

WASHING  
HANDS FIVE  
TIMES A DAY  
CAN REDUCE  
YOUR ODDS OF  
GETTING THE  
FLU BY 30  
PERCENT.

# *Everything* you need to know about **H1N1**

Vancouver's Bonnie Henry is a one-woman virus annihilator, and not just because she has four different bottles of hand sanitizer in her desk. Over the past two decades, the physician and author of *Soap and Water & Common Sense* has helped beat back some of the world's ugliest outbreaks, from Ebola to SARS. There's no better person to ask about H1N1; read on for her honest take. **by Elaine O'Connor**



# 1 The big questions on everyone's mind surround the H1N1 vaccine: When will it be ready? Who will get it first?

Our government has contracted GlaxoSmithKline to produce enough vaccine for up to two doses for every Canadian. It should be ready for testing by September and, if it passes the safety and efficacy studies, available by early November. But we don't know whether one dose will do it or whether we will need two doses to develop immunity. As for who will get it first: We don't know yet. Health workers should be first in line; we need to be available to take care of people. And anybody who is at a higher risk for severe disease: pregnant women and people with asthma, diabetes, heart disease, lung disease or immuno-suppressive conditions such as cancer or HIV, should definitely be planning to get the vaccine.



## 2 Should kids be immunized?

Children six months and older should; it won't be as effective in younger babies because their immune systems aren't fully developed. However, infants can get some protection if their mother is immunized while they are in utero.

## 3 What about the side effects?

The most common one is soreness at the injection site; occasionally people will develop a fever for a day or two. Taking acetaminophen helps. More serious complications can happen, but this is estimated to occur only in about one in a million immunizations.

## 4 WHERE CAN WE GET IT? WILL WE HAVE TO PAY FOR IT?

Canada has planned for a pandemic and this includes providing a free vaccine to everyone who needs it. The vaccine will be available through local public-health units across the country and also, likely, at temporary clinics in shopping malls and schools.



## 5 Will the regular flu shot protect against H1N1?

No.

## 6 SO SHOULD WE STILL GET THE REGULAR SHOT?

**We don't know yet. The seasonal vaccine does contain [protection against] H<sub>3</sub>N<sub>2</sub>, another influenza virus circulating right now that's been causing severe disease among older people. But what we don't know is whether H<sub>3</sub>N<sub>2</sub> is going to be circulating at all this fall — we think H<sub>1</sub>N<sub>1</sub> will dominate.**

## 7 Are older people more likely to get sick?

No. Normally with seasonal influenza, the people most at risk for severe disease are those over 65. But what we're seeing [with H<sub>1</sub>N<sub>1</sub>] is that those between the ages of five and 50 are most likely to fall ill. If you have school-age kids, the odds that you or someone in your family will get sick are pretty high.

## 8 HOW SICK ARE THEY GOING TO GET?

*Generally, most people feel lousy for three to four days: headaches, muscle aches, sore throat, cough and fever. Children, even with a mild version of the disease, can get lethargic and not eat. Then there is the group that is more at risk (see question 1) — those people are ending up in hospitals with severe symptoms.*

## 9 How can you tell whether you have H1N1 or another flu virus?

If you're sick with the flu this fall, odds are you have H1N1.

## Five doctor-recommended online resources

Information on H<sub>1</sub>N<sub>1</sub> mutates daily; here are Henry's go-to sources. **by Elaine O'Connor**

### PUBLIC HEALTH AGENCY OF CANADA [Phac-aspc.gc.ca](http://Phac-aspc.gc.ca)

The latest news on vaccine development, along with guidelines for caring for flu patients at home.

### PUBLIC HEALTH AGENCY OF CANADA [Fightflu.ca](http://Fightflu.ca)

Easy-to-understand symptom guides and travel advisories.

### CANADIAN PAEDIATRIC SOCIETY [Caringforkids.cps.ca](http://Caringforkids.cps.ca)

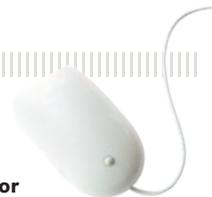
The lowdown on caring for kids with the flu.

### U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION [Cdc.gov/h1n1flu](http://Cdc.gov/h1n1flu)

Specific information for pregnant women and people who are HIV-positive.

### WORLD HEALTH ORGANIZATION [Who.int](http://Who.int)

A running total of laboratory-confirmed cases of H<sub>1</sub>N<sub>1</sub>, plus of-the-minute updates regarding global response to the disease.





## 10 **If we get sick, should we go to the ER?**

If you don't have an underlying condition, stay home. Most people recover without hospitalization and without antiviral medication. But if you do have an underlying condition, call your doctor. She can prescribe an antiviral over the phone. And, if you have difficulty breathing, call your doctor or nursing hotline. Kids who are struggling to breathe or have a persistent fever that doesn't respond to acetaminophen should be taken straight to the emergency room.

## 11 **Will anti-virals work?**

H1N1 is susceptible to Relenza and Tamiflu, which means if taken properly [within 48 hours of onset] they can help prevent a more severe version of the disease.

## 15 **We've heard that taking Aspirin or ibuprofen can worsen symptoms. Is that true?**

No, Aspirin and ibuprofen don't make influenza worse. But treating fevers with either of those drugs can, very rarely, lead to children developing [potentially fatal] Reye's syndrome. That's why the best medicine for reducing fever in children with influenza is acetaminophen.



## 16 **How long are sick people contagious?**

Individuals with H1N1 are infectious a little bit longer than those with seasonal influenza — up to seven days. So we're telling people to stay home until they feel they can fully participate in all activities.

## 12 **Is there a chance we could run out of antivirals?**

It's unlikely. Even if we get to the point where there is widespread disease, we have enough antiviral medication in our stockpile for early treatment for everyone we think will need it.

## 13 **JUST HOW DEADLY IS H1N1?**

It's very hard to tell. Most people who get sick don't see a doctor — they stay home and get better. But for those who are hospitalized, the current mortality rate is about the same as that of seasonal influenza; about one in 1,000. The difference is going to be in the bottom number. If 10 times as many people get H1N1, we are potentially going to see more people dying.

## 14 **How should we care for someone who has the flu?**

The patient should recover in a bedroom by themselves, preferably with their own bathroom. If they have a cough, they should wear a mask while others are in the room. Everyone else in the house should wash their hands often. Also make sure you frequently clean high-touch areas like doorknobs; the virus is easily killed by regular household cleaners. Other than that, the best treatment for H1N1 is lots of rest and hydration. Taking acetaminophen for fevers also helps.

## 17 **YOU USE HAND SANITIZERS RELIGIOUSLY. SHOULD EVERYONE?**

Washing your hands is still the best way to get rid of germs. But if you're not near a sink, use an alcohol-based hand sanitizer — one that's 60 to 90 percent ethanol or propanol — before you eat. They are very effective in killing the bugs we pick up from touching surfaces or coughing into our hands. Sanitizers that contain antibiotics aren't effective and can also lead to the development of resistant bugs.



## 18 **What else can we do before getting sick?**

People at higher risk for severe H1N1 should ask their doctors to help them come up with a plan in case they get the flu. Everyone else should stock up on food and tissues so they won't need to leave the house if they're sick. Talk to your family, friends and neighbours about putting a system in place to run errands for one another if you fall ill.

## 19 **Any final words of advice?**

We need to have a healthy level of concern about H1N1, but not fear. We will get through this. And the majority of people who will get sick are going to recover and be just fine.

## What SARS taught us

### The 2003 pandemic's silver lining.

by Flannery Dean

Allison McGeer, director of infection control at Mount Sinai Hospital in Toronto, knows how easy it is for medical professionals get sick. On the front lines during the SARS outbreak in 2003, she wound up with the illness herself. Wretched as it was, SARS underlined the importance of preparing for a crisis. "Since SARS, we've done a lot of pandemic planning," says the MD. To cope with a potential influx of H1N1 cases, hospitals across the country have already shifted into high gear, educating staff on how to prevent transmission, emphasizing hand hygiene and planning ahead for staff absenteeism. "Our ability to better protect patients and staff is substantial."