

The influenza vaccine has been proven to be very safe. It does not contain any live virus and cannot cause influenza infection. It can safely be given to immune compromised persons and in pregnancy. Some people experience mild pain and swelling at the injection site. If influenza-like symptoms arise shortly after receiving the vaccine, this is a sign that the immune system is reacting as expected in order to produce antibodies. These symptoms are usually mild and transient in nature. The only persons who may not get the influenza vaccine are those with a history of severe allergy to any of the vaccine components including egg protein, or who had a severe allergic reaction after a previous dose of influenza vaccine.

Everyday good hygiene will also offer some protection not only against influenza, but also other respiratory infections. This includes:

- Avoid close contact with sick people
- Wash your hands often with soap and water, or if not available, use an alcohol-based hand rub
- Avoid touching your eyes, nose and mouth
- Clean and disinfect surfaces and objects

If you have influenza:

- Stay at home in bed to avoid infecting others
- Drink enough fluids to avoid becoming dehydrated
- Cover your nose and mouth with a tissue when you cough or sneeze
- See your doctor or go to a hospital casualty if you experience warning signs such as shortness of breath, chest pain, confusion and frequent vomiting.



ITEM CODE: 021991 - June 2018 (S15/030)

Your consulting pathologists

INFLUENZA



Your consulting pathologists

INFLUENZA

Influenza (“Flu”) is an infectious respiratory disease caused by the influenza virus. It can range from a mild infection to severe life-threatening disease. There are three main types of influenza viruses: influenza A, B and C. In South Africa, influenza infections are usually seen during our winter months, typically between April and October. Two subtypes (strains) of influenza A and one subtype of influenza B typically circulate in a given season. These are referred to as the circulating seasonal influenza strains.

WHAT IS “SWINE FLU”?

Influenza viruses have the ability to change (mutate) over time. Occasionally influenza A viruses undergo large mutations with new influenza strains released into communities with no prior immunity, leading to global outbreaks (pandemics). “Swine flu” was the name given to a new type of influenza A H1N1 virus first seen during 2009. “Swine flu” is now considered a normal circulating seasonal influenza strain and is included in the annual flu vaccine. The symptoms and treatment of this strain of influenza A is the same as for other influenza A virus strains and we no longer refer to this strain as “Swine flu”.

HOW DOES INFLUENZA SPREAD?

Infected persons can spread influenza to others via droplets when coughing or sneezing. It may also spread to a person if they touch a surface contaminated with influenza virus and then their own mouth, nose or eyes. The incubation period (time from when a person is exposed to the virus to the onset of illness) ranges from one to four days.

Infected persons usually shed virus from around one day before their illness starts to about one week afterwards. However, very young children, adults with severe disease and immunocompromised persons can shed virus for much longer periods (> 10 days), during which time they are infectious and can spread the virus to others.

WHAT ARE THE SYMPTOMS OF INFLUENZA?

Influenza symptoms may include fever, body aches, headache, severe tiredness and respiratory symptoms such as cough, sore throat and a runny nose. Sometimes there may also be some diarrhoea and vomiting. Influenza tends to be more severe than the common cold which is caused by other respiratory viruses. Generally the common cold is not associated with fever and body aches and does not cause a severe illness.



DRY COUGH



CHILLS



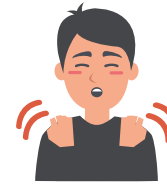
FEVER



RUNNY NOSE



HEADACHE



MUSCLE ACHES

WHO IS AT RISK OF GETTING SEVERE INFLUENZA ?

Some individuals are at risk of a severe illness, with complications such as lung infection (pneumonia), heart infection (myocarditis) and infection of the brain (encephalitis). In South Africa an estimated 6 000–11 000 people die every year from influenza infection. About half of these deaths are in the elderly and about a third in HIV-infected persons.

Persons at high risk for severe influenza

- Young children (below two years of age)
- The elderly (older than 65 years of age)
- People with chronic diseases (heart, lung, kidney, endocrine) including diabetes, asthma, and persons who are immunosuppressed.
- Morbidly obese people (BMI ≥ 40 or BMI ≥ 35 with obesity related health conditions)
- Pregnant women, and including the two week period after delivery
- Children and adolescents receiving chronic aspirin therapy

TESTING FOR INFLUENZA AT AMPATH LABORATORIES

Ampath tests for both influenza A and B viruses. The test is done by taking a swab taken from the nose or throat. PCR testing is currently the best method to test for influenza infection. This is a very accurate test and works by looking for the genetic material of the influenza virus.

CAN INFLUENZA BE TREATED?

Most persons with influenza infection will recover without complications and only require bed rest and symptomatic relief. Patients who fall into a high risk category or have severe illness should be treated with antiviral medication (for example “Tamiflu”). Your doctor will advise you if this is needed should you be diagnosed with influenza.

HOW CAN INFLUENZA BE PREVENTED?

The influenza vaccine is the best defence against influenza infection. The vaccine contains three different strains of influenza: influenza A(H1N1), influenza A(H3N2) and influenza B. These strains are updated every year according to the strains that are anticipated to circulate during the coming influenza season. The best time to vaccinate is before the influenza season starts, usually around March/April in South Africa. It takes around two weeks after vaccination for protective antibodies to develop. It should be noted that the vaccine will only offer protection against the strains included in the vaccine, and not against other respiratory viruses. Ideally every person should be vaccinated against influenza, but it is particularly important that risk groups are vaccinated.

Risk groups that require annual influenza vaccination

- Children six months to five years of age
- Persons over the age of 65 years
- Residents of old-age homes and chronic care and rehabilitation institutions
- Persons older than six months with medical conditions such as chronic respiratory disease (asthma, tuberculosis), cardiac disease, chronic renal disease, diabetes mellitus, individuals who are immunosuppressed (e.g. HIV) or obese
- Persons aged six months to ≤ 18 years on long-term aspirin therapy
- Pregnant women at any stage of pregnancy (including two weeks after delivery)
- Healthcare workers
- Adults and children who are family contacts of high-risk cases