



Patterson and Tedford Pediatrics

Flu Prevention and update

November, 2009

Influenza is in our community in epidemic numbers. Our schedules are full, the phone rings constantly and our staff answers question after question about the flu. Not in nearly a century has the world experienced a flu season like this one. In reality it never really disappeared. During the summer, our office regularly diagnosed children (mostly teens) with novel H1N1 influenza infection. This was a first in my career and flu historians report that this has not been the situation since the summer of 1918 when the last great flu epidemic claimed an estimated 50 million lives worldwide. Then like now the dominant form of influenza was an H1N1 strain to which the vast majority of the American population was susceptible.

Today the situation has evolved and influenza is widespread throughout nearly every state in the union. The H1N1 virus currently circulating has claimed more than 1000 lives, many of whom were previously healthy and free of predisposing conditions. The deaths have largely been caused by overwhelming secondary bacterial infections. The precise risk of death is unknown but is certainly much less than 1%. It is not possible to predict with certainty what the coming months will bring, but this fall and winter will bring more illness and widespread parental anxiety.

The four manufacturers of influenza vaccines are working at full capacity to produce both seasonal flu and H1N1 vaccine. The supply line for vaccine has not been adequate to meet the current demand for immunizations and like the public health department, pharmacies, hospitals and other physician offices we have had to say "we're out of vaccine" to individuals who want to immunize their family. This has been extremely disappointing for us and frustrating for our patients. The entire American H1N1 vaccine supply has been purchased and is controlled by the United States government. As the H1N1 vaccine is produced, it will be sent to local health departments; in our case the San Luis Obispo County Health Department. The vaccine will eventually be available in 3 forms:

1. Preservative free killed vaccine suitable for infants, toddlers and pregnant women (this is a shot)
2. Preservative containing killed vaccine suitable for older children and adults (this is a shot)
3. Preservative free live attenuated vaccine suitable for healthy individuals between 2 and 49 years of age. (this is a nasal spray)

As the SLO County health department receives vaccine, they will release it for public health department clinics, to local hospitals and to physician offices. The vaccine will be administered in accordance with Center for Disease Control established priorities. With pregnant women, children (6 months to 24 years), health care personnel, and medically fragile adults expected to be in the first wave. The precise date of release of the vaccine is

uncertain as of this writing (11/1/09) but health officials are very anxious to get the vaccine administered in a timely fashion.

While we wait for vaccinations to be widely available here are some things we all can do to avoid getting or spreading the flu.

1. **Avoid large groups of people.** Now that flu is widespread your risk of exposure is in proportion to both the number of people you are around as well as their age. The younger the crowd, the more suspect their hygiene and the more likely the exposure. Children are especially efficient viral shedders.
2. **Don't send your child to school (or go to work) with a fever.** The hallmarks of influenza infection include fever, headache, sore throat and cough. Keep your sick child out of school, out of daycare, out of the church nursery, out of your playgroup and away from others until they have been fever free AND cough free. This is about a week for most H1N1 patients.
3. **Practice appropriate cough containment measures.** Teach your children to cough and sneeze into their elbow area. Make sure that you model and re-enforce this behavior. This is an effective way to limit the aerosolization of respiratory droplets that effectively spread the influenza virus.
4. **Wash hands regularly.** Keep hand sanitizer available for situations when soap and water is not available. Teach your child that an effective hand wash requires about 15 seconds (about the time it takes to sing "Happy birthday..." and involves the backs of the hands too.
5. **Avoid touching your face.** The influenza and cold virus infect their victims by entering the respiratory tract through the facial orifices. Rubbing the eyes and putting fingers in the nose and mouth are effective ways of introducing the virus into your body.
6. **Disinfect hard surface areas regularly.** Assume that surface areas like counter tops, children's toys, door knobs etc are contaminated with virus.
7. **Consider stronger measures to protect especially vulnerable children.** Contact your doctor if you believe that you or your child would likely have a complicated H1N1 infection. It may be time to temporarily withdraw her from daycare or preschool until they can be fully immunized. BDP

Our website is your source for updated local

information on influenza related topics

and vaccine availability.

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