

H1N1 (swine flu) Information for Students, Faculty & Staff

There have been confirmed H1N1 cases and a death in Tennessee. The Center for Disease Control (CDC) reports that H1N1 is contagious and is spreading from human to human. The CDC will track cases by the week and not as a total for the State of TN. You can view the following website to be updated on new weekly cases <http://www.cdc.gov/h1n1flu/update.htm>.

What is novel H1N1 (swine flu)?

Novel H1N1 (referred to as “swine flu” early on) is a new influenza virus causing illness in people. This new virus was first detected in people in the United States in April 2009. This virus is spreading from person-to-person worldwide, probably in much the same way that regular seasonal influenza viruses spread. On June 11, 2009, the [World Health Organization](#) (WHO) raised the worldwide pandemic alert to Phase 6, which signaled that a pandemic of novel H1N1 flu was underway.

How does novel H1N1 virus spread?

Spread of novel H1N1 virus is thought to occur in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching something – such as a surface or object – with flu viruses on it and then touching their mouth or nose.

What are the signs and symptoms of this virus in people?

The symptoms of novel H1N1 flu virus in people include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with this virus also have reported diarrhea and vomiting. Severe illnesses and death has occurred as a result of illness associated with this virus.

How severe is illness associated with novel H1N1 flu virus?

Illness with the new H1N1 virus has ranged from mild to severe. While most people who have been sick have recovered without needing medical treatment, hospitalizations and deaths from infection with this virus have occurred.

In seasonal flu, certain people are at “high risk” of serious complications. This includes people 65 years and older, children younger than five years old, pregnant women, and people of any age with certain chronic medical conditions. About 70 percent of people who have been hospitalized with this novel H1N1 virus have had one or more medical conditions previously recognized as placing people at “high risk” of serious seasonal flu-related complications. This includes pregnancy, diabetes, heart disease, asthma and kidney disease.

One thing that appears to be different from seasonal influenza is that adults older than 64 years do not yet appear to be at increased risk of novel H1N1-related complications thus far. CDC laboratory studies have shown that children and few adults younger than 60 years old do not have existing antibody to novel H1N1 flu virus; however, about one-third of adults older than 60 may have antibodies against this virus. It is unknown how much, if any, protection may be afforded against novel H1N1 flu by any existing antibody.

How does novel H1N1 flu compare to seasonal flu in terms of its severity and infection rates?

With seasonal flu, we know that seasons vary in terms of timing, duration and severity. Seasonal influenza can cause mild to severe illness, and at times can lead to death. Each year, in the United States, on average 36,000 people die from flu-related complications and more than 200,000 people are hospitalized from flu-related causes. Of those hospitalized, 20,000 are children younger than 5 years old. Over 90% of deaths and about 60 percent of hospitalization occur in people older than 65.

When the novel H1N1 outbreak was first detected in mid-April 2009, CDC began working with states to collect, compile and analyze information regarding the novel H1N1 flu outbreak, including the numbers of confirmed and probable cases and the ages of these people. The information analyzed by CDC supports the conclusion that novel H1N1 flu has caused greater disease burden in people younger than 25 years of age than older people. At this time, there are few cases and few deaths reported in people older than 64 years old, which is unusual when compared with seasonal flu. However, pregnancy and other previously recognized high risk medical conditions from seasonal influenza appear to be associated with increased risk of complications from this novel H1N1. These underlying conditions include asthma, diabetes, suppressed immune systems, heart disease, kidney disease, neurocognitive and neuromuscular disorders and pregnancy.

How long can an infected person spread this virus to others?

People infected with seasonal and novel H1N1 flu shed virus and may be able to infect others from 1 day before getting sick to 5 to 7 days after. This can be longer in some people, especially children and people with weakened immune systems and in people infected with the new H1N1 virus.

The CDC offers the following for staying health:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. [Alcohol-based hand cleaners*](#) are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- If you are sick with flu-like illness, [CDC recommends that you stay home for at least 24 hours after your fever is gone](#) except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.) Keep away from others as much as possible to keep from making others sick.

The following website will give additional information on ways in flu prevention.
http://www.cdc.gov/flu/protect/habits.htm?s_cid=swineFlu_outbreak_internal_003

Is there a vaccination available?

There is no vaccine available right now to protect against novel H1N1 virus. However, a novel H1N1 vaccine is currently in production and may be ready for the public in the fall. For more additional information on the H1N1 vaccine go to the following website: <http://www.flu.gov/vaccine/vacresearch.html#campaign>

Which target populations will be the focus for the vaccine?

The committee recommended the vaccination efforts focus on five key populations. Vaccination efforts are designed to help reduce the impact and spread of novel H1N1. The key populations include those who are at higher risk of disease or complications, those who are likely to come in contact with novel H1N1, and those who could infect young infants. When vaccine is first available, the committee recommended that programs and providers try to vaccinate:

- pregnant women,
- people who live with or care for children younger than 6 months of age,
- health care and emergency medical services personnel,
- persons between the ages of 6 months through 24 years of age, and
- people from ages 25 through 64 years who are at higher risk for novel H1N1 because of chronic health disorders or compromised immune systems.

The groups listed above total approximately 159 million people in the United States.

The committee does not expect that there will be a shortage of novel H1N1 vaccine, but availability and demand can be unpredictable. There is some possibility that initially the vaccine will be available in limited quantities. In this setting, the committee recommended that the following groups receive the vaccine before others:

- pregnant women,
- people who live with or care for children younger than 6 months of age,
- health care and emergency medical services personnel with direct patient contact,
- children 6 months through 4 years of age, and
- children 5 through 18 years of age who have chronic medical conditions.

The committee recognized the need to assess supply and demand issues at the local level. The committee further recommended that once the demand for vaccine for these prioritized groups has been met at the local level, programs and providers should begin vaccinating everyone from ages 25 through 64 years. Current studies indicate the risk for infection among persons age 65 or older is less than the risk for younger age groups. Therefore, as vaccine supply and demand for vaccine among younger age groups is being met, programs and providers should offer vaccination to people over the age of 65.

The committee also stressed that people over the age of 65 receive the seasonal vaccine as soon as it is available. Even if novel H1N1 vaccine is initially only available in limited quantities, supply and availability will continue, so the committee stressed that programs and providers continue to vaccinate unimmunized patients and not keep vaccine in reserve for later administration of the second dose.

The novel H1N1 vaccine is not intended to replace the seasonal flu vaccine. It is intended to be used alongside seasonal flu vaccine to protect people. Seasonal flu and novel H1N1 vaccines may be administered on the same day.

What should students, faculty or staff do if they have flu like illness?

- Students, faculty or staff who live either on or off campus and who have influenza like illness (ILI) should self-isolate (i.e., stay away from others) in their dorm room or home [for at least 24 hours after their fever is gone](#) except to get medical care or for other necessities (their fever should be gone without the use of a fever-reducing medicine). They should keep away from others as much as possible. This is to keep from making others sick.
- If possible, persons with ILI who wish to seek medical care should contact their health care provider or campus health services to report illness by telephone or other remote means before seeking care. Institutions should assure that all students, faculty and staff receive messages about what they should do if they become ill with ILI, including reporting ILI to health services.
- If persons with ILI must leave their home or dorm room (for example, to seek medical care or other necessities) they should cover their nose and mouth when coughing or sneezing. A surgical loose-fitting mask can be helpful for persons who have access to these, but a tissue or other covering is appropriate as well. (See [Interim Guidance for H1N1 Flu \(Swine Flu\): Taking Care of a Sick Person in Your Home](#)).
- Roommates, household members, or those caring for an ill person should follow guidance developed for caring for sick persons at home. (See [Interim Guidance for H1N1 Flu \(Swine Flu\): Taking Care of a Sick Person in Your Home](#)).

For additional guidance for Institutions of Higher Education and Post-secondary Education Institutions go to the following website: <http://www.cdc.gov/h1n1flu/institutions/guidance/>

To stay updated and receive additional information on the flu and H1N1 virus, please refer to the following websites.

- http://www.cdc.gov/h1n1flu/general_info.htm
- <http://health.state.tn.us/H1N1.htm>
- <http://www.webmd.com/cold-and-flu/flu-guide/when-call-doctor-about-flu>
- <http://flu.gov/>
- <http://www.who.int/en/>