

Talk/Q&A session by Professor Murat Akova from Hacettepe University

History of H1N1

The virus originated in Mexico in April 2009 and WHO issued world pandemic status on July 16th 2009. Since then there have been approx. 6,500 deaths worldwide. The mortality rate is less than 1% but highest in the under 25 year age group. At present there are 191 countries reporting cases of H1N1, with the worst cases being in the northern hemisphere. This is due to seasonal activity. At present there is no seasonal flu in the Northern Hemisphere. If you have flu-like symptoms there is a 99% chance that this is H1N1.

At risk groups are:

- People over the age of 65.
- Children under 5 years of age
- Young people under 25
- Anyone with an underlying chronic disease such as asthma, diabetes etc.

H1N1 virus is highly contagious and primarily attacks the lungs but then the rest of the body.

Drugs available to treat symptoms (Anti-viral drugs: boosts the body's immune system)

- Tamiflu – taken orally twice a day for 10 days
- Relenza – two nasal puffs twice a day for 10 days (not for asthmatics)
- Peramivir – (Available in US only at present) Taken intravenously for emergency critical case

If you have flu or cold like symptoms and recover after 48 hours no treatment is necessary, but you must isolate yourself for 7 days. If symptoms persist after 48 hours you must seek medical advice. Isolation must continue for an additional 24 hours after fever has disappeared.

Please be aware that 30% of people with H1N1 have no fever.

Without symptoms it is still possible to transmit the virus. You are most contagious for 24-48 hours before symptoms appear.

The current policy in Ankara is to only test those with severe symptoms.

You can take paracetamol or ibuprofen to ease symptoms. Aspirin must not be given to children under 16. Asthmatics should seek medical advice before taking ibuprofen.

It is impossible to distinguish between the common cold and swine flu symptoms without medical tests. If you have an influenza-like illness there is a 60% probability that you have H1N1.

Vaccine

Vaccination is strongly recommended. It is currently available in Turkey to children under 5, those people who have underlying medical conditions and pregnant women. Increased rates of vaccination means decreased rates of transmission. Many concerns have been raised about the safety of the vaccine. These have all been proven to be unfounded. The Turkish vaccine is produced by Novartis

and is called Focetria. There are currently 2.5 million doses available now with another 5-10 million doses expected to be available in the next month.

People who have an egg allergy cannot have the vaccine.

After being vaccinated it takes 3 weeks for full protection. If you contract the virus before this your symptoms are likely to be milder than an unvaccinated person.

WHO advise giving one dose at this time.

Babies under 6 months cannot receive the vaccine but it is recommended that primary care givers are vaccinated.

Vaccines are available at State Hospitals and small health centres (Sağlık Ocak) for those at risk categories mentioned above.

The seasonal flu vaccine does not protect against H1N1

Useful links / additional information

Centre for Disease control www.cdc.gov

World Health Organisation www.who.int

Novartis Vaccine information including product leaflet

<http://www.emea.europa.eu/humandocs/PDFs/EPAR/focetria/emea-combined-h710en.pdf>

List of Ankara Health Centres (Sağlık Ocak).

http://www.asm.gov.tr/Showkurum.asp?kurum=s_ocak