

Seasonal Flu Primer

Influenza (ihn-floo-ehn-zuh) (the flu) is a contagious respiratory illness caused by viruses that infect the nose, throat, and lungs. Exposure to these viruses can cause mild or severe illness and sometimes can lead to death. Flu season can begin as early as October and last as late as May. Seasonal flu activity usually peaks in January, February, or later.

How do I know if I'm at risk?

It is possible to catch the flu from other people even before they know they are sick as well as while they are sick. The viruses that cause the flu are highly contagious or easily spread from person to person. They travel in tiny droplets that are expelled when an infected person coughs, sneezes, laughs, or talks. Infrequently, you might get the flu by touching a surface that has the flu virus on it and then touching your own mouth, eyes, or nose.

Anyone can get the flu, but it's more common in places where many people live or work closely together, such as school dormitories, day care centers, and nursing homes. Exposure to smoke and other pollutants also can increase your risk for flu by injuring your airways and making them more vulnerable to infection.

What are the warning signs?

Common flu symptoms include:

- Fever
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Fatigue
- Vomiting and diarrhea (more common in children than in adults)

When do I need medical attention?

For most people, the flu resolves on its own without medical attention. Although home care is usually sufficient, you may want to visit your doctor when your symptoms begin. If the flu is diagnosed early, certain prescription medications may help.

Populations at greater risk for serious complications related to the flu include:

- The elderly
- Young children
- Pregnant women
- People with certain health conditions (eg, asthma, diabetes, or heart disease)
- People who live in facilities such as nursing homes

Potential complications include bacterial pneumonia, ear infections, sinus infections, dehydration, and worsening of chronic medical conditions (eg, congestive heart failure, asthma, or diabetes). American Indians and Alaskan Natives also seem to be at higher risk of flu complications.

How can I avoid the problem?

The flu vaccine is the best way to prevent contracting the flu. Like any other living thing, viruses change over time. That's why you need to be vaccinated every year—last year's flu shot won't provide protection against this year's new flu viruses. The vaccine is created to protect against the 3 most common flu viruses. It takes about 2 weeks after vaccination for antibodies to develop and protect against the flu. Vaccination is especially important for:

- People who live in nursing homes and other long-term care facilities.
- People who live with or care for those at high risk for complications from the flu.
- Household contacts and caregivers of

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children younger than 5 years of age (particularly contacts of children younger than 6 months of age).

There are 3 flu shots currently being produced for the U.S. market:

- The regular intramuscular (ihn-truh-muhs-kyoo-lehr) (injected into muscle) seasonal flu shot has been used for decades and is approved for use in people 6 months of age or older, including healthy people, people with chronic medical conditions, and pregnant women.
- An intradermal (ihn-truh-duhr-muhl) vaccine (injected with a needle into the skin instead of the muscle) for people between 18 and 64 years of age. This vaccine was available for the first time during the 2011-2012 flu season.
- A hi-dose vaccine (intramuscular) for people 65 years of age and older.

There is also a nasal-spray flu vaccine—a vaccine made with live, weakened flu viruses administered as a nasal spray (sometimes called LAIV for “live attenuated (uh-tehn-yoo-ayt-ehd) influenza vaccine”), approved for use in healthy people from 2 to 49 years of age who are not pregnant.

Some people should not get a flu vaccine without talking to their doctor, including:

- People with a severe allergy to chicken eggs
- People who have had a severe reaction to a flu vaccine in the past
- People who have a moderate-to-severe illness with a fever should wait until their symptoms lessen to get the vaccine
- People with a history of Guillain-Barré syndrome that occurred after receiving the flu vaccine and who are not at risk for severe illness from contracting the flu

How is it treated?

There are 2 drug classes available for treating the flu (although neither class is very widely used) as

well as some nonprescription options:

- **Adamantine (ah-duh-man-teen).** This class of drugs is available as a pill or liquid and is indicated for the treatment of the influenza A virus.
- **Neuraminidase (nyoo-ruh-mihn-ee-dayz) inhibitors.** This class of drugs treats both influenza A and influenza B and is available as a powder that is inhaled. This medication is not for people with breathing problems such as asthma.
- **Over-the-counter drugs.** You can use cold and flu medications without a prescription to treat the flu. You can also use a decongestant nasal spray for as long as 3 to 5 days.
- **Saline spray.** You can use a saline spray to loosen thick mucus for an extended period of time without significant adverse effects.

Home treatment for the flu also includes getting plenty of rest, drinking lots of liquids (water is best, but warm tea or broth can be soothing), and avoiding alcohol and tobacco.

For more information, log on to the website for the Centers for Disease Control and Prevention at <http://www.cdc.gov/flu/>.

Notes:

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