

Partners in Health
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The Flu and Flu Vaccines ... 2011-12

Partners in Health urges patients and others to prepare for the coming flu season.

Administration of the 2011-12 seasonal flu vaccine is now underway in our office. Patients who have an appointment scheduled in the coming weeks may get their flu shots during the appointment. Flu shots are also available at Flu Shot Clinics when no appointment is necessary. Watch our website (www.PIHdocs.com) for information about upcoming clinics, or call our Flu Shot Hotline at 812/532-3650 for a recorded message.

What you should know about the flu and getting a flu shot. Read more below.

Payment and insurance information about your Flu Shot. Read more below.

Flu Vaccines Available for Patients

Partners in Health is now administering the 2011-12 seasonal influenza vaccine.

For 2011-12, the US Centers for Disease Control and Prevention (CDC) is recommending that ALL persons age 6 months and older receive the seasonal vaccine, as long as there is no medical contra-indication against it. One of the components of the trivalent seasonal vaccine will be effective against the 2009 H1N1 virus. Most people receiving the vaccine will require only one flu shot for the 2011-12 flu season. (Children 8 years of age and younger who have never received the vaccine before may need 2 doses of the seasonal vaccine).

Because the influenza season is unpredictable, and peak flu activity can occur any time between October and the end of March, the CDC is recommending that seasonal immunization against the flu begin earlier this year than in previous years. The vaccine requires about two weeks to develop full immunity in the body and provides protection against the three most common strains of the flu for about 12 months. Deliveries of flu vaccine throughout the U.S. have already begun, and the CDC recommends that we begin administering the flu vaccine as soon as we receive it.

At PIH, we have begun administration of the flu vaccine to patients already scheduled for routine appointments or blood work and at our Flu Shot Clinics. Watch our website (www.PIHdocs.com) for information about clinic dates and times, or call the Flu Shot Hotline at 812-532-3650 for a recorded message.

What You Should Know About the Flu and Flu Shots

The arrival of fall in southeastern Indiana reminds us all that the winter flu season is just around the corner.

Using information from the US Centers for Disease Control and Prevention (CDC), the physicians of Partners in Health want you to be informed about the signs, symptoms and dangers of influenza and how you can prevent the flu by getting a flu shot.

What is Seasonal Influenza?

“Seasonal” Influenza is a potentially serious disease caused by an airborne virus that rapidly spreads from infected persons to others. The influenza season in the U.S. is from November through April each year. The peak of reported cases usually occurs in February (12 seasons of the last 26) or January (5 seasons of the last 26). The illness is more active in colder months: as outside temperatures drop, people tend to spend more “group time” indoors in confined spaces, facilitating the spread of the virus from person to person via coughing, sneezing, and touching of contaminated environmental surfaces.

People of any age can get influenza. **Influenza -- commonly called “the flu”-- is characterized by acute onset of fever (although it is important to note that not everyone with the flu will have a fever), headache, extreme fatigue, sore throat, dry cough, runny or stuffy nose, chills and/or muscle aches. Children can have additional gastrointestinal symptoms, such as nausea, vomiting and diarrhea,** but these symptoms are uncommon in adults. Although the term “stomach flu” is sometimes used to describe vomiting, nausea, or diarrhea, these symptoms are usually caused by other viruses, bacteria, or parasites, and are rarely related to influenza in adults.

Influenza is transmitted when the virus is expelled from the body of an infected person who coughs or sneezes. Droplet particles containing the virus can remain in the air and be inhaled by others through the nose or mouth. Droplet particles can also fall and contaminate surfaces such as counters, desk or table tops, doorknobs or telephone handsets; the virus can live 2-8 hours on these surfaces. An uninfected person can contract the flu by touching these contaminated surfaces and then touching the eyes, nose, or mouth.

Those infected with flu virus are able to infect others with it beginning one day *before* symptoms develop and up to 5-7 days *after* becoming ill. Children, especially younger children, and people with weakened immune systems might potentially be contagious for longer periods.

Every year in the United States, **outbreaks** (higher than usual number of cases of an illness) of influenza typically lead to **epidemics** (when disease spreads rapidly and widely in a localized region or country). On average, 5-20% of the population gets the flu. Most people are ill for only a few days, but some become sicker and about 226,000 require hospitalization each year. Influenza causes an average of 34,000 deaths each year, mostly among the elderly. Influenza can, in some instances, make elderly and debilitated patients more susceptible to serious bacterial

pneumonias, dehydration, and worsening of chronic conditions such as CHF, asthma, or diabetes. Children may get sinus problems and ear infections as complications of the flu.

What is 2009 H1N1 Influenza (formerly called Novel H1N1 or Swine Flu)?

A “novel H1N1 infection” was first identified in the U.S. in the spring of 2009. This new version of the H1N1 virus was found to be readily spread from person to person, and to have symptoms like those of seasonal flu, including fever, cough, sore throat, body aches, headache, chills and fatigue.

The 2009 H1N1 influenza virus caused the first influenza **pandemic** (global outbreak of disease caused by a new flu virus) in more than 40 years. More than 70 countries had reported cases of the 2009 H1N1 influenza by June, 2009, when the World Health Organization (WHO) declared a global pandemic. By the time the pandemic was declared ended in Summer, 2010, it was estimated that more than 60 million people in the U.S. had contracted influenza due to the H1N1 virus, with more than 270,000 hospitalizations and over 12,000 deaths.

It is felt likely that the 2009 H1N1 influenza virus will continue to circulate and cause illness in the U.S. during the 2011-12 flu season.

Why Get the Vaccine?

The yearly flu vaccine is the first and most important step to take to protect against influenza. For one thing, it is highly effective in preventing you from getting the flu from the influenza viruses in circulation. In addition, it can give you limited protection against different, related viral strains that may appear during the season.

Getting the flu vaccine for yourself also gives important benefits to your community. By reducing your own chances of getting the flu, you also reduce your chances of spreading the flu to others. Remember, some people cannot take the flu vaccine because of age or medical contra-indications. If you can take the flu vaccine, you should take it to protect loved ones and strangers who are unable to get this protection for themselves.

For 2011-12, the seasonal influenza vaccine formulation contains the 2009 H1N1 virus strain, as well as two other strains of flu predicted to be in circulation during flu season. Only one shot is needed to provide immunity against these three most common strains of the flu. Infants and children, depending on their age and individual vaccine history, may require two doses of the seasonal influenza vaccine.

Timing

Protection from the flu vaccine develops about 2 weeks after the vaccine is administered and lasts about a year. In the past, patients were advised to receive the vaccine starting October 1. However, in 2009, the peak of H1N1 activity occurred in late September-October, and each flu season can be unpredictable. Therefore, for 2011, the CDC is recommending that the vaccine be

administered as soon as it is available from the manufacturers. PIH began administering the vaccine soon after Labor Day in early September, 2011.

Children nine years of age and older and adults need **one shot**. Infants age 6 months to 35 months need two half-dose shots, one month apart, the **first** time they receive the vaccine. Children less than 9 years old need **two shots**, given one month apart, the **first** time they are vaccinated against influenza. Children who received only 1 dose of a seasonal influenza vaccine in the first influenza season that they received vaccine should receive 2 doses, rather than 1, in the following influenza season.

Target Groups for 2011-12 Seasonal Flu Vaccine

The CDC recommends a yearly flu vaccine for **all persons age 6 months and up**. The flu vaccine is especially important for certain **high-risk groups**, including:

- Adults age 65 and older
- Pregnant Women
- People who have medical conditions including
 - Asthma (even if it is controlled or mild)
 - Neurological and neurodevelopmental conditions (including disorders of the brain, spinal cord, peripheral nerves, and muscle such as cerebral palsy, epilepsy, seizure disorders, stroke, intellectual disability/mental retardation, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury)
 - Chronic lung disease (such as COPD and cystic fibrosis)
 - Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
 - Blood disorders (such as sickle cell disease)
 - Endocrine disorders (such as diabetes mellitus)
 - Kidney disorders
 - Liver disorders
 - Metabolic disorders (such as inherited metabolic disorders or mitochondrial disorders)
 - Weakened immune system due to disease or medication (such as people with HIV or AIDS, or cancer, or those on chronic steroids)
 - People younger than 19 years of age who are receiving long-term Aspirin therapy
 - People who are morbidly obese (with Body Mass Index, or BMI of 30 or greater)
 - American Indians and Alaskan natives, who seemed to be at higher risk for flu complications in the 2009 flu season
- Residents of long term care facilities (such as nursing homes or assisted living centers that house and care for persons with chronic medical conditions)
- People who live with or care for those at high risk for complications from the flu, including
 - Health Care Workers
 - Household contacts of persons at high risk for complications from the flu

- Household contacts and caregivers of children younger than 5 years of age with particular emphasis on vaccinating contacts of children younger than 6 months of age (Children younger than 6 months of age are at highest risk of flu-related complications but are too young to get vaccinated).
- People who provide essential community services (e.g. policemen)
- Persons traveling to the southern hemisphere between April and September, or to the tropics at any time
- Persons living in dormitories or in other crowded conditions, to prevent outbreaks
- People who work in schools/day care

Contra-Indications for the Flu Vaccine

The flu vaccine should not be given under the following conditions:

- To persons with allergy/hypersensitivity to eggs, egg products, or chicken products.
- To persons with active respiratory illness or infection or with fever(s) within the past week. These persons may receive the vaccine when they are recovered.
- To persons with allergy/sensitivity to Thimerosal, Formaldehyde and or Sulfites.
- To persons with a history of allergic reaction (difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, rapid heart beat, or dizziness) to the flu vaccine in the past.
- To persons with a history of febrile convulsions, bleeding disorders, Guillain Barre Syndrome or other neurological disorders.

Getting the Flu after the Vaccine

Many patients refuse the flu vaccine because they are convinced that it will give them the flu. The viruses in the vaccine are killed, so **you cannot get influenza from the vaccine.**

It is possible to experience a **mild reaction** to the vaccine, including soreness, redness, or swelling at the site where the shot was administered, fever, and aches, beginning soon after the shot and lasting 1-2 days.

It is also possible to get influenza even if you are vaccinated. Influenza viruses mutate (change) often. The influenza virus is updated each year to include the three viruses expected to be the most prevalent that year. It is possible to contract influenza from a virus not covered in this year's shot; however, studies have shown that vaccinated people who do get a related but different strain of influenza often have a milder case than those who did not get the shot.

Also, many people call any illness with fever and cold symptoms "the flu," and they may expect the influenza vaccine to prevent all such illnesses. But influenza vaccine is effective **only** against illnesses caused by the influenza virus, and not against other illnesses.

Reactions to the Vaccine

As noted above, many people receiving the flu vaccine experience mild problems, including soreness, redness, or swelling at the site of vaccine administration, fever, and aches, usually occurring soon after the shot and lasting 1-2 days.

Life-threatening allergic reactions are very rare. If they do occur, they usually appear within a few minutes to a few hours after the shot. **Patients who experience high fever or behavior changes, difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, rapid heartbeat, or dizziness following the shot should contact their physician immediately.**

In 1976, swine flu vaccine was associated with a severe paralytic illness called Guillain-Barre Syndrome (GBS). In GBS, the body damages its own nerve cells (outside of the brain and spinal cord) resulting in muscle weakness and sometimes paralysis. GBS can last for weeks to months. Most people eventually recover completely, but some people have permanent nerve damage and 5-6% of people with GBS die. GBS is not completely understood, but it is thought it might be triggered by a virus, often preceded by an episode of respiratory or intestinal illness. In 1976, vaccination with the swine flu vaccine was associated with getting GBS. Influenza vaccines since then have not clearly been linked to GBS; however, if there is a risk of GBS from current influenza vaccines, it is estimated at 1-2 cases per million persons vaccinated, much less than the risk of severe influenza. It is recommended that persons who have already had GBS not take the flu vaccine.

Influenza Prevention

Take action to protect yourself and those you love from contracting the flu:

- 1) Receive the flu vaccine, your best protection against influenza.
- 2) Get plenty of rest and exercise, and eat a healthy diet
- 3) Take everyday precautions to prevent the spread of influenza germs
 - Wash your hands often with soap and water, rubbing your hands for 15-20 seconds (about the time it takes to sing the ABC song). If water is not readily available, use a waterless alcohol based antibacterial hand cleaner, rubbing it on the hands for 15-20 seconds
 - Try not to touch your eyes, nose or mouth, since germs can be transferred from environmental surfaces in this way
 - Use antibacterial wipes, especially on objects and surfaces you share with others (telephone handsets, computer keyboards, desks and countertops, door handles and knobs, etc)
 - Stay away from people who are ill, if you can. If your job duties require you to be in contact with people with influenza-like illness, wear a face mask.

What To Do To Treat the Flu

If you develop **influenza-like illness (ILI)**, including fever, headaches, extreme fatigue, dry cough, sore throat, runny/stuffy nose, muscle aches), you should

- 1) Stay away from other people as much as you can to prevent spread of the disease to them. Stay home from work or school, and do not make trips to the store, pharmacy, mall, movies, sporting events, church, etc. You can spread the virus to others one day *before* symptoms appear, and up to 5-7 days *after* symptoms appear. If you have ILI with a fever, you should stay away from others until your fever has been gone for at least 24 hours without fever-reducing medications.
- 2) If you have an infant under 6 months of age, or share a household with persons who have not yet had the flu vaccine or who are unable to take the flu vaccine due to medical contra-indications, limit your contact with them as much as possible. If you must be in contact with them, consider wearing a face mask.
- 3) Rest
- 4) Take plenty of fluids to avoid dehydration. Stay away from alcohol and caffeine-containing liquids such as tea, coffee, or colas. Water, clear broths, or sports drinks are good choices to prevent dehydration. If you are too weak to drink from a cup, use a squeeze bottle or straw, or suck on ice chips or frozen popsicles.
- 5) Eat a light healthy diet
- 6) Cover your nose and mouth with a tissue when you cough or sneeze, and throw the tissue away after you use it. Tissues on the bed, nightstand, table or countertops can spread the virus to these surfaces, where they can live for 2-8 hours. Wash your hands after handling used tissues.
- 7) If you do not have a tissue handy, cough or sneeze into the “crook” of your arm or your upper sleeve, rather than into your hand.
- 8) To relieve a dry cough, try using a humidifier or cough drops/hard candy to soothe the throat. Your physician or pharmacist may also recommend an over the counter cough medication that is good for dry cough.
- 9) For sore throat pain, try gargling with warm saline solution (1 tsp salt in 1 cup of warm water).
- 10) If you have a fever, you may take medications containing acetaminophen (such as Tylenol) or ibuprofen (such as Motrin), provided they are not otherwise medically contra-indicated (If you already take a medication for pain, or if you have ever been told not to take certain pain medications, check with your physician before taking any new over-the-counter pain or fever reducers.) These medicines generally take 30-45 minutes to have any effect on a fever, and they may reduce the fever without bringing temperature back to normal. Cool damp cloths on the forehead or washing the arms and body with a cool damp cloth may also help reduce a fever and help you rest better.
- 11) Take antiviral drugs (such as Tamiflu or Relenza) if your doctor says you need them
 - Flu antiviral drugs can treat the flu, but must be prescribed by a health care provider.
 - Antiviral drugs can make influenza illness milder and shorten the time you are sick. They may also prevent serious flu complications.
 - For treatment, antiviral drugs should be started within 48 hours of getting sick
 - If cases of the flu are widespread, antiviral drugs may be in short supply, and may be reserved for those at greatest risk of complications from the flu.

- During influenza outbreaks, variant strains of influenza virus may develop, some of which prove to be resistant to antiviral drugs. The CDC monitors this situation and makes recommendations regarding the efficacy of antiviral drugs throughout the influenza season.
- 12) If you are mildly ill with the flu, there may be no need to be seen by your physician at the office, and you should not go to the Emergency Room for treatment for mild influenza-like illness, for fear of infecting others or of contr. **However, seek medical attention immediately if the following symptoms appear:**
- Difficulty breathing or shortness of breath
 - Pain or pressure in the chest or abdomen
 - Sudden Dizziness
 - Confusion
 - Severe or persistent vomiting
- In children, additional dangerous warning signs include**
- Fast breathing or trouble breathing, or bluish skin color
 - Not drinking enough fluids
 - Not waking up or not interacting
 - Irritability to the point of not wanting to be held
 - Fever with a rash
 - Symptoms that improve, but then return with fever and worse cough
 - The doctor should be contacted for fever in any infant younger than 3 months

Third Party Payment for the Flu Vaccine

Medicare will cover the vaccine again in 2011-12. When Medicare covers the vaccine they pay in full for the shot, with **no** co-payment or deductible.

Medicaid/MDwise will pay for the pediatric dose for children age 6 months-35 months. If two shots are required, Medicaid/MDwise will pay for each individual dose.

Pregnancy patients covered by Medicaid have variable coverage: Patients with Package B have no coverage for the flu vaccine, but it is covered for patients with Standard A coverage.

Some managed care plans cover the vaccine, some do not. Some that do cover it apply the co-payment provision to it. Sometimes the flu vaccine is **not a covered service**, and, if not covered, the patient is responsible for payment. Many traditional indemnity insurance **do not** cover routine and preventive services, like the flu and pneumonia vaccines. If there are any questions regarding coverage, patients should check with their plan directly.

Patients with traditional insurance who believe their insurance will not pay for their vaccine and self-pay patients without insurance are urged to pay for their vaccines at the time given, to keep paperwork costs low. If paid in advance (prior to receiving vaccine) they may receive the vaccine for the discounted price of \$35.00 (\$30.00 for each pediatric

half-dose). If they prefer to be billed for the vaccine or if they prefer to wait to pay until after insurance has been filed, the cost will be \$42.00 (\$37.00 for each pediatric half-dose). Patients who wish to receive the discount should make their payment prior to receiving the shot. Payments may be made with cash, check, money order or credit card.

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