

Concentra Swine Flu Q&A

1. What is swine flu?

Swine flu is a respiratory illness in pigs caused by a virus. The swine flu virus routinely causes outbreaks in pigs but doesn't usually kill many of them.

2. Can people get swine flu?

Human infections with the H1N1 (swine flu) virus are ongoing in the United States. The 2009 H1N1 (swine flu) virus is very contagious and is spread from human to human the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching something – such as a surface or object – with flu viruses on it and then touching their mouth or nose. There are no signs that people can get the swine flu from eating pork.

3. What are the symptoms of swine flu?

Patients should watch for symptoms such as a fever of more than 100 degrees, body aches, coughing, a sore throat, respiratory congestion and, in some cases, vomiting and diarrhea. The only way to definitively diagnose swine flu is to have laboratory testing done to determine the exact subtype of the virus. The symptoms are similar to those of regular flu — fever, cough, fatigue, lack of appetite.

4. What is different about the current swine flu?

The H1N1 (swine flu) virus contains elements of human influenza and avian influenza. The current swine flu virus concerns health experts because it is easily spread from person to person. When a person gets the swine flu virus, it takes 48 hours before the infected person actually begins to feel ill.

Once a person becomes ill, they can stay that way for anywhere from 48 hours to seven days. So far, in the United States, the cases of swine flu have been mild. A new H1N1 (swine flu) vaccine is currently in development and should be available in mid-October. The Centers for Disease Control and Prevention (CDC) will distribute vaccines to both health care providers and dispensing sites to provide immunization to selected target populations.

5. Who should get the vaccine?

The high-priority groups for vaccination include:

- pregnant women, people who live with or care for children younger than 6 months of age
- health care and emergency medical services personnel
- persons between the ages of 6 months and 24 years old
- people ages of 25 through 64 years of age who are at higher risk for 2009 H1N1 (swine flu) because of chronic health disorders or compromised immune systems

If vaccines are limited, those that will be prioritized to receive vaccine includes: pregnant women, people who live with or care for children younger than 6 months of age, health care and emergency medical services personnel with direct patient contact, children 6 months through 4 years of age, and children 5 through 18 years of age who have chronic medical conditions.

6. Does the seasonal flu vaccine also protect against the 2009 H1N1 (swine flu) flu?

The seasonal flu vaccine does not protect against the 2009 H1N1 (swine flu) flu. However, it is still recommended that persons receive a seasonal influenza shot to protect against the seasonal flu.

7. Can the seasonal vaccine and the 2009 H1N1 (swine flu) vaccine be given at the same time?

It is anticipated that seasonal flu and 2009 H1N1 (swine flu) vaccines may be administered on the same day. However, the seasonal vaccine will be available earlier than the H1N1 (swine flu) vaccine. The usual seasonal influenza viruses are still expected to cause illness this fall and winter. Individuals are encouraged to get their seasonal flu vaccine as soon as it is available.

8. Do those that have been previously vaccinated against the 1976 swine influenza need to get vaccinated against the 2009 H1N1 (swine flu) influenza?

The 1976 swine flu virus and the 2009 H1N1 (swine flu) virus are different enough that it's unlikely a person vaccinated in 1976 will have full protection from the 2009 H1N1 (swine flu). People vaccinated in 1976 should still be given the 2009 H1N1 (swine flu) vaccine.

9. I had the swine flu earlier in the year, do I still need the H1N1 (swine flu) vaccine?

If the illness was a confirmed case of swine flu by culture or by a PCR confirmatory test, then you will have antibody protection the same as from the vaccine. If you are unsure about your immunity against the H1N1 (swine flu) virus, then the vaccine is the best course of action.

10. When and where will the vaccine be available?

The Federal government is in charge of distribution methods of the new H1N1 (swine flu) vaccine, which is different from typical vaccine distribution methods, and expects some of the vaccine to be available by mid-October. The first doses will go to high-priority patients.

Every state is developing a vaccine delivery plan. Vaccines will be available in a combination of settings such as vaccination clinics organized by local health departments, health care provider offices, schools, and other private settings, such as pharmacies and workplaces. Because of this unique distribution method, the vaccine will be provided to state health officials for distribution to private providers, including Concentra. Our medical directors are working with state agencies to allow Concentra to offer the vaccine in the near future. Concentra expects to have vaccines available to provide to patients and employer, although no specific time table is known.

11. How safe is the H1N1 (swine flu) vaccine?

The vaccine is still considered experimental, but so far testing only shows the routine issues experienced with every flu vaccine: soreness at the injection site, low-grade fever, and similar issues. The H1N1 (swine flu) vaccine is being manufactured the same way as the seasonal flu vaccine, which is considered safe.

Some people have voiced concern about a 1976 swine flu outbreak and serious problems, including 25 deaths, linked to a vaccine that was fast-tracked. Experts say the vaccine process has greatly improved in the 30-plus years since that incident, which has never been repeated. Like the seasonal flu vaccine, the H1N1 (swine flu) vaccine is expected to be completely safe and not cause the swine flu in recipients.

12. How many shots will be needed?

For patients age 10 or older a single dose of the H1N1 (swine flu) vaccine provides effective protection against the H1N1 (swine flu) virus, and begins working within 10 days of receiving the vaccine. Children under 10 will require two doses 30 days apart.

13. Will the vaccine prevent me from getting the H1N1 (swine flu) virus?

The seasonal flu vaccine is up to 90 percent effective against current strains of the flu virus. Manufacturers of the H1N1 (swine flu) vaccine are developing the vaccine in the same manner as the seasonal vaccine, and should provide adequate protection against the H1N1 (swine flu) virus. The best defense against influenza is to get the proper vaccinations – both H1N1 (swine flu) and seasonal flu – and following proper health practices, which include frequent hand washing, sanitizing contaminated surfaces, reducing contact with sick people, and getting plenty of rest.

14. How else can patients protect against the outbreak?

1. Wash hands frequently: This will lessen the chance of carrying or transmitting any viruses that normally get stuck on the hands in day-to-day activities. Try to avoid rubbing eyes or touching nose with dirty hands. Wash hands often with soap and water, especially after coughing or sneezing. Alcohol-based hand cleaners are also effective.

2. Avoid close contact with sick people and crowds and increase your distance from people who are coughing and sneezing (called "social distancing"): The CDC advises people to cover their nose and mouth with a tissue when they cough or sneeze and throw the tissue in the trash after using it. Try to teach your kids to do the same. Influenza is thought to spread mainly person-to-person through coughing or sneezing of infected people.

3. If experiencing flu-like symptoms, don't go out -- stay at home. The CDC recommends that people who get sick seek immediate medical attention and limit contact with others to keep from infecting them.

4. Stay informed and plan ahead: It's important to stay informed about what's going on in one's community, and whether the authorities -- such as the state or county health departments -- have issued any recommendations. It's a good idea to plan for what to do if school and public offices are closed.

5. Keep sick kids out of school, and stay home from work if you are sick. Aside from providing needed rest, such absences protect others from catching whatever you or your kid has. Keep at least a few feet's distance if you have the flu or are interacting with someone who has the flu. The communicable distance for most flu viruses is about three feet, so keep clear of this radius in order to avoid spread. If dealing with a flu case at home, make sure the flu sufferer (and even those who interact with this person) wear facial masks to lower the chances of spread.

6. Avoid surfaces and objects that may be handled by many people. For kids, this may include doctor's office toys, surfaces that a lot of other kids are touching. Keep all surfaces and objects around the house clean. This becomes especially relevant if there is someone in that house who is sick or has the flu already. Try to teach kids not to touch their faces. This is like mass transit for germs: straight from the hands to the eyes, nose and mouth.

15. Are there drugs to treat H1N1 (swine flu) in humans?

There are four different drugs approved in the U.S. to treat the flu, but the new virus has shown resistance to the two oldest. Two prescription anti-viral drugs -- Tamiflu and Relenza -- have proved effective in combating the swine flu virus in victims in the United States. Health officials do not recommend antiviral medications for treatment or prevention of mild swine flu cases.

The use of antiviral medications to treat H1N1 (swine flu) is recommended only for patients that require hospitalization and those in identified high risk groups. Just like treating a common cold, the overuse of antiviral medications for mild cases can cause the virus to become resistant to treatment and deplete medical resources intended for more severe cases.

16. Will Tamiflu keep me from getting sick?

Tamiflu is sometimes used to prevent high-risk patients from catching the flu. In cases of H1N1 (swine flu), experts are advising that antiviral drugs only be used to prevent illness in those at the highest risk of developing complications, like pregnant women. Widespread use of antiviral drugs could lead to shortages, and it may make the H1N1 (swine flu) flu strain become resistant to the drug.

17. Should I go to the ER if I think I have the swine flu?

Health officials and doctors don't recommend people go to the hospital if they are experiencing flu-like symptoms. For the majority of H1N1 (swine flu) virus cases, the severity is mild and does not constitute an emergency. Patients that head to the emergency room for treatment risk exposure to others unnecessarily. Rather, they should contact their doctor.

18. What should I do if I get sick?

Like the seasonal flu, the best course of treatment for mild cases of H1N1 (swine flu) is to get plenty of rest. Patients who are ill should stay home from work or school, and get plenty of liquids. Patients should limit their contact with others in an effort to reduce the spread of the virus to healthy people. The CDC also advises people to cover their nose and mouth with a tissue when they cough or sneeze and throw



the tissue in the trash after using it. A household disinfectant should be used to wipe down bedside tables, bathroom surfaces, toys and utensils that may transfer germs to others.

19. What is a Pandemic?

A virus can reach pandemic status if three conditions are met:

First, it must be an infection that has newly emerged. Secondly, it has to be able to cause serious illness in humans. And thirdly, it must be able to spread easily from person to person. Infections in this category can often spread beyond their continents of origin -- and potentially around the world.

On June 11, 2009, the World Health Organization signaled that a global pandemic of H1N1 (swine flu) was underway by raising the worldwide pandemic alert level to Phase 6. This action was a reflection of the spread of the new H1N1 (swine flu) virus, not the severity of illness caused by the virus. At the time, more than 70 countries had reported cases of H1N1 (swine flu) infection and there were ongoing community level outbreaks of novel H1N1 (swine flu) in multiple parts of the world.

20. Is the H1N1 (swine flu) a Major Threat?

Since the declaration of a pandemic, the new H1N1 (swine flu) virus has continued to spread, with the number of countries reporting cases of novel H1N1 (swine flu) nearly doubling. In the United States, significant H1N1 (swine flu) illness has continued into the fall with localized and in some cases intense outbreaks occurring. The United States continues to report the largest number of cases of any country worldwide; however, most people who have become ill have recovered without requiring medical treatment.

CDC anticipates that there will be more cases, more hospitalizations and more deaths associated with this pandemic in the United States into the fall and winter. The H1N1 (swine flu) virus, in conjunction with regular seasonal influenza viruses, poses the potential to cause significant illness with associated hospitalizations and deaths during the U.S. influenza season.

21. What are schools doing to keep children safe?

The CDC has issued guidelines for schools on how to handle sick students, as well as steps they can take to cut down on the spread of H1N1 (swine flu). Many schools are emphasizing the importance of proper hand washing, and stationing hand sanitizers in classrooms, offices, cafeterias, and restrooms. Each school district should have developed guidelines for handling flu outbreaks, parents should check with their child's school to learn more what the school is doing to prevent the spread of the H1N1 (swine flu) virus.