Influenza – Backgrounder

What is influenza?

- Influenza is a serious, usually debilitating illness whose affects are felt throughout the whole body. Symptoms include fever, headaches, muscle aches and pains.
- Even healthy young adults may take several weeks to fully recover from influenza, and for some people it can lead to hospitalisation or even death.
- Many people confuse the common cold with influenza. However, colds are much less serious usually with different symptoms and less potential for severe or life-threatening illness.

How serious is seasonal influenza?

- In the last century it has been estimated that more people died from annual seasonal influenza than in the three influenza pandemics,[1] and twice as many Australians die of influenza and pneumonia than in traffic accidents.[2]
- The World Health Organization (WHO) estimates that worldwide there are between three and five million cases of seasonal influenza each year and between 250,000 and 500,000 deaths.[3]

How does influenza impact Australian healthcare systems?

- An ISG report estimates that each year on average, influenza-like illness:[4]
    - Causes 18,000 hospitalisations
    - Requires over 300,000 GP consultations
    - Costs the Australian Government at least $85m – a cost that is largely preventable and primarily borne by the Australian tax payer.
- Hospitalisations comprised 88 percent of the $85m cost[4] and the majority of the 18,000 hospitalisations and consultations happen over a six week period when influenza is most prevalent – therefore place a significant and intense burden on healthcare resources.
- Healthcare resources can often be further stretched as currently only around 20-50% of healthcare workers are vaccinated against influenza. This not only puts them at risk of contracting the disease, but also of spreading the disease to their at-risk patients.

Who is at particular risk of complications and hospitalisation from influenza?

- People at particular risk of severe complications from influenza are those with heart conditions, asthma and other lung conditions, diabetes, kidney problems, those with weakened immune systems, residents of nursing homes and other long-term care facilities, all Aboriginal and Torres Strait Island adults aged 50 years and over, as well as anybody aged 65 and over regardless of their health status.[5]
    - Australia has had great success in vaccinating people 65 years and over, with around 80% of this age group getting vaccinated; however only 42% of people <65 with at-risk conditions receive the annual influenza vaccination,[6] and in 2006 over 85% of recorded influenza cases in Australia were in those under 65 years of age.[7]
    - Studies have shown that people with pre-existing conditions have a 40 times increased risk of dying from influenza related complications and if they have both heart and lung disease that risk is increased to 800 times.[8]
- In addition, it is important that people who care for – or are in close contact with – people who are at particular risk, also avoid infection to avert passing it on to them.
- Many otherwise healthy Australians can't afford to get influenza, such as those who are self-employed, single parents, carers or people who can't afford to take any time off work. Falling victim to influenza could mean that important life events and activities are missed, resulting in unnecessary suffering as well as economic hardship for many Australians.

How can you reduce your risk of catching influenza?

There are a number of things people can do to protect themselves against influenza and the risk of hospitalisation:

- Vaccination is the best way of helping protect yourself against influenza
- Hand washing and personal hygiene, such as trying not to touch your mouth or nose are also important preventative measures
- Where possible, avoid crowds when influenza is prevalent.

Note that in controlled trials remedies such as vitamin C and echinacea have been shown to be ineffective in preventing influenza.

- A new vaccine is produced every year with an updated formulation to ensure that Australians are given the best possible protection – the vaccine protects people against three strains of influenza which the WHO identifies as the most likely to cause outbreaks for that season.
- The 2007 Southern Hemisphere influenza vaccine includes the following influenza strains:
    - A/New Caledonia
    - A/Wisconsin
    - B/Malaysia**.**
- No vaccine is 100% effective; however influenza vaccination is very effective in protecting against the severe consequences of infection. Studies have convincingly shown it greatly reduces the cases of pneumonia, hospitalisation due to respiratory illness and the total deaths occurring during an influenza season.[9]
- For most parts of Australia influenza vaccination is best carried out in the autumn, before serious outbreaks can begin to occur. The majority of infections occur between July-September.
- In the far north of Australia influenza outbreaks can occur early in the year and vaccination should be practiced as early as possible.
- Many people who should be vaccinated are not, because they believe being fit and healthy will protect them against influenza. **This is not the case.**

What can you do if you catch influenza?

- There are specific antiviral medications available on prescription which can help limit the effect of influenza if they are taken early after the onset of symptoms (within the first two days of the illness).
- If you think you are getting influenza and wish to reduce the time and severity of your illness it's important that you see your GP immediately.
- The availability of treatments does not lessen the need for people to still get vaccinated – it is important that all those in risk-groups, as well as others who can't afford to get influenza, get vaccinated every year as their first line of defence.

Avian influenza update:*

- The first human cases of the current H5N1 strain of bird flu, or avian influenza, were reported in Vietnam in December 2003.
- To date there have been a total of 168 confirmed deaths from avian influenza worldwide, with a majority of cases being reported from South East Asia and China.
- Wild birds infected with the H5N1 strain of avian influenza have been confirmed in many European countries, and Turkey reported four deaths caused by avian influenza in 2006.
- All evidence to date indicates that close contact with dead or sick birds is the principle source of human infection with the H5N1 virus, and most human cases have been traced back to contact with sick poultry. However, it is believed that avian influenza could acquire the ability to pass from person to person and therefore poses a potential pandemic threat.
- Avian influenza has not yet been found in Australia; however, it is important that we remain vigilant, particularly due to our close proximity to Asia.

*Updated 7 March 2007

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