

Sullivan County Health Services Advisory Board

FOR IMMEDIATE RELEASE

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FOR MORE INFORMATION

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IMPORTANT INFORMATION ABOUT INFLUENZA H1N1

Most people who become ill recover without requiring any medical treatment

SULLIVAN COUNTY – With news about a new strain of flu spreading around the United States and into Sullivan County, the Sullivan County Health Services Advisory Board believes it is important for residents to understand the limited nature of the threat to public health.

In early April of 2009, an outbreak of the novel H1N1 influenza A virus infection was detected in Mexico, with subsequent cases observed in the U.S. and many other countries. By June 11, the World Health Organization (WHO) called a worldwide “Pandemic Alert” in response to the global spread to more than 70 countries, including all 50 states as well as the District of Columbia and Puerto Rico.

The WHO’s decision to call the pandemic alert (Level-Phase 6) reflects the global nature of the viral illness distribution, not the severity of the illness. The H1N1 virus is widespread at this time, and the majority of cases have been mild.

The swine-origin H1N1 influenza A virus has been identified in all age groups, from three months to 81 years. Sullivan County is no exception, and doctors in the county have reported cases with flu-like symptoms.

Because H1N1 is a new virus, most people have little or no immunity against it, and last year’s flu shot will not offer adequate protection. There is currently no vaccine available to protect against this H1N1 virus. However, the U.S. Center for Disease Control and Prevention distributed H1N1 influenza A “seed stocks” to vaccine manufacturers in late May for use in a potential vaccine which will take at least several months to produce.

All influenza is thought to spread mainly person to person through coughing or sneezing of infected people. It may also be spread by touching infected objects, then touching your nose or mouth. It is important to take the usual precautions to stay healthy by good hand washing or use of alcohol-based hand sanitizer.

Patients may spread the virus from one day before the onset of symptoms through 5-7 days after symptom onset, or until symptoms resolve. The H1N1 virus has been reported to cause a wide range of presenting symptoms including: fever (over 100 degrees F), cough, sore throat, body aches, chills and fatigue. In addition, some people report nausea, vomiting and/or diarrhea.

There is a clinical spectrum of outcomes with the H1N1 virus. While most of the time the illness is mild and self limiting, severe outcomes, including respiratory failure and death, have been reported. These morbid and sometimes fatal outcomes are usually in those with compromising medical illnesses, or due to secondary complications including viral or secondary bacterial pneumonias.

In the U.S. most people who become ill with this virus have recovered without requiring any medical treatment. For patients that require anti-viral treatment, it should be given promptly after the start of symptoms, since benefit is greatest if started within 48 hours of illness. Antiviral therapies reduce the duration of illness by one day on average, and also significantly decrease nasal shedding of the virus, thus reducing viral spread to contacts.

The priority use for influenza antiviral drugs is to treat hospitalized patients with influenza-like symptoms, pregnant patients, children or patients with chronic health conditions like asthma, diabetes or heart disease. Patients with suggestive symptoms of H1N1, especially those at high risk for complications from influenza, should contact their doctor.

Currently patients with mild illnesses do not need to be tested or treated for the virus, if they are usually well and not in these high-risk groups. People with symptoms of the H1N1 virus should stay at home until symptoms are absent for 24 hours, or until 7 days after the onset of illness, whichever is longer.

While nationwide, the overall H1N1 activity is decreasing at this time, outbreaks in some areas are ongoing with varying intensity. However, experience with this novel virus is limited, and any type of influenza pandemic is somewhat unpredictable.

The Sullivan County Public Health Services Advisory Board reviews public health activities and services in the county, offers suggestions about matters of public health to the Public Health Director, and advises the Sullivan County Legislature and other elected officials about public health concerns. Members include: Dr. Alan Fried, MD; Dr. Katherine Seibert, MD; Zaida Chasi; Sonja Hedlund; Glenn Pontier; Lisa Baumander, R.PH.; Priscilla Bassett; Veronica Uss; and Katherine O'Mara, R.N.P.

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