



Myths vs. Facts: H1N1 and Seasonal Influenza

Given the current threat and discussion of the flu vaccines, H1N1 and seasonal influenza, there is some confusion regarding how best to prepare for the pending flu season. Many parents and families are asking what to do, and questioning the safety of new vaccines.

Dr. Bill Mason, head of the Division of Infectious Diseases at Children’s Hospital Los Angeles and Immediate Past President of the American Academy of Pediatrics, California – Chapter 2 answered the following “myths” about H1N1. The below myths vs. facts are meant to help pediatricians better understand the vaccines, their safety and the importance of vaccinating children.

Myth	Fact
This is all hype and H1N1 influenza and seasonal flu do not pose any real concern for our kids.	Influenza will be unavoidable for those who do not adopt the common sense measures to prepare for and protect themselves and their families against the virus. The H1N1 influenza has been declared a worldwide pandemic. As of September 16 th , WHO had reported at least 296,471 cases world wide and 3,486 deaths. In Los Angeles County, there has been a consistent presence of influenza since May. More than 300 children have been cared for at Children’s Hospital in LA. Some were severely ill and some have died.
We can’t prevent outbreaks of H1N1 – they are inevitable.	While it may be too late to prevent the actual outbreak, we can limit the spread and mitigate morbidity and mortality associated with the infection. Immunization against both the seasonal influenza strains and the influenza A (h1N1) strain will reliably prevent influenza in the vast majority of those who receive the vaccines.
Immunization is not necessary.	Since H1N1 came upon us in May we have had several patients with severe disease requiring ventilation and ECMO as well as several deaths. These patients have had underlying illnesses including asthma, chronic lung disease, neurologic impairment with respiratory complications and immunodeficiency conditions. Not to protect these patients through vaccine or antiviral prophylaxis would seem to me to be unconscionable if not unethical.
Naturally acquired immunity is better than immunity through vaccination.	The best way to gain immunity is through immunization with the vaccines. The antigenicity of influenza strains is not static and will change from season to season no matter what we do because of antigenic drift in the virus. Protection through immunization will prevent disease from this new pandemic strain until new strains emerge in the next year or two to take its place.
The H1N1 Vaccine is “experimental” and not safe for use.	The H1N1 vaccine has been prepared in the same manner and with the same safe guards as have the seasonal flu vaccines for the last 20 years. These vaccines have an excellent track record for safety. To rely on homeopathic measures to prevent or treat this serious disease is misguided and dangerous.
Tamiflu is enough to protect patients.	Tamiflu prophylaxis is not a substitute for vaccination and should not be used for protection of populations, but rather individuals who are at high risk for the complications of influenza and, for whatever reason, could not be vaccinated.

What you can do:

Talk to your patients and patient’s families about the importance of immunization against both the seasonal and H1N1 flu now and help them prepare a vaccination plan. Remind all patients about the importance of scrupulous hand hygiene, proper respiratory etiquette (coughing into one’s elbow), and, if one does become ill, remaining confined for at least 24 hours after fever has subsided will reduce the chance of spread of the virus.

Go to the LADPH Web site to register for the H1N1 flu vaccine.
<http://www.publichealth.lacounty.gov/h1n1/vaccine/>