

## Frequently Asked Questions About H1N1 (formerly known as Swine Influenza)

**Please note:** A physician's screening and treatment plan for any particular patient will be individualized. Physicians, employees and members are encouraged to refer to these and other reliable sources as their individual clinical situations may require. Coventry Health Care does not exercise any control or direction over a treating provider's medical judgment or clinical decisions, or interfere with the physician/patient relationship. Coverage of services is subject to the terms and conditions of your benefit plan.

### What is the Novel H1N1 (Swine Flu)?

Novel H1N1 is a respiratory disease of pigs caused by type A influenza viruses. Pigs get infected with "swine flu" every year. Humans do not normally get swine flu, but people who come into close contact with pigs can get infected. H1N1 (Swine influenza) is NOT contracted from ingesting properly cooked pork.

### What are the signs and symptoms of H1N1 in people?

The symptoms of swine flu in people are similar to the symptoms of seasonal human flu and include fever, cough, sore throat, body aches, headache, chills and fatigue. Some people have reported diarrhea and vomiting associated with H1N1 flu. In the past, like seasonal flu, severe illness (pneumonia and respiratory failure) and deaths have been reported with H1N1 infection in people. Also like seasonal flu, H1N1 may cause a worsening of underlying chronic medical conditions.

### Is this H1N1 (swine flu) virus contagious?

The CDC has determined that the H1N1 virus associated with the outbreak in the spring of 2009 is contagious. It is possible for this virus to spread from human to human. However, at this time, it is not known how easily the virus spreads between people. H1N1 was declared a pandemic on June 11, 2009 by the World Health Organization (WHO).

People with H1N1 should be considered potentially contagious as long as they have symptoms and possibly for up to seven days after illness onset. Children, especially younger children, might be contagious for longer periods. The CDC is constantly updating information on their website. The CDC reported the individuals

with the H1N1 virus could return to work or school 24 hours after fever is normal.

### What is being done about H1N1?

The federal government is monitoring the situation and working with local, state, and public health agencies to gather information.

Public health officials have increased monitoring in the United States and in Mexico. People are asked to contact their public health office and their doctors if they believe they have been exposed to swine flu. The CDC is posting the latest information about the swine flu outbreak in the U.S. and Mexico on their website at [www.cdc.gov/h1n1flu](http://www.cdc.gov/h1n1flu).

### What can you do to protect yourself against H1N1?

At this time there are no travel restrictions in place for any country. Please continue to watch for any travel advisories that may be posted on the CDC website.

There are some simple steps that people can take to help prevent the spread of germs that cause diseases, including H1N1.

- 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 or anti-bacterial hand cleaners also work.
- Try to avoid close contact with sick people.

If you get sick with the flu or a flu-like illness, you should:

- Call your doctor or health care provider.
- Stay home from work or school.
- Stay away from others to avoid infecting them.
- Avoid touching your eyes, nose, or mouth as germs spread this way.

### Do I still need the seasonal flu vaccine or will the H1N1 vaccine protect me?

This year, people should get both the H1N1 vaccine and the seasonal flu vaccine if they are in a high-risk group. The H1N1 vaccine WILL NOT protect you from the seasonal flu.

## How serious is H1N1?

It is too soon for anyone to know how serious the 2009 outbreak of swine flu infection will be. Please continue to monitor the situation at [www.cdc.gov/h1n1flu](http://www.cdc.gov/h1n1flu). You may also follow developments on the U.S. Department of Health and Human Services (DHHS) website at [www.dhhs.gov](http://www.dhhs.gov).

## Are there antiviral medications that treat H1N1?

Recommendations for use of an antiviral may change as more information becomes available. The most recent recommendations were released on September 8, 2009 by the CDC:

- Most people with influenza will recover without complications.
- Some people are at increased risk of influenza complications and are prioritized for treatment with influenza antiviral drugs this season. They include:
  - People hospitalized with suspected or confirmed influenza
  - People with suspected or confirmed influenza who are at higher risk for complications
  - Children younger than 5 years old (children under 2 years old are at higher risk for complications than older children)
  - Adults 65 years and older
  - Pregnant women
  - People with certain chronic medical or immunosuppressive conditions
  - People younger than 19 years of age who are receiving long-term aspirin therapy

Physicians may also decide not to treat some people in these groups and/or treat people who are not in these groups based on their clinical judgment.

Antiviral treatment should be considered for confirmed, probable or suspected cases of H1N1 virus infection. Treatment of hospitalized patients and patients at higher risk for influenza complications should be a top priority. Antiviral treatment with zanamivir or oseltamivir should be started as soon as possible after the onset of symptoms. Evidence for benefits from treatment in studies of seasonal influenza is strongest when treatment is started within 48 hours of illness onset. However, some studies of treatment of seasonal influenza have shown benefit, including reduced deaths or shorter hospitalization, even for patients whose treatment was started more than 48 hours after illness onset. Recommended duration of treatment is five days.

Antiviral doses recommended for treatment of H1N1 infection in adults or children 1 year of age or older are the same as those

recommended for seasonal influenza. Oseltamivir use for children under 1 year old was recently approved by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA), and dosing for these children is age-based.

## Are there medications I can take to reduce the chance of severe illness if I am exposed to H1N1?

For antiviral drug treatment prevention of H1N1 infection, either oseltamivir or zanamivir are recommended. Duration of antiviral treatment post-exposure is 10 days after the last known exposure to a confirmed case of H1N1 infection. For pre-exposure protection, treatment should be given during the potential exposure period and continued for 10 days after the last known exposure to an ill confirmed case of H1N1. Oseltamivir can also be used for drug treatment prevention.

Antiviral drug treatment (pre-exposure or post-exposure) with either oseltamivir or zanamivir is recommended for the following individuals:

- Household close contacts who are at high risk for complications of influenza (e.g., persons with certain chronic medical conditions, persons 65 or older, children younger than 5 years old, and pregnant women) of a confirmed, probable or suspected case.
- School children who are at high risk for complications of influenza (children with certain chronic medical conditions) who had close contact (face-to-face) with a confirmed, probable or suspected case.
- Travelers to Mexico who are at high risk for complications of influenza (e.g., persons with certain chronic medical conditions, persons 65 or older, children younger than 5 years old and pregnant women).
- Health care workers or public health workers who were not using appropriate personal protective equipment during close contact with an ill confirmed, probable or suspect case of H1N1 infection during the infectious period.

Pre-exposure antiviral drug treatment with either oseltamivir or zanamivir can be considered for the following:

- Any health care worker who is at high risk for complications of influenza (e.g., persons with certain chronic medical conditions, persons 65 or older, children younger than 5 years old and pregnant women) who is working in an area of the health care

# COVENTRY CONNECTION



facility that contains patients with confirmed H1N1 cases or who is caring for patients with any acute respiratory illness.

- Non-high-risk persons who are travelers to Mexico, first responders, or border workers who are working in areas with confirmed cases of H1N1 infection.

## **Should you ask your doctor for an antiviral prescription to keep on hand should you become ill with a virus this year?**

No. Your best course of care would be to seek medical attention if you become ill. If there is a need for antiviral influenza medications, your physician should advise you and prescribe it. He or she will be in the best position to treat you appropriately.

Purchasing and having “on hand” medications takes drugs out of the pharmacy and makes them less available to flu patients who actually need them. Plus, the wrong use of the drugs — for things such as a runny nose — can lead to the development of

resistant viruses. This makes the few medications available to treat serious flu syndromes less effective.

## **Can you get H1N1 by eating pork or pork products?**

There is nothing to show that H1N1 can be transmitted through food. Eating properly handled and cooked pork and pork products are safe. Cooking pork to an internal temperature of 160° F kills bacteria and viruses.

### Sources:

- Centers for Disease Control and Prevention (CDC) website
- WHO (World Health Organization)
- Department of Health and Human Services website
- April 28, 2009 communication by the Centers for Medicare and Medicaid Services (CMS) to all Medicare Part D Sponsors.