Influenza (flu)

Information and advice for patients

Infection Prevention and Control

What is influenza?

Influenza (also known as flu) is a respiratory illness which is caused by the influenza virus. For most people influenza is just a nasty experience, but for some it can lead to illnesses that are more serious such as bronchitis and pneumonia. These illnesses may require treatment in hospital and can be life-threatening especially in the elderly, asthmatics and those in poor health.

Most people confuse influenza with a heavy cold; however influenza is usually a more severe illness than the common cold.

What are the symptoms of influenza?

The most common symptoms of influenza are a quick onset of:

- fever
- shivering
- headache
- muscle ache
- dry cough

The symptoms of a cold are different as they usually occur gradually and include a runny nose, sneezing, watery eyes and throat irritation. A cold does not cause a fever or body aches.

What causes influenza?

Influenza is caused by the influenza (flu) virus. There are 2 main types that cause infection: influenza A and influenza B. Influenza A is usually a more severe infection than influenza B. Each year 1 or 2 subtypes (strains) of influenza A may be in circulation and 1 type of influenza B. Influenza C is an uncommon type that infrequently causes infection.

How does influenza spread?

The flu virus is highly contagious and is easily passed from person-to-person when an infected person coughs or sneezes, releasing infected droplets into the air. These droplets then land on surfaces and can be picked up by others who touch them. They can then be spread to other surfaces if the person touches something else. The virus can enter the body when someone touches the surface and then puts their hands/fingers near their mouth, nose or eyes. The droplets can also be breathed in from the air.

The flu virus can live on a hard surface for up to 24 hours and a soft surface for around 20 minutes.

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When is influenza most common?

Influenza occurs most often in the winter months and usually peaks between December and March. This is possibly because during these months people congregate indoors which helps the virus to spread more quickly, or because more humid air indoors may help the virus survive longer.

However, the timing of influenza can sometimes be unpredictable; it can occur in spring and summer as it did in 2009. Illnesses similar influenza in the summer months are usually due to other viruses.

What is a flu epidemic?

A flu epidemic is where the occurrence of influenza in a community or region is much higher than what would normally be expected.

What is a flu pandemic?

A flu pandemic is an epidemic which occurs over a very wide area and affects a large proportion of the population. Flu pandemics are triggered by major changes in the virus, which can lead to new subtypes (strains) of the virus developing. As most people have not had the chance to become immune to these new strains, many people become infected with the virus.

Who is most at risk of catching influenza?

Anyone can catch influenza. The young have a greater risk of being infected because they have not developed immunity to the virus. More recently the circulating strains of flu virus have tended to cause infection in young adults and pregnant women, so depending on the strain circulating, other groups of people may be more at risk. During a pandemic, influenza can cause serious illness in young healthy individuals.

Influenza is most likely to cause severe infection in those who are in the 'at risk' group. **You are in the 'at risk' group if you:**

- are aged 65 or over
- have chronic heart, renal (kidney), liver or neurological problems
- have a chronic respiratory (lung) disease, including asthma
- are diabetic
- are immuno-suppressed
- do not have a spleen
- are pregnant

Your GP will advise you if you are in the 'at risk' group.

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How is influenza diagnosed?

A doctor will diagnose a case of the flu based on your symptoms. Tests to confirm the flu are costly and time-consuming and are not routinely used.

What is the treatment for influenza?

It is best to treat the infection at home until you are well enough to return to normal activities. If you have a chronic or long-standing illness or your symptoms become severe or last for more than 1 week please seek advice from your GP.

The treatment for influenza involves:

- Rest
- Drinking plenty of fluids
- Taking painkillers such as paracetamol or ibuprofen

Make sure you read the manufacturers leaflet that comes with any medicines and do not exceed the recommended dose.

If you are taking a product for colds and flu, please check with your pharmacist or the product information leaflet as many of these products will also contain paracetomol, aspirin or ibuprofen.

If you are taking other prescribed medicines check with your pharmacist before taking any cold & flu products, as they may not be suitable for you.

Are there any alternative treatments?

In severe cases of influenza, or in those who are at increased risk of complications of flu, antivirals may be used to reduce the duration of symptoms with the aim of reducing the duration of being severely unwell, however they have to be used in conjunction with other treatments and are not recommended for otherwise healthy adults with flu.

There is a risk with antivirals that the virus can change and become resistant to the drug, so it will not effectively treat the virus. This is most likely to occur in people who are treated for a long time with the drug but whose immune system has not been able to clear the virus from the body.

How long will I be infectious for?

You will have been infected with the virus 2-3 days before symptoms appear. Adults are usually considered infectious once symptoms appear and for 3-5 days afterwards. This period is longer in children.

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How can the spread of influenza be prevented?

Vaccination against influenza is the best way of protecting yourself from the virus (see page 7).

Keep away from crowded places to reduce the risk of becoming infected and spreading it to others

Cover your nose and mouth with a tissue when you cough or sneeze, dispose of the tissue in a bin and wash your hands thoroughly afterwards.

Cleaning can destroy the virus easily. If a person has had flu their room should be cleaned with normal household products. Pay particular attention to hard surfaces and allow the cleaning product plenty of time to work before wiping it. Bed linen should also be washed and windows left open for a while. Make sure you wash your hands after cleaning and touching any contaminated surfaces and bedding.

Vaccination against influenza (the flu jab)

Who needs a seasonal flu vaccination?

The Department of Health recommends that those people who are most likely to become seriously ill if they become infected with the influenza virus should have the seasonal flu vaccination (see 'who is most at risk?').

You may also be offered the vaccine if you are:

- living in a long-stay residential homes or other long-stay facilities
- a carer
- a healthcare worker

For the majority of healthy people flu is not life-threatening, however unpleasant it may be. This is why the vaccine is only offered to those considered 'at risk'. In most healthy people a bout of flu offers long-term protection against the same strain of influenza and closely related strains.

How does the vaccine work?

About 7 - 10 days after vaccination your body makes antibodies to the virus in the vaccine. These antibodies will fight off that specific strain and other very similar strains of the virus that you come into contact with.

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Because the flu virus is continually changing with new strains circulating each winter, you will not be immune to these strains until you are vaccinated against them or develop immunity after being infected with them. Therefore, those who are in the high-risk group should be vaccinated every year so that they can be protected against the strains circulating that year.

What are the benefits of the vaccine?

- Most people who have been vaccinated don't get the kinds of flu from which the vaccine was made
- If you do catch flu it is likely to be milder than if you had not been vaccinated.
- Flu vaccinations work effectively in 7 out of 10 healthy adults in years where scientists are able to make a good match between the vaccine and the strain of flu in circulation that year.

Those who are considered most at risk from flu benefit most from vaccination.

What are the risks of the vaccine?

The vaccine may cause some soreness where you were injected and, less often, a slight temperature and aching muscles for a couple of days. In 2-3 out of 10 people the vaccine may not work effectively which means you may not be protected against flu.

You should not be vaccinated if you have a serious allergy to hens' eggs.

The vaccine cannot cause flu because it doesn't contain the live virus. There is also no evidence that the flu vaccine causes damage to an unborn baby.

What are the risks of not having the vaccine?

The risk of not having the flu vaccine is that you will not benefit from the protection it gives against flu.

Are there any alternatives to the vaccine?

During an epidemic, antiviral drugs can provide short-term protection against influenza.

However, the best way to provide protection that will last throughout the flu season is vaccination. In some circumstances antivirals may be given during periods of increased flu activity along with the flu vaccine to those who are at increased risk of complications of flu.

There is a risk with antivirals that the virus can change and become resistant to the drug, so it will not offer protection against the new virus.

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How do I get vaccinated?

If you think you need a flu vaccination, check with your GP, practice nurse or a nurse who visits you regularly. Try to do so as early in the autumn as possible. Most GPs organise special vaccination sessions in the autumn and will arrange an appointment for you then. The best time to be vaccinated is late September to early November, ready for the winter. You shouldn't wait until there is a flu epidemic.

Contact details

If you have any questions or concerns please speak to the doctor looking after you, your GP or the hospital.

Hospital Infection Prevention and Control Service
0121 554 3801 (ask for Infection Prevention and Control Service)

Further Information

NHS Choices
www.nhs.uk/conditions/flu

NHS Direct
For health information and reassurance:
www.nhsdirect.nhs.uk

For more information about our hospitals and services please see our websites *www.swbh.nhs.uk* and *www.swbhengage.com*, follow us on Twitter *@SWBHnhs* and like us on Facebook *www.facebook.com/SWBHnhs*.

Further Infection Prevention and Control information leaflets can be found on our website, or you can ask a member of staff for a copy. You may find the following leaflet useful:

- Helping us to reduce the risk of cross infection

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Sources used for the information in this leaflet

- NHS Evidence Clinical Knowledge Summaries, 'Influenza – seasonal', August 2009 (updated February 2011)
- Department of Health , 'Immunisation against infections: Influenza', Green Book chapter 19, 2006 (updated November 2011)
- National Institute for Health and Clinical Excellence, TA168 'Amantadine, oseltamivir, and zanamivir for the treatment of influenza', February 2009

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5495 or email: **swb-tr.swbh-gm-patient-information@nhs.net**

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Incorporating City, Sandwell and Rowley Regis Hospitals

ML4500
Issue Date: February 2014
Review Date: February 2016