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H1N1 Flu and You

H1N1 flu, also known as swine flu, is here. It is now circulating in China, and more and more people are getting it.

However, it is still not a serious illness. Very few people suffer complications. Most people find it no worse than a bad cold.

What are the symptoms?

Symptoms are what you might expect: runny or stuffy nose, sore throat, cough. Fever is more likely than with a cold, as are body aches and headache. Occasionally you can have diarrhea, even vomiting. It is possible to have H1N1 without fever, but this is unlikely.

How is it spread?

Viruses are spread mainly from person to person through coughing or sneezing. Sometimes people can become infected by touching something – such as a surface or object – with flu viruses on it and then touching their mouth or nose.

How long can an infected person spread this virus to others?

From 1 day before getting sick to 5 to 7 days after. Children may be contagious even longer.

Why is anyone worried, if it is usually just like a bad cold?

Occasionally it can go on to pneumonia, and *rarely* to a fatal form. Some people are more at risk for this than others, and these are the people who should be considered for treatment with oseltamivir, (brand name Tamiflu[®]), an antiviral medicine.

Otherwise healthy people do not need oseltamivir if they get H1N1 flu.

What people should be more on the alert for complications like pneumonia?

- Pregnant women



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- Children under 5, especially those under 2
- People with asthma or other lung disease
- Diabetics
- People with chronic heart, liver, or kidney disease
- People whose immune systems are not working well because of chronic steroid therapy or certain cancers or blood disease
- People who are very obese
- Adults 64 and over (though some adults over 60 may have protection to antibodies left over from childhood exposure to a similar virus)

What are the symptoms of pneumonia?

In very young children

- 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 older children and adults

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness/lightheadedness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms improve, but then return with fever and worse cough

Why doesn't everybody take oseltamivir (Tamiflu®)?

Because most people recover without treatment.

The more people take oseltamivir, the sooner the H1N1 virus will become resistant to it. For now, oseltamivir is the only medicine we have in China against H1N1, so it is imperative to delay that.



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What about oseltamivir (Tamiflu®) side effects?

While the great majority of people experience no significant side effects from oseltamivir, about 1 in 10 experience nausea or vomiting.

A tiny percentage of children, especially adolescents, had neuropsychiatric events in Japan. Thus parents of adolescents, especially Asians, are warned to be more alert for signs of confusion or impulsive behavior in the unlikely case that their child is prescribed oseltamivir, (which is unlikely because so few adolescents are in a high risk group that requires such treatment).

It should be emphasized, however, that WHO and CDC believe that the benefits of oseltamivir far outweigh the risks when it is clinically indicated (eg. treatment of groups at high-risk for complications).

How do I know if I have the H1N1 virus? How does my doctor know?

In an epidemic of relatively mild disease, which this has become, it no longer makes sense to test for it. Instead diagnosis and treatment of H1N1 is based on whether you have the symptoms of an Influenza-like illness.

The Chinese local Center for Disease Control (CDC) will still conduct a test for it in severely ill patients. If you wish, you can get tested for it at specified testing stations.

How does my doctor decide whether I am one of the ones who need treatment with oseltamivir (Tamiflu®)?

Otherwise healthy people who get an Influenza-like illness do *not* need it.

You need it if you are severely ill, (for example, with known or suspected pneumonia).

You *may* need it if you belong in one of the high-risk groups listed above, in order to decrease the possibility of complications like pneumonia. Within these groups, some people are at higher risk than others, (for example those with *severe* respiratory or immunologic problems), and should be treated with oseltamivir as soon as they develop influenza-like symptoms. Ideally, they should have the medicine on hand, prescribed ahead of time. Conversely, some people are at somewhat less risk (for example mild asthmatics). They may not merit treatment at all.



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In the Beijing expatriate community – a relatively healthy community – the most common members of the high-risk groups are pregnant women and children under 5 years old.

Pregnant women should generally start oseltamivir if they develop symptoms of an influenza-like illness. If they have close contact with someone who has an influenza-like illness, they can either start the medicine OR wait to see if they get sick, then start it at the first sign of illness.

The same recommendations apply to children under 5: Take oseltamivir (Tamiflu®) if they get sick, or wait-and-see if they get sick after having contact with someone who is already sick. However, the recommendation is clearly stronger for children under 2 years old, as H1N1 has caused more severe complications, including death, in this age group.

What about testing? Shouldn't the decision to take oseltamivir (Tamiflu®) be based on whether I have a positive H1N1 test?

Not any more. When an epidemic has reached a certain level, it makes more sense to treat on the basis of symptoms. Also, oseltamivir (Tamiflu®) works better if given within the first 48 hours of getting sick, but definitive testing currently takes at least that long.

What should I do if I develop symptoms that could be H1N1?

If your symptoms are mild and you are otherwise healthy and NOT in one of the high risk groups:

- **Stay home.**
- **Have someone bring you a lot of acetaminophen and/or ibuprofen for aches and fever.**
- **If anyone in your household is at high-risk, call for advice.**
- **If any doubts/questions, call Beijing United Family Hospital's H1N1 Hotline at 59277580 (starting Wednesday September 23, 2009) .**

If your symptoms are mild and you ARE in one of the high-risk groups:

- **Stay home.**
- **Call Beijing United Family Hospital's general number at 5927 7000 to arrange to discuss your situation with a doctor and find out if you need**



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oseltamivir. If anyone else in your household is high-risk, ask about them too.

- **Have someone bring you acetaminophen/ibuprofen and, possibly, oseltamivir (Tamiflu®).**
- **If any doubts/questions, call Beijing United Family Hospital's general number at 5927 7000.**

How long will I have to stay home?

Beijing Health Authorities currently stipulate **7 days**. Most people with H1N1 begin to feel better after 3-4 days, but may be contagious for at least seven. In the West, patients are typically quarantined for only 5 days, because the small amount of tail-end contagiousness is considered acceptable with a virus still this mild.

How should I treat myself?

Standard cold remedies: hydration, regular fever reducing medicine (i.e. acetaminophen/Tylenol® and ibuprofen), and bed rest. If symptoms worsen at home (especially if you develop signs of pneumonia mentioned above), or there is a fever of over 37.5 C that continues for more than 3 days, you should seek medical treatment.

Is there still any reason to seek to get tested?

Possibly, to let you get back to work or school sooner than seven days if you turn out NOT to have H1N1.

But there are problems with this. First, if you guess wrong and you DO have H1N1, you may end up a guest of the government in a quarantine facility. Beijing health authorities are continuing to track all positive cases of H1N1, till further notice. Positive cases could be isolated in Ditan Hospital, among other facilities. Second, the turnaround time on the test will lengthen as the system gets burdened. Right now definitive testing sometimes takes 3-4 days. Testing for this purpose would seem to make sense only for people with such minor symptoms that they have a very low probability of testing positive. But such people will know soon enough that they have just a cold.

How about contacts? What should I do if I have had contact with someone with known or suspected H1N1?



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To be of concern, the contact must have been close, and within the last 48 hours. “Close” means caring for or living with someone, or some other activity with high likelihood of exposure to respiratory droplets, like sharing eating utensils. It does not mean walking by someone or sitting across from them in an office.

If you have had such contact and are otherwise healthy, you do not need to do anything except monitor your health everyday. If you begin to get sick, stay home.

If you are in one of the high-risk groups you may merit *preventive* treatment with oseltamivir (Tamiflu®), such as pregnant women, children under two. Call to find out. In general, however, the trend now is toward waiting to see if you get sick, then treating at the first sign of it.

How about getting tested after contact, to see if I caught the disease?

This is unlikely to be meaningful, thus a waste of time. Most cases of H1N1 develop a fever or cold-symptoms within 3-4 days of exposure. If you are still well 72 hours after exposure you are most likely OK.

What if one person in a household gets sick with presumed H1N1? What about the rest of the family? Roommates? Ays and drivers?

Household members and roommates do NOT need to quarantine themselves. They only need monitor their own health daily. If they start to get sick, then they should stay home from work or school. If this happens it will most likely occur within 5 days of when the first person got sick.

Ays and drivers should be protected against your family’s disease. Letting them take off work until at least 24 hours after the sick person is fever-free may be the simplest solution.

Remember that people in high-risk categories are eligible for oseltamivir (Tamiflu®), even if your sick family-member is not. Make sure that the other family members or roommates or ays or drivers are not in one of those categories.

Should I bother getting a regular flu shot, for seasonal flu (not the H1N1 shot) ?



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Yes. Seasonal flu is as much of a concern as it has always been. A regular shot will protect you and your family from the body aches, cough and misery of seasonal flu, and allow you to cross one worry from your list.

Summary:

For most people, symptoms of an influenza-like illness (fever plus at least cough or sore throat and possibly other symptoms like runny nose, body aches, headaches, chills, fatigue, vomiting and diarrhea) require **staying home and keeping away from others as much as possible for seven days**. This avoids exposing others to the illness. Most people need no prescription medicine. If they need cold medicines – like fever or cough medicines – they can send someone out to get these, as these are over-the-counter.

For a smaller number of people in groups at higher risk of complications from H1N1, like pneumonia, there is antiviral treatment available in the form of oseltamivir (Tamiflu®). Some, like pregnant women and children under 2 years of age, should take oseltamivir (Tamiflu®) if they develop influenza-like symptoms. Whether one should take oseltamivir (Tamiflu®) after merely being in contact with someone with such symptoms is a decision that should be discussed with a doctor. Others may or may not need it depending on their relative risk, something to be determined in consultation with a doctor. **In many cases, this can be done over the phone.**

Only individuals with signs of pneumonia -- shortness of breath or difficulty breathing, lightheadedness or weakness, confusion, or chest pain/pressure – **must** come in to the hospital.

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