

Influenza is in Our Midst

Over the last week, the Eastern Sierra has been continuing to see high levels of influenza activity. We are seeing increased visits to healthcare providers, positive laboratory tests, Emergency Department visits, Tamiflu prescriptions, and at least 4 hospitalizations. We have not had any deaths attributed to influenza in our area yet. The impact has been most severe for the seniors, which is the typical pattern when the H3N2 strain is predominant. In the nation, over 50% of the hospitalizations, and over 90% of the deaths have been among seniors. However, let's not forget that over 30 children have also died. Influenza is still considered to be widespread throughout California, and numbers in Southern California are still high. Haven't received your shot – never too late! Check with your healthcare provider, pharmacy, or health department for availability.

Let me address one issue that continues to cause confusion. Many people say they have or have had "the flu", when in fact, they have experienced one of the many other infections that circulate every winter.

There are a number of different respiratory infections typically infecting people during the winter months, including influenza, RSV (respiratory syncitial virus), whooping cough (pertussis), adenovirus, metapneumovirus, parainfluenza, mycoplasma, etc. Signs and symptoms overlap so much that it is difficult to differentiate one from the other. A few of them have laboratory tests that are helpful (influenza, RSV, pertussis), and most do not respond to antibiotics.

A true influenza infection is characterized not only by the runny nose, cough, and sore throat that are true of all of the above, but also usually with a high fever, headache, and body aches. It is usually bad enough that a person will stay home from school or work for at least a few days. Vomiting or diarrhea are not a prominent part of the illness.

In addition, there has been a lot of gastrointestinal illness circulating in our community. I was told today that one of the schools sent 14 children home with stomach ache and vomiting. This may be what is known as "winter vomiting disease", or norovirus. Persons who are exposed will become ill within 12-36 hours, and usually recover fairly quickly. When an outbreak occurs in a long-term care facility, fatalities are not unusual. Norovirus is the same bug that commonly causes large outbreaks on cruise ships.

What should you do to reduce your chance of getting sick?

- Most important, *get your flu shot. Good news!* Recent shipments have now given us an adequate supply to meet the anticipated need. The Health Department, pharmacies, and clinics all have vaccine.
- Wash your hands frequently, especially after touching common surfaces such as doorknobs and grocery carts. Keep your hands away from your face.
- Drink plenty of fluids, eat well, get adequate rest.

What should you do if you get sick?

- Stay home! Do your co-workers or fellow students a favor by not giving them a gift they do not want! Stay home at least until you are fever free without medication for 24 hours.
- Cover your cough with your arm or sleeve.
- Drink plenty of fluids, treat your fever, rest.
- Call your healthcare provider if you are concerned, if your symptoms are severe or fail to improve, especially if you are at higher risk for complications (pregnant, young children, seniors, those with chronic medical conditions such as lung and heart problems, diabetes, kidney disease, immunosuppression).
- Talk to your healthcare provider about an antiviral medication like Tamiflu within 48 hours of getting sick if you all agree that you might have a true influenza infection.
- At the provider's office, follow instructions for wearing a mask and washing your hands.
- Ask all personnel interacting with you at the provider's office if they have had a flu shot. If they have not, request that someone work with you that has received their flu vaccine this season!



Data from the Influenza Hospitalization Surveillance Network (FluSurv-NET), a population-based surveillance for influenza related hospitalizations in children and adults in 15 US states. Incidence rates are calculated using the National Center for Health Statistics' (NCHS) population estimates for the counties included in the surveillance catchment area.

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