When Pigs Fly

That's when you should waste time panicking over swine flu. Here's what you need to know about HIV and H1N1.

November 1, 2009 By Tim Murphy

Charles (not his real name), a Boston risk analyst diagnosed with HIV in 2005, felt uneasy when he took Amtrak to New York City a few months ago. He was seated next to a coughing colleague who'd recently been in Mexico, where the new H1N1 flu strain, a.k.a. swine flu, had first surfaced in April. "He didn't cover his mouth, and I kept going to the café car to get away from him," Charles, 35, recalls. Sure enough, not 24 hours after he returned from New York, a 103-degree fever sent Charles to his doctor at Boston's Fenway Community Health Center. "After I told the clinic staff why I was there, they came back pretty much wearing Hazmat suits," says Charles, who was told to quarantine himself for a week as a prime H1N1 candidate. His doctor also prescribed the antiviral med Tamiflu (oseltamivir). A week later, lab test results returned the verdict: He had H1N1. But his fever had broken the day after he started Tamiflu; in a week, he was just fine. "By the time they confirmed I had swine flu," Charles says, "I was already over it."

Folks with HIV may be worrying during flu season (October through April), afraid they're at heightened risk for the H1N1 virus. This flu, after all, has spread to more than 100 countries, sickened about 177,000 people and killed about 1,500 of them, including some 556 in the United States. But here's the truth: Even if you get H1N1, it's probably no more of a big deal than regular old seasonal flu. So why all the media hoo-ha? "It's a brand-new virus," explains Roy Gulick, MD, who heads the infectious-diseases department at New York–Presbyterian Hospital in New York City, "so no one is inherently immune to it." H1N1 is a new "blend" of flu, combining parts of flu viruses from people, pigs and birds.

In late August, the journal *Eurosurveillance* reported no known cases of H1N1 death connected with HIV/AIDS. And there's no evidence so far that people with HIV are getting H1N1 more than anyone else, says Tony Fiore, MD, a Centers for Disease Control and Prevention flu expert. "We've seen some cases in people with HIV," he says, "but not many." He does say that people with HIV—especially with low CD4 counts—may respond less successfully to the H1N1 flu vaccine available this fall. And, like pregnant women, the obese and people with heart disease and asthma, people with HIV may also be at higher risk for a major H1N1 complication: pneumonia.

But the overall news is good: The H1N1 flu is preventable. A special vaccine will be widely available (120 million doses) this fall, when H1N1 is expected to surge again in North America; in

adult trials so far, the vax has caused no serious side effects. “We’re talking about [putting out] more vaccine than we’ve ever done before,” Fiore says. People with HIV are among the groups advised to get it, along with children, young adults, pregnant women, health care workers and adults up to age 64 with chronic illness or compromised immune systems.

Everyone with HIV should get the vaccine, regardless of CD4 count—“We won’t have somebody at the line checking people’s CD4 counts,” Fiore says. If you don’t have a regular HIV doc to provide the vaccine, call your local AIDS agency or state health department (find them at directory.poz.com); the vaccine will be distributed free nationwide. And, yes, you’ll also need your regular flu shot (and pneumonia vaccine, if you’re due for your once-every-five-years dose).

The other, most important preventive step: frequent, thorough hand washing with soap and warm water or, short of that, a sanitizer gel like Purell. Keep your hands off your face. “I would even say don’t shake hands,” says L. Jeannine Bookhardt-Murray, MD, medical director of New York City’s Harlem United. “Maybe do a power salute instead.” If you live in a group setting, make sure the kitchen and bathroom areas and bedding are washed frequently.

What about face masks, nasal swabs or disinfectant for your cell phone or BlackBerry? Not necessary, say most docs. If you think that, like Charles, you’ve been closely exposed to someone with the flu, you can ask your doctor about a preventive course of Tamiflu or the inhalant Relenza (zanamivir). For prevention, these drugs are taken once daily for 10 days—beginning within 48 hours of exposure. For treatment, they’re taken twice daily for five days. Relenza may not be appropriate or effective for you if you have asthma or some other pulmonary conditions. Neither drug interacts with HIV meds.

If, despite all these measures, you get signs of flu—often distinguished from the common cold by the fact that it hits fast and hard, with bone and muscle aches and maybe a fever (possibly along with nausea, vomiting, headaches and a cough)—call your doctor. It’s probably time to start Tamiflu or Relenza; it’s definitely time to stay home (and stay for at least 24 hours after acute symptoms subside) so you don’t expose folks at school or work. Get bed rest (time for a *Law & Order*marathon!), drink plenty of clear fluids and wait it out. If you start coughing up green, yellow or red stuff, call your doctor again—that could be pneumonia.

Gulick repeats the main message: “Don’t panic. This looks pretty much like regular flu.” H1N1 survivor Charles says, “It’s just a strong flu, and they’re making it sound like some kind of flesh-eating disease.” His doctor told him he doesn’t need to get the H1N1 vaccine this fall because having had the flu confers immunity, at least for the coming year. The hardest part for Charles? “A lot of people didn’t believe I actually had swine flu,” he laughs. “Like I would lie about it to get attention!”

DOS AND DON’TS TO SHOO THE FLU

DO Get shot—a regular seasonal flu shot and the new H1N1 vaccination. Can’t get it from your doc? Ask an AIDS agency or state health department where to get your free vax.

DON’T Panic. In fact, relax. Cutting stress can help bolster your immune system to resist all kinds of bugs.

DO Wash your hands frequently with soap and water (no sink around? Use a hand sanitizer gel). Keep your hands off your face.

DON’T Go to work if you feel flu-ish. Stay home to care for your health—and to avoid infecting others. If you’re a boss, encourage employees to stay home if sick.

DO Call your doctor if you’ve been around someone who came down with H1N1. You might need preventive Tamiflu. Call, too, if you develop flu symptoms—sudden fever, body aches, headaches or nausea. Your doc can prescribe meds to treat the flu. Then lie down. Stay home until at least 24 hours after your symptoms have subsided. Rest, drink clear fluids and wait it out.

DON’T Shake hands or kiss. Avoid hand-to-hand or lips-to-cheek contact to dodge the spread of germs.

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http://beta.docker.poz.com/article/HIV-H1N1-prevention-17420-2922