
What Adults with HIV Infection Should Know About 2009 H1N1 Flu (Formerly Called Swine Flu)

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This update provides new information about vaccination and treatment of HIV-infected adults affected by the 2009 H1N1 flu.

Are people with HIV/AIDS at greater risk than other people of infection with the 2009 H1N1 flu?

At the present time, we have no information about the risk of the 2009 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 2009 H1N1 flu virus.

What can people with HIV/AIDS do to protect themselves from the 2009 H1N1 flu?

HIV-infected patients should take precautions to protect themselves from the 2009 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 healthy 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 are the symptoms of 2009 H1N1 influenza?

Symptoms of infection with 2009 H1N1 influenza are generally the same as for seasonal influenza: fever, cough, sore throat, runny or stuffy nose, headache, body aches (muscle aches or joint pain), chills and fatigue. Some people have reported diarrhea and vomiting associated with 2009 H1N1 flu. Not everyone who has flu will have a fever.

What should people with HIV/AIDS do if they think they may have the 2009 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 flu, you should stay at home for at least 24 hours after you no longer have a fever or signs of a fever (have chills, feel very warm, have a flushed appearance, or are sweating). This should be determined without the use of fever-reducing medicines (any medicine that contains ibuprofen or acetaminophen).

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 facemask 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 the flu.

For more information on what to do if you are sick see:

- [What to Do If You Get Flu-Like Symptoms](#)
- [Taking Care of a Sick Person in Your Home](#)
- [Interim Recommendations for Facemask and Respiratory Use to Reduce 2009 Influenza A \(H1N1\) Virus Transmission](#)

Is there a vaccine against the 2009 H1N1 flu virus?

Yes. A monovalent vaccine for 2009 H1N1 flu has been developed and is now available.

Persons between the ages of 25 and 64 years old with health conditions associated with higher risk of medical complications from influenza, *including HIV infection*, are an initial target group for the 2009 H1N1 flu vaccine and should be vaccinated for the 2009 H1N1 flu.

Additional groups recommended to receive the 2009 monovalent H1N1 influenza vaccine regardless of their HIV status include:

- Pregnant women
- Household contacts and caregivers for children younger than 6 months of age
- Healthcare and emergency medical services personnel
- All people from 6 months through 24 years of age

Further details regarding reasons for initially vaccinating these groups can be found in the [2009 H1N1 Vaccination Recommendations](#).

Once the demand for vaccine among the initial target groups has been met at the local level, programs and providers should offer 2009 monovalent H1N1 influenza vaccine to all persons 25-64 years of age and then to persons age 65 years or older, including HIV-infected adults. Persons age 65 or older, including HIV-infected adults age 65 or older, are not prioritized groups because current studies indicate that the risk for infection among persons age 65 or older is less than the risk for younger persons. Although initial supplies of vaccine are limited, supplies are expected to increase sufficiently to vaccinate all persons not in initial target groups.

Is there a particular kind of flu vaccine that people living with HIV should get? Are there flu vaccines that people living with HIV should not get?

For both seasonal flu and 2009 H1N1 flu, there are two types of flu vaccine available. People living with HIV should get the "flu shot"— an inactivated vaccine (containing fragments of killed influenza virus) that is given with a needle, usually in the arm. The flu shot is approved for use in people living with HIV.

The other type of flu vaccine — nasal spray flu vaccine (sometimes called LAIV for “live attenuated influenza vaccine”) — is not currently approved for use in HIV-infected persons. This vaccine is made with live, weakened flu viruses that do not cause the flu. LAIV (is approved for use in healthy people 2-49 years of age who are not pregnant).

Should HIV-infected people get the seasonal flu vaccine?

Yes. Vaccination against seasonal flu using the inactivated form of the vaccine (shot) is recommended for all HIV-infected adults regardless of age.

Will the seasonal flu vaccine also protect against the 2009 H1N1 flu?

The seasonal flu vaccine is not expected to protect against the 2009 H1N1 flu. Similarly, the 2009 H1N1 monovalent influenza vaccine will not protect against seasonal influenza.

Is there treatment against the 2009 H1N1 flu for people with HIV/AIDS?

Yes. The 2009 H1N1 flu virus is sensitive to two antiviral drugs: oseltamivir and zanamivir. HIV-infected adults and adolescents with suspected flu infection (including 2009 H1N1 flu) should contact their health care provider to determine if antiviral treatment is needed. 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](#).

See additional information on [treatment of the 2009 H1N1 flu](#).

When should people with HIV/AIDS be prescribed antiviral medications for the prevention (also called "chemoprophylaxis") of the 2009 H1N1 flu?

Antiviral chemoprophylaxis generally should be reserved for people at higher risk of influenza-related complications who have had close contact with someone likely to have been infected with influenza. As an alternative to chemoprophylaxis, clinicians can also choose to counsel people at higher risk for influenza-related complications about the early signs and symptoms of influenza and advise them to immediately contact their healthcare provider for evaluation and possible early treatment if clinical signs or symptoms develop.

Please check the CDC website frequently for updates in [recommendations for antiviral chemoprophylaxis](#).

Are the medicines used to treat and prevent infection with the 2009 H1N1 flu virus safe for people with HIV/AIDS?

There is not a lot of information on the interaction between antiviral medications used to treat flu and antiretrovirals used to treat HIV infection. 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.

How else should people with HIV/AIDS prepare?

Stay informed. Health officials will provide additional information as it becomes available on the [CDC website](#) and [Flu.gov](#). You can also call 1-800-CDC-INFO for additional information.

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 infection control, 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 the 2009 H1N1 flu for people with HIV/AIDS?

CDC, in coordination with state and local health departments and with WHO is working aggressively to understand the epidemiology of this novel 2009 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 CDC's recommendations may change. Please check the [CDC H1N1 Flu website](#) frequently.