical conditions that put them at higher risk for influenza-related complications

In August 2009 the New York State Department of Health enacted emergency legislation mandating that healthcare workers with direct patient contact receive the seasonal influenza vaccine. This mandate also applies to the vaccine for novel H1N1 influenza.

What if my job puts me at risk for exposure to novel H1N1 influenza?

If employees' duties require contact with persons known or suspected to have H1N1 influenza, employers are required by OSHA/PESH to identify tasks that put employees at risk and implement control measures to reduce workers' risk for exposure. Measures to protect employees include engineering controls, work practices controls, administrative controls, and personal protection equipment. This may include developing a respiratory protection program and providing at-risk employees with respirators (N95 or higher). A respiratory protection program includes a written program, risk assessment, medical evaluation, fit testing, fit checking, training and other requirements.

Work environments that may place workers at higher risk for exposure to H1N1 influenza include, but are not limited to, the following:

- Healthcare
- Correctional and detention facilities
- Homeless and emergency shelters and 9-1-1 personnel
- Emergency medical transportation personnel
- Lab workers
- Educational settings (schools, child care, colleges and universities)
- Transportation workers in these settings who are in close contact with children and students
- Other setting that involves frequent close contact between employees and the general public.

Surgical masks/facemasks may reduce the amount of contagion an *infected* person releases into the air and may be worn by persons with confirmed or suspected cases of H1N1 influenza. These masks, however, are not designed to protect uninfected people from inhaling germs, including the flu virus.

What can I do to protect myself and others from getting sick?

There are everyday actions that can help prevent the spread of germs that cause respiratory illnesses like influenza.

- Cover your nose and mouth with tissue when you cough or sneeze. Throw tissue in the trash after you use it. If tissue is not available, cough or sneeze into your upper sleeve and not your hands.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners may also be used.
- Commonly touched surfaces in the workplace, such as workstations, countertops, and doorknobs, should be frequently cleaned. Use the cleaning agents that are normally used in these areas and follow the directions on the label
- Try to avoid close contact with sick people.
- If you get sick with flu-like illness, the CDC recommends that you 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 to keep from infecting others.

