



What Adults with HIV Infection Should Know About the H1N1 Flu (formerly called swine flu)

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Are people with HIV&AIDS at greater risk than other people of infection with novel H1N1 flu?

At the present time, we have no information about the risk of the H1N1 flu in people with HIV&AIDS. In the past, people with HIV&AIDS have not appeared to be at any greater risk than the general population for infection with routine seasonal influenza. However, HIV-infected adults and adolescents, and especially persons with low CD4 cell counts or AIDS, can experience more severe complications of seasonal influenza. It is therefore possible that HIV-infected adults and adolescents are also at higher risk for complications from infection with the H1N1 flu virus.

What can people with HIV&AIDS do to protect themselves from H1N1 flu?

HIV-infected patients should take precautions to protect themselves from H1N1 flu.

1. Wash your hands often (or using an alcohol-based hand sanitizer if soap and water aren't available)
2. Avoid touching your eyes, nose or mouth with your hands – germs spread this way
3. Try to avoid close contact with sick people
4. Review CDC's interim recommendations for facemask and respirator use

HIV-infected persons should maintain a healthy lifestyle; eat right, get enough sleep, and reduce stress as much as possible. Staying healthy reduces your risk of getting infected by influenza and other infections. Staying health also helps your immune system fight off a flu infection should it occur.

If you are currently taking antiretrovirals or antimicrobial prophylaxis against opportunistic infections you should adhere to your prescribed treatment and follow the advice of your health care provider in order to maximize the health of your immune system.

What should people with HIV&AIDS do if they think they may have H1N1 flu?

HIV-infected people should do the same things as they would do for routine seasonal flu – contact your health care provider and follow his or her instructions. He or she will determine if laboratory testing or treatment is needed.

If you are sick, stay home and keep away from others as much as possible. This is to keep from making others sick. If you have H1N1 flu, you should stay at home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.)

If you need to go to a doctor's office, to an emergency room, or to any other healthcare facility to be evaluated, cover your mouth and nose with a facemask if a face mask is available and tolerable, or cover your mouth and nose with a tissue when coughing or sneezing. Let the office staff know you are there because you think you might have H1N1 flu.

Is there a vaccine against this the H1N1 flu virus?

No. There is currently no vaccine for the novel H1N1 flu. The vaccine given for seasonal flu does not protect against the novel H1N1 flu. If a vaccine against novel H1N1 flu becomes available, CDC will make recommendations for people with HIV/AIDS. Researchers are presently working to develop a vaccination against novel H1N1 flu.

Is there treatment against novel H1N1 flu for people with HIV&AIDS?

Yes. The novel H1N1 flu virus is sensitive to two antiviral drugs: zanamivir and oseltamivir. HIV-infected adults and adolescents who meet current case-definitions for confirmed, probable or suspected infection with novel H1N1 flu should receive antiviral treatment. Treatment is most effective if started within 48 hours of symptom onset. Please check the CDC website frequently for updates in recommendations for antiviral treatment.

When should people with HIV&AIDS be prescribed antiviral medications for the

prevention (also called "chemoprophylaxis") of H1N1 flu?

HIV-infected adults and adolescents who are close contacts of persons with H1N1 flu should receive antiviral chemoprophylaxis.

Are the medicines used to treat and prevent infection with the H1N1 flu virus safe for people with HIV&AIDS?

There is not a lot of information on the interaction between anti-flu medications and HIV antiretrovirals. No adverse effects have been reported among HIV-infected adults and adolescents who received oseltamivir or zanamivir. There are no known major drug interactions between oseltamivir or zanamivir with currently available antiretroviral medications used to treat HIV infection. If you are prescribed oseltamivir or zanamivir and think you might be having a reaction to the drug, contact your health care provider. Healthcare providers should observe patients for possible adverse drug reactions to anti-influenza agents, especially patients with neurologic problems or decreased kidney function.

How else should people with HIV&AIDS prepare?

Stay informed. Health officials will provide additional information as it becomes.

Consult your doctor and make sure all your vaccinations are up-to-date, including vaccination against seasonal influenza and vaccination against bacterial pneumonia caused by the *Streptococcus pneumoniae*. Bacterial pneumonia from *Streptococcus pneumoniae* can be a problem for people with HIV/AIDS and can also cause complications for people who have the flu. The vaccine against *Streptococcus pneumoniae* is different than the vaccine from the influenza vaccine.

Follow local public health advice regarding school closures, avoiding crowds and other social distancing measures based on illness in specific communities.

If you haven't developed a family emergency plan yet, consider developing one now as a precaution. In particular, make sure to keep your antiretroviral prescriptions and other prescriptions filled and up-to-date and to take all of your antiretrovirals as prescribed.

What is CDC doing about H1N1 flu for people with HIV&AIDS?

The Department of Health is working aggressively to understand the epidemiology of this H1N1 flu and determine if it affects HIV-infected people and people with other

immunocompromising conditions differently. As additional information about the situation become available, the department's recommendations may change.