Swine Flu...

Why All the Squealing?

Matthew Zahn, MD

Swine flu splashed onto the public radar after numerous cases were identified in Mexico in February. By the beginning of April, the first U.S. cases were reported in California and Texas. Information about swine flu developed almost as rapidly as the virus spread. Schools with infected students closed, people donned masks in public places and some countries slaughtered herds of pigs. Health officials tried to clear up misconceptions by referring to the virus by the actual strain, novel H1N1 influenza A.

The World Health Organization declared H1N1 flu a pandemic in June because of increased and sustained human-to-human transmission around the world – 30,000 confirmed cases in 74 countries. But by then, officials believed H1N1 flu would not be as deadly as first speculated and insisted there was no need for panic – only vigilance. In fact, most people who became ill were recovering without medical treatment.

Now that fall has arrived, we decided to get the most up-to-date information from Matthew Zahn, MD, medical director of the Louisville Metro Department of Public Health and Wellness, about what you and your family need to do to stay healthy with both H1N1 flu and seasonal flu in our community.
What is the H1N1 flu? Why is it a pandemic?

DR. ZAHN: H1N1 flu is an illness caused by the novel H1N1 influenza A virus, a new flu strain. Any germ can cause a pandemic if: the population has no immunity to the germ, the germ can make people seriously ill, and the germ passes easily from person to person. Once the germ passes to multiple continents, a pandemic is occurring, and this is the state of H1N1 in the world right now.

Why do some people call it the swine flu?

DR. ZAHN: The name “swine flu” came about because it was suspected that the first persons to become infected with novel H1N1 in Mexico in February 2009 caught the germ from a local pig farm. Since that time, however, it has spread strictly from person to person. People now have essentially no risk of catching it from exposure to pigs or pork products.

How is it different from the normal (seasonal) flu?

DR. ZAHN: The symptoms caused by novel H1N1 influenza infection are generally the same as seasonal flu. A fever, sore throat, cough and runny nose are the most common symptoms. Novel H1N1 seems to cause serious disease no more often than regular seasonal influenza. Pneumonia is the most common serious illness that occurs with both influenza strains. The main difference between the viruses seen so far is the populations they infect. The elderly are the group most likely to get seriously ill with seasonal influenza. By contrast, novel H1N1 rarely affects those over 65, with most serious infections occurring in children and young adults.

How can we protect ourselves and our children from getting it?

DR. ZAHN: First, wash your hands often. You can use hand sanitizer or soap and water, just make sure you clean your hands thoroughly. If you have flu symptoms, try to make sure you cover your cough with a tissue or your arm. Also, stay home from school or work if you are ill. The CDC is recommending that those with flu-like symptoms stay home until their fever and symptoms of fever are gone for 24 hours without the aid of anti-fever medication. Finally, get vaccinated when the vaccine becomes available.

If we hear about other students with novel H1N1 in our schools, should we keep our children home from school?

DR. ZAHN: The virus has made very few people seriously ill, with rates so far that are similar to those seen with regular seasonal influenza. The virus is likely to be causing illness in Louisville and Louisville’s schools for at least the next two or three months. In order to keep children from having any exposure to influenza, they would have to stay home from school for that entire time period. Given the low risk to children of serious disease and the life disruption that would be necessary to avoid novel H1N1 influenza, keeping children home from school to avoid the infection doesn’t make sense.

We’ve heard rumors of people getting Guillain-Barre’ syndrome (gee-yen-BAH-ray) from the swine flu vaccine given in 1976. Is that going to happen again?

Note: The syndrome, a disorder in which the body’s immune system attacks the nerves, results in muscle weakness and paralysis. Most patients recover in a few weeks, but others may take a few years.

DR. ZAHN: Both viruses have been called the “swine flu,” but this strain of influenza is very different genetically from the influenza virus used to make the vaccine produced in 1976. The novel H1N1 vaccine is being produced according to the same processes as the seasonal flu vaccine.
we have produced every year. Guillain-Barre’ rarely if ever occurs with the seasonal influenza vaccine, so we have no reason to believe that there would be a higher risk from novel H1N1 vaccine.

**Why have some people died from H1N1 flu and others have not?**

**DR. ZAHN:** Several groups have been found to be more likely to get serious disease associated with H1N1. Children get seriously ill more often from H1N1. Children in general have no immunity to H1N1, and when very young, their immune systems are unable to fight off infection as effectively. Pregnant women and persons who have medical conditions such as chronic lung, heart or other organ disease, or abnormal immune systems are all more likely to get seriously ill from H1N1 infection. These conditions all affect a person’s ability to fight off an infection, or leave a person’s body unable to compensate for infections that otherwise would be mild.

**Where can we get novel H1N1 flu shots in greater Louisville?**

**DR. ZAHN:** Many clinics, physicians’ offices, pharmacies and other sites will be providing the vaccination. You also can contact the Louisville Metro Department of Public Health and Wellness at (502) 574-5380 for public health clinic times and sites.

**How many doses of the vaccine will each person need to get?**

**DR. ZAHN:** There was initial concern that we may need to get two doses to be adequately protected, based on experience from years past. However, studies of the novel H1N1 vaccine indicate that one dose will adequately protect most people. One exception to this rule may be children under age 9 who have not received the vaccine previously. This group routinely needs two influenza vaccine doses for protection.

**Will we also have to get a seasonal flu shot, and if so, can we get both shots at the same time?**

**DR. ZAHN:** You can get the two vaccines at the same time, or separated by any length of time, without any problem. Unfortunately, seasonal influenza vaccine provides no protection against novel H1N1 illness, and vice versa.

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### Did You Know?

- **Seasonal flu results in 36,000 deaths each year in the United States. Five to 20 percent of Americans get seasonal flu each year.**
- **The flu is marked by a sudden onset of symptoms, including fever, body aches, dry cough and extreme tiredness. In contrast, cold symptoms are usually less severe and involve stuffy nose, sore throat and hacking cough.**
- **A vaccine is the best way to prevent getting both seasonal flu and H1N1 flu. It takes 8-10 days for a vaccine to fully protect against the flu.**
- **The flu spreads mainly through the air when someone with the virus sneezes or coughs. People can be contagious from one day before to five days after their symptoms appear.**
- **Flu virus can survive on inanimate objects like door knobs for two to eight hours.**
- **You cannot get H1N1 flu from eating or preparing pork.**
- **There were three flu pan-demics in the 20th century: the “Spanish flu” of 1918, which killed 500,000 in the United States and 20 to 50 million worldwide; the “Asian flu” of 1957-1958, which caused 70,000 U.S. deaths; and the “Hong Kong flu” of 1968-1969, which resulted in 34,000 U.S. deaths.**
Yet many people don’t get a seasonal flu shot each year because of the common misconception that the vaccination can give someone the flu. Is there any reason to be concerned about getting a flu shot?

According to the Centers for Disease Control and Prevention, the single best way to protect against the flu is to get vaccinated each year. The flu shot contains killed virus, and the nasal-spray flu vaccine contains live, weakened flu viruses. Either way, the vaccine cannot give you the flu. Manufacturers must verify that each batch of vaccine for injections contains no live flu viruses.

Some minor side effects from the shot are soreness, redness or swelling where the shot was given; low-grade fever; and aches. The side effects from the nasal-spray vaccine can include runny nose, headache, sore throat and cough. Any side effects begin soon after the shot and only last a day or two.

The misconception may have arisen because, with the vaccines, it’s all a matter of timing. About two weeks after vaccination, antibodies that fully protect against the influenza virus develop in the body. If you are exposed to the flu before that time, you may experience flu symptoms. That’s why it’s best to get vaccinated early in the season.

And even if you are vaccinated, there is a slight chance you could still get the flu. FamilyDoctor.org explains that each year’s vaccine contains the strains of flu scientists believe are most likely to appear in the United States. If their projections are correct, the vaccine is 70 to 90 percent effective in preventing the flu in healthy adults. If you do get the flu after being vaccinated, your symptoms should be milder and you’ll be less likely to develop complications.

It’s also worth remembering that it’s easy to confuse the flu and the common cold. Flu symptoms typically appear suddenly, while cold symptoms are more gradual. Cold symptoms usually include sneezing, stuffy nose or sore throat, all of which are not common with the flu.

The CDC recommends that the following people should not be vaccinated against the flu without first talking to a doctor:

- People who have a severe allergy to chicken eggs.
- People who have developed Guillain-Barre’ syndrome (GBS) within six weeks of getting an influenza vaccine.
- Children less than 6 months of age.
- People who have a moderate-to-severe illness with a fever should wait until they recover.

Sources:
http://www.cdc.gov/FLU/protect/keyfacts.htm
http://www.flufacts.com
This fall is a special time for The Healing Place, which serves the homeless and addicted in Louisville. The Healing Place is celebrating its 20th anniversary in October and is currently moving clients into its new Women and Children’s Community building. The Healing Place is Kentucky’s largest shelter recovery program, boasting a 65 percent recovery rate for alumni one year after their sobriety date.

While clients perform a variety of duties – from cooking to cleaning to mowing – as part of the recovery program, there are still plenty of opportunities for individuals or groups to volunteer.

Betsy Wiley, director of annual giving, suggests contacting her when you’re interested in volunteering to find out what the current needs of The Healing Place are. They could include painting, landscaping or preparing and serving food. Volunteer doctors and pharmacists are needed to staff the free Health Services Clinic.

Ms. Wiley recommends that prospective volunteers schedule a visit to a Men’s Community or Women’s Community meeting on a Monday, Wednesday or Friday at 9 a.m. to gain a better understanding of how The Healing Place operates.

For those interested in gathering donations, the Shower Our Shelter project is aimed at supplying the needs of the new Women and Children’s Community. The campus will eventually house 240, twice the number of women currently served.

When clients are ready to move into an apartment, they usually need basic supplies for setting up a household. Volunteers can put together an “alumni starter kit” – a storage container filled with kitchen, bedroom and bathroom furnishings.

“They typically pretty much have nothing when they start over,” Ms. Wiley said. The Healing Place emphasizes good money management. “We like to start them off without them having to go into debt to furnish their apartment.”

In addition, The Healing Place is always in need of toothbrushes and disposable razors. When you drop off donations, staff members are willing to give a tour and introduce you to clients who share their stories as peer mentors.

The Healing Place is located at 1020 W. Market St. For more information, call Ms. Wiley at (502) 585-4848 ext. 238 or e-mail her at betsy@thehealingplace.org.

Opportunity to Voice Views on Artificial Trans Fats

A trans fat is a partially hydrogenated vegetable oil used in cooking foods, particularly in the fast food and vending industries. You can check for trans fats on the ingredients or Nutrition Facts labels on food you buy at the grocery store.

Why are trans fats bad for our health?

• They raise bad (LDL) cholesterol levels and lower good (HDL) cholesterol levels.
• They increase the risk of developing heart disease and stroke.
• They are associated with a higher risk of developing type 2 diabetes.

The Louisville Metro Department of Public Health and Wellness is holding two public forums to educate the community about trans fats and gather feedback about what should be done about them. According to The New England Journal of Medicine, elimination or near-elimination of artificially produced trans fats from our foods could prevent 72,000 to 228,000 heart attacks each year. The Louisville Metro Council is considering what measures to take to protect the community from trans fats.

The meetings will take place Tuesday, October 27, and Thursday, October 29, from 6 to 8 p.m. at the Louisville Metro Department of Public Health and Wellness, 400 E. Gray St. All are welcome to attend. For more information, call (502) 574-6525.
WHY SHOULD I CARE?

Superbugs cause infections that can’t be successfully treated with commonly prescribed antibiotics and often involve longer illnesses, extended hospital stays or severe side effects from last-resort drugs. Superbugs are difficult to contain in community settings where antibiotic-resistant bacteria can spread from person to person.

WHAT CAN I DO TO PREVENT THE EMERGENCE OF SUPERBUGS?

- Don’t demand an antibiotic for a cold or another viral illness if your doctor does not prescribe one. Ask about other ways to relieve your symptoms.
- If your health care provider does prescribe an antibiotic, be sure that you take the medicine exactly as directed.
- Take all of your antibiotic, even if you start feeling better.
- If your infection isn’t improving after a few days of taking an antibiotic, contact your doctor.
- Don’t save some of your antibiotic for the next time you get sick.
- Don’t take antibiotics prescribed for someone else.

Antibiotics are only able to treat bacterial infections – not viruses. Patients need to understand that taking an antibiotic will not cure them of every illness. In fact, the overuse of antibiotics promotes the emergence of superbugs.

“People need to have an understanding of why not taking antibiotics is beneficial not only to themselves, but to society,” Dr. Cooper said.

In such cases, Dr. Cooper advises patients to try changing their perspective because their doctor has given them a diagnosis and reassured them that their illness isn’t something more serious.

Superbugs are a particular problem for hospitals, nursing homes and community settings where they can spread easily. Methicillin-resistant Staphylococcus aureus, or MRSA, is the most common antibiotic-resistant infection. It is a highly contagious skin infection.

When a hospital patient has MRSA, doctors, nurses and visitors must wear gloves and gowns while they are in the patient’s room, then dispose of them and wash their hands before leaving. With the number of health care workers entering and exiting a patient’s room in a given day, that’s a lot of gloves and gowns. Dr. Cooper explained that these extra precautions are taken for two reasons – partly to protect doctors or family members from contracting MRSA, but more importantly to prevent anyone who has had contact with the patient from spreading the bacteria to other places in the hospital.

Superbugs can be scary. The good news is that everyone can do their part to decrease their prevalence in society simply by using antibiotics properly.

Source: CDC Foundation
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