

THE BASICS OF 2009 H1N1 FLU



Special Points of interest:

- H1N1 is not a foodborne disease, it is a respiratory disease.
- Additional H1N1 Symptoms include vomiting and diarrhea
- The seasonal flu vaccine and the 2009 H1N1 vaccine are separate vaccinations. Each protects against a different virus and is intended to be used alongside the other. Individuals are encouraged to get both vaccines as soon as possible.
- Do not travel if you are sick. Be aware that other countries outside the USA may be checking the health of arriving passengers.

What is 2009 H1N1 Flu and how is it spread?

This is a new virus that was first detected in people in the USA in April 2009. It has two genes from flu viruses that normally circulate in pigs (swine) in Europe and Asia, plus avian (birds) genes and human genes. This virus was originally called “swine flu”. Scientists call it a “quadruple reassortant” virus. Human infections with 2009 H1N1 are ongoing in the USA. This virus is spreading from person -to-person worldwide. On June 11, 2009, the World Health Organization (WHO) announced that a pandemic of 2009 H1N1 was underway. On October 24, 2009, President Obama declared that that the 2009 H1N1 virus is a national emergency in the USA.

The virus is not a foodborne disease, it is a respiratory disease. The USDA continues to remind consumers that all meat and poultry products are safe to eat when properly prepared and cooked. H1N1 is spread the same way that seasonal flu spreads – from person to person through coughing or sneezing by infected people. Sometimes people may become infected by touching something such as a surface or inanimate object with flu viruses on it and then touching their mouth or nose.

CDC works with states to collect, compile and analyze information about influenza, including the new 2009 H1N1, in a weekly report called FluView.

People infected with seasonal and 2009 H1N1 flu shed virus and may be able to infect others from 1 day before getting sick to 5 -7 days after. This can be longer in some people, especially children and people with weakened immune systems and in people infected with the new H1N1 virus.

Symptoms of the H1N1 Flu

SEASONAL FLU	H1N1 FLU
All types of flu can cause: - Fever (Not everyone will get a fever w/ the flu) - Coughing and/or sore throat - Runny or stuffy nose - Headache and/or body aches - Chills - Fatigue	Similar to seasonal flu, but symptoms may be more severe. Additional symptoms: - Vomiting - Diarrhea

Inside this issue:

H1N1 Basics	1
ACA Continuing Education	3
ACA Exam Fees Increase for the first time in 2010	3
10 Worst Gem Hotspots	4

Emergency Warning Signs – If you become ill and experience any of the following warning signs, seek emergency medical care.

EMERGENCY WARNING SIGNS IN CHILDREN	EMERGENCY WARNING SIGNS IN ADULTS
- Fast breathing or trouble breathing - Bluish or gray skin color - Not drinking enough fluids - Severe or persistent vomiting - Not waking up or not interacting - Child irritable and does not want to be held - Flu-like symptoms improve but then return with fever and worse cough	- 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

H1N1 BASICS –Continued

How Severe is the Illness Associated with 2009 H1N1?

About 70 percent of people who have been hospitalized with this 2009 H1N1 virus have had one or more medical conditions previously recognized as placing people at “high risk” of serious flu-related complications. This includes pregnancy, diabetes, heart disease, asthma, suppressed immune systems, neurocognitive and neuromuscular disorders and kidney disease. Young children, especially children under 2 years old. The data collected by CDC since mid-April 2009 supports the conclusion that 2009 H1N1 has caused greater disease burden in people younger than 25 years of age than older people. There are relatively fewer cases and deaths reported in people 65 years and older, which is unusual when compared with seasonal flu.



“About 70% of people who have been hospitalized with the 2009 H1N1 virus have had one or more medical conditions previously recognized as placing people at “high risk of serious flu-related complications.”

PREVENTION AND TREATMENT

The seasonal flu vaccine and the 2009 H1N1 vaccine are separate vaccinations. Each protects against a different virus and is intended to be used alongside the other. Individuals are encouraged to get both vaccines as soon as possible.

The vaccine is available as a Live Attenuated Influenza Vaccine (LAIV) nasal spray, and 15 microgram pre-filled syringes licensed for use in children age 4 and older, and in multidose vials for persons 6 months of age and older. The National Institutes of Health announced that the 2009 H1N1 vaccine will require just one 15 microgram dose for children 10 to 17 years of age. The immune responses in children 9 years old and younger were not as strong.

The 2009 H1N1 influenza vaccine is expected to have a similar safety profile as seasonal flu vaccines. Mild problems that may be experienced include soreness, redness or swelling where the shot was given, fainting (mainly adolescents), headache, muscle aches, fever and nausea. If these problems occur, they usually begin soon after the shot and last 1-2 days. Life threatening allergic reactions to vaccines is very rare.

The CDC’s Advisory Committee on Immunization Practices recommends that the following groups receive the 2009 H1N1 vaccine as soon as possible:

▶ **Pregnant women** because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated.

▶ **Household contacts and caregivers for children younger than 6 months of age** because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants less than 6 months old might help protect infants by “cocooning” them from the virus.

▶ **Healthcare and emergency medical services personnel** because infections among healthcare workers have been reported and this can be a potential source of infection for vulnerable patients.

▶ **Children from 6 months through 24 years of age** because there have been many cases of H1N1 flu in children who are in close contact with each other in school and daycare settings, which increases the likelihood of disease spread.

▶ **Young adults 19 through 24 years of age** because these healthy young adults often live, work and study in close proximity, and they are a frequently mobile population.

▶ **Persons aged 25 through 64 years of age who have health conditions associated with a higher risk of medical complications from the flu.**

Antiviral drugs are prescription medications in the form of pills, liquid, or an inhaler that can be used to prevent or treat the flu. Examples are Tamiflu® or Relenza®.

Everyday actions to prevent the spread of germs that can cause the flu include:

- ▶ Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after use.
- ▶ Wash your hands often with soap and water, especially after you cough or sneeze.
- ▶ Alcohol based hand cleaners are also effective.
- ▶ Avoid touching your eyes, nose or mouth .
- ▶ Avoid contact with sick people.
- ▶ Stay home if you are sick until at least 24 hours after you no longer have a fever (100° F) or signs of a fever – without the use of a fever-reducing medicine, such as Tylenol®.
- ▶ Follow public health advice regarding school closures, avoiding crowds and other social distancing measures.

H1N1 BASICS—Continued

If you have been diagnosed with 2009 H1N1 flu, you should:

- ▶ Stay home, follow your doctor's orders, and watch for signs that you need immediate medical attention. Stay home for 7 days after your symptoms begin or until you have been symptom free for 24 hours, whichever is longer.
- ▶ Avoid close contact with others, especially those who might be at risk for easily getting the flu.
- ▶ Wear a facemask when sharing common spaces with other household members to help prevent spreading the virus to others.
- ▶ Get plenty of rest.
- ▶ Drink clear fluids such as water, broth, sports drinks or electrolyte beverages made for infants to prevent becoming dehydrated.
- ▶ Cover coughs and sneezes.
- ▶ Clean hands with soap and water or an alcohol-based hand rub often, especially after coughing or sneezing into your hands.

CDC does not recommend "swine flu parties" as a way to protect against the 2009 H1N1 in the future. "Swine flu parties" are gatherings during which infected people have close contact with a person who has 2009 H1N1 flu in order to become infected with the virus. The intent of these parties is for a person to become infected with what for many people has been a mild disease, in the hope of having natural immunity to the 2009 H1N1 flu virus that might circulate later.

Studies have shown that the flu virus can survive on environmental surfaces can infect a person for 2 to 8 hours after being deposited on the surface. The flu virus can be destroyed by heat (167-212°F). Other chemical germicides include – chlorine, hydrogen peroxide, detergents, iodophors, and alcohols are effective against the flu virus if used in proper concentration for a sufficient length of time. Bed-side tables, surfaces in the bathroom, kitchen counters and children's toys can be cleaned by wiping them down with a household disinfectant to prevent the spread of the flu virus.

Information for Travelers

Do not travel if you are sick. Be aware that other countries outside the USA may be checking the health of arriving passengers. You may be asked to pass through a scanning device that checks your temperature and fill out a health questionnaire. You may be quarantined if a passenger on your flight is found to have H1N1 flu. You may be asked to take a flu test if you are found to have flu symptoms. The US Dept of State cannot interfere with the rights of other countries to screen airline passengers entering or leaving their countries, nor can it influence the number of days in quarantine.

For more information on 2009 H1N1 go to: www.h1n1flu.gov

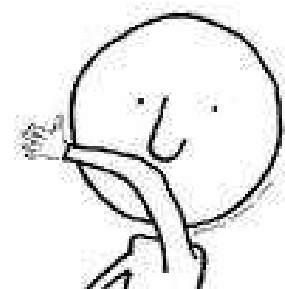
ACA CONTINUING EDUCATION INFORMATION

A reminder that ABP, Inc. offers home study continuing education booklets to help you earn CE contact hours. Call ABP at (574) 277-0691 to order or visit ABP's website at www.abpincorp.com to download an order form. Some topics available are:

- Seasonal Flu
- Chronic Fatigue Syndrome
- How to Help the Needle Phobic Patient
- Interpreting ECGs
- Plus many more
- Legal Issues in Phlebotomy

EXAM FEES INCREASE FOR THE FIRST TIME IN 2010

Phlebotomy Technician, ECG Technician, Patient Care Technician	\$100 each
POL Coding	\$150 each
Phlebotomy Instructor, ECG Instructor, Patient Care Instructor & Coding Instructor	\$150 each
Recertification remains the same	\$60/every two years



"CDC does not recommend 'swine flu parties' as a way to protect against the 2009 H1N1 in the future."

ACAreer is published by the American Certification Agency for Healthcare Professionals and is free to all of the certificants. ACAreer is published in February, June and November. If you have any questions, comments, or topics you would like to see covered in our newsletter, please fax them to (574)277-4624, phone to (574) 277-4538, e-mail to Info@acacert.com or mail to ACA, PO Box 58, Osceola, IN 46561.

THE 10 WORST GERM HOTSPOTS

The Kitchen Faucet—The metal aeration screen at the end of your kitchen faucet is kept moist from running water and is an ideal location for bacteria to grow if touched by dirty fingers. Once a week, remove the screen and soak it in diluted bleach. Let the water run for a few minutes after replacing the screen.

The Garbage Disposal—The meat and vegetables that you rinse are often loaded with bacteria. Studies show that there are often more than 500,000 bacteria in the kitchen sink. Bacteria love to grow on the crevices in and around the slimy rubber stopper. Once a week clean the rubber stopper with a diluted bleach solution.

The Welcome Mat—One study found that nearly 96% of shoe soles had traces of fecal bacteria. Once bacteria are in your welcome mat, any time you walk on it, you give them a free ride into your house. Once a week spray your mat with a fabric safe disinfectant. Leave shoes at the door and do not rest bags and boxes on the mat before taking into the house.

Your Vacuum Cleaner—Vacuums – including the brushes and bags – are like “meals on wheels” for bacteria. A recent study found that 13% of all vacuum brushes tested positive for fecal bacteria and could be spread all over the house each time it was used. Change your vacuum bag frequently and do it outdoors. Clean the cavity of a bagless vacuum with diluted bleach and let it air dry.

A Dish Towel—Dish towels are top rated for containing MRSA and fecal bacteria because they are used to wipe up spills and then are reused before being washed. Use paper towels to clean countertops and use towels for just washed pots and dishes. Change towels or launder at least twice in hot water and bleach.

Your Car's Dashboard—After food spills, the dashboard was found to be the second most common spot for bacteria and mold. Air carrying bacteria and spores get sucked in through the vents and land on the dashboard where they can be warmed by the sun and grow! Regularly wipe the inside of your car with disinfecting wipes especially during allergy season.

Soap Dispensers—A recent study found that 25% of liquid soap dispensers in public restrooms were contaminated with fecal bacteria. Most dispensers are not cleaned, so bacteria grow as soap scum builds up. The bottoms are always being touched by dirty hands. Always scrub hands for 15-20 seconds with lots of hot water. It is a good idea to use an alcohol hand sanitizer even after just washing your hands.

Restaurant Ketchup Bottle—Restaurants rarely bleach down their condiment containers. Many people do not wash their hands before eating. The guy who used the ketchup before you may have deposited his germs on the bottle and then you will have them on your fries. Squirt hand sanitizer on the outside of the bottle or use a disinfectant wipe before grabbing the bottle. Using a napkin won't work because the organisms can go right through the napkin.

The Refrigerator Seal—A survey found that 83% of the time the seal around the fridge tested positive for common molds. The mold can spread every time the door opens. Wipe the fridge seals at least once per week with diluted bleach or a disinfectant.

Your Cell Phone—Cell phones and PDAs that are put down just about anywhere. They have been found to carry tons of bacteria to include staph, pseudomonas and salmonella. Use a disinfecting wipe daily and watch where you put them down.