

**OUTREACH TO PERSONS WITH ASTHMA ABOUT 2009 H1N1 RISKS
AND PREVENTION
(FROM CDC – APRHB, OCTOBER 19, 2009)**

- Persons with asthma have been shown to be at increased risk for severe complications and death from influenza infection in previous influenza pandemics.
- Historically, influenza immunization rates among persons with asthma have been extremely suboptimal (36% in recent studies).
- Relative to the general population, persons with asthma are at increased risk of morbidity and mortality related to seasonal influenza infection.
- Relative to the general population, persons with asthma are at increased risk of morbidity and mortality related to 2009 H1N1 influenza (“swine flu”) infection.
- Nearly 6.7 million asthma sufferers are under age 18.
- Asthma disproportionately impacts minority members and other socioeconomically disadvantaged groups. African Americans have the highest asthma death rate of all major groups.

Overarching Messages

Key messages for persons with asthma and health-care providers link to the overarching “Take 3” framework and include the following:

1. Take everyday preventive actions.

- If you have asthma, you should follow an updated, written [Asthma Action Plan](#) developed with your doctor. Follow this plan for daily treatment and for controlling your asthma symptoms.
- If your child has asthma, make sure that his or her updated, written Asthma Action Plan is on file at school or at the daycare center. Be sure that the plan and medication(s) are easy to get to when needed.
- Cover your nose and mouth with a tissue when you cough or sneeze, or sneeze into your sleeve. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and warm water, especially after you cough or sneeze. Alcohol-based gel hand cleaners are also good to use.
- Avoid touching your eyes, nose, or mouth. Germs spread this way.

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- Try to avoid close contact with sick people. (If you have asthma and you live or have close contact with someone who has H1N1 flu, talk to your doctor about medicines to prevent flu.)
- Have a plan to care for sick family members.
- Stock up on household, health, and emergency supplies, such as water, Tylenol®, and non-perishable foods.
- If you get sick with flu-like symptoms, call your doctor immediately.
- Flu symptoms include fever, cough, sore throat, body aches, headaches, chills, fatigue, and sometimes, diarrhea and vomiting.

2. Take time to get vaccinated.

- It is important for persons with asthma to receive the 2009 H1N1 flu vaccine as well as a seasonal influenza vaccine.
- Persons with asthma *should not* use the inhaled "FluMist®" vaccine because of the increased risk of wheezing post-vaccination.

3. Take flu antiviral drugs if your doctor recommends them.

- Treat any fever right away.
- Drink plenty of fluids to replace those you lose when you are sick.
- Your doctor will decide if you need the antiviral drug Tamiflu® (oseltamivir). Antiviral drugs are prescription medicines that fight against the flu by keeping the germs from growing in your body. These medicines can make you feel better faster and make your symptoms milder. Relenza® (zanamivir) is *not* recommended for treatment in persons with asthma.
- These medicines work best when started soon after symptoms begin (within 2 days), but they may also be given to very sick or high-risk people (like persons with asthma) even after 48 hours. Antiviral treatment is taken for 5 days.
- Tamiflu® is also used to prevent H1N1 flu and is taken for 10 days.

Health-care providers.

1. Preventive actions

All persons with asthma should have and use an updated, written [Asthma Action Plan](#), developed with their healthcare professional, for daily treatment and for control of worsening asthma symptoms. It is important that the Asthma Action Plan include what they should do at the earliest onset of symptoms of [influenza-like illness](#). Children with asthma should have an Asthma Action Plan on file at their school or daycare center, and the plan and medication(s) should be readily accessible.

The risk for 2009 H1N1 influenza virus infection might be reduced by taking steps to reduce the chance of being exposed to respiratory infections. These steps include—

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- Frequent hand washing.
- Minimizing contact with sick people.
- Having sick people stay home (except to seek medical care).
- Having sick people cover their coughs.
- Avoiding, whenever possible, crowded settings in communities having outbreaks of 2009 H1N1 influenza virus.

2. Vaccinations

- It is important for persons with asthma to receive the 2009 H1N1 flu vaccine as well as a seasonal influenza vaccine.
- Persons with asthma *should not* use the inhaled FluMist® vaccine because of the increased risk of wheezing post-vaccination.
- A person with asthma who gets any type of flu is at risk for serious complications and hospitalization.

3. Antivirals

- Treat quickly. Treat persons with asthma with influenza-like illness as soon as possible. Treatment should not be withheld pending results of testing for influenza, if testing is done.
- Persons with asthma with influenza-like illnesses should receive empiric antiviral treatment with Oseltamivir (trade name, Tamiflu®).
- Zanamivir (trade name, Relenza®) is *not* recommended for treatment in patients with underlying airways disease (including asthma), because of the risk for adverse events, such as bronchospasm, and because efficacy has not been demonstrated among this population.
- Since rapid access to antiviral medications is essential, healthcare providers who care for persons with asthma should develop methods to ensure that treatment can be started quickly after symptom onset. Actions that will support early treatment initiation include:
 - Informing patients or their caretakers of signs and symptoms of influenza and the need for early treatment after symptom onset. Individuals may be infected with influenza, including the 2009 H1N1 influenza virus, and have respiratory symptoms without a fever.
 - Ensuring rapid access to telephone consultation and clinical evaluation for persons with asthma and other high risk conditions
 - Considering empiric treatment of persons with asthma based on telephone contact if hospitalization is not indicated and if this will substantially reduce delay before treatment is initiated
- Post-exposure antiviral chemoprophylaxis can be considered for persons with asthma who have had contact with someone likely to have been infectious with influenza.

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**A Summary of General CDC Public Health Messages Related to H1N1
(as of October 16, 2009)**

- Flu activity is widespread in 41 states and influenza-like illness, flu-related hospitalizations, and flu-related deaths are all higher than expected for this time of year.
- Almost all of the influenza viruses identified so far are 2009 H1N1 influenza A viruses.
- These 2009 H1N1 viruses remain similar to the virus chosen for the 2009 H1N1 vaccine, and remain susceptible to the antiviral drugs oseltamivir and zanamivir with rare exception.
- 2009 H1N1 vaccination has begun but initial supplies are small. More doses are expected for shipment each week. We ask members of the public who want to receive this vaccine to be patient as this program expands and more vaccine becomes available. There will be enough vaccine available for anyone who wishes to receive it.
- The vaccine development process is complex and forecasting how much vaccine will be available at a certain time is challenging and amounts will vary from week to week. Millions of doses of vaccine are in the pipeline and federal, state, and local public health authorities are working hard to get vaccine out to the public as soon as we receive it.
- We had to choose between waiting to distribute vaccine until we had large quantities ready to be shipped versus distributing limited quantities of the vaccine sooner. We chose the latter knowing that it would create some challenges and frustrations (for our public health partners in the states, providers, and the public), but also knowing that it would allow us to start protecting people against this disease as soon as possible.
- Thus, we only have small amounts of vaccine for states to order at the moment. Given this situation, states will initially be conducting very targeted vaccination efforts that take into consideration their local situation with 2009 H1N1 disease.
- Each week, CDC analyzes information about influenza disease activity in the United States and publishes findings of key flu indicators in a report called [FluView](#).