

**Thomas Jefferson Health District  
2009 H1N1 Influenza Update – 9/24/09**

**Epidemiology**

**Influenza activity has increased in the U. S. compared to the prior weeks.**

- Visits to doctors for influenza-like illness are higher than what is expected this time of year.
- The largest number of cases has occurred among persons 5 to 24 years old.
- In contrast to seasonal flu strains, adults older than 64 years have been less affected thus far.
- Total influenza hospitalization rates for adults and children are similar to or lower than seasonal influenza hospitalization rates.
- 2009 H1N1 Influenza virus remains susceptible to antiviral drugs (oseltamivir and zanamivir) with rare exception.

**Virginia is now reporting widespread influenza-like illness.**

- VDH's disease surveillance system monitors the number of people with influenza-like symptoms who visit a representative sample of physician offices, emergency departments, urgent care centers and hospitals throughout the state.

**In the Thomas Jefferson Health District, several clusters of influenza-like illness have been reported by local schools and some have been confirmed to be caused by the 2009 H1N1 Influenza virus.**

**Influenza Illness**

Symptoms caused by the 2009 H1N1 Influenza virus are similar to other seasonal flu viruses and include fever, cough, sore throat, body aches, headaches, chills, and fatigue. Some people report vomiting and/or diarrhea.

- Most people who get influenza recover without any treatment or special care.
- However, influenza can cause serious illness in some people. Persons at higher risk of complications from influenza include children younger than five years old, pregnant women, people with certain health conditions, and persons older than 65 years.
- Children and adults who develop a fever of at least 100°F and a cough or sore throat should call their doctor, especially if they are at higher risk of complications from influenza.
- Antiviral drugs are prescription medicines that fight against the flu by keeping flu viruses from reproducing in your body. The CDC currently recommends that clinicians prioritize use of antivirals for persons at higher risk of complications from influenza.

**Prevention**

**CDC recommends a three-step approach to fighting the flu: vaccination, everyday preventive actions including frequent hand washing and staying home when sick, and the correct use of antiviral drugs *if your doctor recommends them.***

**Vaccines are the most effective measure for preventing influenza.**

**This year two different flu vaccines are needed, one effective against seasonal flu strains and one effective against the 2009 H1N1 Influenza virus.**

- While the 2009 H1N1 influenza virus has been the focus of attention since the spring, it is important that we do not forget the risks posed by seasonal influenza viruses.

**The 2009 H1N1 Influenza vaccine has been licensed.**

- One dose of vaccine is approved for persons ten and older. Two doses are needed for children 9 years old and younger.
- Initial vaccine shipments are expected to begin in late October.
- The health department is working with community partners to find ways to make the vaccine available as quickly as possible once it is released.
- The health department is also encouraging private providers to offer the new vaccine.

**Basic measures can help reduce the spread of germs.**

- Flu viruses spread from person to person through coughing or sneezing.
- When you are sick with the flu, stay at home or away from others until at least 24 hours after you are free of fever (100° F), or signs of a fever without the use of fever-reducing medications.
- Cover your mouth and nose with a tissue when you cough or sneeze. Throw your used tissues in the trash can.
- Clean your hands with soap and water or an alcohol-based hand cleanser often, especially when sick.