Worst Pills, Best Pills Publication

Swine Flu: Important Advice from WorstPills.org

As of the end of April 2009, swine flu (H1N1) had sickened almost 100 people in the United States. While it's normal to be anxious about the spread of this disease, taking medications to prevent or treat the disease without having a full understanding of the medications' side effects could have a serious impact on your health. The most effective ways to avoid any infectious illness are safer and cheaper than any medication. To avoid disease, the CDC recommends:

- Washing your hands or using hand sanitizer frequently
- Avoiding sick people and surfaces that they have touched, sneezed or coughed on
- Not touching your nose, mouth or eyes

What drug treatments are available to treat swine flu?

You may be tempted to take zanamivir (RELENZA) or oseltamivir (TAMIFLU) as a cautionary measure to prevent swine flu. However, these medications are not very effective against typical flu strains. A 2006 Cochrane review concluded that for prevention of influenza, "compared to placebo, [these drugs] have no [significant] effect against influenza-like illnesses."

Further, not everyone should consider using these drugs to prevent swine flu.

The CDC is recommending that only two specific groups of people take the antiviral medications RELENZA or TAMIFLU to prevent infection with the swine flu:

- 1. Household close contacts who are at high-risk for complications of influenza (e.g., persons with certain chronic medical conditions, persons 65 or older, children younger than 5 years old, and pregnant women) of a confirmed or probable case
- Health care workers or public health workers who were not using appropriate personal protective equipment during close contact with an ill confirmed, probable, or suspect case of swine-origin influenza A (H1N1) virus infection during the case's infectious period.

The CDC also says that a limited number of other groups may consider using these drugs to prevent infection:

- 1. Household close contacts who are at high-risk for complications of influenza (e.g., persons with certain chronic medical conditions, persons 65 years or older, children younger than 5 years old, and pregnant women) of a suspected case.
- Children attending school or daycare who are at high-risk for complications of influenza (children with certain chronic medical conditions) and who had close contact (face-to-face) with a confirmed, probable, or suspected case.
- 3. Health care workers who are at high-risk for complications of influenza (e.g., persons with certain chronic medical conditions, persons 65 or older, and pregnant women) who are

working in an area of the healthcare facility that contains patients with confirmed swineorigin influenza A (H1N1) cases, or who is caring for patients with any acute febrile respiratory illness.

- 4. Travelers to Mexico who are at high-risk for complications of influenza (e.g., persons with certain chronic medical conditions, persons 65 or older, children younger than 5 years old and pregnant women).
- 5. First responders who are at high-risk for complications of influenza (e.g., persons with certain chronic medical conditions, persons 65 or older, children younger than 5 years old, and pregnant women) and who are working in areas with confirmed cases of swine-origin influenza A (H1N1) virus infection.

It is not known whether these drugs would be more or less effective against swine flu. Although these drugs have been proven in laboratory tests to have an effect on swine flu, the drugs have, of course, never been proven in clinical trials in humans for this particular strain.

Patients should also be aware that RELENZA can cause asthma.

Read more information on RELENZA and TAMIFLU.

Warning: Aspirin and Reye's Syndrome

Patients under the age of 40 who are experiencing flu-like symptoms need to be extremely careful not to take aspirin.

Taking aspirin will increase the risk of contracting Reye's syndrome, a rare but often fatal disease that causes brain and liver damage.

Read more information on aspirin.

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