

SOUTHWESTERN NEWS

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DON'T LET AN EARLY FLU SEASON GET YOU DOWN

DALLAS — October 6, 1993 — A bout of flu is nothing to sneeze at. True influenza drives the hardiest of folks to bed and keeps them there, usually for three to four days, says Dr. James Luby, chief of infectious diseases at The University of Texas Southwestern Medical Center at Dallas. But don't despair; early intervention and an ounce of prevention can help.

Learning your influenza ABCs

Influenza is generally a wintertime problem that occurs in three types: influenzas A, B and C. Type C causes the common cold and is not considered dangerous. Types A and B cause what we consider the real influenza — the kind that gives you chills, fever, a headache, muscle pains, a dry hacking cough and a sore throat. Of the two, influenza A epidemics tend to be more severe.

According to health officials, flu season has struck early this year, and it appears that influenza A/Beijing will be the predominant strain. The good news is that help is available. There are two medications that can significantly reduce the severity of influenza A symptoms: amantadine and the newly approved rimantadine. "These medications are most effective if they are started within 48 hours after the flu symptoms begin," says Luby. "A trip to the doctor early on could save a week of misery later."

A real shot in the arm

Reports of early flu cases have people wondering whether they should get flu shots. For some people, the flu can cause serious complications, such as pneumonia and bronchitis, especially in the elderly. Other high-risk individuals include people who have lung disease, heart disease, diabetes, chronic kidney disease or anemia. Individuals who are in these influenza high-risk groups should get flu shots. Flu shots are considered optional for those not in a high-risk group, says Luby.

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