

# Seasonal and H1N1 Flu: What You Need To Know

This document is intended to help you and your family stay well-informed about regular, seasonal influenza (flu) as well as H1N1 (Swine) flu as fall and winter approaches.

## Important Facts:

- H1N1 flu is not, so far, a particularly severe disease for those who are healthy and not in high risk groups.
- Reports from the southern hemisphere, where winter flu season is underway, indicate that, so far, no genetic mutation of the virus has occurred. This means that the vaccine currently being developed is likely to be effective.
- The H1N1 flu vaccine is in clinical trials and may be ready by fall or early winter. It is likely to consist of two, separate injections. This vaccine does not replace the seasonal flu vaccine.
- The seasonal flu vaccine will be available at Bay Valley Medical Group mid-October, if not earlier, and will be the standard single injection.
- Both vaccines are recommended, per the priority groups outlined on reverse side.
- Antiviral medications (Tamiflu and Relenza) are only indicated for vulnerable people at high risk for complications. These medications do not “cure” the flu but may shorten the length and decrease the severity of the illness. According to the World Health Organization, widespread use of these agents could lead to resistant viruses, leaving the world with few resources to fight H1N1 flu.
- Antibiotics do not work against viruses.

- Healthy people who have mild to moderate flu symptoms do not need treatment, except symptomatic relief provided by acetaminophen (Tylenol) or ibuprofen (Motrin/Advil) and cough suppressants.
- Rapid flu tests are not reliable and should not be relied upon to diagnose H1N1 or seasonal influenza. Physicians and other health care providers will order viral cultures or RT-PCR tests for seriously ill, hospitalized patients, when clinically indicated.
- Both types of influenza have similar symptoms including cough, fever, fatigue, runny nose, sore throat, body aches and chills. Nausea, vomiting and diarrhea are not symptoms of influenza.
- Recommended home treatment is acetaminophen (Tylenol, Tempra, Panadol) or ibuprofen (Motrin, Advil) to help reduce fever and relieve body aches.
- Stay home from work or school until fever (100F or higher) is gone without the use of fever-reducing medications.
- Children under 19 years of age should never use aspirin if they have suspected flu.

## Prevention

The following measures are strongly recommended to decrease the chance of spreading either seasonal or H1N1 flu.

- Wash your hands frequently with soap and water or alcohol-based sanitizer.
- Cough into tissue or your sleeve (inner part of elbow).
- Stay home if you are sick.
- Return to school or work 24 hours after fever (100°F or higher) is gone without the use of fever-reducing medications.

## Warning Signs Children

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Severe or persistent vomiting
- Not waking up or not interacting
- Being so irritable that the child doesn't want to be held
- Flu-like symptoms improve but then return with fever and worse cough
- Severe or persistent headache, neck stiffness, or lights seem too bright

## Adults

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms improve but then return with fever and worse cough
- Severe or persistent headache, neck stiffness, or light seems too bright

See reverse side for vaccination priority groups and additional resources ►



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# Priority Groups For Vaccines

## Seasonal Flu Shot

1. Children from 6 months through 18 years of age
2. Women who will be pregnant during the flu season
3. Anyone with long-term health problems: heart disease, kidney disease, liver disease, lung disease, metabolic diseases such as diabetes, asthma, anemia, and other blood disorders
4. Anyone with a weakened immune system due to HIV/AIDS or other diseases affecting the immune system; long-term treatment with drugs such as steroids; cancer treatment with x-rays or drugs
5. Anyone with certain muscle or nerve disorders (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems
6. Anyone 6 months through 18 years of age on long-term aspirin treatment (they could develop Reye Syndrome if they got influenza)
7. Residents of nursing homes and other chronic-care facilities
8. Anyone who lives with or cares for people at high-risk for influenza-related complications:
  - Health care providers
  - Household contacts and caregivers of children from birth up to 5 years of age
  - Household contacts and caregivers of people 65 years and older, or anyone with medical conditions that put them at higher risk for severe complications from influenza

## H1N1 Flu Shot

1. Pregnant women
2. People who live with or care for children younger than 6 months of age
3. Health care and emergency medical services personnel with direct patient contact
4. Children 6 months through 4 years of age
5. Children 5 through 18 years of age who have chronic medical conditions or require chronic aspirin therapy
6. Persons 5 years through 24 years of age
7. People from ages 25 through 64 years who are at higher risk of H1N1 because of chronic health disorders or compromised immune systems

**Note: If there is an initial shortage of H1N1 flu vaccine, groups 1—5 are the highest priority. Since the H1N1 flu is generally less severe in those 65+, once the supply and demand for the vaccine for younger groups are met, then the vaccine may be offered to those 65+.**

## Additional Resources:

- [www.cdc.gov](http://www.cdc.gov)
- [www.flu.gov](http://www.flu.gov)
- **1-800-CDC-INFO**
- **Bay Valley Medical Group**  
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