

H1N1 INFLUENZA A (SWINE FLU) PREPARATION FOR CLINICIANS

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H1N1 influenza A (swine flu) is about to hit the USA in epidemic proportions, part of a global pandemic. The crest of incidence is predicted to occur in October, 2009. The young population does not have previous immune system experience with H1N1 influenza, so it will spread easily and quickly. For most people, the disease will not be too severe, with rapid onset of fever, cough, and malaise, possibly accompanied by sore throat, nasal symptoms, vomiting and/or diarrhea. Duration is typically 7 days. One is considered no longer contagious 24 hours after fever is no longer present (assessed in the absence of fever-lowering medications).

For a few, this flu will be life-threatening or fatal. The pregnant, the frail, the very young, and those with underlying medical conditions (e.g. asthma, diabetes, heart disease, compromised immune systems) are at greater risk. But there will also be cases of young healthy people who die of flu...and one cannot predict who they will be. In some cases, cause of death may be due to a cytokine storm reaction. Of 43,771 probable and confirmed H1N1 flu cases, the CDC reported 301 deaths.

No H1N1 flu vaccine is available yet. When it becomes available in October, one injection is now thought to be protective. The swine flu vaccine developed in 1976 caused far more harm than the flu it was designed to protect against. One has to individually weigh the risks of having the flu versus the risks of the vaccine. H1N1 flu vaccine will not protect against seasonal flu, and seasonal flu vaccine will not protect against H1N1 flu.

Prepare your clinic for the flu epidemic now. You should plan for absenteeism, and for the continuity of essential functions. Instruct symptomatic employees to stay home. Also plan for delays in obtaining critical supplies. Advise callers with flu symptoms about when to seek emergency care, how to care for flu symptoms at home, and when to seek routine medical care. Develop a protocol for screening and handling suspected and known flu cases among presenting patients. Equip providers caring for flu cases with gown, fitted N-95 mask, eye protection, and disposable gloves. Have ample supplies of hand sanitizer available. Also be prepared to provide masks to patients with flu symptoms. Post respiratory hygiene signage. Attend to daily germicidal cleaning of all high touch surfaces. Know flu vaccination and treatment options in your community.

Here are several websites for detailed guidance:

<http://www.cdc.gov/H1N1FLU/>

<http://pandemicflu.gov/professional/hospital/>

<http://www.cdc.gov/h1n1flu/10steps.htm>

<http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>