



# NEWS RELEASE

## EUROPE REGIONAL MEDICAL COMMAND

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## **What to do if you suspect you have the flu**

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LANDSTUHL REGIONAL MEDICAL CENTER, Germany – Because of the recent increase of flu or Influenza-Like-Illnesses (ILI) in Europe, Army medical officials want to re-emphasize what to do if you think you or your children have seasonal flu, H1N1 flu or flu-like illness.

### **Symptoms to look for:**

If you wake up not feeling well, the following are some of the common flu symptoms being reported at military healthcare facilities in Europe: fever (fever typically greater than 100 degrees F or 37.8 degrees C), headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, or body aches. Stomach symptoms such as nausea, vomiting and diarrhea may also occur, but are more common in children than adults. Some people infected with the flu, including the 2009 H1N1 flu, may have respiratory symptoms without a fever.

Since the start of the school year, Military Treatment Facilities in Europe are reporting an increase in influenza-like illnesses, especially among the 5 to 17 year age group, said Col. Evelyn Barraza, Preventive Medicine Consultant for Europe Regional Medical

Command. Much of this is probably attributed to the new 2009 H1N1 influenza pandemic virus that is spreading worldwide.

**Who should talk with a Health Care Provider or seek help at the Emergency Room?**

If you get sick with flu symptoms and are at high risk of flu complications, or you are concerned about your illness, call your health care provider for advice. High risk individuals should seek care early if they develop flu symptoms. Their providers will determine whether flu testing or treatment is needed.

The following individuals are at higher risk for severe illness or complications from flu are:

- Children younger than 2 years old
- People 65 and older
- Pregnant women
- People who have:
  - Cancer
  - Blood disorders (including sickle cell disease)
  - Chronic lung disease [including asthma or chronic obstructive pulmonary disease (COPD)]
  - Diabetes, heart disease, kidney disorders, liver disorders
  - Neurological disorders (including nervous system, brain or spinal cord)
  - Neuromuscular disorders (including muscular dystrophy and multiple sclerosis)
  - Weakened immune systems (including people with AIDS)

If the following warning signs develop, you should seek emergency care:

In Children	In Adults
Fast breathing or trouble breathing	Difficulty breathing or shortness of breath
Bluish or gray skin color	Pain or pressure in chest or abdomen
Not drinking enough fluids	Sudden dizziness
Severe or persistent vomiting	Confusion
Not waking up or not interacting	Severe or persistent vomiting
Being so irritable that the child does not want to be held	Flu-like symptoms improve but return with fever and worse cough
Flu-like symptoms improve but return with fever and worse cough	

The emergency room should be used for people who are very sick. You should not go to the emergency room if you are only mildly ill. If you go to the emergency room and you are not sick with the flu, you may catch it from people who do have it.

Fortunately, most healthy persons (those not at higher risk of flu complications) with the 2009 H1N1 flu have had mild illness and did not need medical care or antiviral drugs, and the same is true of seasonal flu. Over-the-counter cold and flu medications can help lessen symptoms such as fever, cough and congestion.

### **How should I treat myself or my child while sick at home?**

- Stay home for at least 24 hours after your fever has gone (temperature is below 100 degrees F or 37.8 degrees C) except to get medical care or for other necessities. Your fever should be gone *without* the use of fever-reducing medicine.
- If you must leave your home or barracks for health care or food procurement, wear a surgical/face mask. Try to arrange for a family member, friend or neighbor to obtain food and other items for you.
- Keep away from others as much as possible. This is very important to help reduce the spread of the virus!
- Healthcare workers may return to work after a 24-hour fever free period but cannot care for immune-compromised patients for seven days from symptom onset and until 24 hours without fever, whichever is longer.
- All home, isolation and exclusion periods apply regardless of whether antiviral medications are taken.
- Drink clear fluids (such as water, broth, sports drinks, electrolyte beverages for infants) to keep from being dehydrated, get plenty of rest and follow good hand, respiratory and cough hygiene measures.
- Do not share dishes and eating utensils. These can be washed in the dishwasher or with hot soapy water.

- Have everyone in the household wash hands often with soap and water, especially after coughing or sneezing. Alcohol-based hand cleaners are also effective.  
Restrict visitors to the home!
- Cover your cough and wash your hands often, even when taking antiviral medications, to prevent spreading influenza to others. Avoid close contact (within six feet) with others and do not go to school or work while ill.
- Call your clinic if you (or your child) experience any side effects; i.e. nausea, vomiting, rash, or unusual behavior.
- If you or your child is prescribed antiviral medications, please take all of it as directed.
- Take over-the-counter medications for symptom relief as needed for fever, pain and cough. These include medicines such as acetaminophen (Tylenol), ibuprofen (Advil, Motrin, Nuprin), and/or cough and cold medicines. These medicines do not need to be taken regularly if your symptoms improve.
- Do *not* give aspirin (acetylsalicylic acid) or products that contain aspirin (e.g. bismuth subsalicylate – Pepto Bismol) to children or teenagers 18 years old or younger.
- Children younger than 4 years of age should not be given over-the-counter cold medications without first speaking with a health care provider. Call your medical provider or clinic for guidance.
- Throw away tissues and other disposable items used by the sick person in the trash. Wash your hands after touching used tissues and similar waste.
- Keep surfaces (especially bedside tables, surfaces in the bathroom, and toys for children) clean by wiping them down with a household disinfectant according to directions on the product label. If using individual moistened cloths change them frequently and discard.
- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but importantly these items should not be shared without washing thoroughly first.
  - Wash linens (such as bed sheets and towels) by using household laundry soap and tumble dry on a hot setting.

- Avoid “hugging” laundry prior to washing it to prevent contaminating yourself.
- Wash your hands well after handling dirty laundry
- Designate one person as the ill person’s caregiver, if possible. Try to identify a person as the primary caretaker who is not at high risk of flu associated complications.
- When holding small children who are sick, place their chin on your shoulder so that they will not cough in your face.
- Monitor yourself and household members for flu symptoms and contact your local health care clinic if you have questions.
- Minimize close face-to-face contact (less than about six feet away) with the sick person. If close contact is unavoidable, consider wearing a facemask (surgical mask) if available and tolerable.
- Used facemasks should be taken off and placed immediately in the regular trash; avoid reusing if possible. Wash your hands immediately afterwards.
- In Germany, beneficiaries can call the Nurse Advice Line 24 hours a day at 00800-4759-2330 from most countries in Europe.
  - Other Nurse Advice Line numbers are:
  - Bahrain: 888-475-9233
  - Belgium: 0800-17920
  - Italy: 800-877660
  - Greece: 008-001-1815-3044
  - From U.S.: 1-888-475-9233
  - Turkey: 00-800-13815-9042

**No one in my family has gotten the flu yet. Should I still receive the flu vaccine?**

Yes. “Seasonal flu vaccinations are available at your local health clinic,” said Col. Theresa Moser, ERMC Force Health Protection director. “We are advising everyone to get vaccinated now.”

H1N1 vaccine should begin arriving in early November in stages. It will be distributed quickly to military health clinics.

H1N1 vaccination priorities will be:

- Deployed or deploying soldiers.
- Healthcare workers and emergency first-responders.
- At-risk groups, including pregnant women, household contacts and caregivers for children younger than six months old, all people from six months through 24 years of age, and persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.
- Other authorized beneficiaries.

CDC officials said during an Oct. 9 briefing that H1N1 vaccine is safe and the best way to avoid illness this flu season.

When H1N1 vaccine arrives in Europe, beneficiaries will be notified by ERMIC and Army health clinic announcements on AFN-Europe television and radio, in garrison newspapers, on garrison and unit Web sites, through unit chains of command and all other available means. DoDDS schools will also be notified of vaccination plans.

Moser said good personal hygiene practices such as avoiding touching your nose and mouth, hand washing, covering a sneeze, standing at least six feet from people, and using hand sanitizer may also help prevent illness.

For more information about seasonal and H1N1 influenza, visit [www.flu.gov](http://www.flu.gov), [www.eucom.mil](http://www.eucom.mil), [www.vaccines.mil](http://www.vaccines.mil), the MILVAX Web site at [www.vaccines.mil](http://www.vaccines.mil) or the ERMIC Web site at <http://ermc.amedd.army.mil>.