

KEEPING UP WITH THE SWINE FLU

Introduction



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Focus

As the second wave of H1N1 swept across Canada in the fall of 2009, Canadians scurried to find ways to cope. Daily news reports about the virus kept Canadians on their toes as many wondered how best to deal with the swine flu. Some critics wonder if all the sensational news coverage has made Canadians more scared than they need to be.

Did you know . . .

A pandemic is declared when a contagious virus or disease strikes across a large geographic area. In the case of H1N1, the virus has spread around the world.

You would have to be completely oblivious to the outside world if you didn't know that the second wave of the swine flu pandemic had hit in October 2009. Daily news reports over the course of the fall of 2009 made it abundantly clear that H1N1 was on the march, afflicting Canadians from coast to coast to coast.

The most alarming news came deep into the month of October, when the death of a 13-year-old boy made national headlines. Evan Frustaglio had been participating in a hockey tournament on Saturday before heading home because he wasn't feeling well. He had flu-like symptoms when he went to a walk-in clinic on Sunday. By Monday morning the boy was dead, Canada's 89th victim of H1N1. If people weren't nervous about the swine flu before Frustaglio's death, they certainly were after. Canadians flocked to clinics to get vaccinated against H1N1, and public health offices and government help lines were swamped with calls.

Many observers are concerned about H1N1 influenza because it is a new strain of flu and is very contagious. Because it is new, most people have no natural immunity to the virus. This is why, in some cases, the virus is able to stampede, virtually unimpeded, through its victim's bodies. However, in the overwhelming majority of cases, the swine flu has caused only mild illness—knocking people off their feet with a fever, cough, and other flu symptoms—among its victims not severe enough to require any major medical interventions beyond

pain relief and antiviral medication. Nonetheless, H1N1 has many people worried.

It is important to remember that although H1N1 sounds scary, and in a minority of cases it can result in serious side effects, it is just one strain of influenza—and influenza hits in Canada every winter. The so-called “seasonal influenza” kills close to 4 000 Canadians a year—usually having the hardest impact on the very elderly—and yet we do not take extreme precautions against seasonal flu. We do not close schools or community centres out of fear of influenza, and most people do not develop any serious complications from the flu.

Fortunately for Canada, the first wave of swine flu hit near the end of the traditional flu season in 2009 before making its way into the southern hemisphere. People in countries like Australia had to cope with the full impact of H1N1—without access to a vaccine—in the middle of their regular flu season. But northern hemisphere nations like Canada were able to use the summer to develop an H1N1 vaccine to protect its citizens. By the end of the Australian winter, 186 people had died and close to 40 000 people had fallen ill with the swine flu. As the virus shifts back to the northern hemisphere, Canadians hope they will be able to avert a similar outcome. With 50.4 million doses of vaccine in production and 55 million antiviral pills stockpiled, the Canadian medical establishment hopes it has the right arsenal to fight H1N1.

To Consider

1. Do you think Canada is well prepared for the next wave of H1N1? Explain.
2. Does the information you just learned about Australia make you feel more reassured as Canada enters the second H1N1 wave, or less reassured? Why?

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Video Review

Quote

“... some Canadian studies suggest a potential association between prior seasonal influenza vaccination and the risk of acquiring H1N1 infection. Although these studies are still undergoing further analysis the Ontario Medical Association is recommending that those who are neither over 65 years old nor residing in long-term care homes get immunized against the H1N1 flu virus first, followed by the seasonal flu vaccination.”
— Ontario Medical Association, “H1N1 & seasonal influenza vaccine update,” October 5, 2009

Focus for Viewing

By yourself, with a partner, or in a small group, respond to the following:

1. What have you heard about H1N1? Make a list of the information you know about the virus.

2. Would you consider getting a vaccine against H1N1? Why or why not?

3. Do you think the coverage of the H1N1 crisis is warranted or do you think that authorities are blowing things out of proportion?

Questions for Viewing

1. What indications do Patricia Bell and Ryan Windsor give that demonstrates that they had never been as sick as when they had swine flu?

2. How do Bell and Windsor think they caught the virus?

3. How does the virus spread from person to person?

4. What symptoms followed the dry cough experienced by the people in the documentary?

5. At what point should a person with flu symptoms make their way to the hospital?

6. What was the scariest part of being ill for Patricia Bell?

7. How long after you have had the swine flu are you no longer contagious?

8. What are some of the H1N1 “dos” and “don’ts” suggested by Louise Fox?

9. What other measures are people taking to prevent the spread of swine flu?

10. What unpleasant surprises confronted health-care workers in Australia?

11. How hard did the swine flu hit indigenous Australians?

12. What alarming news came out of a Canadian study conducted by Dr. Arand Kumar?

13. Why do health officials think that it just makes sense to get the H1N1 vaccination?

14. Why does Dr. Tom Stewart think it’s a good idea to get the H1N1 shot?

Post-viewing Activity

1. Take another look at the responses you made in the Focus for Viewing activity. Now that you have viewed this story, what additional information or changes would you make to those initial responses? Make those changes to your notes now.
2. How has the H1N1 virus changed your life? Are you doing things differently? Are you washing your hands more? Are you hugging less? Make a list of the ways the swine flu has changed the way you live your life.

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Canada Battles H1N1

Did you know . . .

Those considered to be at high risk for developing severe flu symptoms or complications from the flu include pregnant women, children under five years of age, those under 65 with chronic health problems like asthma, and people living in isolated areas.

Canada's Goal

The overall goal of Canada's pandemic preparedness plan is to minimize the number of serious illnesses and deaths brought on by H1N1. The government also wants to make sure that society doesn't grind to halt because of absenteeism due to the spread of the swine flu or the fears that are inspired by the virus. They want businesses, schools, and public services to stay open unless the spread of the virus becomes unmanageable. Few experts think that this will be the case. The following information outlines how the federal, provincial, and territorial governments plan to achieve these goals.

Surveillance and Laboratory Preparedness

Since 1996, the federal, provincial, and territorial governments have worked together to prepare detailed reports on the spread of the various strains of flu via a program called FluWatch. FluWatch reports provide authorities with the information they need to see when, how, and to whom flu viruses spread. The fact that this system is already in place gives all levels of government the information they need to plan for the impact of H1N1.

The Public Health Agency of Canada (PHAC) also conducts laboratory analysis of the virus and works closely with hospitals to find out why H1N1 makes some people so sick. In other words, the scientists who have been studying influenza for years are in a position to study H1N1 to give Canadian health authorities the best strategies to minimize the problems brought on by the spread of swine flu.

Pandemic Vaccine

The Canadian government signed a deal with GlaxoSmithKline to prepare 50.4 million doses of an H1N1 vaccine so that all Canadians could be immunized. A vaccine is a small dose of the actual virus injected into a person's body. The immune system detects the threat and learns how to deal with the virus in the event that a person is exposed to the virus in the future. Because H1N1 is a new strain, and most people have no natural immunity to the virus, health authorities are strongly recommending that people get vaccinated. Those Canadians in high-risk groups will receive the vaccine first, and then all others who want the vaccine will be able to get it.

Antivirals

The government has also stockpiled 55 millions does of antiviral medication. Antivirals are used as a treatment option to help lessen the impact of influenza symptoms. For the most part, H1N1 victims have suffered mild symptoms. But if a doctor fears a patient might experience complications due to the virus, he or she will likely subscribe an antiviral drug to decrease this likelihood.

Public Health Measures

All levels of government are also encouraging people to exercise standard precautions to ward off illness. The advice from medical professionals includes:

- Wash your hands frequently with soap and water or hand sanitizer.
- Cough or sneeze into your elbow or a tissue instead of your hands.
- Stay home when you are sick.

Public health information is provided in a number of places. For the most up-to-date flu information go to www.fightflu.ca.

Health Services

All levels of government are working with the health-care community to work on strategies to contain the spread of swine flu. Since H1N1 can rapidly lead to respiratory distress in some patients, hospitals are preparing to have their intensive care units—as well as equipment to aid in breathing and lung regeneration—pushed to their limits. Since the federal government is responsible for Aboriginal communities, they are making arrangements to have equipment shipped to isolated communities to help those who might need it.

Communication

One of the biggest challenges that the federal, provincial, and territorial governments will face is pandemic panic. There is a lot of fear surrounding the swine flu, and when people hear that H1N1 has struck their community they tend to panic. Authorities are trying to deal with this tendency by encouraging

people to remain calm and do everything in their power to avoid coming in contact with the virus. In the event that they do contract the virus, people need to remember that most cases have been mild and that they are very likely to recover. If the virus is causing more serious health problems, Canadians are being encouraged to go to the doctor or the hospital.

Emergency Preparedness and Co-ordination

If things become unmanageable in certain parts of the country because of the spread of H1N1, the federal, provincial, and territorial governments have drafted plans that should see emergency services provided in a timely and efficient manner. The Canadian government has also worked closely with the World Health Organization to come up with contingency plans in the event that the swine flu hits harder than anticipated. However, most experts expect the second and third waves of swine flu to cause minor illness and limited disruption to Canadian society.

Source: Public Health Agency of Canada, www.phac-aspc.gc.ca/alert-alerte/h1n1/pan_plan-eng.php

Analysis

1. Which part of Canada's preparedness plan do you think is the most important? Use evidence from this feature to support your answer.
2. What is meant by the expression "pandemic panic"? Do you think pandemic panic is warranted in Canada?

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The Australian Experience

Further Research

What health officials most fear is a repeat of the deadly Spanish flu and Asian flu pandemics of 1918 and 1958 respectively. Conduct further research on these deadly influenza outbreaks and try to determine if H1N1 is the same type of threat.

Fortunately for Canada, H1N1 emerged at the end of the traditional flu season, rather than at the beginning. If it had arrived at the beginning of the flu season, doctors would have been scrambling to find ways to cope with it, and we would not have had an H1N1 vaccine.

Less fortunate were people living in the southern hemisphere, because the pandemic made its way down to their half of the planet at the beginning of their flu season. This gave Canadian authorities the opportunity to watch the swine flu travel through the southern hemisphere and track its progress. It also bought Canada and other northern nations some time to understand this strain of flu and develop a vaccine to protect its citizens.

Of the southern hemisphere nations, Australia was the hardest hit. Close to 40 000 Australians contracted H1N1 over the winter of 2009, with 186 dying of the swine flu. Of the sick, almost 5 000 needed hospitalization. As has been the case for most nations, Australian officials noted that the majority of victims suffered mild symptoms. However, health officials were surprised at how contagious the virus turned out to be. Once the virus arrived in the city of Melbourne, H1N1 spread rapidly, shutting down a number of businesses and schools. By July 2009, people were calling Melbourne the swine flu capital of the world.

Analysis

1. Why is Canada considered to be more fortunate than other nations when it comes to the impact of H1N1?
2. Australia was hit early by H1N1 and did not have an H1N1 vaccine. How does this information make you feel about the H1N1 situation in Canada?

Nonetheless, Australia made it through their flu season and shared some valuable lessons with the world:

- H1N1 is remarkably contagious. In other words, be prepared for rapid transmission from one person to the next. While the symptoms will be mild in most cases, don't be surprised if a lot of people get sick.
- Make sure you are equipped to handle extreme cases of H1N1. Australia prides itself on the fact that it was able to provide intensive-care treatment, respiratory machines, and lung support for most people who needed it.
- Keep things in perspective. Of the close to 3 000 flu deaths in Australia in the flu season of 2009, only 186 were the result of H1N1.

The hope is that vaccine programs will help people build a natural immunity to the virus to make it less likely to be deadly. The other hope is that the virus will not mutate into a more contagious and lethal virus as it works its way through the northern hemisphere flu season. Hopefully, the lessons from Australia's H1N1 experience will help Canada and the rest of the world ward off the swine flu.

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I Don't Want to Get Sick!!!

If you want to avoid getting H1N1 or other viruses, try the following strategies.

Wash your hands frequently with soap and water for at least 20 seconds to help remove bacteria and viruses. You should always wash before and after eating, after you have been in a public place, after using the washroom, after coughing and sneezing and after touching surfaces like countertops and telephones that may be contaminated. A hand sanitizer with at least 60 per cent alcohol is also effective in killing viruses.

Keep your hands away from your face. In most cases, the H1N1 virus enters the body through the eyes, nose, or mouth. Often people shake a person's hand or touch a contaminated surface and transfer viruses to their eyes, nose, or mouth.

Cough and sneeze into your arm, not your hand. If you use a tissue, dispose of it as soon as possible and wash your hands.

Get immunized. The H1N1 flu vaccine is available across Canada. Find a clinic and get the shot.

Keep common surface areas clean and disinfected. Doorknobs, light switches, telephones, keyboards, and other surfaces can become contaminated with all kinds of bacteria and viruses. Regular cleaning and disinfecting of these surfaces with normal household cleaning products can help. Viruses can live on hard surfaces for up to 48 hours.

Stay healthy by eating healthy foods and keeping physically active to keep your immune system strong.

If you get sick, stay home. If you think you have the flu and are otherwise healthy, you should stay home from school or work until your symptoms are gone. If your symptoms get worse, call your doctor or go to the hospital.

Source: Public Health Agency of Canada, www.phac-aspc.gc.ca/alert-alerte/h1n1/guide/prevention-eng.php

Analysis

In a group of three or four, answer the following questions:

1. Which of the strategies listed above do you use?
2. Have you been sick lately? If yes, what were you suffering from? If you haven't been sick, why do you think you have been able to maintain your health?
3. Do you think more people are staying home when they are sick or do you think there is an expectation that people should go to school or work despite that fact that they are feeling ill? If you have a part-time job, does your boss get mad if you phone in sick?

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What It Feels Like

Did you know . . .

Although the seasonal flu tends to have the greatest impact on those who are older than 65 years of age, those over 65 are not considered to be a high-risk group for H1N1. That is because it is believed that they were exposed to a virus similar to H1N1 when they were younger and therefore have a natural immunity to this strain of influenza.

If you become sick with H1N1, you are going to feel pretty awful. Here is a list of the symptoms you can expect to experience if you contract the virus.

- You are almost always going to experience the sudden onset of cough and fever.
- It is very common for victims of the swine flu to experience fatigue, muscle aches, sore throat, headache, decreased appetite, and a runny nose.
- In some cases, a person with swine flu will experience nausea, vomiting, and diarrhea.

While most cases of the swine flu in Canada have been deemed mild, there have been cases that have spiraled into serious health issues. People should get to a hospital if they experience:

- Shortness of breath, rapid breathing, or difficulty breathing
- Chest pain
- A skin colour change to blue or grey
- Bloody or coloured mucus/spit
- Sudden dizziness or confusion
- Severe or persistent vomiting
- High fever lasting more than three days
- Low blood pressure

Analysis

1. The people hardest hit by H1N1 appear to be those between the ages of five and 24. Why do you think that is the case? (Hint: Think of the immune system of an older person versus a younger person. Who has the advantage?)
2. What was your reaction to the information in this feature? Did it frighten you or did it make you feel less anxious? Sometimes we feel less anxious about something when we know more about it. Be specific in your answer.

The following groups are not more likely to get the H1N1 virus. However, they are more at risk of developing complications if they do get sick:

- Children under five years of age (especially those younger than two years of age)
- Women who are pregnant
- People with chronic conditions such as heart disease, liver disease, kidney disease, blood disorders, diabetes, severe obesity, asthma and chronic lung disease, and those with neurological disorders. Also, people who are considered immunosuppressed because they are taking medication for cancer or are suffering from HIV/AIDS.

More often than not, high-risk groups should begin a regimen of anti-viral medication to combat H1N1 as soon as symptoms surface.

Source: www.phac-aspc.gc.ca/alert-alerte/h1n1/guide/symptoms-eng.php

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The Vaccine Question

Canadians have long debated the merits of the yearly flu shot (only about one-third of Canadians get the seasonal flu shot every year). Some people see the shot as an important pre-emptive

measure designed to ward off illness. Others feel that the flu shot is either ineffective or dangerous. Let's take a look at both sides of the argument.

Of course I'm getting a flu shot!	No way! The flu shot is not for me.
<p>Some people say:</p> <p>"I'm getting the flu shot because it just makes sense. I learned on the Web site www.fightflu.ca that the flu shot involves introducing a small amount of a known virus into my system. It is just enough so that I don't get really sick. Once my body senses the trace amount of the virus it goes to work producing antibodies that kill off the virus. In the future, when I come into contact with the virus, my body will know what it's dealing with and I will be immunized from whatever nasty stuff the virus might have in store for me.</p> <p>"The same logic applies to the H1N1 vaccine. Scientists say that the swine flu is so new that people do not have any natural immunity to the virus. This makes the H1N1 vaccine even more important because then at least my body is ready to deal with it. Clinical trials around the world have demonstrated that the vaccine is effective and will improve once we get through the flu season of 2009-2010.</p> <p>"I'm definitely getting both the H1N1 and seasonal flu vaccine this year!"</p>	<p>Some people say:</p> <p>"I'm not getting the flu shot because the idea of introducing sickness into my body through a needle doesn't sit well with me. What if my system has problems fighting off the small dose of the virus and I get really sick? While I know this is very rare, I still don't want to take that chance. Plus, I know people who have had the flu shot before and still got sick during flu season. This is because viruses mutate or change from year to year. The seasonal flu shot you get this year is a combination of three flu strains from last year. If the virus mutates over time, there is no guarantee that the vaccine will help me.</p> <p>"Sure if I get H1N1 I am going to feel pretty awful, but most cases have been mild. I'll just go to the doctor and get a prescription for antivirals that will help me through the illness. Overall, I would rather take my chances and hope that I don't catch the bug.</p> <p>"I'm rolling the dice. No H1N1 or seasonal vaccine for me, thanks."</p>

Note: The Public Health Agency of Canada and medical officers of health across Canada strongly recommend getting both the H1N1 and the seasonal flu vaccine.

Analysis

1. In the fall of 2009, two Canadian scientists warned that people who get the seasonal flu shot are twice as likely to contract H1N1. The scientific community is reserving judgment on the finding until they are able to determine whether or not this is a local or universal issue. However, the study prompted several provinces to roll out their H1N1 vaccine first, followed by seasonal flu later in the season. Does this information change your mind about getting both flu shots?
2. What about you? Will you get either of the flu shots this year? Talk it over with members of your family and explain your decision in a 100-150 word reflection paragraph.

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A First Nations Strategy

In most cases, the federal government is responsible for the health care of Canada's First Nations, Métis, and Inuit people. As such, the community of Wasagamack, Manitoba, was hoping that the government would respond to the H1N1 crisis—the virus hit Aboriginals hard in the spring of 2009—with medical supplies to help them through the flu season. Instead they received 200 body bags from Health Canada. Within days of the story making national headlines, officials said that the body bags were part of a routine medical supply shipment sent to nursing stations on reserves—an assertion that Aboriginal leaders flatly rejected. Instead, First Nations' leaders claimed that the Canadian government was showing them that they were more prepared to watch Aboriginal people die than help them live.

One of the great tragedies of Canadian life is the poverty and squalor found on many reserves. Canada's First Nations are among the poorest groups in Canada, with many communities seeing two, three, or four families living in the same house. Many reserves have no running water and inadequate sewage treatment. Many Aboriginal Canadians suffer from malnutrition. Many reserves are located in remote regions of Canada, far away from the state-of-the-art medical

facilities of Vancouver, Calgary, Toronto, and Montreal.

It is not surprising that when H1N1 first hit in the spring of 2009, First Nations communities were hit the hardest. One statistic illuminates this point: of the 60 intensive care beds used by flu patients in Winnipeg hospitals, 40 were occupied by Aboriginal Canadians. Thus, when the Canadian government vowed to throw as many resources as possible at the H1N1 threat, First Nation bands expected intensive care equipment and respirators—not body bags.

The body-bag fiasco forced the government to renew its commitment to the health of people living on reserves. Canada's Minister of Health, Leona Aglukkaq, an Aboriginal Canadian herself, promised that the government would provide around-the-clock nursing services, early H1N1 vaccinations, antiviral medication, and critical-care equipment in remote First Nations communities. Many Aboriginal Canadians feel that proper staffing of reserve nursing stations is the most important component of Aglukkaq's commitment. If the government can deliver in all four areas, Aboriginal Canadians might be able to forgive them for sending body bags before medicine.

Analysis

1. The arrival of body bags on First Nations reserves violated an important Aboriginal taboo. In Wasagamack, when a person dies the body is not prepared for death for two days. Until the two days have passed, no effort is made to build a coffin or dig a grave. In other words, there are no funeral parlours in Wasagamack (*The Globe and Mail*, September 29, 2009). Why then would the shipment of body bags have been so offensive to those living in this remote Manitoba community?
2. What did Leona Aglukkaq promise First Nations people in an effort to alleviate their fears of H1N1? Does this seem an adequate response? Explain your answer.

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Activity: Are you prepared?

Step One: Get Your House in Order

Whether it's swine flu or seasonal flu, you and your family should be prepared when illness strikes. The flu tends to knock you off your feet for a period of time, so you don't want to have to think about going out of the house to shop for items to help you feel better. Public health officials recommend assembling a "preparedness kit" to guarantee that you will not have to leave the house other than to see a doctor when you are sick. Go home tonight and investigate; put a check mark beside all of the items that you already have on hand.

Non-perishable food	Health and hygiene supplies
<ul style="list-style-type: none"> <input type="checkbox"/> Canned soups <input type="checkbox"/> Canned stew <input type="checkbox"/> Canned fruit <input type="checkbox"/> Canned vegetables <input type="checkbox"/> Frozen fruit <input type="checkbox"/> Frozen vegetables <input type="checkbox"/> Frozen meat <input type="checkbox"/> Frozen fish <input type="checkbox"/> Frozen or canned juices <input type="checkbox"/> Tea bags <input type="checkbox"/> Pasta and tomato sauce <input type="checkbox"/> Breakfast cereal <input type="checkbox"/> Honey <input type="checkbox"/> Sugar or sweetener <input type="checkbox"/> Bottled water <input type="checkbox"/> Tetra Pak milk or soy milk <input type="checkbox"/> If you have a baby in your family, make sure you have baby food or formula <input type="checkbox"/> If you have pets, don't forget to stock up on pet food 	<ul style="list-style-type: none"> <input type="checkbox"/> Thermometer <input type="checkbox"/> Hand soap <input type="checkbox"/> Pain and fever medication (e.g., acetaminophen, for example Tylenol; or ibuprofen, for example Advil) <input type="checkbox"/> Alcohol-based hand sanitizer (at least 60 per cent) <input type="checkbox"/> Cough suppressants, cough lozenges (make sure you don't give these to children under five years of age) <input type="checkbox"/> Tissues <input type="checkbox"/> Toilet paper <input type="checkbox"/> Surgical masks <input type="checkbox"/> If applicable, feminine hygiene products, diapers and wipes <input type="checkbox"/> If you have a pre-existing health condition make sure your prescription medications are well stocked <input type="checkbox"/> Laundry detergent <input type="checkbox"/> Garbage bags <input type="checkbox"/> Household cleaning supplies

List any other items that you feel should be on the list but were left off. Give yourself credit for those items if you feel they are essential for your "preparedness kit."

Count your check marks:

If you have 20-25 check marks – You're prepared

If you have 15-19 check marks – You're partially prepared

If you have 10-14 check marks – You should be more prepared

If you have 0-9 check marks – You need to go shopping

Step Two: Compile Important Information

You also want to make sure you have the most up-to-date medical information on hand in case you get sick. Review the following material and fill in the blanks. Keep this sheet in a safe place at home in the event you become sick.

Preparedness plan for: _____
Your name

Government of Canada information line: 1 800 O-Canada (1 800 622-6232)

Provincial/territorial information line: _____
(see the Resources section of the H1N1 Preparedness Guide)

Hospital telephone number: _____

Number for emergency medical help: 911 or _____

Your doctor's name: _____

Telephone number: _____

The name of your pharmacy: _____

Telephone number: _____

Name the people in your family and include the following contact telephone numbers:

Name	Home #	Cell #	Work #

Finally, you should also keep a medical history to help health-care workers take care of you, especially if you have a pre-existing medical condition that requires medication. Fill in the following information as part of your preparedness plan.

Health conditions: _____

Medications (type and dose): _____

Allergies: _____

Source: Public Health Agency of Canada, www.phac-aspc.gc.ca/alert-alerte/h1n1/guide/symptoms-eng.php