



Seasonal flu

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Take flu seriously!

Flu is a serious disease. Each year in the United States, on average:

- 5 % to 20% of the population gets the flu;
- More than 200,000 people are hospitalized from flu complications
- About 36,000 people die from flu

Flu seasons are unpredictable in a number of ways. Although epidemics of flu happen every year, the timing of the flu season and its severity depend on many factors, including what influenza viruses are circulating and how well viruses in the vaccine match circulating influenza viruses.

Preventive measures

Take time to get a vaccine. Vaccination as late as February can still provide protection against influenza this season since different influenza viruses can circulate as late as May.

Take everyday preventive steps like frequent hand washing and covering your cough to help keep germs from spreading.

Take antiviral drugs if your doctor says to. Antiviral drugs are an important second line of defense against influenza and they can be used to treat or prevent influenza virus infection.

MRSA & the flu

Bacterial infections can occur as co-infections with influenza or occur following influenza infection. Last year, CDC noted an increase in flu and *Staphylococcus aureus* (*S. aureus*) co-infections among children who had died or were hospitalized with influenza infection. Some of those infections were with methicillin-resistant *S. aureus* (MRSA).

Vaccination remains the best method for preventing flu and its potentially severe secondary complications. Influenza antiviral medications are also available for the treatment of influenza.

Flu variations

Influenza viruses are constantly changing so it's common for new strains of influenza viruses to appear each year. For more information about how influenza viruses change, visit [How the Flu Virus Can Change \(http://wwwdev.cdc.govhttp://www.cdc.gov/flu/about/viruses/change.htm\)](http://wwwdev.cdc.govhttp://www.cdc.gov/flu/about/viruses/change.htm).

Although influenza A (H1N1) viruses predominated early in the season, an increasing proportion of influenza viruses subtyped have been influenza A (H3N2) viruses.

The effectiveness of the vaccine depends in part on the match between the viruses in the vaccine and influenza viruses that are circulating in the community. If these are closely matched, vaccine effectiveness is higher. If they are not closely matched, vaccine effectiveness can be reduced. However, it's important to remember that even when the viruses are not closely matched, the vaccine can still protect many people and prevent flu-related complications. Such protection is possible because antibodies made in response to the vaccine can provide some protection (called cross-protection) against different, but related strains of influenza viruses.

(source: CDC)