

# For A Healthier You

Quarterly Employee Health e-Newsletter



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## HEALTHY AGING: PREVENTING SEASONAL INFLUENZA WITH VACCINATION

Experts are anticipating a double-barreled influenza season in 2009 — an outbreak of the novel influenza A virus (H1N1) and another one of the conventional strains of influenza A that comprise the seasonal epidemic. In the United States, seasonal influenza epidemic occurs during the late fall through early spring. Influenza viruses can cause disease among persons in any age group, but rates of infection are highest among children. Rates of serious illness and death are highest among persons aged ≥65 years, children aged <2 years, and persons of any age who have medical conditions that place them at increased risk. **Annual influenza vaccination is the most effective method for preventing influenza virus infection and its complications. [All NASA Clinics offer vaccination services.](#) Please contact your Center Clinic for information.** The CDC recommends seasonal influenza vaccination for 1) children and adolescents aged 6 months--18 years who do not have contraindications to vaccination, and 2) all adults without contraindications in the following groups:

- Persons aged ≥50 years;
- Pregnant women;
- Persons with chronic conditions such as pulmonary (including asthma), cardiovascular (except hypertension), metabolic disorders (including diabetes mellitus), renal, and hepatic;
- Persons with immune-suppression;
- Residents of long-term care facilities;
- Health-care personnel;
- Household contacts and caregivers of children <5 years and adults ≥50 years;
- Household contacts and caregivers of persons with at risk medical conditions.

In April 2009, the H1N1 virus was determined to be the cause of an influenza respiratory illness that spread across North America and many areas of the world by May. The symptoms of H1N1 virus infection are similar to those of seasonal influenza,

but specific diagnostic testing is required to distinguish the H1N1 virus infection from seasonal influenza. **The H1N1 is a novel strain of the influenza A virus with a genetic makeup different than the seasonal influenza. Therefore, the seasonal flu vaccination is ineffective against the H1N1 virus.** The epidemiology of the H1N1 illness is still being studied but some of the recommended modes of prevention are containment and quarantine, work place telecommuting, proper and vigorous hygiene, PPE, and antiviral medications. The government is making every effort to have a safe and effective H1N1 vaccine available for distribution as soon as mid-October. It is possible, even probable, that epidemics may begin in different parts of the country before then; making prevention even more critical. On July 29, 2009, the Advisory Committee on Immunization Practices (ACIP), an advisory committee to the CDC, recommended that novel H1N1 flu vaccine be made available first to the following five groups:

- Pregnant women;
- Health care workers and emergency medical responders;
- People caring for infants < 6 months;
- Children and young adults from 6 months to 24 years;
- People aged 25 to 64 years with underlying medical conditions (e.g. asthma, diabetes)

Antiviral medications are an adjunct to vaccination and are effective when administered as recommended. Some viruses can and have built resistance to these antivirals. For example, the H1N1 is resistant to amantadine. Physicians have the most current information and treatment guidelines. The four licensed antiviral agents you may come across are oseltamivir (Tami flu), zanamivir (Relenza), amantadine (Symmetrel) and rimantadine (Flumadine).

Excerpts from: [www.cdc.gov](http://www.cdc.gov),  
[www.flu.gov](http://www.flu.gov), [www.usatoday.com](http://www.usatoday.com),  
[www.nasahealthieryou.com](http://www.nasahealthieryou.com)