

Flu Season 2009-2010

Many people do not realize that influenza is one of the most infectious microbial diseases. Symptoms of this acute viral infection develop rapidly after an incubation period of about 2 days (1-4 day range), and include rapid development of a fever (101-102 F), myalgia, muscle weakness, sore throat, runny nose, and a severe, recurrent non-productive cough. Symptoms typically last for about 2-3 days, but can linger for up to a week. Although most clinical cases are self-limiting, certain virulent influenza virus strains circulating in the population can predispose patients to potentially life-threatening secondary pneumonia. You may have previously read that approximately 36,000 people die annually in the US from influenza complications. This number is based on recurring statistics collected over a period of years.

Since April of this year, global attention and concern have focused on the emerging A/H1N1 (i.e. "swine flu") influenza pandemic. This outbreak continues to spread in many countries with the real possibility of a second wave of severe infections beginning this Fall. Despite the current trends and predictions for A/H1N1 disease, however, we must not forget that we are already entering the 2009-2010 seasonal flu season. Many scientists and public health authorities believe that disease from seasonal flu viruses along with extensive pandemic A/H1N1 illness may cause this flu season to be worse than usual, with the result being an increased number of influenza cases, more hospitalizations, and subsequent deaths from complications.

Despite reports of severe illness and the potential for rapid spread of infection in patient care facilities, many health care professionals still fail to adequately protect themselves. Dental care providers are among the most at-risk health care workers (HCW) for contracting influenza, and yet I often hear comments like "I received the vaccine once years ago and came down with the flu a few days later from the injection so I am never getting that shot again."

This perception is conveyed to others and can make people fearful of vaccination. You as health care providers need to be armed with the appropriate information to counteract it.

At the outset you should be aware of fact that neither the available seasonal flu vaccine nor the soon-to-be-released A/H1N1 vaccine, which are administered by intramuscular injection, contain live influenza viruses. After cultivation in chick embryo tissue cells, harvested viruses are treated and inactivated with formalin. These inactivated microbes are then fragmented into viral components which are used as the immunizing agents. Thus, in addition to an absence of viable virions, the final preparation does not contain any intact viruses. Unfortunately, despite this quality control process the misperception of contracting influenza from inactivated vaccine remains a common HCW and public health concern.

Another common belief is that onset of respiratory symptoms during the winter months is synonymous with influenza. Please remember that there are a number of other viruses that cause flu-like symptoms during months when influenza virus transmission is most common. Both the flu and common cold show respiratory symptoms but they are caused by different viruses. In general the flu is much worse than a cold, with symptoms such as fever, body aches, extreme fatigue, and dry cough being more intense. Most people who have developed influenza have little doubt about what they had. Thus, the next time you hear someone say that they came down with the flu from the vaccine injection, consider that it wasn't an influenza virus infection after all. For additional information about these and other influenza topics, please consult the CDC website, www.cdc.gov.



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presented by

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