

Prevalence of chronic obstructive pulmonary disease during flu seasons.

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Introduction

Chronic obstructive pulmonary disease (COPD) is a progressive lung condition characterized by obstructed airflow, primarily caused by long-term exposure to harmful gases or particulate matter, such as cigarette smoke and air pollution. COPD is a significant global health concern and a leading cause of morbidity and mortality worldwide. In this article, we will explore the relationship between COPD and flu seasons, investigating how the prevalence of COPD is affected during these periods.

COPD encompasses a group of lung diseases, including emphysema and chronic bronchitis, which gradually deteriorate lung function over time. The primary risk factor for COPD is tobacco smoking however, non-smokers can also develop the condition due to factors like indoor and outdoor air pollution, exposure to occupational hazards and genetic predisposition [1, 2].

The impact of flu seasons on COPD patients: Flu seasons, typically during the colder months, pose additional challenges for individuals living with COPD. Influenza, caused by the influenza virus, is a contagious respiratory illness that primarily affects the nose, throat and lungs. For COPD patients, contracting the flu can exacerbate their existing respiratory symptoms and lead to severe complications.

Increased COPD exacerbations: During flu seasons, COPD patients are more vulnerable to experiencing exacerbations, which are acute worsening of their respiratory symptoms. Influenza infections can cause inflammation and damage to the airways, making it harder for COPD patients to breathe. As a result, they may experience increased coughing, shortness of breath, wheezing and a higher risk of developing pneumonia [3].

Hospitalizations and mortality: Flu-associated exacerbations of COPD can lead to a higher rate of hospitalizations among COPD patients. The added strain on healthcare facilities during flu seasons may also impact the overall management of COPD patients. Moreover, the combination of COPD and influenza can significantly increase the risk of mortality, especially in elderly individuals and those with underlying health conditions.

Preventive measures: To mitigate the impact of flu seasons on COPD patients, preventive measures are crucial. These measures include:

Annual flu vaccination: The most effective way to protect COPD patients from influenza-related complications is through annual flu vaccination. Vaccination not only reduces the risk of flu infection but also decreases the severity of the illness if a person contracts the virus [4].

Respiratory hygiene: COPD patients should practice good respiratory hygiene, such as covering their mouth and nose when coughing or sneezing, using tissues and promptly disposing of them. This helps prevent the spread of flu viruses to others and reduces the risk of secondary infections.

Hand hygiene: Regular hand washing with soap and water or using hand sanitizers can prevent the transmission of flu viruses from contaminated surfaces to the respiratory system.

Avoiding crowded places: During flu seasons, COPD patients should avoid crowded places or close contact with individuals who may be sick with flu-like symptoms [5].

Conclusion

Chronic obstructive pulmonary disease is a significant health burden worldwide, affecting millions of individuals. The convergence of flu seasons with COPD presents additional challenges for patients, leading to increased exacerbations, hospitalizations and mortality. Therefore, it is essential for COPD patients and healthcare providers to be vigilant during flu seasons, promoting preventive measures such as annual flu vaccination, respiratory hygiene, hand hygiene and avoiding crowded places. By taking these precautions, we can better protect COPD patients and reduce the impact of flu on their respiratory health. Additionally, continued research and public health efforts are essential to address the evolving challenges and improve the management of COPD during flu seasons.

References

1. Ilic M, Kopitovic I, Vulin A, et al. Frequency and effects of seasonal flu vaccines on exacerbations of chronic obstructive pulmonary disease in Serbia. *Vojnosanit Pregl.* 2021;78(2):179-85.
2. Jolliffe DA, Martineau AR, James WY, et al. M145 Prevalence And Determinants Of Vitamin D Deficiency In Patients With Chronic Obstructive Pulmonary Disease. 2014
3. Xu L, Chen B, Wang F, et al. A higher rate of pulmonary fungal infection in chronic obstructive pulmonary disease patients with influenza in a large tertiary hospital. *Respir.* 2019;98(5):391-400.

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4. Yohannes AM, Connolly MJ. Current initiatives in the management of patients with chronic obstructive pulmonary disease: the NICE Guidelines and the recent evidence base. *Age Ageing* .2004;33(4):419-21.
5. Zuniga JA, García AA, Fordyce J, Huang YC, Park J, Champion JD. Predictors of Flu Vaccination for Persons Living With HIV in Central Texas. *J Assoc Nurses AIDS Care*. 2019;30(5):593-7.