Confused over the flu? About the seasonal flu and the swine flu

Why the recent American media hub-bub over “the flu” and “the swine flu”? Both are forms of the same virus called influenza. Usually known as “the flu,” this year, “the flu” is called the seasonal flu in order to distinguish it from “the swine flu,” properly known as the 2009 H1N1 flu. Getting hit by any form of influenza can feel like being hit by a ton of bricks. Just ask my husband. Last winter, the same man who ran his first Marathon in the fall, couldn’t run 500 feet for nearly a month after his bout with the seasonal flu. Complications from either form of influenza include sinus infections, pneumonia and even death. Influenza infections in the States occur mainly from October to April each year. Usually, only the seasonal strain is of concern, but this season there is the added concern that the 2009 H1N1 strain, which first leaped into the spotlight this past spring, will also add to the total number of people affected by influenza.

Both influenza forms are viral illnesses which predominantly cause airway symptoms. Classic flu symptoms are sudden onset of nasal discharge, cough, high fever, headache and achiness. A virus is a category of germs which are named for the way they reproduce. Examples of viruses vary wildly. Chicken pox, the common cold, and Human Immunodeficiency Virus (HIV) are all caused by viruses. Whether an illness is caused by either a virus or a bacterial germ does not necessarily reflect the severity of an illness. To add to the confusion, people sometimes call any viral illness which causes stomach upset “the stomach flu.” “The Stomach flu” is not caused by an influenza virus. If your child has diarrhea and vomiting alone with no stuffy nose or cough, they are not likely to have a form of influenza.

How do I protect my kids against either the Seasonal Flu or H1N1?

Wash, wash, wash.

Hand washing with soap and water for 15 seconds has been proven to decrease germs. For young (or impatient) children , have them sing the Happy Birthday Song until they are done. One note- alcohol containing hand sanitizers do kill germs; however, most brands contain a greater percentage of ethylene alcohol than distilled drinks. Hand sanitizers contain over 60 percent alcohol versus 30-40 percent alcohol in liquor. According to my sister, Melisa Lai, MD, a Boston area toxicologist, toddlers have ended up in comas from alcohol poisoning after drinking hand sanitizer.

No nose-to-nose.

Both forms of influenza are spread through air via coughing and sneezing. Tell your kids that they don't want boogies from other kid's noses to go into their nose. If their noses can touch the noses of other children, then they are too close. Cough away from other kid's faces. If we use national standards for spacing between sleeping cots in daycares (Caring For Our Children Health and Safety Standards, 2nd edition), children are ideally kept two feet apart.

Keep 'em away from crowded places.

Any parent knows, keeping playing children two feet apart from each other is near impossible. If your child is sick, keep them away from crowded places such as birthday parties, school and daycare. If your child is already ill, you do not want them to catch a secondary illness on top of their current illness. For the protection of your child and others, keep your child at home until he/she is 24 hours fever free. This school and daycare exclusion criteria is already recommended not only for influenza by the American Academy of Pediatrics,

but for all illnesses (www.AAP.org). A few days ago, the Centers for Disease Control http://www.cdc.gov/h1n1flu/schools/ published the same guidelines for influenza.

Immunize.

There are two types of immunizations against the seasonal flu. Because the seasonal influenza strains change from year to year, the vaccine changes and need to be given yearly. One is a nasal spray for children two years old and up. The other type is injected into muscle and is approved for those six months and above. Because the vaccines are made up in eggs, children with egg allergies cannot receive the vaccine. Under nine years of age, the first year a child receives the seasonal flu vaccine, two doses are required. If only one immunization was given the first year, the child will require two the second year. If your child is ill or had a reaction to the seasonal vaccine in the past, ask your doctor about administration of the vaccine.

As of this writing, vaccines for the H1N1 flu are still not available. Vaccines are expected to be available in the late fall. Uncertainties about the H1N1 formulations, side effects and distribution still persist.

The priority groups for the seasonal flu immunization and the 2009 H1N1 flu immunization are slightly different. The main difference between the set of recommendations is that those over 65 years of age are not a target groups for the 2009 HINI vaccine but a target for the seasonal flu vaccine. Also, college aged (19-24 years) adults are part of the 2009 H1N1 target group but not of the seasonal flu vaccine target group.

According to the Advisory Committee on Immunization Practices, a working group of the Centers for Disease Control which meets to review infectious disease data and recommends national guidelines for immunizations, the following groups are the priority groups for influenza vaccination:

Priority groups for the seasonal influenza vaccine:

1. Children aged 6 months up to their 19th birthday

2. People 50 years of age and older

3. People of any age with certain chronic medical conditions

4. People who live in nursing homes and other long-term care facilities

5. People who live with or care for those at high risk for complications from flu, – includes Health care workers, Household contacts of persons at high risk for complications from the flu, Household contacts and out of home caregivers of children less than 6 months of age (children too young to be vaccinated)

6. Pregnant women

Priority groups for the 2009 H1N1 influenza vaccine:

1. All people from 6 months through 24 years of age
2. Household contacts and caregivers for children younger than 6 months of age
3. People aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.
4. Healthcare and emergency medical services personnel
5. Pregnant women

Is there treatment?

Treatment is generally supportive. Have your child drink plenty of fluids and get as much rest as possible. Fever reducers such as ibuprofen (i.e. Morin, Advil) and acetaminophen (i.e. Tylenol) may help keep children comfortable enough to do the things such as drink and sleep that will make them better. Outpatient antiviral does exist but the strains of flu can morph, thus rendering them

sometimes ineffective. Antiviral medications are for children whose illness is moderate or severe or if they are at high risk of complications. Generally antivirals work best within the first 48 hours after onset of symptoms. Antibiotics such as Amoxicillin and a “Z-pack “will not kill influenza viruses. Antibiotics are prescribed if there is bacterial infection overlying the influenza infection.

This winter, although your family may escape both strains of influenza, remember, there are plenty of “flu-like” illnesses out there which can also wreck havoc on your child’s health. Hopefully, if the threat of the seasonal and 2009 H1N1 flu forces us to pay attention to good hygiene habits, we may overall end up with a healthier winter.

For the most up to date information on influenza: www.CDC.gov

Naline Lai, MD and Julie Kardos, MD

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