



Influenza Management 2011-2012:

Diagnosis, Prevention and the
Benefits of Antiviral Therapy

The impact of seasonal influenza in the United States

- Each year in the United States, on average, 5% to 20% of the general population contracts influenza¹
- More than 200,000 people are hospitalized every year due to influenza-related complications¹
- Annual deaths from influenza-related causes range from 3,300 to 48,600¹

THE INFLUENZA VIRUS CAN HAVE SERIOUS CONSEQUENCES, EVEN FOR PATIENTS WHO HAVE NO RISK FACTORS²

- The average annual burden of seasonal influenza among otherwise healthy adults aged 18 to 49 was estimated to include approximately^{2*}
 - 5 million illnesses
 - 2.4 million outpatient hospital visits
 - 32,000 hospitalizations
 - 680 deaths
- It is estimated that between 1 million and 19.5 million days of productivity among 18- to 49-year-olds were lost to influenza over the course of a year²

*Results based on a probabilistic model and publicly available epidemiological data from the 2003 US population.

The circulating strains expected in the United States during the 2011-2012 influenza season include H1N1, H3N2 and influenza B.³

CDC recommendations for patients: a “Take 3” approach to fighting influenza⁴

1. TAKE THE TIME TO GET VACCINATED

- The Centers for Disease Control and Prevention (CDC) recommends that everyone 6 months of age and older receive an annual influenza vaccination
- The 2011-2012 vaccine will protect against an influenza A H3N2 virus, an influenza B virus and the H1N1 virus that emerged in 2009, which caused a pandemic and continued to spread widely in the United States last season

2. TAKE EVERYDAY PREVENTIVE MEASURES

- Wash hands often with soap and water
- Avoid close contact with sick people
- The CDC recommends that those with influenza-like illness stay home for at least 24 hours after fever is gone to avoid spreading the virus to others

3. TAKE ANTIVIRAL MEDICATIONS WHEN PRESCRIBED

- Antiviral medications have been demonstrated to reduce the severity and duration of influenza
- They may also prevent serious influenza-related complications
- When used to prevent the virus, antivirals are about 70% to 90% effective⁵

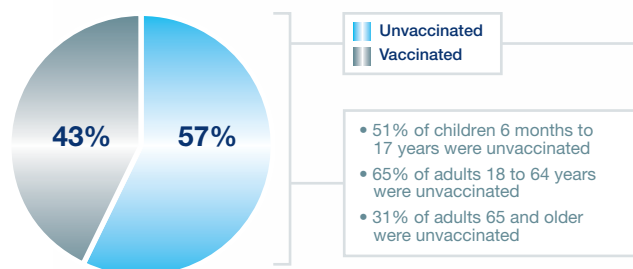
Despite the availability of a vaccine and CDC prevention recommendations, much of the general population is not being vaccinated against influenza.^{6,7}

Urge patients to take the time to get vaccinated

DESPITE CDC RECOMMENDATIONS, THE MAJORITY OF THE US POPULATION REMAINS UNPROTECTED⁶

- On average, only 43% of the US population (persons ≥ 6 months of age) got vaccinated between August 2010 and February 2011⁶

Vaccination rates for US population (August 2010-February 2011)⁶

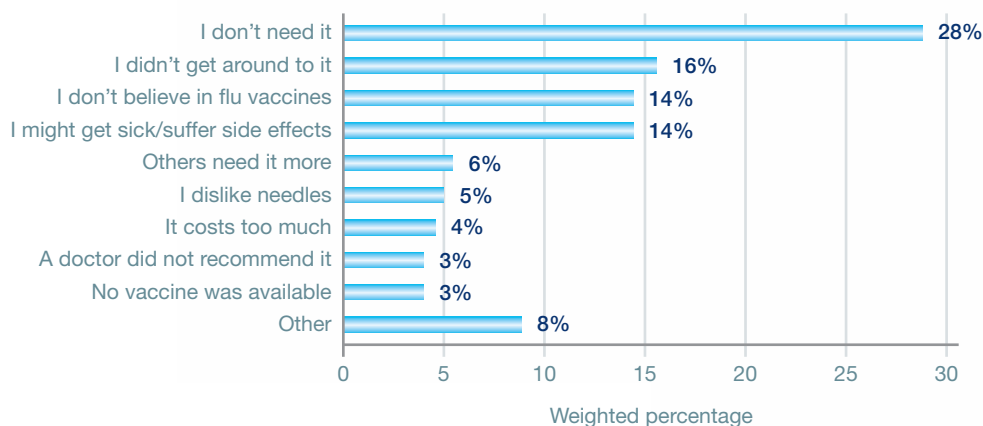


- Vaccination rates in past years have not been as high^{8,9}

LOW VACCINATION RATES ARE DUE TO PUBLIC MISPERCEPTIONS ABOUT THE INFLUENZA VACCINE⁷

- The most commonly cited reason for not being vaccinated against influenza is “not needing” the vaccine⁷

Patient-cited reasons for not being vaccinated (2009-2010)^{7†}



[†]Results based on a survey of 2,165 adults who did not receive the seasonal influenza vaccine during the 2009-2010 influenza season.

MOTIVATE PATIENTS TO TAKE EVERYDAY PREVENTIVE MEASURES

- Some viruses and germs can live for 2 hours or more on surfaces like doorknobs, desks and tables¹⁰
- Remind patients that good hygiene habits can help stop the spread of germs⁴

Encourage appropriate patients to take antiviral medication

SPEAK WITH PATIENTS ABOUT THE BENEFITS OF EARLY ANTIVIRAL THERAPY

- Only 41% of healthy adults (aged 19 to 49) who were recommended for influenza vaccination visited a healthcare professional during the 2009-2010 influenza season¹¹
- According to the CDC, there is no proven benefit in the use of herbal or homeopathic remedies against influenza¹²
- If taken within 48 hours of symptom onset, antiviral therapy may⁴
 - Reduce the severity of illness
 - Shorten the duration of illness
 - Prevent serious influenza complications

PROPER DIAGNOSIS IS ESSENTIAL FOR EARLY AND APPROPRIATE TREATMENT

- The common cold and influenza are two distinct illnesses with distinct symptoms – recognize the signs and symptoms when they present¹³

Signs and Symptoms	Influenza	Cold
Symptom onset	Abrupt	Gradual
Fever	Usual; lasts 3-4 days	Rare
Aches	Usual; often severe	Slight
Chills	Fairly common	Uncommon
Fatigue, weakness	Usual	Sometimes
Sneezing	Sometimes	Common
Stuffy nose	Sometimes	Common
Sore throat	Sometimes	Common
Chest discomfort, cough	Common; can be severe	Mild to moderate; hacking cough
Headache	Common	Rare

This influenza season, encourage your patients to come in at the onset of symptoms.

As influenza season approaches, remind patients...

- The influenza virus can have serious consequences, even for patients who have no risk factors²
- There are steps that they can take to protect themselves⁴:
 - **Get vaccinated.** Annual vaccination is the first and most important step for prevention against the influenza virus
 - **Practice everyday protection.** Routine habits, such as washing hands often and avoiding close contact with others who are sick, can help stop the spread of germs
 - **Act early.** Antiviral medications have been demonstrated to reduce the severity and duration of influenza when used within the first 48 hours after illness onset. Patients should see their healthcare professional as soon as symptoms present to find out if antiviral treatment is appropriate for them

References: **1.** Flu.gov. Seasonal flu. <http://www.flu.gov/individualfamily/about/seasonalfu/index.html>. Accessed July 3, 2011. **2.** Molinari NAM, Ortega-Sanchez IR, Messonnier ML, et al. The annual impact of seasonal influenza in the US: measuring disease burden and costs. *Vaccine*. 2007;25:5086-5096. **3.** Centers for Disease Control and Prevention. Seasonal influenza: the disease. <http://www.cdc.gov/flu/about/disease/>. Accessed July 3, 2011. **4.** Centers for Disease Control and Prevention. CDC says "take 3" actions to fight the flu. <http://www.cdc.gov/flu/protect/preventing.htm>. Accessed July 10, 2011. **5.** Flu.gov. Medications & antivirals. <http://www.flu.gov/individualfamily/prevention/medicine/index.html>. Accessed July 3, 2011. **6.** Centers for Disease Control and Prevention. Interim estimates of cumulative influenza vaccination coverage for 2010-11 season—United States, February 2011. <http://www.cdc.gov/flu/professionals/vaccination/report1011/report11/>. Accessed July 10, 2011. **7.** Harris KM, Maurer J, Uscher-Pines L. Seasonal influenza vaccine use by adults in the U.S.: a snapshot from the end of the 2009-2010 vaccination season. RAND Corporation, 2010. http://www.rand.org/content/dam/rand/pubs/occasional_papers/2010/RAND_OP311.pdf. Accessed July 27, 2011. **8.** Centers for Disease Control and Prevention. Final estimates of 2009-10 influenza vaccination coverage—United States, behavioral risk factor surveillance system (BRFSS) and national 2009 H1N1 flu survey (NHFS), May 2010. <http://www.cdc.gov/flu/professionals/vaccination/report10910/report10910/>. Accessed September 14, 2011. **9.** Centers for Disease Control and Prevention. Statistics and surveillance: 2009 adult vaccination coverage, NHIS. The National Health Interview Survey (NHIS). <http://www.cdc.gov/vaccines/stats-surv/nhis/2009-nhis.htm>. Accessed September 14, 2011. **10.** Centers for Disease Control and Prevention. Stopping germs at home, work and school. http://www.cdc.gov/germstopper/home_work_school.htm. Accessed July 13, 2011. **11.** Uscher-Pines L, Maurer J, Kelleman A, Harris KM. Healthy young and middle age adults: What will it take to vaccinate them for influenza? *Vaccine*. 2010;28:7420-7422. **12.** Centers for Disease Control and Prevention. Questions & answers: preventing seasonal flu illness. <http://www.cdc.gov/flu/about/qa/preventing.htm>. Accessed July 27, 2011. **13.** National Institute of Allergy and Infectious Diseases. Is it a cold or the flu? <http://www.niaid.nih.gov/topics/Flu/Documents/sick.pdf>. Accessed July 27, 2011.

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