

Battling the Wily Flu Virus

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Living Well

A column from SVNA by Cyd Emmons

The good news is that three new and different strains will be added to next year's batch of flu vaccine. The bad news is that this year's vaccine has proven effective against only about 40% of the flu viruses that are out and about right now. That's why, even if you had a flu shot within the past few months, you still could be vulnerable to the flu.

The flu has been especially widespread this year, having made lots of people throughout the country very sick with high fever, chills, headaches, cough, sore throat, a runny nose and other uncomfortable symptoms. Tens of thousands of older people die from the flu every year, and in this season alone 22 pediatric deaths from flu have been reported.

The chief villain is the Brisbane 10 strain that was identified in Australia late last winter. It wasn't pegged as being the threat that it has proven to be this year, and even if it had been it would have been too late to be added to the current vaccine recipe. The final formula must be set eight months to a year in advance so that manufacturers have time to grow the virus in chicken eggs from seed stock provided by health authorities around the world. One of the three new strains to be added to next winter's vaccine, Brisbane 10 has so far proven particularly difficult to grow.

The Centers for Disease Control does have a very respectable record in matching vaccines to prevalent viruses, having gotten it right 16 of the last 19 flu seasons, so there's a good chance that their educated guess next time will offer better protection. It's no easy task, though. Flu viruses mutate rapidly until one to which few people have immunity catches hold and spreads. Flu viruses are extremely unpredictable, and, given the frequency with which people travel, a new virus from the other side of the globe can come home as an unwelcome souvenir.

So what can you do now to increase your chances of staying well through March and April when the flu season tends to taper off? "You go back to the basics," said Lisa Cook, R.N, quality control nurse at Salisbury Visiting Nurse Association. The most basic of the basics is washing hands well and often. "It's about technique, Ms. Cook said. "Use warm water and lots of soap, get some friction going with the suds. Wash the backs of your hands, between your fingers and around your rings. Rinse well." And wash long enough, 15 to 20 seconds at the very minimum, she said, longer even better. Nursery schools teach their students to keep at it for as long as it takes to sing "Happy Birthday" a couple of times, and that's a good guideline whatever your age. Anti-bacterial soaps aren't necessary, she said.

And once your hands are nice and clean, use a paper towel to turn off the taps, particularly in public restrooms. In between washings, if your hands aren't visibly dirty, a hand sanitizer is helpful, but be sure it contains alcohol.

As a virus, Ms. Cook said, flu is spread by droplet transmission from a sneeze or cough. Viruses don't tend to live on surfaces, but, she said, a number of people this year

have developed secondary respiratory infections that are spread by bacteria. “For the geriatric population, this sometimes has a poor outcome,” Ms. Cook said. Bacteria can survive for a time all sorts of places—doorknobs, handrails, money, vending machines, shopping cart handles, to name just a few—making spanking clean hands all the more important

Other than frequent and thorough handwashing, Ms. Cook said that maintaining a healthy lifestyle, “as we’re all supposed to do,” is about all we can do to stay well. That, of course, includes nutritious food, lots of fluids, and what many people seem to have trouble managing these days, adequate sleep.

Avoiding crowds if you can doesn’t hurt either. “In our cold climate, people congregate indoors,” said Ms. Cook. “That’s why that so many people tend to get sick in winter.”