From The Parish Nurse

SALEM UNITED CHURCH OF CHRIST

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Influenza

Signs and Symptoms

- Fever and chills
- Sore throat
- Cough
- Muscular aches and pains
- Fatigue and weakness
- Nasal congestion

Like the common cold, influenza-or flu, as it is commonly called-is primarily spread between people indoors, especially at schools, nursing homes, and other places where large numbers of people gather: Outbreaks usually occur in the winter and early spring. Unfortunately, many viral diseases that are not influenza also are called flu, which causes considerable confusion.

There are three types of influenza viruses. All of them are spread from person to person by inhalation of infected droplets from the air. Type A usually is responsible for the large influenza epidemics. Type B and C are not as widespread: type B causes smaller, more localized outbreaks, and type C is less common and usually causes only a mild illness.

Type B and C are fairly stable viruses. Type A is constantly changing, with new strains appearing regularly. This results in a new epidemic every few years, and the disease arises in a number of areas concurrently. Every 10 to 40 years, influenza breaks out as a pandemic, affecting people all over the world.

Diagnosis

Influenza usually comes on suddenly, causing fever (usually of 101 to 102 degrees Fahrenheit, but sometimes reaching 106 degrees Fahrenheit), chills, muscular aches and pains, weakness, malaise, nasal congestion, flushed face, dry cough, and sore throat. All of the symptoms are similar to those of the common cold but usually are more severe. Influenza typically develops after an incubation period of 1 to 4 days, and the fever may last for 3 to 5 days, although it can last as little as 1 day or as long as a week.

Diagnosing influenza with complete certainty is difficult because it is similar to many mild illnesses that are accompanied by a fever. If your physician suspects influenza, he or she may be able isolate the virus from throat washings or may do a blood test to look for antibodies to the virus. These tests are mainly of value to public health officials, who can better advise the public if they know the character and extent of the disease in a community.

How Serious Is Influenza?

Influenza itself generally is not dangerous and usually lasts only for 1 day to a week. However, complications can follow influenza, such as acute sinusitis, bronchitis, and pneumonia. Pneumococcal pneumonia is the most common complication; staphylococcal pneumonia is also serious and can lead to death. Elderly people and people with weakened immune systems or severe medical disorders, such as chronic heart or lung diseases, are at a greater risk and should be vaccinated.

Treatment

There is no specific treatment for influenza. Bed rest is important, as are proper nutrition and drinking lots of liquids. Inhaling steam or taking a sedative cough medicine may temporarily relieve the cough, and analgesics help to decrease the fever and muscle soreness. The antiviral drug, amantadine, which is taken orally, may be helpful in relieving the signs and symptoms of influenza A. Antibiotics do not provide relief and should be used only to treat the complications caused by bacterial infection.

Prevention

The primary way to prevent influenza is by use of influenza vaccine each fall. Amantadine hydrochloride is also effective at greatly decreasing the risk of infection. However, if used for prevention, it must be started before or immediately after exposure to the influenza A virus. It usually is prescribed only for persons at risk for severe case of the disease or complications. Note that amantadine protects against only influenza A, but the vaccine protects against both the A and the B influenza strains. Neither prevents other types of viral diseases.

Flu Shots

Each year, a flu vaccine is recommended by the Centers for Disease Control bases on a prediction as to which strain of influenza virus will be prevalent. The recommendation is for all people to get the flu shot. Every 12 minutes someone in the United States dies form the flu. It is however imperative that people with impaired immune systems or with serious illnesses such as chronic heart or kidney disease, lung disease or impaired ability to breathe (including heavy smokers), cystic fibrosis, chronic anemia (such as sickle cell anemia), or sever diabetes. Elderly people, especially those older than 65, also should be vaccinated. Health care workers, police officers and fire fighters, and others on whom public safety depends should receive immunization.

The vaccine is given as one injection into the upper arm in the early fall, just before the flu season begins. Children may sometimes receive the vaccine in two separate injections, 1 to 2 weeks apart. In subsequent years, only a booster shot each fall is needed. If you are subsequently exposed to the flu, the shot does not guarantee that you will not get the disease, but most likely you will have only a mild illness. Because the virus changes so rapidly, however, protection is not permanent, and you must get a new vaccination each season.

The vaccine may cause some soreness at the site where the shot is given. A very small percentage of people run a slight fever and have minor muscular aches beginning 6 to 24 hours after immunization. These discomforts may last for a day or two, but severe reactions are rare. However, people who are sensitive to eggs and egg products may experience a severe allergic reaction, and they probably should not be immunized. If you are pregnant, wait until after your third month before being vaccinated.

Litin, S. C., & Nanda, S. (2018). *Mayo Clinic family health book*. Rochester, MN: Mayo Clinic.

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