

LPRC Statement on H1N1 (swine flu) and People Living with HIV or AIDS

H1N1 virus has been in the news a lot lately. Like other viral infections, H1N1 can threaten the health of people living with HIV or AIDS (PLWHA). LPRC has learned that PLWHAs living in the Okanagan are being told by health professionals that they must be vaccinated against H1N1 when a vaccine becomes available. We would like to present our clients with some basic facts so they can better protect their health and make an informed decision about vaccination.

On influenza in general:

- Influenza (the flu) is a virus that affects the respiratory system. The symptoms are headache, chills, cough, fever, weakness, fatigue, loss of appetite, muscle aches, and occasionally nausea, vomiting, and diarrhea. These symptoms can be severe, and generally last a week to ten days.
- There are different strains of flu, and each year new strains emerge. That is why people with HIV and immune-compromising illnesses are encouraged to get the flu shot every year. H1N1 is a new flu strain.
- The flu is passed from person to person in tiny airborne water droplets when someone sneezes or coughs. Other people then breathe in the droplets, or become infected when they get the droplets on their hands and then touch their mouth, nose, or eyes.
- Every year, approximately 10-25% of Canadians get the flu. Health Canada estimates that between 4000 and 8000 people (mostly seniors) die from pneumonia or other complications related to the flu each year. H1N1 has resulted in 878 hospitalizations and 37 deaths so far in Canada this year (as of July 8, 2009).
- The best way to protect yourself against any flu is to wash your hands with soap (regular, not antibacterial) and water regularly, particularly before eating and after being in public places where you are likely to touch things that many other people have touched (buses, bank machines, door handles, telephones etc.).

On the H1N1 flu virus:

- H1N1 virus was first identified in Mexico earlier this year, and was originally called “swine flu.” H1N1 is very much like other flus except that vomiting and diarrhea are more common. It is especially dangerous for people with chronic illnesses and compromised immune systems.
- H1N1 is more serious in younger people. This is one reason it has received so much media attention. The majority of H1N1 cases have been in people 5 – 24 years old, and no deaths related to this flu have occurred in people over 64 years old. (US Centers for Disease Control).
- On June 11, 2009, the World Health Organization (WHO) announced that H1N1 had reached pandemic status. A disease reaches pandemic levels when it has spread to a certain number of countries in the world. The word “pandemic” has nothing to do with the severity of the disease, only with how widely it has spread.

On HIV and H1N1 virus:

- Although currently, it appears that people who are positive are **NO MORE LIKELY** to catch H1N1 than people who are negative, complications can be more serious in the positive population.

- To avoid catching the H1N1 virus: wash your hands regularly with soap and water, avoid sick people, and avoid touching eyes, nose, and mouth if you think you have come in contact with a sick person. Take care of yourself by eating healthy foods and getting plenty of rest.
- If you think you have H1N1, go to your doctor or a health clinic immediately. You will be tested and told to stay home and rest until you are not contagious anymore: 7 days after your first symptoms first appeared, or until you have been symptom-free for 24 hours, whichever comes first.

On the flu vaccine and potential treatments:

- Vaccination is a controversial issue. Many people think vaccines carry unnecessary health risks, while other people think they are a foolproof way to protect the health of entire populations. It is important to make a decision about vaccination that you feel comfortable with, based on the most reliable information available. Doctors can only *recommend* flu shots and other vaccines. There is no law in Canada that can force vaccination on anyone, regardless of their HIV status.
- The flu vaccine (the “flu shot”) that many HIV-positive people receive each year will NOT protect against H1N1 or any other new strain of flu. The annual flu shot only protects against seasonal flu strains that are *expected* to be in circulation during the year. The H1N1 virus was an unexpected strain.
- The vaccine for H1N1 may become available in the fall of 2009. When it is ready for the public, people with HIV will probably be encouraged to get it.
- Drugs called “antivirals” are available that can help lessen the symptoms of certain flu strains, including H1N1. Antivirals are not the antiretrovirals used to treat HIV. Antivirals for H1N1 work best when taken within 48 hours of infection, so it is important to seek medical care quickly if you think you have the flu.
- Zanamivir and oseltamivir are effective antivirals against H1N1. Amantadine and rimantadine are not. There is very little research on potential interactions between antivirals and antiretrovirals. The US CDC states there is no evidence of such interactions, but also states that people should contact their doctor immediately if they think they are having a reaction to zanamivir or oseltamivir. People with HIV who are taking zanamivir or oseltamivir should be monitored by a healthcare professional to make sure they are not experiencing any adverse side effects. This is especially important for people with neurological problems and/or decreased kidney function.
- It is important to note that zanamivir is licensed only for use in people without underlying respiratory or cardiac disease. If you have any disorder of the respiratory system or circulatory system, you SHOULD NOT take zanamivir (Relenza).
- Common adverse effects of zanamivir (Relenza) are diarrhea, nausea, sinusitis, nasal signs and symptoms, bronchitis, cough, headache, dizziness, and ear, nose, and throat infections. Common adverse effects of oseltamivir (Tamiflu) are nausea and vomiting. Less common effects include delirium and self-harm activities.

In conclusion:

- It is a good idea to keep up to date on information regarding H1N1. Check the US Center for Disease Control website at http://www.cdc.gov/h1n1flu/hiv_flu.htm. You can also check out

Health Canada's *FluWatch* site for weekly updates, at <http://www.phac-aspc.gc.ca/fluwatch/index-eng.php>

- Research on H1N1 and HIV is continually being carried out by a number of different groups around the world. However, it won't be possible to study the effects of a vaccine on HIV and antiretrovirals until the vaccine is being administered to humans. When the H1N1 vaccine becomes available to the public, people with HIV are encouraged to read as much as they can about side effects and potential interactions with their HIV meds. Living Positive Resource Centre will stay as informed as possible on these topics so we can pass any important news along to our clients. **Please call Living Positive or your physician if you have questions.**

References

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