

Should you be concerned about the H1N1 virus?

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The H1N1 virus, or swine flu, has steadily swept across the country, and is considered widespread in 27 U.S. states now (view the [CDC's interactive map](#)).

And while the virus has primarily stricken young adults, those individuals at high risk for flu complications, which include the elderly and immunocompromised patients, should still consider getting vaccinated.

I had a chance to talk with Dr. Michael Boeckh, a member of the Vaccine and Infectious Disease Institute at Fred Hutchinson Cancer Research Center, last week on how the flu may affect cancer patients and he provided some valuable insight.

Boeckh suggests that there are certain individuals who are recommended to get the vaccine--namely those actively receiving chemotherapy or who are taking immunosuppressive drugs after a stem cell transplantation. Patients in this category who contract the flu, he says, could potentially have their treatment delayed or have other complications. "They are actually in a pretty high tier," he says, along with young children, pregnant women, and individuals with asthma, HIV, diabetes, lung disease, and cardiovascular disease. However, he suggests that most patients, regardless of treatment, be vaccinated.

"Except those who are very close to transplantation, they should all be vaccinated," Boeckh says. And while patients who have undergone a stem cell transplant within the past six months should not get the vaccine, he says it's important that family members and caregivers be vaccinated to reduce transmission of the virus.

For longterm survivors, Boeckh recommends they talk with their physician. Although the virus is least likely to affect people over 65 years of age, survivors may have other underlying conditions that may favor vaccination that would put them in a high tier (including those conditions listed above).

It's also suggested that patients who may have low immunity due to chemotherapy or transplantation receive the inactivated vaccine shot over the nasal mist, which uses a mild, but live, form of the virus. Unfortunately, the first batch of vaccines to be distributed, which began yesterday, is the nasal mist version. The shot version is expected to be widely distributed by mid-month.

And don't forget about the seasonal flu, Boeckh cautions. Individuals should be vaccinated for both the swine flu and seasonal flu.

"This first week of October, the predominant strain circulating, by far, is the swine flu, but that may change at any time," he says. "There is no reason to believe the seasonal flu will not come up. Typically, it's not even here this early. It's just about to start in a normal year."

Tips from the CDC:

To avoid getting the H1N1 flu:

Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.

Avoid touching your eyes, nose, and mouth. Germs spread this way.

Try to avoid close contact with sick people.

Follow public health advice regarding school closures, avoiding crowds, and other measures to keep our distance from each other to lessen the spread of flu.

To avoid spreading the flu:

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.)

Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.

Ask about antiviral drugs, which can make illness milder and shorten the time you are sick. They may also prevent serious flu complications. Antiviral drugs are not sold over-the-counter and are different from antibiotics.

For treatment, antiviral drugs work best if started within the first two days of symptoms.