

The Biggest Myths About Swine Flu

Believing these swine flu rumors may make you sick. Learn the truth about these seven common misperceptions.

By Lauren Gelman, Prevention



How bad is swine flu, really?

In many ways, it's really not that different from seasonal flu, experts say. But there are some important distinctions.

It's natural to feel a little anxious, if not downright panicky, about the possibility of you or a family member catching the swine flu. But before you worry about worst-case scenarios, let's put some things in perspective. The fact is, seasonal flu—the kind that circulates every fall and winter, year after year—kills 30,000 to 40,000 people. We just don't read about every single hospitalization or complication in the news. In comparison, current government predictions are calling for anywhere from 30,000 to 90,000 swine flu-related deaths this fall. That may sound like a lot, but keep in mind that it's out of hundreds of millions of potential infections—meaning that even as a worst-case scenario, only a small percentage of the U.S. population would get seriously sick.

It's also just an early-in-the season ballpark estimate. Cases could decrease if everyone were to get vaccinated and take all the right precautions, especially [washing their hands frequently](#) and staying home when sick, says Robert Belshe, M.D., professor of medicine and pediatrics at the Saint Louis University School of Medicine and director of the vaccine center at Saint Louis University, which is conducting clinical trials for the swine flu vaccine.

We're worried about swine flu because it's new—and there are so many misperceptions about how dangerous it is, who's at risk and the best ways to avoid it. Before you stress further (it's bad for your immune system, you know) read the truth behind these seven common swine flu rumors. It might mean the difference between getting sick and staying flu free.

1. Swine flu is much worse than seasonal flu

So far, swine flu doesn't seem to be more virulent than seasonal flu (symptoms are largely the same), but it is slightly more contagious. According to a new study from Cornell University, every person infected with swine flu puts 1.5 other people at risk in the few days before they themselves experience symptoms. With seasonal flu, that number is about 1.3.

Part of the reason why swine flu is more transmissible is that most people don't have any immunity to it, unlike other seasonal flu strains, to which we may have been exposed before (this gives [our immune system](#) a leg up in fighting off the virus).

2. Young, healthy people shouldn't worry

Unlike seasonal flu, which has the most serious health effects in people older than 65, with swine flu incidences so far, 75 percent of serious cases and 60 percent of deaths have occurred in people younger than 49, according to recent CDC data. But some experts believe that it's not so much that young people are more vulnerable, it's that older adults are less at risk. About one-third of adults over age 60 have some kind of pre-existing immunity to the H1N1 strain, according to CDC data. (There were likely strains similar to the current swine flu circulating when they were children).

What this means for you: Unless you have a chronic condition that's shown to increase complications of swine flu (pregnancy, asthma, diabetes, or heart, kidney, or liver disease), you'll likely battle the flu and come out just fine, says Allison Aiello, Ph.D., assistant professor of epidemiology at the University of Michigan School of Public Health. But that doesn't mean you should blow off preventive measures. No matter what your age, be a vigilant hand washer and instill the habit in your kids. Get vaccinated for swine flu if you're eligible (as well as for seasonal flu). Avoid people who are sick if you can. And pay attention to symptoms (most commonly fever, sore throat, cough, runny nose, sneezing, muscle aches, fatigue/exhaustion—and in some cases, diarrhea, headache and a stiff neck). If you feel sick, don't be a warrior. Stay home, rest and drink plenty of fluids to help ensure that your body fights off the flu instead of developing complications.

3. The flu vaccine can cause the flu

"We hear this rumor all the time," says Rachel Vreeman, M.D., assistant professor of pediatrics in the Children's Health Services Research Program at the Indiana University School of Medicine. "A lot of people will say, 'I don't want to get the flu shot because I got a minor case of the flu from it once.'" First, you should know that flu shots are made with dead strains of the virus, which means they can't replicate. While you can get swelling and achiness at the injection site and a low-grade fever, this is just how some peoples' bodies respond to the vaccine. They're not symptoms of the flu, only a minor side effect of getting the shot. They should pass in about 24 hours or so.

4. It's better to get the flu than get vaccinated

Because many swine flu cases in the spring were so mild, there were rumblings of some parents wanting to pull a chicken pox-party move: Bring your healthy kid into contact with a swine flu-infected one, so he could get sick, recover and develop immunity to the virus on his own. However, most flu experts, including the CDC, could not disagree with this strategy more.

The problem, in a nutshell, is that there's no way to tell how a given person will respond to flu infection. The vast majority will recover well, but in some otherwise healthy children and adults, it can take a serious, even life-threatening turn. "The risk of side effects from the flu vaccine is very low, and right now the risk of contracting the flu is very high," says Belshe.

5. If you get swine flu, go to the ER

If your flu case is mild, the best thing to do is stay home and treat the symptoms (take a fever/pain reducer, like acetaminophen or ibuprofen, and get plenty of rest and fluids) and avoid infecting others. A trip to the ER will likely just expose you to people who are sicker than you, increase wait times for people who really need the medical attention, and give you the opportunity to unwittingly infect others, says Stephen Morse, Ph.D., professor of clinical epidemiology at the Mailman School of Public Health at Columbia University. If you're concerned, see your doctor and [ask for an antiviral medication](#), but these are best used for people at risk of flu complications or who have severe cases—most healthy people

don't need them. At best, they'll shave half a day to a day off your symptoms. Keep in mind they're most effective within the first 24 hours of symptom onset.

Of course, if you have risk factors for flu complications, see your doctor right away. And be aware of the following warning signs from the CDC, which should prompt you to get immediate medical attention:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness or confusion
- Severe or persistent vomiting
- Flu symptoms that improve but then return with fever and worse cough

6. Masks keep you safe

The effectiveness of masks for average people (not health care workers) is still debatable. Most experts agree that vaccines and perhaps regular hand washing are far more effective flu fighters than are masks. One time when they may be useful: If you're the one who is sick, donning a mask may prevent the spread of airborne particles that could then infect others. If you're taking care of sick children, wearing a mask might not be a bad idea. But to walk around with one if you're not infected is probably not doing much. In fact, some experts worry that wearing masks might provide people with a false sense of security—and make them less likely to wash their hands as vigorously or observe other healthy protective habits.

7. Go back to work once you feel better

This isn't the time to be a hero at the office. Experts urge swine flu sufferers, both kids and adults, to stay home for at least 24 hours after fever goes away without the use of fever-reducing meds. You can still shed some flu virus after symptoms are gone. Based on data from infections last spring, most nonhospitalized people had a fever for two to four days, which would lead to being out of work or school for three to five days on average.

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