

ALERT

2009 H1N1 (Swine) Flu Update and Information about the 2009 H1N1 (Swine) Flu Shot

Swine flu is here in Durango. Fortunately, locally, for most children, it has been a relatively mild flu and supportive care (included in the previous newsletter) has been all that has been required. Nationwide, experts are concerned that children may seem to be disproportionately represented amongst those who are the sickest with the swine flu. (Experts are still trying to decipher if there is simply a larger number of people who have swine flu and the proportion of children is the same but it is a greater number because of the greater number of people in the general population who have swine flu.)

Regardless, here are some recommendations based on the trends we are seeing:

1. Please read the previous newsletter and consider the prevention recommendations made by the CDC, our local homeopath and naturopath. If you have deleted this newsletter it is available on our website www.paofdurango.com.
2. Please read the previous newsletter so that you know what signs and symptoms for which your child needs to be seen.
3. **If you are concerned that your child has swine flu and your child is less than 2 yrs of age and/or has an underlying medical condition and/or you are pregnant please call for an appointment.**
4. I can not stress enough the need for REST if you or your child develops swine flu. I am seeing a tremendous number of children who feel better for a day or 2 and go back to school or go to the park and get very sick again. Please keep your child home from school/the playground/outside for 1 or 2 days beyond what you generally feel is necessary.

H1N1 Swine Flu Vaccine:

The San Juan Basin Health Department will hold its first - and very limited - H1N1 flu vaccination clinic Oct. 22 from 4 to 7 p.m. at the La Plata County Fairgrounds exhibition hall. The service is free.

The vaccine is only **for parents and siblings of babies younger than 6 months old and daycare providers of babies of the same age. However, since the vaccine is the nasal mist, which is not licensed for general use, only healthy adults and children, ages 2 to 49, and women who are not pregnant can receive it.**

Further information about the H1N1 flu virus is available at the health department at 247-5702, ext. 1520 or the La Plata County info-line at 385-4636, ext. 2271.

PLEASE SEE SAN JUAN BASIN HEALTH DEPARTMENT'S WEBSITE FOR

DETAILS BUT NOTE THAT THE ABOVE IS THE ONLY TARGET GROUP BEING OFFERED THE VACCINE TODAY (October 22, 2009).

Per the CDC, the Initial Target Groups Are: (To read more from the CDC on the swine flu vaccine go to <http://www.cdc.gov/h1n1flu/vaccination/>)

When vaccine is first available, ACIP recommends that programs and providers administer vaccine to people in the following five target groups (order of target groups does not indicate priority):

*pregnant women,

*people who live with or provide care for infants younger than 6 months (e.g., parents, siblings, and day care providers),

*health care and emergency medical services personnel,

*people 6 months through 24 years of age, and,

*people 25 years through 64 years of age who have certain medical conditions that put them at higher risk for influenza-related complications.

Many people will have likely had the swine flu by the time the vaccine is available to everyone. The CDC still recommends getting the vaccine unless you have a lab documented case of H1N1. (Meanwhile, they have requested that we not test those who are not sick enough to be hospitalized. A bit of a circular conundrum.)

It is only in the last week or so that we have received more detailed information about the swine flu vaccine. The short of it is that it is being made in the same way the standard flu shot is being made; they are simply inserting the H1N1 antigen. Currently, swine flu is the only flu going around (interestingly, in China, they have approximately ½ swine flu and ½ seasonal flu going around). **If your child is high risk and likely hasn't received the seasonal flu vaccine yet (as most locations including ours do not have it), it may be appropriate to get the H1N1 vaccine first.** (This is a change in our recommendations, as this is an ever evolving situation, and as more information has become available.)

With these CDC recommendations, the youngest of our children may get 4 flu shots over the course of 3 months; we have never done this before and I am, honestly, not sure what to think about this. Would it be less of a load to simply do the swine flu shot and not the standard flu shot? Or do one of each? The CDC has a clear answer again, "vaccinate", but I am feeling a bit less black and white about this. It is especially challenging as it does appear that the youngest infants and children are the most vulnerable.

As you know we are always respectful of whatever decision you might make in regards to vaccinating your children. This year, in particular, I am trying provide you with as much information as I can, so that you make a decision that is right for your family.

The following is a well researched overview of the 2009 H1N1 Vaccine from Dr. Bob Sears, author of The Vaccine Book. To read the full article, see this link:

<http://www.askdrsears.com/thevaccinebook/index.asp>

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How are these vaccines manufactured?

Here is the interesting part. Everyone has been worrying and theorizing about how

these BRAND NEW vaccines are going to be made and what new and dangerous ingredients they might contain. Well, what has ended up happening is that these four companies have made their "swine" flu vaccines using the exact same process and ingredients that they've used for their regular flu vaccines. All they've changed is the strain of the flu germs that go into the vaccine. Not to say that these vaccines are completely chemical free and 100% safe. But we aren't dealing with brand new flu vaccines here. We are dealing with the same thing we face with flu shots every year: same chemical ingredients, new flu vaccine strains. You can find out more details on how regular flu shots are made in the flu chapter of the vaccine book, and apply that same process to the "swine" flu vaccines.

Which one do I recommend?

At this time I have absolutely no preference whatsoever.

How many doses are needed?

All infants and children from 6 months through 9 years of age are supposed to get two doses of this vaccine, one month apart (no matter what brand you are using, and you probably shouldn't switch brands between the two doses). This is needed to generate an adequate immune response. Anyone who is 10 years and older only needs ONE dose.

Can doses be given along with other vaccines?

The product inserts make it very clear that no testing has yet been done on these versions of the flu vaccine to determine if they can be given along with other vaccines. The government is operating under the assumption that these vaccines should behave the same way as their regular seasonal flu vaccine counterparts. So, the unofficial word is that you can give them with any vaccines, or apart from any other vaccines in any time intervals you want.

Technically you can get them together (both flu shots together) or with any other vaccine. But my advice? Get them alone, as far apart as you can from another flu shot or any other shots. More on this below.

What safety and efficacy testing has been done on these vaccines?

Here is where we are flying by the seat of our pants, so to speak. The product inserts make it VERY clear that the "swine" flu versions of these vaccines have NOT undergone any testing to demonstrate whether or not they are safe and whether or not they even work. They are relying on the fact that they are so similar to the regular flu shots that they should work just as well.

Although I don't like that approach, I must admit that they may be right. I don't see any reason to doubt that our immune systems won't respond to this vaccine the same way they respond to regular flu shots. And I don't expect that the side effects would be any different either. In The Vaccine Book, I give a lot of detail about flu vaccine ingredients and side effects that you should be aware of before getting this shot.

I've heard that the last swine flu vaccine caused a really bad reaction called GBS? What about THIS swine flu vaccine?

Every product insert for this new vaccine discusses this issue from 1976 in which the old swine flu vaccine caused a higher rate of GBS (weakness and paralysis reaction) than expected, so they stopped using it. That was a completely different strain of the swine flu than what we have today. Plus, that vaccine was made much differently than how they are made today. So, I see no correlation between the risk of GBS from that old vaccine and the current one.

Having said that, everyone needs to be aware that ANY flu vaccine poses a very small risk of a GBS reaction. Although I don't think this new vaccine has an increased risk, what I DO worry about is that infants will be getting FOUR (count them, FOUR) flu vaccines this year - two doses of the regular one, and two doses of the swine flu vaccine. That's unprecedented. We've never given anyone four doses of a flu vaccine in one year. There is no way to predict what the side effects might be.

What about pregnant and/or nursing mothers?

This is a little scary. The flu shots are ALREADY recommended for pregnant and nursing moms, BUT (and this is a really huge but) the vaccine product inserts make it very clear that the regular flu vaccines have never been tested on pregnant or nursing women to determine if there is any harm to fetuses or young babies (with one exception - the Flumist nasal spray brand did have some testing in this area, BUT not enough, as is stated in the product insert).

Despite this complete lack of research, it is recommended for these moms anyway. Anyone see a problem with that?

If you do get a flu shot, at least make sure it is mercury free (or at least only TRACE mercury).

What should I get first, regular or swine flu shots, and how do I space them out?

My basic advice for anyone is to only get one flu shot at a time, spaced out one month apart. So, it would take 3 months to work in all four doses (2 regular flu and 2 swine flu). I have no preference on how you go about doing this. Do get 2 regular, THEN two swine? Or the other way around? Or do you alternate between the two? Take your pick.

The seasonal flu causes about 20 infant and 100 total pediatric deaths each year in the U.S. The swine flu has so far caused 112 pediatric deaths. So, that's about the same as the regular flu. From April through the end of July, there were about 43,000 confirmed swine flu cases, with 5000 hospitalizations and about 300 deaths in all ages according to the CDC website. More deaths have occurred since then. This is no different from the regular flu. They've stopped officially counting the number of cases because it's now too widespread to keep track of. But the bottom line is that the swine flu is about the same level of seriousness as the regular flu. So, take your pick which to do first. You may want to start with the regular flu shot since it's available

right now.

What about other routine childhood vaccines that are also needed during this time?

I would advise parents to delay any vaccines for diseases that don't pose an immediate danger to a baby's or child's life and catch up on those vaccines in February or March, a couple months after finishing the flu vaccines. Diseases that aren't usually life-threatening (keeping in mind that ANY disease can be fatal, but the following are less likely to be) include measles, mumps, rubella, chickenpox, and Hep A. Diseases that don't exist in the U.S. or that don't occur during infancy in the U.S. (so even though they can be very severe, a child has almost no risk of catching it in the U.S.) that could be safely delayed are polio, Hep B, tetanus, and diphtheria (although to get a pertussis vaccine, tetanus and diphtheria have to come along with it).

Diseases that DO pose an immediate danger to babies and children are HIB and PC meningitis, Rotavirus, and Pertussis. So, I would rather children stay on time with those four vaccines and delay the flu shots (if you feel comfortable delaying flu shots).

If you want to make sure your child has flu coverage and stays up to date on these other shots, you can stagger them by two weeks.

For teens, I would follow the same guidelines - don't get flu shot around any of the other routine teen shots like HPV, meningococcal, or Tdap. The only disease here that would be more severe than flu would be meningococcal, so that's more of a priority.