

H1N1 (New Influenza)- also known as "swine flu"

The name "swine flu" is both stigmatising and misleading. As a result the Norwegian health authorities (and WHO) has now designated the condition as "new flu". This is supported by us here at Bryggeklinikken, and we furthermore support the guidelines published by the Norwegian health authorities at www.pandemi.no (available in English).

The vaccine for "new-flu" will most likely be ready for common use by the end of November. Apart from simple measures such as washing ones hands regularly and using Tamiflu (in case of infection), there is little to be done to prevent infection and spread. We would, however like to highlight a few points that are worth keeping in mind; Hand washing should be performed regularly (soap and water is just as effective as commercially available disinfectants). It is not necessary to "shake hands with everybody". And in case of coughing/sneezing, one should use a paper towel / handkerchief or try to cough/sneeze into the inside of ones elbow. Furthermore it is important that persons thought to be infected are isolated. This means staying at home for about a week and avoiding all unnecessary contact with non-infected individuals.

It is obvious that the doctor's office in itself could represent a substantial risk factor concerning further spreading of the disease. We here at Bryggeklinikken would like to avoid this as far as possible. As a result we have established a routine with "treatment per telephone". This means that we will prescribe Tamiflu and offer a sick leave certificate for those of our patients contacting us per telephone, that have a fever of 38,5 C, headache, upper airway symptoms and typical aching pain in bones and joints. In other words, typical influenza symptoms.

Treatment with Tamiflu must be initiated within 48 hours after symptom onset to be effective (length of treatment is 5 days). Drawing blood for testing is no longer required, as it takes 5-7 days to get a reliable result from the laboratory and a positive test has few clinical implications. Prophylactic/preventive therapy with Tamiflu is not recommended as one is just as likely to be infected when it is discontinued and the pandemic is likely to last for months.

There are many conditions that might be mistaken for influenza, but these often present with more focal symptoms, such as isolated upper airway problems (sore throat etc.), urinary tract infections, skin manifestations and stomach problems etc. In such cases we will, of course, offer to see the patient as soon as possible. In cases where patients experience a new bout of fever, after the initial infection, the same is valid. But remember; "No influenza without fever". To "think" that you have a fever is no reliable scale, therefore we recommend our patients to buy an electronic thermometer (available at drugstores/ pharmacies).

Some patients will experience falling ill with influenza twice during the coming six months, first with the "new-flu" and then with the ordinary seasonal flu. It is important to point out that the two viruses are not the same (although in the same family) and that antibodies formed against the "new-flu" will not offer protection against the "normal-flu" and vice versa. The vaccine for seasonal flu will be available in September/October and we recommend this to all our patients. When the vaccine against the "new-flu" is ready for use by the end of this year, we will probably recommend this to those patients not already infected (and hence immunized).

DocSide will keep you posted.