

PANDEMIC FLU ALERT

Pandemic Flu Threat Information Facts, Questions and Answers

(Influenza)

AN INFORMATION AND EDUCATION RESOURCE IN RESPONSE TO AN OUTBREAK OF INFLUENZA

FACTS ABOUT PANDEMIC INFLUENZA

An influenza pandemic is a worldwide outbreak of disease that occurs when a new influenza A virus appears or "emerges" in the human population, causes serious illness, and then spreads easily from person-to-person worldwide. Pandemics are different from seasonal outbreaks or "epidemics" of influenza. Seasonal outbreaks are caused by subtypes of influenza viruses to which people have already been exposed. Pandemic outbreaks are caused by new subtypes or subtypes that have never circulated among people or that have not circulated among people for a long time. Past influenza pandemics have led to high levels of illness, death, social disruption and economic loss.

During the 20th century, the new influenza A virus subtypes caused three (3) pandemics, all of which spread around the world within one (1) year of being detected.

- 1918-19, "Spanish Flu," designated as *influenza A (H1N1)*, caused the highest number of known influenza deaths: More than 500,000 people died in the United States, and up to 50 million people may have died worldwide. Many people died within the first few days after infection, and others died of complications late. Nearly half of those who died were young, healthy adults. *Influenza A (H1N1)* viruses still circulate today after being introduced again into the human population in the 1970s.
- 1957-58, "Asian Flu," *influenza A (H2N2)*, caused about 70,000 deaths in the United States. First identified in China in late February 1957, Asian Flu spread to the United States by June 1957.
- 1968-69, "Hong Kong Flu," *influenza A (H3N2)*, caused about 34,000 deaths in the United States. This virus was first detected in Hong Kong in early 1968 and spread to the United States later that year. *Influenza A (H3N2)* viruses still circulate today.

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Both the 1957-1958 and 1968-1969 pandemics were caused by viruses containing a combination of genes from a human influenza virus and an avian (bird) influenza virus. The origin of the 1918-1919 pandemic virus is not clear.

FACTS ABOUT INFLUENZA

- Symptoms start one (1) - four (4) days, with an average of two (2) days, after the virus enters the body. **Some people can be infected with the flu virus but have no symptoms, but they can still spread the virus.**
- Studies show that adults can spread virus from **one (1) day before developing symptoms to up to seven (7) days after getting sick.** Young children can spread virus for longer than seven (7) days. In general, however, more virus is spread earlier in the illness than later.
- Generally, people start feeling better after the body's temperature returns to normal, in about three (3) days, and are ready to return to their normal activities in about a week. **It is common for tiredness and a cough to linger on for several more weeks.**
- **Symptoms of INFLUENZA include:**
 - Fever and possibly chills
 - Headache and aching muscles, especially in the back and legs
 - A dry cough
 - Fatigue
 - A sore throat and a runny or stuffy nose

INFLUENZA is VERY contagious. It can be caught from inhaling droplets in the air from someone sneezing or coughing.

QUESTIONS AND ANSWERS FOR USE DURING A FLU OUTBREAK

Q. WHAT IS INFLUENZA?

A. Influenza (flu) is an infection of the cells that line the lungs and airways of the respiratory system.

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In North America, it usually affects people from November through April. It is caused by one (1) of three (3) types of viruses — *influenza A*, *influenza B*, and *influenza C*. *influenza A* usually causes the worst illness, *influenza B* is more common in children, and *influenza C* is rare. Only *influenza A* has been associated with pandemics.

Influenza viruses that circulate every winter are related to those from preceding epidemics. Viruses spread among people with varying levels of immunity (body defenses) following infections earlier in life. Over a period of two (2) or more years, this circulation promotes the selection of novel new viruses that have changed enough to again cause epidemic infection among the general population.

At unpredictable intervals, new influenza viruses emerge that are totally different from strains circulating the year before. If such viruses have the potential to spread readily from person-to-person, then more widespread and severe epidemics may occur resulting in a pandemic.

Q. WHAT IS A PANDEMIC?

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During the 20th century, the emergence of new *influenza A* virus subtypes caused three (3) pandemics, all of which spread around the world within one (1) year of being detected.

- 1918-19, "Spanish Flu," designated as *influenza A* (H1N1), caused the highest number of known influenza deaths: More than 500,000 people died in the United States, and up to 50 million people may have died worldwide. Many people died within the first few days after infection, and others died of complications later. Nearly half of those who died were young, healthy adults. *Influenza A* (H1N1) viruses still circulate today after being introduced again into the human population in the 1970s.

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Q. WHAT IS THE DIFFERENCE BETWEEN A COLD AND FLU?

- A. Because they share many of the same symptoms, it is difficult to distinguish between cold and flu without laboratory testing. Unlike influenza, common cold comes on gradually, rarely causes fever, and is usually limited to a sore throat, coughing and sneezing, and a stuffy, runny nose. A cold generally is milder than influenza, and people can carry on with their usual activities. Flu sufferers complain of malaise (or generally "feeling bad"), fatigue, a dry cough, body aches and fever.

Q. WHAT IS AVIAN INFLUENZA?

- A. Avian influenza is an infectious disease of birds caused by Type A strains of influenza virus. The disease, which was first identified in Italy more than 100 years ago, occurs worldwide.

All birds are thought to be susceptible to infection with avian influenza, though some species are more resistant to infection than others. Infection causes a wide range of symptoms in birds, ranging from mild illness to a highly contagious and rapidly fatal disease resulting in severe epidemics. The latter is known as "*highly pathogenic avian influenza*." This form is characterized by sudden onset, severe illness, and rapid death, with a death rate that can approach 100 percent.

Direct or indirect contact of domestic flocks with wild migratory waterfowl has been implicated as

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a frequent cause of epidemics. Live bird markets have also played an important role in the spread of epidemics, mostly in Asia.

Outbreaks of *influenza A* (H5N1) occurred among poultry in eight (8) countries in Asia (Cambodia, China, Indonesia, Japan, Laos, South Korea, Thailand and Vietnam) during late 2003 and early 2004. At that time, more than 100 million birds in the affected countries either died from the disease or were killed in order to try to control the outbreak. By March 2004, the outbreak was reported to be under control. Beginning in late June 2004, however, new deadly outbreaks of *influenza A* (H5N1) among poultry were reported by several countries in Asia (Cambodia, China, Indonesia, Malaysia [first-time reports], Thailand, and Vietnam). It is believed these outbreaks are ongoing.

Human infections of *influenza A* (H5N1) have been reported in Thailand and Vietnam during both of these outbreak periods. Recent research has shown that viruses of low disease-causing capability can, after circulation for sometimes short periods in a poultry population, mutate into highly disease-causing viruses.

A 1983–1984 epidemic in the United States, *influenza A* (H5N2) virus initially caused a low death rate but within six (6) months became highly disease-causing, with a death rate approaching 90 percent. Control of the outbreak required destruction of more than 17 million birds at a cost of nearly \$65 million. During a 1999–2001 epidemic in Italy, *influenza A* (H7N1) virus, initially of low disease-causing, mutated within nine (9) months to a highly disease-causing form. More than 13 million birds died or were destroyed.

Q. HOW COULD AVIAN INFLUENZA DEVELOP INTO A VIRUS THAT COULD INFECT HUMANS?

A. Health experts believe that influenza viruses originate in wild birds and are transmitted to domestic fowl. Viruses are not transmitted from bird to human. However, viruses can jump from birds to pigs. Pigs are good intermediary hosts because they are genetically similar to humans. In addition, pigs are susceptible to forms of influenza that affect humans and fowl, and health experts believe that pigs, when simultaneously infected with human and bird flu viruses, serve as a “mixing vessel.” The viruses combine and become a new virus. Humans have little resistance to this new strain of influenza, and it could rapidly become pandemic.

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Some health experts have estimated that more than 800,000 people in the United States would die from an avian influenza pandemic.

Q. HOW IS INFLUENZA SPREAD?

- A. Influenza is very contagious. People can pass virus for up to seven (7) days or more, beginning from the day before they have the first symptoms of illness. People breathe in virus from particles in the air when they are around those who have flu and who have been talking, coughing or sneezing. The virus can travel from one (1) - two (2) yards in the air, and can live several hours on hands and surfaces. People can also become infected by touching those who are ill (e.g., kissing or shaking hands), or by contact with objects on which viruses have landed (e.g., telephones, doorknobs, dishes, handrails), and then touching their own nose, mouth or eyes. It is especially easy for virus to spread where there are crowds or where people live or work/study close together. Flu virus lives longer in cool, dry places. It can live for one (1) or two (2) days on hard surfaces, and eight (8) - 12 hours on cloth, tissue and paper.

Q. WHAT ARE THE SYMPTOMS OF INFLUENZA?

- A. A person develops symptoms of flu within one (1) - four (4) days after becoming infected with virus. The most prominent characteristics of flu are the sudden appearance of a fever (100.4°F or more), a dry cough and aching in the body, especially in the head and lower back and legs. Usually the person feels extremely weak and tired and does not want to get out of bed. Other symptoms can be chills, aching behind the eyes, loss of appetite, a sore throat and a runny, stuffy nose. They usually feel weak and tired. They probably will not feel like eating. In general, people feel very sick and want to stay in bed. Fever usually falls in three (3) - five (5) days, and the person begins to feel better. However, tiredness and a cough can sometimes continue for several weeks.

People often mistakenly refer to stomach upsets and colds as "the flu." Influenza is quite different from both of these. It rarely causes vomiting and diarrhea, but may do so in young children or the elderly.

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Q. HOW SERIOUS IS INFLUENZA?

- A. Most healthy people recover from influenza without any serious problems. However, there are certain groups of people who are at risk of developing complications which can be very serious, and even cause death.

Some people, such as very young children and the elderly, are at risk because they have weaker body defenses (immune systems). Pregnant women, particularly those in the second and third month of their pregnancies, also have increased risks of pneumonia, lung insufficiency, and death after influenza infections. Similarly, those with diseases such as cancer and HIV/AIDS, people who have had organ transplants and persons who take certain medications frequently develop complications.

Another group of people at risk are those who have chronic (long-term) conditions such as heart disease, lung disease (asthma, cystic fibrosis, emphysema), kidney disease and diabetes. When a body system is not strong, it is easier for bacteria to invade the cells that have been damaged by flu virus and cause other illnesses such as pneumonia. Influenza can also stress the body so much that the underlying chronic illness may be worsened.

Q. WHAT IS THE BEST PROTECTION AGAINST INFLUENZA?

- A. Vaccination is the best way to avoid or to lessen the severity. Vaccination is advised once a vaccine with the pandemic strain becomes available.

Q. HOW SOON COULD A VACCINE BE DEVELOPED AGAINST A PANDEMIC?

- A. Vaccine probably would not be available in the early stages of a pandemic; it is estimated development would require several months. Scientists around the world work together to select the virus strain that will offer the best protection against that virus, and then manufacturers use the selected strain to develop a vaccine. Once a potential pandemic strain of influenza virus is identified, it takes several months before a vaccine will be widely available. If a pandemic occurs, it is expected that the U.S. government will work with many partner groups to make recommendations to guide the early use of vaccine.

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Vaccine supply may be limited during the early stages of the pandemic, requiring prioritization. This was done during the vaccine shortage for the 2004-05 Flu season. Priority groups then included:

- People age 65 or older, and children ages six (6) - 23 months
- Adults and children with chronic diseases such as diabetes, cancer, HIV/AIDS, asthma, kidney or heart disease
- Residents of long-term care facilities
- Children ages six (6) months - 18 years on chronic aspirin therapy
- Health care workers involved in direct patient care
- Out-of-home caregivers and household contacts of children younger than six (6) months

Q. WHO SHOULD NOT GET FLU VACCINE?

A. People who are severely allergic to eggs, because viruses used in making vaccine are grown in eggs.

- People who had reactions to flu shots previously
- People who previously had onset of Guillain-Barré Syndrome during the six (6) weeks after receiving influenza vaccine
- Children under the age of six (6) months

If a person is at risk for getting serious complications from influenza and cannot be vaccinated, their doctor may wish to prescribe an antiviral drug to provide some protection during the pandemic.

Antivirals stop flu virus from multiplying. It is a good idea to ask your doctor about this medication, if you are allergic to vaccine. He/she will need to consider your medical problems, available medications, and possible side effects of the drug. Vaccine is safe for pregnant women, breast-feeding mothers and children.

Doctors may also prescribe antivirals for:

- People at high risk even though they were vaccinated, if they need extra protection
- People who were vaccinated after virus was present in the community and need to be protected for the two (2) weeks required for a response to vaccine
- Public at large, if there is a pandemic and the vaccine with the pandemic strain is not available or is insufficient

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If a person has a minor illness, they can still get a flu shot. However, tell your doctor if you have a temperature of 100 degrees Fahrenheit or higher, or if you have other symptoms.

Q. WHAT REACTIONS DO PEOPLE HAVE TO FLU SHOT?

A. Some people think that they will get flu from a flu shot. This is not possible, because virus in the vaccine has been killed. The most common reaction to a flu shot is some redness and soreness where the needle entered the skin. This is usually gone in two (2) days. Some people may develop fever, tiredness and aching after six (6) - 12 hours that may last for a day or two (2). More serious reactions are rare. Benefits and risks of vaccine should be discussed with your vaccine provider.

Q. HOW LONG IS NEEDED FOR VACCINE TO BECOME EFFECTIVE?

A. It takes the body about two (2) weeks after vaccination to develop antibodies against flu virus. In the meantime, you would be at risk for getting flu.

Q. IS THERE A NEW VACCINE AVAILABLE THAT IS AN ALTERNATIVE TO AN INJECTION OF VACCINE?

A. Yes, Live Attenuated Intranasal Vaccine (LAIV) can be administered with a simple nose spray. However, it is not recommended for everyone.

Individuals in one of these groups should NOT take LAIV:

- Older than age 50 or children younger than five (5)
- Pregnant women
- In close contact with someone with a severely weakened immune system requiring care in a protected environment
- Long-term health problems such as heart disease, kidney disease, lung diseases such as asthma, diabetes, anemia, or a weakened immune system
- Caretakers of those with weakened immune systems should get Flu vaccination

LAIV is recommended for healthy persons from five (5) - 49 years of age.

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Q. HOW IS BIRD FLU IN HUMANS TREATED?

- A. Studies suggest that the prescription antiviral medicines approved for human flu viruses would work in preventing bird flu infection in humans. However, flu viruses can become resistant to these drugs, so these medications may not always work.

Influenza A (H5N1) virus currently infecting birds in Asia that has caused human illness and death is resistant to *amantadine* and *rimantadine*, two (2) antiviral medications commonly used for influenza. Two (2) other antiviral medications, *oseltamavir* and *zanamavir*, would probably work to treat flu caused by the H5N1 virus, though studies still need to be done to prove that they work.

Q. WHAT ELSE CAN BE DONE?

- A. In addition to getting vaccinated, the single most important step people can take to prevent flu is **FREQUENT HAND WASHING**.
- WASH YOUR HANDS OFTEN, especially after being in contact with someone who has a respiratory infection or with children who get virus easily and are the main spreaders of virus in the community
 - Do not shake hands
 - WASH HANDS AFTER WIPING A CHILD'S NOSE

It is good for everyone to get into the habit of washing their hands before meals and after they cough or sneeze or blow their nose. It is best to wash hands **with soap and warm water, scrubbing the wrists, palms, fingers and nails for 10 - 15 seconds**. Rinse and dry with a clean, dry towel.

Be aware of the times you rub your eyes or touch your nose or mouth, and try to avoid these habits. This can bring virus into your airways if you have recently touched someone who has the flu, an object that they have used, or a surface on which virus has settled.

- **Remember not to share eating utensils or drinks**
- Do not visit people who have flu unless it is absolutely necessary. If a member of your family has flu, keep their personal items, such as towels, separate from the rest of the family
- Wipe surfaces clean (such as bathroom sinks and taps, kitchen sinks and counters) after the ill person has handled them, using a standard household bleach mixture of one (1) part bleach to 10 parts water

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- Avoid large crowds

Taking good care of yourself physically and emotionally strengthens overall well-being and the ability of your body to fight off infections and to stay healthy. Not smoking is particularly important for the health of lungs and airways, and drinking plenty of water helps to keep airways moist and able to cleanse the system of unwanted material.

You may also want to consider **wearing a face mask** to prevent the spread of disease. Although untested, a mask may prevent most of the droplets from sneezing and coughing from being spread into the air. It also provides a barrier against someone touching their nose or mouth. Those **already sick or exposed** and **caretakers** of those who are ill should wear masks as a way to prevent the spread of infection.

A mask can be a surgical mask, a painter's mask (carried by most hardware stores) or a bandana tied to cover the nose and mouth. Masks should be discarded daily; bandanas should be washed daily. In both cases, mask or bandana should be changed immediately after coughing or sneezing.

Q. WHAT PREPARATIONS CAN BE MADE?

- A. Plan ahead. Think about what you would need if you got flu. Consider what extra support you will need. If you live alone, or are a single parent of young children, or are the only person caring for a frail or disabled adult. Also:
- Have enough fluids (juices, soups, etc.) on hand to last you and your family for one (1) - two (2) weeks
 - Have enough basic household items (e.g., tissues, household disinfectants, masks) to last for one (1) - two (2) weeks
 - Have acetaminophen (such as Tylenol®) and a thermometer in your medicine cabinet. Do you know how to use/read a thermometer correctly? If not, do not be shy about asking someone to show you how
 - Think of someone you could call upon for help if you became very ill with flu
 - Think of someone you could call upon to care for your children if their school or day care was closed because of the pandemic, and you were required to work

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Q. WHAT STEPS SHOULD I TAKE IF I HAVE FLU?

- A.
1. REST - You probably will feel very weak and tired until your temperature returns to normal in about three (3) days. Resting will provide comfort and allow your body to use its energy to fight the infection. You should try to avoid contact with others while the infection is contagious. That window lasts for at least six (6) days after the first symptom appears.
 2. DRINK PLENTY OF FLUIDS. You will need to replace lost fluids because of fever (sweating). Dark-colored urine indicates you need to drink more. Liquids, especially warm ones like chicken soup, help loosen mucus. Try to drink a glass of liquid every hour while you are awake.
 3. TAKE ACETAMINOPHEN (such as Tylenol®) OR IBUPROFEN (such as Advil® or Motrin®) as recommended on the package to control fever and ease muscle pain unless your doctor says otherwise. **CHILDREN YOUNGER THAN 18 SHOULD NOT TAKE ASPIRIN OR ANY PRODUCTS CONTAINING ASPIRIN.** The combination of influenza and aspirin in this age group has been known to cause Reye's Syndrome, a very serious condition affecting the nervous system and liver.
ANTIBIOTICS ARE NOT EFFECTIVE AGAINST INFLUENZA because it is a virus, and antibiotics fight bacteria. If you develop a secondary infection, a doctor may prescribe antibiotics, but the drugs are not for flu. A hot water bottle or heating pad may also relieve muscle pain. A cup of Epsom salts in a warm bath may be soothing.
 4. GARGLE - with a glass of warm water to ease a sore throat.
 5. For stuffy nose, use SALINE NOSE DROPS or spray that contain saltwater but no medicine. Try not to blow your nose, because that could force infection into your sinuses, prolonging your suffering. Wipe your nose with disposable tissues and put them in the garbage immediately. Cover your nose and mouth with tissues when coughing or sneezing and throw them in the garbage as well. **WASH YOUR HANDS OFTEN.**
 6. DO NOT SMOKE.
 7. If you are a single parent, or you are responsible for the care of someone who is frail or disabled, you may need to CALL SOMEONE TO HELP until you are feeling better.
 8. Check with the pharmacist to see what OVER-THE-COUNTER MEDICINE is best for you. Mention if you have a chronic illness or are taking any other medicine.
 9. READ THE LABEL to be sure that the ingredient treats the symptoms you have, and note any possible side effects or interactions with other drugs or health conditions.
 10. A COUGH CAN BE HELPFUL if it gets rid of mucus. If a dry cough is keeping you awake, a

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cough suppressant is safe and effective. To loosen mucus in a congested chest, use an expectorant. However, it is not helpful to take a suppressant and an expectorant together. Read labels when purchasing medicine to ensure getting the one you want.

11. DECONGESTANTS help shrink swollen blood vessels that cause a stuffy nose. There are two (2) kinds of pills and nose drops/sprays. Nose drops/sprays act in minutes. They work better and have fewer side effects than pills. However, they only work for two (2) or three (3) days, and then they make matters worse. If your nose is still stuffy after three (3) days, you may want to switch to decongestant pills that require half an hour to work. They may cause dry mouth, sleep disturbances and other side effects.
12. A SORE THROAT can be addressed with medications that have a numbing effect.

Note: Older people may be much more sensitive to medications in general and may experience more side effects, especially to the nervous system (e.g., confusion). It is best to take no more than three (3) or four (4) medications at a time. This includes both prescription and over-the-counter drugs. If you have any questions about medications, do not hesitate to talk to your pharmacist.

Q. WHAT SYMPTOMS OF INFLUENZA ARE FIRST TO APPEAR IN CHILDREN?

- A. The most common presentation of influenza in children is fever and sudden onset of cough. Infants less than two (2) months old can become ill and progress to severe illness rapidly. They are much less likely to cough with pneumonia and frequently have only nonspecific signs such as poor feeding, difficulty breathing, and fever or low body temperature. Remember: Do NOT give aspirin to a child or teenager who has flu.**

Older children and teens have the same symptoms of flu as adults. Young children and infants probably have similar symptoms but cannot tell people they have sore muscles or a headache. These children may be irritable and eat poorly. They sometimes develop a hoarse cry and barking cough, often called croup. Younger children may also have diarrhea, vomiting and stomach pain, especially children under six (6) months.

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Q. HOW SHOULD I CARE FOR A CHILD WITH INFLUENZA?

A. Some things you can do for your child are:

- Give acetaminophen (such as Tylenol®) or ibuprofen (such as Advil® or Motrin®) every four (4) - six (6) hours for fever in the dose recommended on the package (unless your doctor says otherwise). **DO NOT GIVE ASPIRIN.** A pharmacist can provide advice on appropriate over-the-counter medications for treating fever
- Antibiotics will **NOT** be prescribed for influenza without complications. Antibiotics are intended for bacterial infections such as pneumonia or ear infection
- Dress children in lightweight clothing and keep room temperature at 68 degrees Fahrenheit
- Offer cool fluids often when the child is awake
- Avoid cool baths
- Allow the child to rest and stay at home if possible for six (6) days or more, so virus is not spread to other children
- Use saltwater nose drops to treat a stuffy nose. Throw away tissues as soon as you have wiped your child's nose. Teach the child to cover his/her mouth when coughing or sneezing and then to throw the tissue away. Wash your hands often and teach your child to do so especially after wiping the nose

Q. WHEN SHOULD I TAKE MY CHILD TO A DOCTOR?

A. Medical care is essential if your child:

- Has heart or lung disease or any chronic illness requiring regular medical care; has a disease or is taking drugs or treatments that affect the immune system; takes aspirin regularly for a medical condition
- Has trouble breathing
- Is less than six (6) months old and has any temperature over 100 degrees Fahrenheit
- Has fever that lasts more than five (5) days
- Is constantly irritable and will not calm down
- Is listless and not interested in playing with toys
- Drinks so little fluid that he/she is not urinating at least every six (6) hours when awake
- Has vomiting for more than four (4) hours, or has severe diarrhea (Note: green or yellow nasal discharge does not mean a child has a bacterial infection and needs antibiotics)

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TAKE YOUR CHILD TO THE HOSPITAL EMERGENCY DEPARTMENT OR CALL 911 IF

YOUR CHILD:

- Has severe trouble breathing not caused by a stuffy nose
- Has blue lips
- Is limp or unable to move
- Is hard to wake up, unusually quiet or unresponsive
- Has a stiff neck
- Seems confused
- Has a seizure
- Has not had a wet diaper in 12 hours

Q. HOW LONG AM I CONTAGIOUS?

- A. Symptoms start one (1) - four (4) days, with an average of two (2) days, after virus enters the body. Some persons can be infected with flu virus but have no symptoms. During this time, those persons can still spread virus to others. Scientific studies show that adults can spread virus from one (1) day before developing symptoms to up to seven (7) days after getting sick. Young children can spread virus for longer than seven (7) days. In general, however, more virus is spread earlier in the illness than later.

Q. HOW LONG SHOULD IT TAKE TO RECOVER?

- A. Generally, people begin to feel better after the body's temperature returns to normal, in about three (3) days, and are ready to return to their normal activities/work in about a week. It is common for tiredness and a cough to linger on for several more weeks.

Q. WHEN IS MEDICAL ATTENTION REQUIRED?

- A. If you are a normally healthy person and have been suffering with flu, it is time to call the doctor or Emergency Medical Services if:
- You become short of breath while resting or doing very little
 - Breathing becomes difficult or painful
 - Coughing produces bloody sputum
 - You are wheezing

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- You have had a fever for three (3) or four (4) days and you are not getting better — or you may be getting worse
- You have started to feel better, and suddenly you get a high fever and start to feel sick again
- You are extremely drowsy and difficult to wake up or disoriented or confused
- You have extreme inner ear pain

SEEK MEDICAL CARE AS SOON AS POSSIBLE, in order to prevent your condition from worsening. Bacteria may have invaded your damaged tissues. At this point your doctor may consider giving you an antibiotic.

If you have heart or lung disease or any other chronic condition that requires regular medical attention, if you are frail, or if you have an illness or are on treatments or medications that affect your immune system and you get flu, CALL YOUR DOCTOR. If you are living with a long-term illness, your doctor may suggest changes to your usual management routine and/or provide you with extra help in treating flu and preventing complications; e.g., antiviral drugs. These medications must be taken within 48 hour of the first symptoms to be effective, so call your doctor right away.

Q. WHAT DRUGS WOULD MY DOCTOR PRESCRIBE?

A. Recently, drugs called antivirals have been developed, which can fight viruses. To treat influenza, they must be started within 48 hours of the first symptoms of flu. At the time of a pandemic, antivirals will likely be in short supply. Individuals with underlying chronic diseases may be one of the first groups to receive treatment with antivirals. If you are in a priority group and you have symptoms of flu, you should call your doctor immediately. If you are a healthy person and have not been identified as being in a priority group for antivirals, you do not need to call your doctor unless you have the more severe symptoms listed above.

Q. IN ADDITION TO FOLLOWING MEDIA REPORTS ABOUT THE SITUATION, WHERE ELSE CAN PEOPLE TURN FOR MORE INFORMATION?

A. There are a number of information resources available to the public:

- **Centers for Disease Control and Prevention** Public Response Hot Line, 800-CDC-INFO (800-232-4636) or 888-232-6348 (TTY)
- **Poison Control**, 800-222-1222

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FLU IN ANIMALS

Q. CAN AN ANIMAL GET FLU?

A. Your pets can become ill from different versions of influenza.

Cat flu is a viral infection that causes symptoms similar to human influenza, including sneezing, runny nose and eyes, and loss of voice. Cats that recover from feline flu may become carriers of flu virus that can be transmitted to other cats for years.

Dogs with flu will have fever, runny nose, sneezing and an occasional cough. Vaccinations are available for the canine version of influenza, called bordatella, or "kennel cough."

Influenza can be deadly for puppies and kittens. Puppies and kittens should be vaccinated several times during their first year, and then once a year when they are fully grown. Consideration should be given to vaccinating adult pets twice a year if they spend a lot of time around other animals, such as in grooming boutiques and kennels.

If an animal gets flu, it should be given lots of liquids. That could mean switching to a wet food, which can be 75 percent water. Veterinarians can also treat animals with flu to make them more comfortable. Decongestants, multivitamins and fluids are often prescribed for animals with flu virus. It is important to keep the nose of a cat sick with the flu clear of mucus by gently wiping with a damp, warm rag. Cats will not eat if they cannot smell their food, so feeding them warmed sardines can be one way to get around that problem. Drugs can be given to cats to stimulate appetite.

There have been reports of cats in Southeast Asia getting avian influenza, and this possibility is being monitored by health officials. The World Health Organization says the occurrence of cats infected with avian influenza appears to present little threat to human health.

Birds can also get flu, and a vet should be called if birds become sick.

Some mammals are susceptible to the avian influenza strain that is being monitored in Southeast Asia. They include pigs, mink and ferrets, but pigs appear to be the only mammal with significance for humans.

PANDEMIC FLU



Facts, Questions and Answers

Pets that become sick should be separated from other animals. Generally, dogs and cats **CANNOT** transmit flu to humans.

Thorough hand washing is recommended after handling ANY animal with flu.

Q. HOW IS FLU TREATED IN ANIMALS?

- A. If you suspect your pet has flu, call your veterinarian for advice. If you have more than one pet, separate healthy animals from those that appear to be sick. They can be kept in enclosures such as a cage or fenced area not adjacent to each other. As a general precaution, **WASH HANDS** thoroughly with soap and warm water after handling pets.

Animals that appear to have avian influenza should be treated with supportive care and rest.

Q. WHAT SHOULD BE DONE WITH ANIMALS THAT DIE OF THIS DISEASE?

- A. Contact law enforcement or animal control **IMMEDIATELY**, to arrange for safe and humane disposal. **Do NOT touch the body. KEEP OTHER ANIMALS and PEOPLE away.**

PANDEMIC FLU

