

## **Swine Influenza A (H1N1) - FAQs**

### **Q1) What is swine influenza?**

Swine Influenza is a respiratory disease of pigs caused by type A influenza viruses that causes regular outbreaks in pigs. People do not normally get this swine influenza, but human infections can and do happen.

### **Q2) How common and serious is swine influenza infection in general?**

Like seasonal flu, swine influenza in humans can vary in severity from mild to severe. Between 2005 until Jan 2009, 12 human cases of swine influenza were detected in the U.S. with no deaths occurring. However, swine influenza infection can be serious. In September 1988, a previously healthy 32-year-old pregnant woman in Wisconsin was hospitalized for pneumonia after being infected with swine influenza and died 8 days later. A swine influenza outbreak in Fort Dix, New Jersey occurred in 1976 that caused more than 200 cases with serious illness in several people and one death.

### **Q3) Is this particular influenza A (H1N1) virus contagious in HUMAN?**

Centre of Disease Control (CDC) has determined that this particular influenza A (H1N1) virus is a new virus containing a combination of gene segments that "previously has not been reported among swine or human influenza viruses." It is contagious and can spread from human to human.

### **Q4) What is the current situation of influenza A (H1N1) worldwide and in Hong Kong?**

a) As of 3 May 2009, 17 countries have officially reported 787 cases of influenza A (H1N1) infection. Mexico has reported 506 confirmed human cases of infection, including 19 deaths. The rapid increase in the number of cases from Mexico reflects ongoing testing of previously collected specimens. The United States Government has reported 160 laboratory confirmed human cases, including one death.

The following countries have reported laboratory confirmed cases with no deaths - Austria (1), Canada (70), China, Hong Kong Special Administrative

Region (1), Costa Rica (1), Denmark (1), France (2), Germany (6), Ireland (1), Israel (3), Netherlands (1), New Zealand (4), Republic of Korea (1), Spain (13), Switzerland (1) and the United Kingdom (15).

[http://www.who.int/csr/disease/swineflu/GlobalSubnationalMaster\\_20090503\\_1207.jpg](http://www.who.int/csr/disease/swineflu/GlobalSubnationalMaster_20090503_1207.jpg)

Canada on 2 May reported the identification of the influenza A (H1N1) virus in a swine herd in Alberta. It is highly probable that the pigs were exposed to the virus from a Canadian farm worker recently returned from Mexico, who had exhibited flu-like symptoms and had contact with the pigs. There is no indication of virus adaptation through transfer from human to pigs at this time and there have been no reports of unusual disease in pig herds.

b) In Hong Kong, the 25-year-old Mexican man (Index patient) who was confirmed to have been infected with human swine flu is still under treatment in Princess Margaret Hospital (PMH). Four people who had been in close contact with the index patient, comprising three men and a woman, are being isolated in PMH. The driver which had taken the 25-year-old Mexican man (index patient) from the airport to the hotel was asymptomatic and had been taken to Lady Macle hose Holiday Village for quarantine.

Up to May 3, 15 people fulfilling human swine influenza (Influenza A H1N1) reporting criteria were reported to the Centre for Health Protection (CHP). Ten of them are tested negative to human swine influenza. Laboratory results of the remaining five people are still pending. 39 hotel guests and 26 staff had been transferred from Metropark Hotel in Wan Chai to Lady Macle hose Holiday Village.

**Q5) Why are we so worried about this pandemic possibility when thousands die every year from seasonal epidemics? What about the pandemic risk?**

Seasonal epidemics occur every year and we are able to treat the virus with seasonal vaccines. This Influenza A (H1N1) is a new virus and one to which the populations will have no immunity. If influenza A (H1N1) establishes efficient human-to human transmission, it can cause an influenza pandemic. The impact of a pandemic caused by such a virus is difficult to predict: it depends on virulence of the virus, existing immunity among people, cross

protection by antibodies acquired from seasonal influenza infection and host factors.

**Q6) What are the signs and symptoms of influenza A (H1N1) in people?**

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

**Q7) How long can an infected person spread influenza A (H1N1) to others?**

People with influenza A (H1N1) virus infection should be considered potentially contagious as from 1 day prior to the onset of symptoms to up to 7 days following illness onset. Children, especially younger children, might potentially be contagious for 10 days or longer periods.

**Q8) Is there any confirmation of influenza A (H1N1) transmission between pigs and humans at this point? How does influenza A (H1N1) spread?**

Thus far, there has been no confirmation of transmission between pigs and human at this point. Human-to-human transmission of influenza A (H1N1) are now happening and the spread of this influenza A (H1N1) virus is thought to be happening in the same way that seasonal flu spreads; that is, mainly through coughing or sneezing and sometimes through touching something with flu viruses on it and then touching their mouth or nose.

**Q9) What surfaces are most likely to be sources of contamination?**

Germs can be spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth. Droplets from a cough or sneeze of an infected person move through the air. Germs can be spread when a person touches respiratory droplets from another person on a surface like a desk and then touches their own eyes, mouth or nose before washing their hands.

**Q10) How long can viruses live outside the body?**

We know that some viruses and bacteria can live 2 hours or longer on surfaces like cafeteria tables, doorknobs, and desks. Frequent hand-washing will help you reduce the chance of getting contamination from these common surfaces.

**Q11) What would the doctor consider when I attend the clinic?**

Clinicians would consider the possibility of influenza A (H1N1) virus infections in patients presenting with febrile respiratory illness who

1. Live in an area where human cases of influenza A (H1N1) has been identified or
2. Have traveled to an area where human cases of influenza A (H1N1) has been identified or
3. Have been in contact with ill persons from these areas in the 7 days prior to their illness onset.

**Q12) How can human infections with influenza A (H1N1) be diagnosed?**

To diagnose influenza A (H1N1) infection, a respiratory specimen would generally need to be collected within the first 4 to 5 days of illness (when an infected person is most likely to be shedding virus). However, some persons, especially children, may shed virus for 10 days or longer. Identification as an influenza A (H1N1) virus might require sending the specimen to relevant local health authority for laboratory testing. In Hong Kong, the PCR diagnostic tests are done at the Queen Mary Hospital and Centre of Health Protection.

**Q13) Are there medicines to treat influenza A (H1N1)?**

Health authorities are recommending Oseltamivir (Tamiflu) or Zanamivir (Relenza) for treatment of the disease based on the virus's susceptibility profile. These antiviral drugs are prescription medicines (pills, liquid or an inhaler) that fight against the flu by keeping flu viruses from reproducing in your body. If you get sick, antiviral drugs can make your illness milder and make you feel better faster. They may also prevent serious flu complications. For treatment, antiviral drugs work best if started soon after getting sick (within 2 days of symptoms).

**Q14) What can I do to protect myself and other people from getting sick?**

There is no vaccine available right now to protect against influenza A (H1N1). There are everyday actions that can help prevent the spread of germs that

cause respiratory illnesses like influenza. Take these everyday steps to protect your health

*(i) For individuals who are well:*

Maintain distance of at least 1 metre from any individual with influenza-like symptoms, and:

- refrain from touching mouth and nose;
- perform hand hygiene frequently, by washing with soap and water or using an alcohol based hand gel , especially if touching the mouth and nose and surfaces that are potentially contaminated;
- reduce as much as possible the time spent in close contact with people who might be ill;
- reduce as much as possible the time spent in crowded settings;
- improve airflow in your living space by opening windows as much as possible.
- Practice other good health habits. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food

*(ii) For individuals with influenza-like symptoms:*

- stay at home if you feel unwell and follow the local public health recommendations
- keep distance from well individuals as much as possible (at least 1 metre);
- cover your mouth and nose when coughing or sneezing, with tissues or other suitable materials, to contain respiratory secretions. Dispose of the material immediately after use or wash it. Clean hands immediately after contact with respiratory secretions!
- improve airflow in your living space by opening windows as much as possible.
- Practice other good health habits. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food

**Q15) What is the best technique for washing my hands to avoid getting the flu?**

Washing your hands often will help protect you from germs. Wash with soap and water or clean with alcohol-based hand cleaner. We recommend that when you wash your hands -- with soap and warm water -- that you wash for

20-30 seconds. When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers (containing 70% alcohol) may be used. You can find them in most supermarkets and drugstores. If using gel, rub your hands until the gel is dry. The gel doesn't need water to work; the alcohol in it kills the germs on your hands.

**Q16) What is the interim recommendation for facemask and N 95 masks in healthcare settings? How about the open area and enclosed space in the community?**

<http://www.who.int/csr/resources/publications/Adviceusemaskscommunityrevised.pdf>

1) In health-care settings, studies evaluating measures to reduce the spread of respiratory viruses suggest that the appropriate use of masks could reduce the transmission of influenza. Using a mask can enable an individual with influenza-like symptoms to cover their mouth and nose to help contain respiratory droplets, a measure that is part of cough etiquette. Advice on the use of masks in health-care settings should be accompanied by information on additional measures that may have impact on its effectiveness, such as training on correct use, regular supplies and proper disposal facilities.

2) In the community, the benefit of wearing masks has not been established, especially in open areas, as opposed to enclosed spaces while in close contact with a person with influenza-like symptoms. Whenever possible, rather than relying on the use of facemasks or N95 masks, close contact with people who might be ill and being in crowded settings should be avoided. It is advised to maintain distance of at least 1 metre from any individual with influenza-like symptoms.

3) Surgical facemasks should be considered for use by individuals who enter crowded settings, both to protect their nose and mouth from other people's coughs and to reduce the wearers' likelihood of coughing on others; the time spent in crowded settings should be as short as possible.

4) N95 facemask should be considered for use by individuals for whom close contact with an infectious person is unavoidable. This can include selected individuals who must care for a sick person (e.g., family member with a respiratory infection) at home.

**Q17) What should I do if I get sick?**

If you live in areas where the influenza A (H1N1) cases have been identified and become ill with influenza-like symptoms, including fever, body aches, runny nose, sore throat, nausea, or vomiting or diarrhea, you may want to contact their health care provider, particularly if you are worried about your symptoms. Your health care provider will determine whether influenza testing or treatment is needed. If you are sick, you should stay home and avoid contact with other people as much as possible to keep from spreading your illness to others.

**Q18) What are the warning signs that require urgent medical attention?**

In children emergency warning signs that need urgent medical attention include:

- Fast breathing or trouble breathing
- Bluish skin color
- Not drinking enough fluids
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough
- Fever with a rash

In adults, emergency warning signs that need urgent medical attention include:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting

**Q19) Is there a vaccine for Influenza A (H1N1)? How important would influenza A (H1N1) vaccines be for reducing pandemic disease?**

Influenza vaccines generally contain a dead or weakened form of a circulating virus. The vaccine prepares the body's immune system to defend against a true infection. For the vaccine to protect as well as possible, the virus in it should match the circulating "wild-type" virus relatively closely. Since this

H1N1 virus is new, there is no vaccine currently available made with this particular virus. The seasonal influenza vaccine will NOT provide protection against the influenza A (H1N1). Making a completely new influenza vaccine can take five to six months. Vaccines are one of the most valuable ways to protect people during influenza epidemics and pandemics. Other measures include anti-viral drugs, social distancing and personal hygiene.

**Q20) I have not had the flu shot for 2009, can I get the flu vaccination for prophylaxis?**

In general, the seasonal flu vaccination is recommended for the prophylaxis of human flu (NOT influenza A (H1N1)), especially in the young and the elderly as well as people with chronic medical conditions. Having the human flu vaccination in majority of the population would also reduced the chance of having concurrent seasonal and influenza A (H1N1) in the same individual and thus reduced the risk of further cross matching and mutation of the influenza A (H1N1) virus. Hence, it is still beneficial to have the current flu vaccination. In northern hemisphere including Hong Kong, the new flu vaccine for year 2010 would usually be available from September 2009. If one decides to have the current vaccine, it would confer protection until September and should still have the new vaccine in September 2009. Since the demand of the 2010 flu vaccines are likely to be high and the supply is tight, one might need to consult the clinician for reservation and pre-ordering of the flu vaccines.

**Q21) Can people catch influenza A (H1N1) from eating pork?**

No. influenza viruses are not transmitted by food. You can not get influenza A (H1N1) from eating pork or pork products. Eating properly handled and cooked pork and pork-products is safe. Cooking pork to an internal temperature of 160°F/ 70°C kills the influenza A (H1N1) virus as it does other bacteria and viruses.

**Q22) What do pandemic alert phase 5 and emergency response level mean? What is the Hong Kong government doing for surveillance and border control?**

According to WHO definitions of phases - the virus has caused sustained community level outbreaks in at least two countries in one WHO region. At

phase 5, a pandemic is considered imminent. In Hong Kong, emergency response was activated in response to the confirmation of human to human efficient transmission overseas.

- Surveillance measures at boundary control points had been stepped up and Centre of Health Protection (CHP) should be notified when people with fever and respiratory symptoms and coming from places with influenza A (H1N1) cases were detected.
- Airlines had been asked to broadcast health advice messages on all direct flights coming from the affected places.
- Passengers with respiratory symptoms are urged to approach Port Health officers at the Airport for follow-up investigations
- The health and quarantine authorities of Hong Kong and Shenzhen have been simultaneously implemented health declaration measure as from 2<sup>nd</sup> May 2009. All incoming travellers via the Lo Wu Boundary Control Point would be required to submit a completed Hong Kong - Shenzhen Entry/Exit Health Declaration Form.

**Q23) We are going for a business trip next week, what should we do?**

- WHO is not recommending travel restrictions related to the outbreak of the influenza A (H1N1) virus.
- Travellers should watch out for the latest developments in swine influenza in planning travel, and consider postponing trips to affected areas. The Hong Kong Special Administrative Region Government has strongly advised residents to avoid all non-essential travel to human swine-flu affected areas, particularly Mexico.
- Individuals who are ill should delay travel plans.
- People traveling to the affected places should take precautionary measures. These measures include avoiding contact with sick people; avoiding touching one's eyes, nose or mouth; wash hands frequently with soap and water or apply alcohol-based hand cleaners. They should also bring along surgical masks for use whenever appropriate.
- People who develop respiratory illness within 7 days after returning from the affected places should put on a surgical mask and seek medical consultation from public clinics and hospitals immediately

**Updated on 3<sup>rd</sup> May 2009**