# Getting Ready for Two Flus

## Primary Care Physicians Brace for Busy Season

A primary care physician working in Pentucket Medical's busy Newburyport office, Stephen Beaudoin, MD, sees the arrival of the 2009 H1N1 pandemic from a perspective informed by years of treating patients with the seasonal flu.

Asked if he has ever seen anything like this new virus, Dr. Steven Beaudoin replies, with a slight smile, "Every fall, every winter – it's a flu!"

Not that he or his colleagues are taking H1N1 lightly. With reports of H1N1 symptoms that are so far mild, an immediate concern of many in the medical community centers on meeting the demand for services.

"Because current version of the H1N1 virus *is* somewhat new," he explains, "many folks do not have immunity or protection against it, so it's spreading more easily to more people over a shorter period of time. This is one of the largest concerns – having folks become ill in a short period of time, and having the resources to take care of them."

Many who come down with the flu need not see their doctor, he says, though there are exceptions.

"If you get H1N1, and the symptoms are mild, it's not required that you receive treatment," Dr. Beaudoin says. "You can stay home and use the usual treatment for a fever and for any discomfort you might have, and keep well hydrated. As best we can tell, you're probably not going to feel well for about a week. The fever may last three or four days and you may actually be contagious from the day before you are ill. You can count on a good week."

*Stephen Beaudoin, MD,*
*Pentucket Medical Internal Medicine*

"If someone in your house comes down with the virus, don't panic, " he adds. The person who is ill should be careful to cover coughs and sneezes and wash their hands. People who are around whoever's sick should be utilizing some hand-sanitizing liquid in the home to reduce the spread within the house. This should be very possible to do."

However, there *are* those who should take particular care about H1N1.

"Similar to the seasonal flu," he cautions, "the folks that are more at risk for complications are going to have more morbidity if they catch H1N1. So if you have emphysema, heart failure, diabetes or some kind of immune suppression you're more at risk to become more ill, and the vaccine is all the more important in these situations. People with these sort of medical histories will be prioritized to receive vaccination."

If a person whose condition puts them at higher risk should come down with the flu, there are options for treatments, including anti-viral medications.

"There are times when, even if you are vaccinated, it may be necessary to consider using anti-virals," Dr. Beaudoin says. "However, their usefulness is to reduce the degree of symptoms or reduce the number of days of fever by one or two days, and then only if the treatment is administered within 48 hours of the appearance of symptoms. So the primary focus is not getting the infection in the first place."

And the value of testing to see if one has H1N1 is somewhat limited, he believes.

"There *is* testing," he says. "But in actuality what's being seen currently is 90 percent H1N1 – we're not seeing much activity with the seasonal strains at this time. And in any case, the treatment for both H1N1 and seasonal flu is pretty much the same."

He stresses that this year, two vaccinations are needed.

"Folks should have their seasonal vaccine shots as they normally would. There are folks who are more at risk for the 2009 H1N1 virus, and these tend to be those that would typically be less at risk for the seasonal virus. For example, younger folks who haven't developed immunity through prior infections or prior vaccinations and they also have more exposure, they're in the schools or they're in the workplace. So vaccination is more important for younger folks, particularly those who have other high-risk issues as well."

*Please see Dr. Beaudoin, page 10*

# Getting Ready for Two Flus

*Dr. Gross, from page 4*

pandemics in general, such as occurring in an off time of year, and causing illness in somewhat atypical patients who don't usually get influenza in most years.

***Why is 2009 H1N1 virus sometimes called "swine flu"?***

This influenza is not being referred to as swine flu anymore, primarily to avoid misleading people into believing that they can acquire this influenza from swine or from pigs, which is not the case. The influenza virus itself primarily affects three types of species – humans, birds and pigs. Different strains of influenza affect different species – bird flu is primarily found in birds, and not people and pigs, swine flu is primarily found in pigs and not in birds or people. Some strains of influenza can affect more than one species. When different strains occur in one species at the same time, they can combine in different ways to form completely new types of influenza. H1N1 was initially thought to have come from pig flu but further research has shown that it is more complicated, containing parts of pig, bird and human flu, rearranged into a brand new type of virus. So the term swine flu refers to the species of origin, not to how it's acquired.

*Dr. Beaudoin, from page 8*

"Currently we're in the midst of administering seasonal vaccine and we're about a month earlier than prior seasons. We hope that in the next few weeks we can start administering the H1N1 vaccine. The recommendation would be to keep in contact with your health care providers and we'll let everyone know when it's here."

As noted elsewhere, the H1N1 vaccine is expected to be available later this fall. The seasonal flu vaccine is available now, and it is recommended for most of those in the groups above, as well as for adults older than age 50. We recommend that those who are not sure if they need a shot speak with their physician or consult the CDC website, www.cdc.gov/flu/protect/keyfacts.htm.

**What vaccine won't do – cause illness**

Dr. Gross says that there are some mistaken notions about vaccinations, including the incorrect belief that a flu shot can make one sick.

"It's not possible to acquire any illness from the flu shot," he says. "The flu shot is an inactivated virus, it does not contain any virus that can replicate in the body or cause illness."

"One issue that comes up is that the same time of year that the flu shot is recommended is the same time that many different respiratory illnesses are circulating. An influenza shot itself only protects against the specific influenza virus for which it is designed, it does not protect against a common cold, which is due to a lot of other viruses. So there is often a coincident upper respiratory infection around the time that one receives the flu shot."

"There is also an intranasal flu vaccine that is a little different," he says. "The intranasal flu vaccine is a live virus, but it does not cause a flu virus. It stimulates immunity to the flu virus, but does not cause a flu."

**The new vaccine is safe**

"One question that I'm asked very often is, 'how safe is the new H1N1 vaccine?' At this point it is not a completely new vaccine, it is just a new type of the usual influenza vaccine, and it is being manufactured in the same way as usual influenza vaccine. So it's not a new flu shot, it's just a new type of the usual flu shot, and for that reason I don't foresee any problems with the H1N1 vaccine, no more than have been seen with the seasonal vaccine, which is really quite minimal."