

FLU vs. FEAR

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In the United States, the flu season can range from November through April. During the past 19 flu seasons, months with the heaviest flu activity (peak months) occurred in December in 4 years, January in 5 years, February in 7 years, and March in 3 years. Normally this wouldn't raise much concern. But, terrorist anthrax attacks have many people concerned because there's been wide reporting of the similarity of symptoms from an anthrax infection and the common flu. It'sd only natural for some people to worry that if "flu-like" symtoms show up, there is a possibility, no matter how remote, that anthrax might be involved. Since KTVU Chanel 2 News believes that information empowers people, we present a compilation of expert information to discuss this timely issue.

In simpolest terms, here's how the U.S. Centers for Disease Control differentiate betwencolds, flu and anthrax:

Symptoms	Cold	Flu	Anthrax		
Fever	rare in adults and older children, but can be as high as 102 F in infants and small children	usually 102° F, but can go up to 104° F and usually lasts 3 to 4 days	Anthrax symptoms depend on how the person got the disease. These are the symptoms for the three types Inhalation (breathing) The initial symptoms, which may mimic flu-like symptoms, include fever, chills, sweats, tiredness, muscle pain, chest		
Headache	rare	sudden onset and can be severe			
Muscle aches	mild	usual, and often severe			
Tiredness and Weakness	mild	can last 2 or more weeks	discomfort, dry cough, and vomiting. However, several hours to several days later they progress to severe breat ing problems and shock.		
Extreme Exhaustion	never	sudden onset and can be severe			
Runny nose	often	sometimes	Cutaneous (skin) Skin infection begins as a raised itchy bump that		
Sneezing	often	sometimes			
Sore throat	often	sometimes	resembles an insect bite, but within one to two days develops into a fluid-filled sor- and then into a painless ulcer with a black (dead) center.		
Cough	mild hacking cough	usual and can become severe			
Centers for Disease Control (800) 232-2522 www.cdc.gov National Immunization Toll-Free Hotlines English (800) 232-2522 TTY (800) 243-7889 Spanish (800) 232-0233			Lymph glands in the adjacent area may swell. Intestinal (eating) rarely seen. Initial signs of nausea, loss of appetite, vomiting, and fever are followed by abdominal pain, vomiting of blood, and severe diarrhea.		



From the U.S. Centers for Disease Control web site www.cdc.gov

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Does CDC recommend getting an influenza immunization (flu shot) to reduce the number of flu-like illnesses that may raise concerns about possible anthrax-related illness?

No. CDC does not recommend that you get a flu shot so you can tell if you have the flu or an anthrax-related illness. Many viruses and bacteria besides influenza (including anthrax) can begin with flu-like symptoms, which include fever, body aches, tiredness, and headaches. In fact, most illnesses with flu-like symptoms are not caused by influenza or anthrax. You should get a flu shot to prevent the flu. The flu vaccine is the best protection you can get to prevent the flu and its severe complications. People have the greatest risk of severe complications from flu are those 65 years old or older and those with certain medical conditions. The flu shot can prevent 70-90 percent of the flu illnesses, but it will not prevent illnesses with flu-like symptoms caused by anything other than the influenza virus.

How do I know that my flu symptoms are not anthrax?

Many illnesses begin with symptoms commonly referred to as "flu-like" symptoms. These include fever, lack of energy, and muscle aches, dry cough, sore throat, and sometimes a runny nose. If you have the flu you can have any or all of these symptoms: fever, muscle aches, headache, lack of energy, a dry cough, sore throat, and possibly a runny nose. The fever and body aches can last for 3-5 days, but the cough and fatigue can last for 2 or more weeks.

Anthrax symptoms depend on how the person got the disease. These are the symptoms for the three ways to get anthrax:

Inhalation (breathing) — The initial symptoms, which may mimic flu-like symptoms, include fever, chills, sweats, tiredness, muscle pain, chest discomfort, dry cough, and vomiting. However, several hours to several days later they progress to severe breathing problems and shock.

Cutaneous (skin) — Skin infection begins as a raised itchy bump that resembles an insect bite, but within one to two days develops into a fluid-filled sore, and then into a painless ulcer with a black (dead) center. Lymph glands in the adjacent area may swell.

Intestinal (eating) — This is rarely seen. Initial signs of nausea, loss of appetite, vomiting, and fever are followed by abdominal pain, vomiting of blood, and severe diarrhea.

The public health system actively monitors many different diseases as part of ongoing programs for protecting the health of Americans from outbreaks of infectious disease. Clinicians, infection control experts, and health delivery systems, together with public health, play a key role in providing an effective network for recognizing and responding to influenza and other emerging infections.

Should all people with flu-like symptoms be tested for influenza?

Typical influenza (flu) symptoms include fever, body aches, tiredness, cough, and sometimes a sore throat and runny nose. However, these can be symptoms of many diseases, and it can be difficult to tell if you have the flu or another illness by looking at the symptoms, alone. There are several different kinds of tests to tell if you have the flu. Most involve having your throat or nose swabbed. This means that the infected area will be wiped with an absorbent material which will then be sent to a laboratory to be tested. This type of test needs to be done in the first 3 to 4 days of your illness.

These flu tests are not 100 percent accurate. Because the tests are sometimes incorrectly negative or incorrectly positive, they should not be done on all patients. These tests are most useful when a doctor needs the results to help with diagnosis and treatment decisions. For example, if there is an outbreak of a respiratory (breathing) illness, the flu tests can help doctors tell if the illness affecting the population is actually the flu.



From the U.S. Centers for Disease Control (continued)

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How do I know if I have a cold or the flu?

Influenza (flu) and a cold are both respiratory (breathing) infections caused by viruses. Some of the symptoms are similar, and it can sometimes be difficult to tell if you have the flu or a very bad cold. The flu can cause more serious illness than a common cold. Your best protection against the flu is an annual flu shot. You can decrease your chances of getting a cold by frequently washing your hands and avoiding touching your nose, eyes, and mouth. The average adults gets 1-3 respiratory (breathing) illnesses each year, and children get even more. However, it would be unusual to get flu more than once a year.

Sometimes you can get a bacterial infection of the middle ear or sinuses at the same time or following a cold or the flu. These bacterial infections can be treated with antibiotics. The flu, however, can lead to more serious complications such as pneumonia and sometimes death. People have the greatest risk of severe complications from flu are those 65 years old or older and those with certain medical conditions.

Colds usually begin slowly, two to three days after infection by the virus and normally last only two to seven days. A bad cold can last up to two weeks, but this is unusual. You will first notice a scratchy, sore throat, followed by sneezing and a runny nose. You may get a mild cough several days later. Adults and older children usually don=t have a fever, but if they do, it will be very mild. Infants and young children, however, sometimes run temperatures up to 102° F (39° C).

If you have the flu, you will have a sudden headache, dry cough, and you might have a runny nose and a sore throat. Your muscles will ache, you will be very tired, and you can have a fever up to 104° F (40° C). Most people feel better in a couple of days, but the tiredness and cough can two weeks or longer.

The flu is a respiratory (breathing) illness. You cannot have a "stomachflu." Symptoms such as nausea, diarrhea, and vomiting are uncommon with the flu, except in very young children. Check with your health care provider if you have questions about the diagnosis and treatment of these illnesses.

Why is there a delay in the delivery of the flu vaccine this year?

There are three primary reasons for the delay this season:

<u>First</u>, unlike in 1999, there are only three licensed U.S. manufacturers for influenza vaccine. These three manufacturers are trying to build their capacity so that it meets, and exceeds, the 1999 influenza vaccine production levels that were achieved by four manufacturers.

<u>Second</u>, for a manufacturer to greatly increase production capacity, it usually has to add new equipment and expand its production facilities. Often, it isn't possible to operate a production facility at full capacity while these changes are being made.

<u>Third</u>, one manufacturer continues to make facility changes that will bring it into full compliance with good manufacturing practices. These changes also affect production capacity.

How much vaccine will be available this year?

As of October 26, 2001, manufacturers have told us to expect a total of 85 million doses. A little more than half the supply was delivered by the end of October, an additional 33 percent will be distributed in November, and the final 13 percent is expected in December. Officials at FDA and CDC stress that these projections from manufacturers could change as the season progresses. Even if large numbers of people with vague flu-like symptoms rush out to get a flu shot, we have more vaccine this year than we had last year, and similar to the quantity in 1999. Based on vaccine use in previous years, we anticipate that there will be sufficient vaccine supply to meet this season's demand. However, the first doses available should be given to those who have the highest risk of severe complications if they get the flu—those 65 years old and older, and those with chronic (on-going) health conditions—and health care workers. Everyone else should wait until November when supplies are more plentiful.



IMPORTANT QUESTIONS TO ASK YOURSELF

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Army Link, a publication of the Public Affairs department of the United States Army recently interviewed Colonel Bernard DeKoning, Command Surgeon for the U.S. Army's Training & Doctrine Command. If you feel "flu-like" symptoms coming on, Dr. DeKoning says ask yourself these important question because they may help doctors make a quicker and more accurate diagnosis.

 Do I or did I have a runny nose and/or productive (phlegm) cough? What were my recent activities? Who was I with? Were those people experiencing the same signs and symptoms? When did they start experiencing the signs and symptoms? Do those people have runny noses and/or productive (phlegm) coughs? Any unusual sores on my skin? 							
8) Did the people I was with have skin sores? If "flu-like" symptoms strike and worry you, use the spaces below to answer the questions above.							

FLU TIPS FROM THE UNIVERSITY OF PITTSBURGH MEDICAL CENTER (www.upmc.edu.NewsBureau/emergency/flutips)

I already have the flu. How do I get rid of it?

- · Drink plenty of water
- Rest as much as possible
- Take aspirin or acetaminophen to relieve fever and pain (Do not give children aspirin)

Contact your doctor if you have any of the following symptoms:

- · High fever, chills
- · Severe headache
- Cough more than a week or cough up colored sputum
- Chest pain
- Shortness of breath

High-risk groups who should get the flu shot:

- People age 65 and over
- Those who have chronic heart, lung or metabolic disorders (such as diabetes or asthma)
- Individuals with kidney disease, anemia or immunosuppression (such as HIV and AIDS)
- Nursing home residents
- · Children on long-term aspirin therapy
- Children six months or older with respiratory disorders
- In-home care providers of high-risk patients
- Medical-care personnel who routinely have patient contact
- Frequent travelers



OTHER THREATS

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BOTULISM

Symptoms of botulism: include double vision, blurred vision, drooping eyelids, slurred speech, difficulty swallowing, dry mouth, muscle weakness that always descends through the body: first shoulders are affected, then upper arms, lower arms, thighs, calves, etc. Paralysis of breathing muscles can cause a person to stop breathing and die, unless assistance with breathing (mechanical ventilation) is provided.

PNEUMONIC PLAGUE

The first signs of illness in pneumonic plague are fever, headache, weakness, and cough productive of bloody or watery sputum. The pneumonia progresses over 2 to 4 days and may cause septic shock and, without early treatment, death.

SMALLPOX

Initial symptoms include: high fever, fatigue, and head and back aches. A characteristic rash, most prominent on the face, arms, and legs, follows in 2-3 days. The rash starts with flat red lesions that evolve at the same rate. Lesions become pus-filled and begin to crust early in the second week. Scabs develop and then separate and fall off after about 3-4 weeks.

INHALATIONAL TULEREMIA

Inhalation causes an abrupt onset of an acute, nonspecific fever beginning 3--5 days after exposure, with pneumonia developing in a substantial proportion of cases during subsequent days (7).

HEMORRHAGIC FEVERS

Hemorrhagic fevers are those such as would be caused by Ebola or Marburg viruses. After an incubation period of usually 5--10 days (range: 2--19 days), illness is characterized by abrupt onset of fever, muscle pains, and headache. Other signs and symptoms include nausea and vomiting, abdominal pain, diarrhea, chest pain, cough, and a swollen pharynx. A skin rash, prominent on the trunk, develops in most patients approximately 5 days after onset of illness. Bleeding manifestations, such as red spots, and bleeding occur as the disease progresses.

THE FEAR FACTOR

The National Association of County and City Health Officials discusses post-traumatic stress disorder (PTSD), caused by the terrorist attacks. One area not receiving much attention is mental health and the services that will be needed to screen, identify, and treat those that will suffer greatly from surviving a bio-terrorist event, not to mention the millions of Americans some experts predict will need treatment for psychological trauma. Post-traumatic stress disorder is the inability to cope and function in daily life following a traumatic event. The most common symptoms that victims of post-traumatic stress disorder experience include:

•Reliving the event through recurring nightmares or other intrusive images that occur at any time. Victims suffer with extreme emotional or physical reactions such as chills, heart palpitations or panic when remembering events.
•Avoiding reminders of the event, including places, people, thoughts or other activities associated with the trauma. Victims may feel emotionally detached, withdraw from friends and family, and lose interest in everyday activities.
•Being overly on guard or hyper-aroused at all times, including feeling irritability or sudden anger, having difficulty sleeping or concentrating, or being overly alert or easily startled.

A psychiatrist, psychologist, social worker or other qualified health care professional who provides counseling related to trauma can identify whether a person is affected and can discuss options for appropriate treatment. If you believe you are suffering from PTSD contact your primary health care provider to discuss your situation.



COUNTY HEALTH DEPARTMENTS

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Your county health department is the first line of defense for any usual or unusual outbreak of disease. Here's a list of the Bay Region county health departments, their adresses, phone numbers and web sites. On those websites, you'll find a lot fo general information as well as information potential chemical and biological attacks.

Alameda

1000 Broadway, Suite 5000 Oakland, CA 94607 (510) 267-8000 www.co.alameda.ca.us/publichealth/

Contra Costa

20 Allen Street Martinez, CA 94553 (925) 370-5000 www.co.contra-costa.ca.us/hsd/index.htm

Napa

1195 Third Street Napa, CA (707) 253-4279 www.co.napa.ca.us/

Marin

161 Mitchell Blvd., Suite 100 San Rafael, CA 94903 (415) 499-6871 www.co.marin.ca.us/depts/HH/main/index.cfm

Monterey

1270 Natividad Road Salinas, CA 93906 (831) 755-4500 www.co.monterey.ca.us/health

San Francisco

101 Grove San Francisco, CA 94102 (415) 554-2500 (415) 554-2830 (communicable diseases) www.dph.sf.ca.us/

San Mateo

225 - 37th Avenue San Mateo, CA 94403 (800) 675-8437 www.smhealth.org

Santa Clara

3003 Moorpark Avenue San Jose, CA 95128 (408) 885-4202 www.santaclaracounty.org/hhs/

Santa Cruz

1080 Emeline Avenue Santa Cruz, CA 95060 (831) 454-4000 www.co.santa-cruz.ca.us/hsa/index.htm

Solano

580 Texas Street Fairfield, CA 94533 (707) 421-6643 www.solanocounty.com/hss

Sonoma

625 Fifth Street Santa Rosa, CA 95404 (707) 565-4400 (public health information) (707) 565-45760 (communicable disease) www.sonomacounty.org/health/index.htm

Stanislaus

830 ScenicDrive Modesto, CA 95354 (209) 558-7000 www.schsa.org

STATE OF CALIFORNIA CHEMICAL/BIO-TERROR HOTLINE

1 (800) 550-5234 TTY (for the hearing impaired) - 1 (800)550-5281

FEDERAL AGENCIES

CENTERS FOR DISEASE CONTROL 24 HOUR HOTLINE (800) 232-2522 FEDERAL CHEMICAL/BIOLOGICAL REPORTING HOTLINE 1 (800) 424-8802 FEDERAL RADIOLOGICAL REPORTING HOTLINE 1 (800) 586-8100

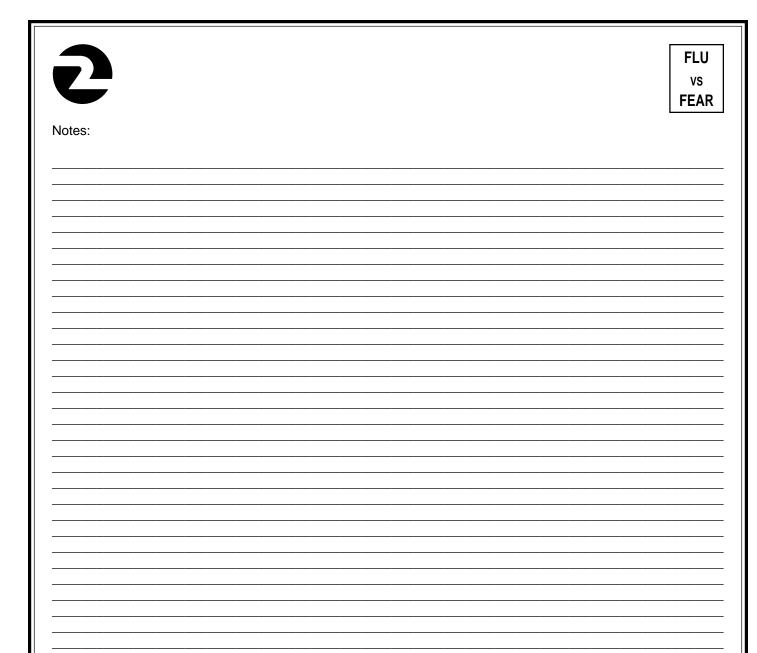


Notes:

BEST INTERNET INFORMATION SOURCES ON BIOLOGICAL / CHEMICAL TERRORISM DEFENSE

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- http://www.calpoison.org This is the website of California's statewide Poison Control information and assistance network. It has the latest local information on chemical and/or biological incidents.
- http://www.oes.ca.gov This is the website of the California Office of Emergency Services, the state's overall emergency management agency. This site has plenty of information on chemical/biological terrorism.
- http://www.bt.cdc.gov This is the website of the U.S. Government's Center for Disease Control. This is the key Federal agency for dealing with outbreaks of disease or poisonings.
- http://www.epa.gov/swerceep/ This is the website of the U.S. Environmental Protection Agency's Office of Chemical Emergency Preparedness and Prevention. This agency has the primary responsibility in dealing with chemical incidents.
- http://www.rris.fema.gov This is the website of the Federal Emergency Management Agency's Rapid Response Information System. FEMA has the primary Federal responsibility in assisting state and local government during major disasters.
- http://www.usps.gov This is the website of the United States Postal Service. It has information for citizens on the safe and proper handling of suspicious mail.
- http://www.hopkins-biodefense.org This is the website of the Center for Civilian Biodefense Studies of the world famous John Hopkins University. It is packed with information on biological agents and how to defend against them.





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