

Virginia Department of Health Inquiry Center

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Transmission, Signs and Symptoms

How does H1N1 influenza virus spread?

The H1N1 influenza virus (formerly – swine flu) spreads the same way as the seasonal flu, through person-to-person transmission by being exposed to coughing or sneezing of a person infected with the virus. Although less common, it is also possible to become infected by coming into contact with a surface or object that has recently been contaminated with the virus by sneezes or coughs of an infected person.

What are the symptoms of the H1N1 virus?

The symptoms of H1N1 influenza virus are the same as the seasonal flu. These symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people, particularly young children, may also experience vomiting and diarrhea.

What should I do if I get sick?

VDH recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. Your fever should be gone without the use of a fever-reducing medicine. Stay away from others as much as possible. Your health care provider will determine whether flu testing or treatment is needed.

How long is a person contagious with the H1N1 influenza virus?

It is difficult to know this for sure; however a person who has become infected with the H1N1 influenza virus can be contagious one or two days before developing symptoms. People with influenza should stay home from work and school until they have been without a fever and have not used fever-reducing medicines for a full 24 hours. Usually this means they are sick and contagious for a total of about 3 to 7 days.

What is the incubation period?

The incubation period (the time from when a person is exposed to the virus to when they first notice symptoms) can be as short as one day. Usually, though, it is 3 to 4 days.

Who is most at risk for the H1N1 influenza virus?

In contrast to the seasonal influenza, current evidence indicates that relatively few cases of the H1N1 influenza virus have occurred among older persons. The highest hospitalization rates for illness caused by the 2009 H1N1 influenza virus have been among persons aged <25 years. Pregnant women and people with certain medical conditions have an increased risk of developing complications from the 2009 H1N1 influenza virus influenza virus.

Is the H1N1 influenza virus easier to get than the seasonal flu?

Yes, for two reasons. The majority of people do not have protection (immunity) against the 2009 H1N1 influenza virus and there is some scientific evidence that it may be somewhat more contagious than seasonal flu (for example, family members and people who live together are more likely to spread among themselves if one person becomes infected).

How severe is illness associated with the H1N1 influenza virus?

The severity of illness with the 2009 H1N1 influenza virus ranges from mild to severe. While most people have recovered without the need for medical treatment, hospitalizations and deaths have occurred. Most people who have been hospitalized have had previously diagnosed medical conditions that put them at higher risk for developing complications when they became infected with the 2009 H1N1 influenza virus.

Are some people more likely to get complications from the flu?

Yes. People with any of the following medical conditions are more likely to get flu complications if they are infected with the 2009 H1N1 influenza virus. They should talk to their health care provider about whether they need to be examined or given antiviral medications if they get symptoms of the flu this season. It is also recommended that people with any of the following conditions be some of the first among those who wish to receive the 2009 H1N1 influenza virus vaccination.

People at High Risk for Developing Flu-Related Complications

- Children younger than 5, but especially children younger than 2 years old
- Adults 65 years of age and older
- Pregnant women

People who have medical conditions including:

- Asthma
- Neurological and neurodevelopmental conditions [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability (mental retardation), moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].
- Chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
- Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
- Blood disorders (such as sickle cell disease)
- Endocrine disorders (such as diabetes mellitus)
- Kidney disorders
- Liver disorders
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- Weakened immune system due to disease or medication (such as people with HIV or AIDS, or cancer, or those on chronic steroids)
- People younger than 19 years of age who are receiving long-term aspirin therapy

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What kind of symptoms mean that the severity of my illness has increased and that I should seek medical care?

The following emergency warning signs are:

In adults, emergency warning signs that need urgent medical attention include:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting (vomiting that goes on)

In children, emergency warning signs that need urgent medical attention include:

- Fast breathing or working hard to breathe

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- Bluish skin color
- Not drinking enough fluids
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms that improve but then return with fever and worse cough
- Fever with a rash
- Being unable to eat
- Having no tears when crying

In addition to the signs above, get medical help right away for any infant who has any of these signs:

- Being unable to eat
- Has trouble breathing
- Having no tears when crying

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Should I go to the emergency department if I have symptoms of the H1N1 influenza virus?

People with the symptoms listed above should seek emergency care. There may be other symptoms or situations in which emergency treatment is also needed. Most people (adults and children) do not experience severe disease and are able to handle their influenza infection at home. Your family doctor may be able to help you decide if you need to be seen in their office.

Can I re-catch the H1N1 flu virus?

If you have had two or more influenza-like illnesses, it is extremely unlikely both were the H1N1 influenza virus. Over time, influenza strains (such as the H1N1 influenza virus) may change. If they undergo enough of a change, you could potentially be re-infected with the new form. However, at this time, all testing done on the H1N1 influenza virus has shown it to be stable in form and unchanged.

If a person has both the H1N1 influenza virus and the seasonal flu, which one will be transmitted?

A person can transmit either the seasonal flu or the H1N1 influenza virus flu or both.

Can I become infected with the H1N1 influenza virus by eating or preparing pork?

No. None of the flu viruses, including the H1N1 influenza virus, are spread by handling or eating pork products.

Is there a risk from drinking water?

Tap water that has been treated by conventional disinfection processes does not likely pose a risk for transmission of influenza viruses. Current drinking water treatment regulations provide a high degree of protection from viruses. No research has been completed on the susceptibility of the H1N1 influenza virus flu virus to conventional drinking water treatment processes. However, recent studies have demonstrated that free chlorine levels typically used in drinking water treatment are adequate to inactivate highly pathogenic H5N1 avian influenza. It is likely that other influenza viruses such as the 2009 H1N1 influenza virus would also be similarly inactivated by chlorination. To date, there have been no documented human cases of influenza caused by exposure to influenza-contaminated drinking water.

Can the H1N1 influenza virus flu virus be spread through water in swimming pools, spas, water parks, interactive fountains, and other treated recreational water venues?

Influenza viruses infect the human upper respiratory tract. There has never been a documented case of influenza virus infection associated with water exposure. Recreational water that has been treated at CDC recommended disinfectant levels do not likely pose a risk for transmission of influenza viruses.

Can the H1N1 influenza virus influenza virus be spread at recreational water venues outside of the water?

Yes, recreational water venues are no different than any other group setting. The spread of this the H1N1 influenza virus flu is thought to be happening in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing of people with influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose.

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Prevention

What can I do to prevent getting infected?

There are several things you can do to protect yourself against the 2009 H1N1 influenza virus and the flu.

- First, get vaccinated against the seasonal flu now and the 2009 H1N1 influenza virus flu when vaccine becomes available.
- Follow general respiratory etiquette by covering your nose and mouth with a tissue when you cough or sneeze, or sneezing into your sleeve and throw the tissue in the trash after you use it.
- Wash your hands often with soap and warm water, especially after you cough or sneeze. You can use alcohol-based gel hand cleaners when soap and water are not available. We recommend that you avoid touching your eyes, nose or mouth because germs spread this way.
- It's important to avoid close contact with sick people.
- Lastly, we encourage you to plan ahead—in case you get sick or have to care for sick family members. Part of your plan should include stocking up on household, health, and emergency supplies, such as water, Tylenol® to reduce a fever, and non-perishable foods.

What can parents do to protect children until the vaccine is available?

There are 4 main ways you and your family may keep from getting sick with the flu at school and at home:

1. **Practice good hand hygiene** by washing your hands often with soap and water, especially after coughing or sneezing. Alcohol-based hand cleaners are also effective.
2. **Cover your mouth and nose** with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your elbow or shoulder; not into your hands.
3. **Stay home if you or your child is sick** for at least 24 hours after there is no longer a fever or signs of a fever (without the use of fever-reducing medicine). Keeping sick students at home means that they keep their viruses to themselves rather than sharing them with others.
4. **Get your family vaccinated** for seasonal flu and 2009 H1N1 flu when vaccines are available.

When providing care to a household member who is sick with influenza, how can I protect myself and others who are not sick?

When providing care to a household member who is sick with influenza, the most important ways to protect yourself and others who are not sick are to:

- Keep the sick person away from other people as much as possible (see “placement of the sick person”) especially others who are at high risk for complications from influenza
- Remind the sick person to cover their coughs, and clean their hands with soap and water often. If soap and water are not available, they should use an alcohol-based hand rub, especially after coughing and/or sneezing
- Have everyone in the household clean their hands often, using soap and water (or an alcohol-based hand rub, if soap and water are not available). Children may need reminders or help keeping their hands clean
- Ask your health care provider if household contacts of the sick person—particularly those contacts who may be pregnant or have chronic health conditions—should take antiviral medications such as oseltamivir (Tamiflu®) or zanamivir (Relenza®) to prevent the flu

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- If you are in a high risk group for complications from influenza, you should attempt to avoid close contact (within 6 feet) with household members who are sick with influenza. If close contact with a sick individual is unavoidable, consider wearing a facemask or respirator, if available and tolerable. Infants should not be cared for by sick family members.

More information can be found at http://www.cdc.gov/h1n1flu/guidance_homecare.htm

What is the best technique for washing my hands to avoid getting the flu?

Washing your hands often will help protect you from germs. Wash with soap and water or clean with alcohol-based hand cleaner. CDC recommends that when you wash your hands -- with soap and warm water -- that you wash for 15 to 20 seconds. When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used. You can find them in most supermarkets and drugstores. If using gel, rub your hands until the gel is dry. The gel doesn't need water to work; the alcohol in it kills the germs on your hands.

Are the hand dryers in restrooms less sanitary than towels?

No. There is no difference between using paper towels and warm air dryers in terms of removing bacteria. No studies have been able to demonstrate that air dryers suck in microbes and blow them back out on your hands. There have been studies that have confirmed that there is no difference in the efficiency between using paper towels, cloth towels or the hand-activated dryer.

What is CDC's recommendation regarding "swine flu parties"?

The CDC and VDH do not recommend "swine flu parties" as a way to protect against the 2009 H1N1 flu in the future. While the disease seen in the current H1N1 flu outbreak has been mild for most people, it has been severe and even fatal for others. There is no way to predict with certainty what the outcome will be for an individual who becomes infected.

What can individuals do to protect themselves against the 2009 H1N1 influenza virus when taking communion or when it comes to sharing food or drinks? (updated 9.03.09)

VDH is unaware of any historical disease outbreaks specifically related to Holy Communion. However, sharing drinks has been associated with an increased risk for becoming infected with influenza in at least one survey.

In order to help minimize transmission of the the 2009 H1N1 influenza virus, VDH recommends that individual communion cups be used whenever possible.

Also, individuals who are ill should stay home and away from others.

Are natural remedies (also referred to as "complementary" or "alternative" medicine) recommended to prevent the 2009 H1N1 flu virus?

The first and most important step to prevent the flu is to get vaccinated. Vaccination stimulates an immune response using a killed or weakened virus that uses the body's own defense mechanisms to prevent infection. CDC's current recommendations to protect against 2009 H1N1 virus do not include natural remedies as a sole prevention method. If you want to use a natural remedy to reduce symptoms, CDC recommends that you talk to your healthcare provider about options. Alternative medicine should not be used as a replacement for proven conventional care, or to postpone seeing a doctor about a medical problem. The National Institutes of Health (NIH) provides information at <http://health.nih.gov/topic/AlternativeMedicine> on specific alternative options, including scientific information, potential side effects, and cautions for each.

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The Federal Trade Commission (FTC) warns consumers to be cautious about products that claim to prevent, treat, or cure 2009 H1N1 influenza, specifically products like pills, air filtration devices, and cleaning agents that can kill or eliminate the virus.

Are the use of facemasks and respirators recommended?

Recommendations for the use of facemasks/respirators include:

In community and home settings -

If you are a person who is at increased risk of severe illness from influenza and are caring for someone in the home with influenza like illness or in a community with known presence of H1N1 and in a crowded setting, these situations if unavoidable, call for use of a face mask or respirator.

In the healthcare setting –

Respiratory protection is recommended for any persons caring for an individual with known, probable or suspected 2009 H1N1 or influenza-like illness.

For specific information go to <http://www.cdc.gov/h1n1flu/masks.htm>.

What is the difference between a facemask and a respirator?

Facemasks (sometimes called “surgical masks”) do not seal tightly to the face and are used to block large droplets from coming into contact with the wearer’s mouth or nose. They also prevent the wearer from contaminating or infecting others through coughing. Most respirators (e.g. “N95”) are designed to seal tightly to the wearer’s face and filter out very small particles that can be breathed in by the user. Scientists are still learning about the effectiveness of facemasks and respirators in preventing the 2009 H1N1 influenza virus as well as seasonal influenza. However, the use of a facemask or respirator is likely to be of most benefit if used as early as possible when exposed to an ill person and when the facemask or respirator is used consistently.

Are there any specific recommendations about food sharing that will help to reduce the transmission of the virus?

In general, sharing of food, utensils, plates, cups, etc. is not recommended as it may spread viruses. After each use, all utensils and dishware should be washed thoroughly, using soap.

Why do I need a pneumonia vaccine? What does that have to do with the flu?

In severe and fatal cases of H1N1 influenza infection, pneumococcal infections have been identified as an important complication. In order to prevent secondary pneumococcal infection and to reduce illness and death among those with the influenza viruses the CDC is recommending pneumococcal vaccinations to high risk groups. There are **two** (2) pneumonia vaccines.

All children less than 5 years of age should receive the pneumococcal conjugate vaccine (**PCV7**).

The vaccine should be given to:

- all infants younger than 24 months of age at 2, 4, and 6 months of age, followed by a booster dose at 12-15 months of age.
- Children who are unvaccinated and are 7 to 11 months of age should be given a total of 3 doses (2 months apart) and
- children age 12 to 23 months should be given a total of 2 doses at least two months apart.
- Most children who are 24 months of age or older only need **one** dose of the vaccine.

For persons older than 5 years of age, a single dose of the pneumonia vaccine (**PPSV**) (pneumococcal polysaccharide vaccine) to:

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- All people 65 years of age and older
- for persons 2 through 64 years of age with certain high-risk conditions

High-risk conditions are defined:

- For those 19 through 64 years of age - having asthma or smoking cigarettes.
- For those 2 through 64 years of age –
 - chronic cardiovascular disease (congestive heart failure and cardiomyopathies),
 - chronic pulmonary disease (including chronic obstructive pulmonary disease and emphysema),
 - diabetes mellitus, alcoholism, chronic liver disease (including cirrhosis),
 - cerebrospinal fluid leaks, cochlear implant, functional or anatomic asplenia including sickle cell disease and splenectomy,
 - immunocompromising conditions including HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy,
 - chronic renal failure, nephrotic syndrome;
 - those receiving immunosuppressive chemotherapy (including corticosteroids); and
- those who have received an organ or bone marrow transplant, and residents of nursing homes or long-term care facilities.
- Not recommended during pregnancy

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Vaccine

Availability

When and where will I be able to get the H1N1 vaccine? (December 21, 2009)

All Callers:

Vaccine is now open to all Virginians wishing to protect themselves against the H1N1 influenza virus. Vaccine is available through local health departments, pharmacies, clinics, community vaccination events and may be offered by your personal physician.

You can find the pharmacies and health department clinics with the vaccine through the Flu Vaccine Locator tool on the VDH website at www.vdh.virginia.gov. This links directly to Google's locator (at www.google.com/flushot.) The flu locator will be updated frequently with information on specific locations and dates where vaccine will be available.

Some school-based clinics are still being scheduled. Information may be available through the School Flu Vaccine Locator on the VDH website; if not, check with your child's school.

You also may be able to get an H1N1 vaccination through your private physician. Just give them a call to see if they are offering H1N1 vaccine and if they have any on hand.

Vaccine continues to be shipped into Virginia but, due to high demand, might not always be on hand. You may need to check back later.

Do you have to register with the CDC to receive the H1N1 vaccine?

No. The CDC has **NOT** implemented a State Vaccination Program requiring registration on their web site. A personal 2009 H1N1 (swine flu) Vaccination Profile is not needed by the state or the CDC. Users who click on the email are at risk of having malicious code installed on their system. The link could expose the reader's computer to a virus, and from there any number of harmful things could happen.

How do I get preservative-free vaccine? (December 11, 2009)

LAIV (live, attenuated influenza vaccine or "nasal mist") is preservative free and is available through a number of vaccinators now. It is among the first of the supply provided to the pharmacies. It is recommended for healthy, non-pregnant individuals between the ages of 2 and 49 years of age. Single dosed injectable shots are also available without preservatives.

At this time, a very small number of doses of preservative-free single-dose injectable vaccine have been sent to pediatrician and obstetrician offices.

How is VDH allocating the 2009 H1N1 influenza virus vaccine?

The 2009 H1N1 influenza virus vaccine is being allocated (portioned out) to all areas of the state in proportion to its population (pro rata). This means areas with more people will get more vaccine.

Where has the vaccine been allocated? (November 16, 2009)

The 2009 H1N1 influenza virus vaccine has been and continues to be distributed across the state. To date, it has been shipped to fully registered H1N1 vaccination sites that include local hospitals, physician offices, clinics (such as free clinics, rural health clinics, community clinics), and some congregate living facilities (such as institutions for the disabled).

I went to a public vaccination clinic (school, mall, etc) and saw that people who were not in priority groups and/or student's family members were able to get vaccinated. Why?

The health department encourages those that are at greatest risk to be among the first to receive the H1N1 vaccine. However, there are no laws or codes that prevent or require the vaccination of certain persons or the prioritization of one group over another. If a person, after having been given the facts regarding the H1N1 virus, and the importance of protecting the higher risk folks first, still decides that they want the vaccine, we cannot deny them that opportunity. We rely on all Virginians to measure the risk, consider the options, and make a good decision regarding when they should receive the vaccine.

The good news is that each person that gets vaccinated, whether they are in a priority group or not, is one fewer person who is likely to become ill and spread the virus. This benefits **all of us** in the effort to prevent the flu in our families, communities, and workplaces.

What kind of information is needed when I go to a public vaccination clinic?

You do not need to bring any paperwork with you. It is important that you know if you have allergies to any medications or if you have experienced an adverse reaction to any prior vaccinations. It is helpful to bring your immunization record with you if you have one so it can be updated.

What kind of information is needed when I go to a private doctor or provider's office for a flu vaccination?

You may need to bring your i.d. and, if you have insurance, your insurance information. It is important that you know if you have allergies to any medications or eggs or if you have experienced an adverse reaction to any prior vaccinations. It is helpful to bring your immunization record with you if you have one so it can be updated.

Where can persons who are uninsured or underinsured receive the 2009 H1N1 influenza virus vaccine?

All the 2009 H1N1 influenza virus vaccinations provided by the Virginia Department of Health through local health departments are free of charge to anyone. Uninsured or underinsured persons may be vaccinated through their private providers (if their private providers are vaccination sites) or at public sites such as pharmacies. However, non-health department sites may charge an administration fee. You can locate your local health department by checking the VDH website at www.vdh.virginia.gov.

My doctor has run out of seasonal flu vaccine and says they can't order any more. Please explain this to me.

VDH has confirmed that the supply of seasonal flu vaccine has either already been delivered or is going to be delivered later this season to vaccinators. Some vaccinators have vaccine on order

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that will be shipped in a few weeks. Other vaccinators received all the vaccine they ordered and have used it up. Those vaccinators who used up all they ordered are not likely to be able to order additional vaccine.

If your family physician or usual vaccinator has used up all they ordered, you may be able to obtain a seasonal flu vaccination from a local pharmacy, clinic, or other vaccinator. The best way to locate seasonal flu vaccination opportunities is to call ahead and verify hours, availability, and any special requirements (such as insurance documents or, in some cases, a prescription from your doctor). You can also visit the Google flu shot locator at www.google.com/flushot.

Will the military get separate the 2009 H1N1 influenza virus vaccines? Will they get them sooner than others or later?

Military Treatment Facilities (MTFs) have registered just like all other as vaccinators. They have no special priority unless they fall into one of the regular priority classes. Active duty personnel's vaccine goes directly from the federal Department of Defense to the Military Treatment Facilities. Dependents of the military (families of service personnel) are included with the rest of the Virginia public and receive their vaccinations in the same manner and places as other Virginians.

Where can I get a seasonal flu shot? (Update)

You can find the pharmacies and health department clinics with the vaccine through the Flu Vaccine Locator tool on the VDH website at www.vdh.virginia.gov . This links directly to Google's locator (at www.google.com/flushot.) The flu locator will be updated frequently with information on specific locations and dates where vaccine will be available.

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Safety & Effectiveness

Is the H1N1 vaccine safe?

The H1N1 influenza virus flu vaccine is expected to have a similar safety profile as the seasonal flu vaccine because it is being produced using the same manufacturers, ingredients, processes, and testing as the seasonal flu vaccine. The seasonal flu vaccine has a very good safety track record. Over the years, hundreds of millions of Americans have received seasonal flu vaccines.

The most common side effects following flu vaccinations are mild, such as soreness, redness, tenderness or swelling where the shot was given. The Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) will be closely monitoring for any signs that the vaccine is causing unexpected adverse events and we will work with state and local health officials to investigate any unusual events.

What are the possible side effects of the H1N1 influenza virus influenza vaccine?

The side effects from the H1N1 influenza vaccine have been found to be similar to those from seasonal flu vaccines. The most common side effects following vaccination are mild, such as soreness, redness, tenderness or swelling where the shot was given. Some people might experience headache, muscle aches, fever, nausea and fainting. If these problems occur, they usually begin soon after the shot and may last as long as 1-2 days. Those who receive the nasal mist (LAIV) vaccine may experience a runny nose, nasal congestion, cough, headache, muscle aches, fever, wheezing, abdominal pain, vomiting or diarrhea. Like any medicines, vaccines can cause serious problems like severe allergic reactions. Anyone who has a severe (life-threatening) allergy to eggs or to any other substance in the vaccine should not get the vaccine.

What should I do if I have a severe reaction to the H1N1 influenza (flu) shot or nasal spray vaccine?

After getting vaccinated against the 2009 H1N1 influenza (flu), you should look for any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include:

- * difficulty breathing,
- * hoarseness or wheezing,
- * hives,
- * paleness,
- * weakness,
- * a fast heart beat, or
- * dizziness.

If any unusual condition occurs following vaccination, seek medical attention right away. Tell your doctor what happened, the date and time it happened, and when the vaccination was given. Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. You can file this report yourself through the VAERS website. You may call 1-800-822-7967 to receive a copy of the VAERS form. VAERS is not able to provide medical advice.

Are there some people who should not receive this vaccine?

There are some people who should not get a flu vaccine without first consulting a physician. These include:

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- People who have a severe allergy to chicken eggs.
- People who have had a severe reaction to influenza vaccination.
- People who have developed Guillain-Barré syndrome (GBS) within 6 weeks of getting influenza vaccine.
- Children less than 6 months of age (influenza vaccine is not approved for this age group).

People who have a moderate-to-severe illness with a fever (they should wait until they recover to get vaccinated).

How will the 2009 H1N1 influenza vaccine be monitored for safety?

There are two systems in place to report adverse reactions and the safety of the H1N1 vaccine after it is released to the public. These are the Vaccine Adverse Event Report System (VAERS) and the Vaccine Safety Datalink (VSD) Project. Both providers and patients can report an adverse reaction on VAERS. Vaccine Safety Datalink (VSD) Project

The VSD Project is a vaccine safety system used to both identify and confirm adverse outcomes after immunization. More information about VAERS is available at <http://vaers.hhs.gov/>.

Who can report to the VEARS (Vaccine Adverse Effects Reporting System)?

Anyone can file a VAERS report, including health care providers, manufacturers, and vaccine recipients. The majority of VAERS reports are sent in by vaccine manufacturers (37%) and health care providers (36%). The remaining reports are obtained from state immunization programs (10%), vaccine recipients (or their parent/guardians, 7%) and other sources (10%). Vaccine recipients or their parents or guardians are encouraged to seek the help of their health care professional in filling out the VAERS form. Each report provides valuable information that is added to the VAERS database. Accurate and complete reporting of post-vaccination events supplies the information needed for evaluation of vaccine safety. The CDC and FDA use VAERS information to ensure the safest strategies of vaccine use and to further reduce the rare risks associated with vaccines. The direct link to the reporting web site is <http://vaers.hhs.gov/index> . Additional information like background information can be found using this link <http://vaers.hhs.gov/about/index> .

How accurate is the data available from the Vaccine Adverse Event Reporting System (VAERS), regarding H1N1 influenza (flu) vaccines?

Reports about adverse (negative) events can be *voluntarily* submitted to Vaccine Adverse Event Reporting System (VAERS) by anyone, including:

- healthcare providers
- patients
- family members

Because of this, VAERS data may include incorrect and incomplete information. One of the main limitations of VAERS is that some events may not be reported. Serious medical events are more likely to be reported than minor ones. The report of an adverse event to VAERS does not confirm that a vaccine caused the event. It only confirms that the event occurred sometime after vaccine was given. VAERS accepts all reports without judging whether or not the event was caused by the vaccine.

VAERS staff members collect follow-up records on each report of serious adverse events. Medical officers then review these records closely to determine if in-depth reviews are needed before conducting additional studies.

VAERS defines "serious adverse events" as those involving:

- death
- hospitalization

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- life-threatening illness
- persistent or significant disability/incapacity
- certain other medically-important conditions
- certain other medically-important conditions

Have any adverse reactions to the H1N1 vaccine been reported?

Suspected adverse reactions to the H1N1 vaccine are reported to the CDC thru the VAERS system. CDC and FDA provide weekly updates on vaccine safety monitoring activities and adverse event reports at <http://vaers.hhs.gov/resources/h1n1update>.

Where can I get clinical trial information about the H1N1 influenza (flu) vaccine?

The United States National Institute of Allergy and Infectious Diseases (NIAID) is conducting clinical trials of the H1N1 influenza (flu) vaccine. If you have questions about these studies, contact NIAID.

H1N1 Influenza Research Updates

United States National Institutes of Health, National Institute of Allergy and Infectious Diseases
866-284-4107

<http://www3.niaid.nih.gov/topics/Flu/H1N1/Research/default.htm>

Can I get the flu from the flu vaccine?

The viruses in inactivated (injection) influenza vaccine have been killed, so you cannot get influenza from this vaccine. The virus in LAIV (“nasal mist”) vaccine is alive, but extremely weakened. Live influenza vaccine viruses rarely spread from person to person. Nasal spray vaccine does not cause influenza in otherwise healthy individuals who do not have a severely compromised immune system.

Why are some lots of pediatric H1N1 vaccine manufactured by Sanofi Pasteur in pre-filled syringes being recalled from the market?

As part of its quality assurance program, the manufacturer, Sanofi Pasteur, performs routine, ongoing stability testing of its influenza A (H1N1) vaccine after the vaccine has been shipped to providers. Stability testing means measuring the strength (also called potency) of a vaccine over time. It is performed because sometimes the strength of a vaccine can go down over time. On December 7, Sanofi Pasteur notified CDC and FDA that the potency in one batch (called a “lot”) of pediatric syringes that had been distributed was later found to have dropped below a pre-specified limit. As a result of this finding, Sanofi Pasteur tested additional lots and found that three other lots that had been distributed also had an antigen content that, while properly filled at the time of manufacturing, was later measured to be below pre-specified limits. This means that doses from these four vaccine lots no longer meet the manufacturer’s specifications for potency. Sanofi Pasteur will send providers directions for returning any unused vaccine from these lots.

What does potency mean for the H1N1 vaccine?

Potency (or strength) is determined by the measurement of the concentration of the active ingredient (also called antigen) in the H1N1 vaccine.

Are there any concerns about safety of vaccines from these lots?

No. There are no safety concerns with these lots of H1N1 vaccine. All lots successfully passed pre-release testing for purity, potency and safety.

Should infants and children who received vaccines from these lots be revaccinated?

No. The vaccine potency is only slightly below the “specified” range. The vaccine in these lots is still expected to be effective in stimulating a protective response despite this slight reduction in the concentration of antigen. There is no need to re-administer a dose to those who received vaccine from these lots. However, as is recommended for all 2009 H1N1 vaccines, all children less than 10 years old should get the recommended two doses of H1N1 vaccine approximately a month apart for the optimal immune response. Therefore, children less than 10 years old who have only received one dose of vaccine thus far should still receive a second dose of 2009 H1N1 vaccine.

What action(s) should parents of children who have received vaccine from the recalled lots take?

Parents of children who received vaccine from the recalled lots do not need to take any action, other than to complete the two-dose immunization series if not already completed.

What are the lot numbers affected by this recall?

Vaccine doses with the following lot numbers are included in the recall:

0.25 ml pre-filled syringes, 10-packs (NDC # 49281-650-25, sometimes coded as 49281-0650-25):

UT023DA

UT028DA

UT028CB

0.25 ml pre-filled syringes, 25-packs (NDC # 49281-650-70, sometimes coded as 49281-0650-70):

UT030CA

How many doses of the recalled pediatric H1N1 vaccine were shipped to Virginia?

Virginia received 23,700 doses, and was shipped to 64 sites state wide. For a list of sites that received these lots of vaccine follow this link:

<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/H1N1/pdf/VoluntaryRecallH1N1vaccine.pdf>

How many doses of the pediatric H1N1 vaccine are affected by this recall?

Approximately 800,000 doses of vaccine in these lots were distributed to providers.

Is the potency issue related to this recall isolated to just the pediatric H1N1 vaccine for 6-35 month olds?

The potency problem described here is specific to the four lots of Sanofi Pasteur’s pediatric H1N1 vaccine in 0.25 mL pre-filled syringes. Sanofi Pasteur is investigating what caused the problem. The same vaccine packaged in other dosing forms, such as pre-filled syringes for older children adults, and multi-dose vials, continues to meet specifications. This recall does not affect H1N1 vaccine produced by other manufacturers.

Were these lots of vaccine shipped after failing a required test?

No. The lots being recalled passed all quality controls and met all specifications before they were shipped.

All vaccines are routinely tested for purity, potency and safety prior to release. The four lots of vaccine met all required specifications at the time of release and shipment to distribution centers. The vaccine provided in multi-dose vials and the single-dose, 0.5 mL pre-filled syringes for persons 36 months and older continues to meet all specifications.

What is being done to notify providers who received vaccine from the affected lots?

Sanofi Pasteur will send a notification to providers who received doses from any of the four lots of vaccine so that they can return any unused vaccine.

Where were the affected lots of vaccine distributed?

Vaccine from these four lots was distributed throughout the United States.

For U.S. children 6-35 months old, what other options are available currently for vaccination against H1N1 influenza?

For children 6 months of age and older, vaccine is available in multidose vials. The vaccine in multidose vials has not experienced this drop in potency and meets all standards of safety, purity and potency. As with all multidose vials of vaccines, these multidose vials contain a preservative (thimerosal) to prevent potential contamination after the vial is opened. The standard dose for this preparation in the 6-35 month age group is the same as for the pre-filled syringes, 0.25 mL. For healthy children at least 2 years of age, the nasal spray (live, attenuated influenza vaccine) is also an option. This vaccine is produced in single-units that do not contain thimerosal. However, it is important that children receive both doses of H1N1 vaccine from the same type of vaccine (both doses as inactivated, injectable, or both doses as live, attenuated, nasal spray vaccine).

Why was there vaccine that was recalled by GlaxoSmithKline?

GlaxoSmithKline has asked the Canadian government to stop using vaccine doses from one particular lot shipment (A80CA007A). Several cases of anaphylaxis, a severe allergic reaction, have been reported and are being investigated among people vaccinated from this shipment. The recalled vaccine is an adjuvanted vaccine that is not used in the United States. None of the influenza vaccines currently licensed and used in the United States contains adjuvant. **The vaccine that is being recalled in Canada is not licensed nor used in the United States.**

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Can people who are allergic to eggs receive the 2009 H1N1 influenza vaccine?

People who are allergic to eggs might be at risk for allergic reactions from receiving influenza vaccines, including the H1N1 vaccine. People who have had any of the following symptoms or experiences should consult with a doctor or other medical professional before considering any influenza vaccination:

- hives or swelling of the lips or tongue
- acute respiratory distress (trouble breathing) after eating eggs

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- documented hypersensitivity to eggs, including those who have had asthma related to egg exposure at their workplace or other allergic responses to egg protein

Because children with severe asthma are at high risk of serious complications from influenza, a regimen has been developed for giving influenza vaccine to children with severe asthma and egg hypersensitivity. Please check with your pediatrician for further details.

Can people who are allergic to latex receive the H1N1 vaccine?

Yes. The current H1N1 vaccines do not contain latex as part of the seal stopper of the vaccine vials. However, if you have a latex allergy, it's important to tell your doctor about your allergy at every vaccination visit. Ask your doctor about the vaccines and products that will be used to give the vaccines to you. There may be a risk of latex allergy if your doctor doesn't use the products provided by the vaccine manufacturers.

Latex is not an ingredient of vaccines. But, it may be present in seal stoppers of vaccine vials or in rubber parts of syringes. Contact with the vaccine may occur, particularly when it's being drawn up into the syringe before being administered. This could cause an allergic reaction to the latex.

Can a person with a non life-threatening allergy to egg get either form (shot or nasal spray) of the vaccine?

Both forms of the vaccine are grown in eggs. If you have any allergy to eggs (including symptoms such as hives or swelling of the lips or tongue, or who have experienced acute respiratory distress after eating eggs), you should consult with your doctor for appropriate evaluation to help determine if you should get the influenza vaccine. If your doctor says it is okay to get the influenza vaccine, either form (nasal spray or shot) can be given.

Where can I go to get the H1N1 vaccine if my child is allergic to eggs and my allergist does not have the vaccine?

Allergists may have associations with hospitals that do carry the vaccine. If your allergist is willing to provide the vaccine to your child and has not registered to be an H1N1 vaccinator, it is not too late. Any licensed physician in Virginia can register to become an H1N1 vaccinator and receive the H1N1 vaccine as it becomes available after appropriate agreements are signed. They can go online to register at the VDH Website. Here's the direct link:

<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/H1N1/ProviderResources.htm>.

Can I get the vaccine from my pediatrician and bring it to my allergist?

No. Vaccines must be given by a registered provider and they are responsible for giving it as well as providing information as to who receives it. All vaccines must be stored at a certain temperature and cannot be used if it gets too cold or too hot.

Do people with egg allergies or compromised immune systems need to stay away from other children who have been vaccinated with LAIV (“nasal mist”) or injectable H1N1 vaccine?

No. There is no need to restrict contact between immunized people and those with egg allergies or compromised immune systems.

What is Guillain-Barre Syndrome (GBS)?

Guillain-Barré syndrome (GBS) is a rare disorder in which a person's own immune system damages the nerve cells, causing muscle weakness and sometimes paralysis. GBS can cause symptoms that last for a few weeks or several months. Most people recover fully from GBS, but some people have permanent nerve damage. In rare cases, people have died of GBS, usually from difficulty with breathing. In the United States, for example, an estimated 3,000 to 6,000 people develop GBS each year on average, whether or not they received a vaccination. This is about 1 to 2 cases of GBS per 100,000 people.

Do vaccines cause Guillain-Barre syndrome (GBS)?

It is not fully understood why some people develop GBS, but many types of infections – including influenza disease, and in very rare cases vaccines, appear to cause GBS.

How common is Guillain-Barre syndrome (GBS), and how common is it after people are vaccinated for seasonal flu?

GBS is rare. In Virginia there are 80 – 160 new cases every year, which is about 1 case for every 100,000 persons.

In 1976, there was a small risk of GBS following influenza (swine flu) vaccination (approximately 1 additional case per 100,000 people who received the swine flu vaccine). That number of GBS cases was slightly higher than the background rate for GBS. Since then, numerous studies have been done to evaluate if other flu vaccines were associated with GBS. In most studies, no association was found, but two studies suggested that approximately 1 additional person out of 1 million vaccinated people may be at risk for GBS associated with the seasonal influenza vaccine. It is important to keep in mind that severe illness and possible death can be associated with influenza, and vaccination is the best way to prevent influenza infection and its complications.

Will there be a possibility of Guillain-Barre Syndrome (GBS) cases following the 2009 H1N1 vaccine?

FDA and CDC will be closely monitoring reports of serious problems following the 2009 H1N1 influenza vaccines, including GBS. No evidence of an increased risk has appeared to date. In Virginia, our surveillance has not detected any increase over the expected number of GBS cases since we started administering H1N1 vaccine.

For questions related to a specific case of Guillain-Barre Syndrome (GBS) cases following the 2009 H1N1 vaccine?

I hope the patient you have mentioned will have a speedy recovery, but due to privacy rights, I am unable to discuss details about any specific patient.

How will the Federal government determine whether people who receive the 2009 H1N1 vaccine have an increased risk for Guillain-Barre syndrome (GBS)?

GBS cases occur every year in the general population for many different reasons. To monitor whether people who receive the 2009 H1N1 vaccine have an increased risk for GBS, U.S. public health officials will determine if the number of GBS cases reported among people who receive the 2009 H1N1 vaccine is higher than the number of cases reported in the general population.

If there is an increase in the number of reported cases, public health officials will conduct intensive investigations. If any problems are detected with this 2009 H1N1 vaccine, they will be reported to health officials, healthcare providers, and the public, and health officials will take needed action to ensure the public's health and safety.

Will vaccination against the 2009 H1N1 influenza virus be mandatory?

No. It will be voluntary just as vaccination against seasonal flu is voluntary.

Some employers, particularly those that employ healthcare workers, may have policies and regulations requiring proof of vaccination as a condition of employment. Check with your employer if you have questions about this.

How do I go about requesting a religious or moral exemption to vaccines?

Neither the 2009 H1N1 vaccine nor the seasonal influenza vaccines are mandatory, so you do not need an exemption.

Will the benefits of the H1N1 influenza vaccine outweigh the risks? Is this something I should talk to my healthcare provider about?

CDC and FDA believe that the benefits of vaccination with the H1N1 influenza vaccine will far outweigh the risks. Vaccination is the most effective way to prevent influenza infection.

How long will the flu vaccine be effective?

The seasonal flu vaccine is effective against other circulating strains of seasonal flu and prevents illness in about 70%-90% of healthy persons younger than age 65 years. The vaccine is less effective in persons older than 65 years because their immune system tends to be weaker. While the seasonal flu vaccine is updated annually to be effective throughout the flu season against currently circulating flu strains, studies are still underway to determine how long the new 2009 H1N1 influenza virus vaccine will be effective.

Which is more effective - the flu mist or the shot?

Both the injectable and the nasal mist have been shown to be effective in children and adults. However, data directly comparing these two types of influenza vaccines are limited. Studies that have been done show that there is no statistically significant difference between the two types of vaccine.

How long does it take for the H1N1 vaccine to become effective?

It takes about two weeks after vaccination for antibodies to develop in the body and provide protection against influenza virus infection. Most children under the age of 10 will not have protection until about two weeks after the second dose of vaccine.

Has the H1N1 virus changed or mutated? Will the vaccine still protect against the virus?

There have been reports of mutated strains of the influenza virus, however most of the viruses tested are still of the H1N1 type that is used in the current vaccine and will provide the protection needed against H1N1 influenza.

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

No.

Why are some lots of the nasal spray 2009 H1N1 flu vaccine being recalled from the market?

As part of its quality assurance program, the manufacturer of the nasal spray monovalent 2009 H1N1 flu vaccine, MedImmune, performs routine, ongoing stability testing of the vaccine. Stability testing means measuring the strength (also called potency) of the vaccine over time to make sure it does not go below a pre-specified limit during the vaccine's "shelf life". On December 18 and 21, the manufacturer notified CDC and FDA that the potency in 13 batches (called "lots") of nasal spray vaccine had decreased below the pre-specified limit or were at risk of falling below that limit within the upcoming week. The vaccine was within the specified range at the time the vaccine was distributed. The slight decrease in potency should not affect how the vaccine works. However, the manufacturer will send providers directions for returning any unused vaccine from these lots.

What does potency mean for the nasal spray 2009 H1N1 vaccine?

Potency (or strength) is determined by the measurement of the concentration of the active component in the 2009 H1N1 vaccine.

Are there any concerns about safety of vaccines from these lots?

No. There are no safety concerns with these lots of 2009 H1N1 vaccine. All lots successfully passed pre-release testing for safety, purity and potency.

Should people who received vaccines from these lots be revaccinated?

No. The vaccine potency is or will soon be only slightly below the limit. In addition, much of this vaccine has already been administered, before potency had fallen below the pre-specified limit. The vaccine in these lots is still expected to be effective in stimulating a protective response. There is no need to re-administer a dose to those who received vaccine from these lots.

What action(s) should persons who have received vaccine from the recalled lots take?

Persons who received vaccine from the recalled lots do not need to take any special actions. As is recommended for all 2009 H1N1 vaccines, all children younger than 10 years old should get the recommended two doses of 2009 H1N1 vaccine approximately a month apart for the optimal immune response. Therefore, children younger than 10 years old who have only received one dose of the nasal spray vaccine thus far should still receive a second dose of 2009 H1N1 vaccine. Using the same type of vaccine for the first and second dose is preferred but not essential.

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What are the affected lot numbers?

The affected lot numbers are:

- 500754P
- 500751P
- 500756P

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- 500757P
- 500758P
- 500759P
- 500760P
- 500761P
- 500762P
- 500763P
- 500764P
- 500765P
- 500776P

How many doses are in these lots?

There were approximately 4.7 million doses in these lots that were distributed to providers. Most of the doses were shipped to vaccine providers in October and early November, during a time when the vaccine potency was still at or above the recommended level. The manufacturer is recalling any doses from these lots that may still be unused.

Is the potency issue related to this recall isolated to just the 13 lots of nasal spray vaccine?

The voluntary recall described here is specific to the 13 lots of nasal spray 2009 H1N1 flu vaccine noted above. Subsequent lots of the vaccine were produced with a slightly higher potency to decrease the chance that they would fall “below specification” before their expiration dates. As per their routine practice, the manufacturer will continue to monitor the potency of those lots, and will notify healthcare providers if the shelf life of any additional lots is shorter than expected.

This recall does not affect 2009 H1N1 vaccine produced by other manufacturers. However, a similar recall was conducted recently which involved lots of Sanofi Pasteur’s pediatric 2009 H1N1 vaccine in 0.25 mL pre-filled syringes.

What testing was performed on these lots of vaccine before they were released?

Before they were shipped, the lots being recalled now passed all quality controls and met all specifications for safety, purity, and potency.

What is being done to notify providers who received vaccine from the affected lots?

The manufacturer will send a notification to providers who received doses from any of the 13 lots of vaccine so that they can return any unused vaccine.

Where were the affected lots of vaccine distributed?

Vaccine from these 13 lots was distributed throughout the United States. Seven of the 13 lots (138,600) were distributed to 344 H1N1 providers in Virginia.

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Priority Groups

What are the H1N1 Vaccination priority groups?

Five initial target groups for vaccination efforts have been identified. These are 1) Pregnant women; 2) Household contacts and caregivers for infants younger than 6 months of age; 3) Healthcare and emergency medical services personnel; 4) Persons aged 6 months through 24 years; 5) Persons aged 25 through 64 years who have medical conditions associated with higher risk of medical complications from influenza. (i.e., chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, cognitive, neurologic/neuromuscular, hematologic, or metabolic disorders (including diabetes mellitus), and immunosuppression (including that caused by medications or HIV).

Why aren't people aged 65 and older a priority?

Current studies indicate the risk for infection among persons age 65 or older is less than the risk for younger age groups.

If I am older than 65 years old but have an underlying medical condition, does that put me in a priority group?

No. Based on age, persons 65 years and older are the least likely group to be infected with 2009 H1N1 flu and are not included in a target population. People age 65 and older are at higher risk for influenza related complications. Therefore, they are prioritized for antiviral treatment if they get sick with either seasonal or 2009 H1N1 flu this season.

I'm not in a priority group. Will I be able to get vaccinated? (Update)

Absolutely yes! There is plenty of vaccine in Virginia for anyone wishing to protect themselves against the H1N1 influenza virus. This vaccine is both safe and effective. Those who have been patiently waiting to receive the H1N1 vaccine are now encouraged to get vaccinated.

Will people age 65 years and older be able to get the H1N1 influenza (flu) vaccine this season?

Yes. Right now is a great time for everyone to get their H1N1 influenza vaccination. Vaccine is available throughout Virginia to anyone who would like to protect themselves against this strain of flu. CDC is encouraging everyone who has been waiting patiently for the H1N1 vaccine to get vaccinated now. Influenza can be unpredictable. Flu is expected to continue for several more months, caused by either H1N1 flu virus or the regular seasonal flu virus. The H1N1 flu vaccine is best and most effective way to protect against H1N1 flu.

People age 65 and older should also be vaccinated against seasonal flu if they have not done so already. They are at increased risk for complications from seasonal influenza compared to younger people and are recommended for annual seasonal flu vaccines. This year is no exception.

Are adults who are in close contact with large groups of children in a small area in a priority group? Is Santa included in a priority group?

No. Adults that fall in the target group include those 25 – 64 years old who have medical conditions associated with a higher risk of medical complications from influenza. These include:

- chronic pulmonary (including asthma),
- cardiovascular (except hypertension),
- renal, hepatic, cognitive,
- neurologic/neuromuscular,
- hematologic, or metabolic disorders (including diabetes mellitus) and
- immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus).
- Adults of any age who are healthcare or emergency medical services workers with direct patient care or
- Those who live with or care for infants less than six months of age

Is there a requirement for local health departments to vaccinate priority group persons first?

The Centers for Disease Control and Prevention has recommended that initial vaccination efforts be focused on providing those in the five priority groups an opportunity to be vaccinated, but does leave room for occasional vaccination of others. Local health departments encourage healthy adults to be patient and wait until later to seek vaccination. However, the health department is dependent on the public to accurately indicate whether or not they are in a priority group.

The good news is that each person that gets vaccinated, whether they are in a priority group or not, is one fewer person who is likely to become ill and spread the virus. This benefits **all of us** in the effort to prevent the flu in our families, communities, and workplaces.

Who are included as healthcare and emergency medical services (EMS) personnel?

Healthcare and EMS personnel are defined as all paid and unpaid persons working in health-care settings who have the potential for exposure to patients with influenza, infectious materials, including body substances, contaminated medical supplies and equipment, or contaminated environmental surfaces. This includes (but is not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, housekeeping, maintenance, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP. Emergency medical services personnel might include persons in an occupation (e.g., emergency medical technicians and fire fighters) who provide direct patient care as part of their normal job duties.

Why aren't police included in the priority groups if they are considered first responders?

First responders are not included in the five (5) target groups recommended by the CDC. As first responders, their risk for becoming infected or hospitalized if infected is lower than the target groups identified.

Does my child still fall under the same priority group when it's time for the second dose of H1N1 vaccine?

Yes, persons between the ages of 6 months and 24 years old are one of the five target groups identified by the CDC (ACIP). Furthermore, for children 6 mos through 9 years old, two doses separated by 4 weeks are recommended.

VDOT is one of only three state agencies organized for emergency response. Along with the VSP and the NG, VDOT should be first in line as the vaccine becomes available. What is the planned queue for state agencies?

The 2009 H1N1 influenza virus vaccination program is following CDC guidelines which are to provide vaccination opportunities first to those in the 5 priority groups. Vaccine will be offered to the rest of us after those in the priority groups have had the opportunity to be vaccinated. The only occupational groups in the CDC's 5 priority groups are healthcare and emergency service workers with direct patient contact duties. Those state employees who provide direct patient care as part of their job are among the targets for initial vaccination.

Examples of healthcare and emergency service workers with direct patient contact duties would be a nurse who works in a clinic with pregnant women and an EMT who works with patients being transported to a hospital. Excluded would be a nurse who teaches in a non-clinical setting and a 911 operator.

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Previous Immunity

Should I get vaccinated against H1N1 if I have had flu-like illness since the spring of 2009?

Yes, in most cases.

The symptoms of influenza (flu-like illnesses) are similar to those caused by many other viruses. Even when influenza viruses are causing large numbers of people to get sick, other viruses are also causing illnesses. Specific testing, called “RT-PCR test,” is needed in order to tell if an illness is caused by a specific influenza strain or by some other virus. This test is different from rapid flu tests that doctors can do in their offices. Since most people with flu-like illnesses will not be tested with RT-PCR this season, the majority will not know whether they have been infected with H1N1 flu or a different virus.

Therefore, if you were ill but do not know if you had H1N1 infection, you should get vaccinated if your doctor recommends it.

If you have had H1N1 flu, as confirmed by an RT-PCR test, you should have some immunity against H1N1 flu and can choose not to get the H1N1 vaccine. However, vaccination of a person with some existing immunity to the H1N1 virus will not be harmful.

Any immunity from H1N1 influenza infection or vaccination will not provide protection against seasonal influenza. All people who want protection from seasonal flu should still get their seasonal influenza vaccine.

Are people 65 years and older immune to the H1N1?

The new H1N1 strain of flu virus does not seem to be affecting people 65 years and older in the same way that seasonal flu usually does. Most people who have gotten sick from this new virus have been younger. In fact, people 65 and older are the group that is least likely to get infected with this new virus. There have been relatively few infections and even fewer cases of serious illness and death with this new virus in people older than 65. Laboratory tests on blood samples indicate that older people likely have some pre-existing immunity to the 2009 H1N1 influenza virus. But while people 65 and older are the least likely to be infected with H1N1 flu, those that do become infected are at greater risk of having serious complications from their illness. This puts people 65 years and older in a priority group for receiving antiviral medications when they do become ill.

Is it better for you to get the nasal spray or the shot if you have already had the flu?

Both forms of the vaccine (nasal spray and shot) are safe and effective even if you have already had the flu.

If I had the swine flu/swine flu vaccine in 1976, do I still have to get the swine flu vaccine again?

The 1976 swine flu virus and the 2009 H1N1 influenza virus are different strains of influenza. People vaccinated in 1976 should still be given the H1N1 vaccine.

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Cost/ Insurance

Will the H1N1 influenza vaccine be free to anyone who would like to get one? If not, what is the general cost?

Providers are allowed to charge for vaccine administration. Many health insurance companies will cover this cost. All H1N1 vaccinations done by the local health departments are free.

Will the H1N1 influenza vaccination in a setting such as a pharmacy or a grocery store be covered by private health insurance plans?

Yes, health insurance plans providing coverage for influenza vaccinations will reimburse the administration of H1N1 vaccine provided in a setting if the vaccinator/site has an established contract with that insurer. In addition, many CCVs, including urgent care centers, retail-based clinics, and mass vaccinators, already have contracts in place with health insurance plans that can be used for reimbursement purposes. Appropriately licensed and credentialed CCV and pharmacies who seek reimbursement from health insurance plans should work with national, regional, and local insurance plans in anticipation of H1N1 vaccination.

Who will pay for the administration of the H1N1 influenza vaccine of uninsured or underinsured persons?

Federal funds are being provided to public health authorities to ensure that uninsured or underinsured persons can receive novel vaccine free of charge (see above). Patients without insurance coverage for vaccine may be vaccinated in a private provider's office if they are willing to pay the vaccine administration fee out of pocket, or if the provider chooses to administer the vaccine without charge. Patients who cannot afford to pay a vaccine administration fee are encouraged to seek vaccination through their public health department, mass vaccination clinic, or through a CCV.

Will private providers be able to charge patients for vaccine administration if they are uninsured?

Yes, private providers may charge a fee for the administration of the vaccine to the patient. Should they choose to charge an administration fee, the fee may not exceed the regional Medicare payment rate for seasonal influenza vaccine administration. If the patient is unable to pay, the provider may choose to administer the H1N1 vaccine for free or for a reduced fee. Providers are encouraged to ensure that cost is not a barrier to vaccination.

What do I do if I think I have been over charged to get the H1N1 vaccine?

If you think you have been overcharged for the H1N1 vaccine you can file a complaint with the Department of Consumer Affairs at http://www.vaag.com/CONSUMER/CONSUMER_FRAUD/Consumer_complaints.html#Additional_Questions H1N1 vaccinators in Virginia may charge up to \$19.96 for the administration of the injection or the mist is permissible. Many health insurance companies in Virginia cover the cost of the administration of the vaccine. All H1N1 vaccinations provided by the local health departments are free.

How much has been spent on development and distribution of the H1N1 influenza (flu) vaccine?

In June 2009, Congress appropriated (set aside) \$7.65 billion for H1N1 and other pandemic influenza preparedness and response activities. Of that \$7.65 billion, the Department of Health and Human Services (HHS) has spent or has notified Congress of plans to spend a total of \$6.15 billion. Congress has also been notified that an additional \$241 million will be spent by other United States government departments/agencies. So, Congress has been notified of plans to spend a total of \$6.39 billion of the \$7.65 billion appropriated. HHS is continuing to monitor H1N1 to determine what additional investments will be required.

Of the \$6.15 billion that HHS has spent, or plans to spend, \$1.44 billion has been allocated to states and hospitals to support planning and preparation for a vaccination campaign. Plans for the rest of the \$6.15 billion include:

- *bulk antigen (the key vaccine ingredient),
- *syringes, needles, and other related vaccination supplies,
- *antivirals (drugs that fight viruses),
- *surveillance,
- *laboratory support,
- *vaccination campaign related activities, and
- *other H1N1 response activities.

CDC's initial purchases of bulk antigen and adjuvant (AD-joo-vent) (substance added to aid the effect of the vaccine) occurred in May 2009. They were paid for using existing pandemic preparedness funds that CDC had in hand prior to the June 2009 appropriation. That May 2009 purchase paid for bulk antigen and adjuvant and for some initial dosing and safety clinical trials. That purchase totaled approximately \$1.1 billion.

If I (or my child) have a severe reaction to the H1N1 flu shot or nasal spray vaccine, can I sue for compensation?

If you or your child has a reaction to any of the H1N1 influenza (flu) vaccines, your ability to sue successfully is limited by law.

However, a Federal program has been created to help pay for the medical care and other specific expenses of certain people who have a serious reaction to these vaccines. The program is called Countermeasures Injury Compensation Program. It is run by the Health Resources and Services Administration (HRSA). For more information about this program, you can call 1-888-275-4772.

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Composition

Will the vaccine for 2009 H1N1 flu (also called "swine flu") be the same vaccine in 2010?

Yes, the vaccine for 2009 H1N1 flu will be the same for the entire 2009-2010 influenza season, which extends into the spring of 2010. The "2009" in the name only relates to the year the virus was first identified; it does not have to do with how long the vaccine will work or the year in which it should be administered. The 2009 H1N1 strain is not included in the 2009-2010 seasonal flu vaccine because it was identified after manufacturers had started making the seasonal flu vaccine.

Does the H1N1 influenza vaccine have preservative in it?

Some doses, specifically the multi-dose vials of the injectable vaccine, will have the preservative thimerosal in it. Thimerosal is a mercury-based preservative that has been used for decades in the United States in multi-dose vials (vials containing more than one dose) of some vaccines to prevent the growth of microorganisms, such as bacteria and fungi. For more information on thimerosal: http://www.cdc.gov/h1n1flu/vaccination/thimerosal_qa.htm

The nasal spray H1N1 vaccine (live, attenuated influenza vaccine or "LAIV") does not contain preservatives. Injectable H1N1 vaccine without preservatives is also available in single dose, pre-filled syringes.

Which single-dose injectables of the H1N1 vaccine contain Thimerosal?

None of the single-dosed Influenza A (H1N1) 2009 Monovalent Vaccine contain any Thimerosal or preservative. For more specific information about the composition of any of the vaccines you can go the FDA website or this link <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/QuestionsaboutVaccines/ucm186102.htm>

Will the vaccine contain adjuvant?

No. The LAIV (nasal mist) and inactivated (injectable) H1N1 vaccine currently being released in the United States has no adjuvant.

Will this vaccine protect me from the seasonal flu?

No. This vaccine only protects against the H1N1 strain of influenza. To be protected from the seasonal flu, it is important for you to receive a seasonal vaccination.

How is the H1N1 influenza vaccine different from the seasonal flu vaccine?

Each year, the seasonal flu vaccine contains three flu strains that are selected based on forecasts about what viruses are most likely to cause illness in the coming season. For vaccine to be delivered in time for vaccination to begin prior to the start of the flu season, manufacturers begin production in January.

Although, the H1N1 flu was not identified in time for inclusion in this year's seasonal vaccine, it is being produced using the same manufacturers, processes, and testing as the seasonal flu vaccine. The difference is that it only contains one strain (A/California/7/2009(H1N1)pdm) of the flu virus. <http://www.cdc.gov/flu/professionals/vaccination/virusqa.htm>

Where are the vaccines for H1N1 influenza (flu) being produced?

The location of production for each of the currently licensed H1N1 vaccines is as follows:

- * MedImmune. The bulk vaccine is made in England (near Liverpool) and filled in the United States (PA).
- * Novartis. The multidose vial vaccine is made in England (near Liverpool), and the prefilled syringe bulk vaccine is made in England (near Liverpool) and filled in Italy (Rosea).
- * CSL. The bulk vaccine is made in Australia (near Melbourne) and filled in Germany (Marburg) and the United States.
- * Sanofi Pasteur. The vaccine is manufactured and packaged in the United States (Pennsylvania).
- * GlaxoSmithKline's (GSK) H1N1 vaccine has recently been approved for use, the bulk will be made in Canada (near Quebec City) and filled either in Canada or the United States.

IDBiomedical and GSK merged. They are the same manufacturer.

Regardless of where the H1N1 vaccine is produced or filled, the process is closely monitored by the United States Food and Drug Administration (FDA).

What generally makes up the H1N1 influenza virus vaccines?

The H1N1 vaccines are manufactured using the same approved processes used to produce the seasonal influenza vaccines. Ingredients used during the manufacture of influenza vaccines can include substances to help prevent bacterial contamination, to inactivate or “kill” the viruses, and stabilizers to prevent the vaccine from changing. These ingredients vary among the several formulations (inactivated injectable and live, attenuated “nasal mist”). For example, vaccines that are packaged in multi-dose vials use a preservative to prevent contamination, but LAIV vaccine has no preservatives.

The H1N1 influenza vaccines are made from a single influenza virus strain that is an A/California/7/09-like virus. For the injectable vaccines, or “shots”, the virus is inactivated, using the same processes the manufacturers use for seasonal influenza vaccines. The vaccine administered via nasal spray contains a live, attenuated virus.

People who have a severe (life-threatening) allergy to chicken eggs, or to any other substance in the vaccine, should not be vaccinated. For more in-depth information about vaccine ingredients see: www.fda.gov/BiologicsBloodVaccines/Vaccines/QuestionsaboutVaccines/ucm186102.htm

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Administration

Who should not get the H1N1 flu vaccine?

There are some people who should not get any flu vaccine without first consulting a physician. These include:

- People who have a severe allergy to chicken eggs.
- People who have had a severe reaction to an influenza vaccination.
- People who developed Guillain-Barré syndrome (GBS) within 6 weeks of getting an influenza vaccine previously.
- Children younger than 6 months of age (influenza vaccine is not approved for this age group), and
- People who have a moderate-to-severe illness with a fever (they should wait until they recover to get vaccinated.)

Can the seasonal flu shot and the H1N1 flu shot be given at the same time?

Seasonal and H1N1 flu shots can be given on the same day but should be given at different sites (e.g., one shot in the left arm and the other shot in the right arm). However, a person cannot get the seasonal and H1N1 nasal sprays on the same day; they should be given 4 weeks apart.

Can I get the vaccines in the same arm?

If more than one vaccine is administered on the same day, it is preferred to administer each at a different anatomic site – for example, one vaccination in the right arm and one in the left. However, if more than one vaccine is administered in the same limb (i.e., arm or leg), the injection sites can be separated by 1-2 inches. Since the vaccine doses are 0.5 mL, two intramuscular (IM) vaccines into the same muscle would not exceed any suggested volume ranges for either the thigh or the arm.

Can I get the vaccine if I currently have a cold of some type?

Yes. If you have a mild cold or other illness, there is usually no need to wait. If you are moderately or severely ill, you might be advised to wait until you recover before getting the vaccine.

If a person has the flu (presumably novel H1N1), how long do they need to wait until they get the H1N1 vaccination?

There is no special waiting period. People who are moderately or severely ill with any illness are generally advised to wait until they recover. People who have influenza-like illness should stay home until they have been fever-free for a full 24 hours without using fever-reducing medication (ex. Tylenol).

Does the flu vaccine work right away?

No. It takes about two weeks after vaccination for antibodies to develop in the body and provide protection against influenza virus infection. In the meantime, you are still at risk for getting the flu so you should always practice good hand hygiene and use other methods to reduce your risk of infection.

If a child under the age of 9 years is getting influenza vaccine for the first time and requires 2 doses, does the same type of vaccine (shot or nasal spray) have to be used for both doses?

When feasible, the same type of vaccine (live attenuated or inactivated) should be used in a two dose schedule, but mixed schedules are preferable to not completing the series. A 28 day interval between doses is recommended, but 21 days is acceptable.

How long do you have to wait before you can get the vaccine if you are taking Tamiflu?

Antiviral drugs can be taken with the inactivated (i.e. killed) flu vaccine. A wait time of two weeks is recommended if receiving the LAIV (live, attenuated influenza vaccine or “nasal mist”). Antiviral drugs taken from 48 hours before through 2 weeks after getting LAIV can lower or prevent the vaccinated person from responding to the vaccine and the person may not get immune protection from the vaccine. <http://www.cdc.gov/h1n1flu/antiviral.htm>

Will antiviral medication interfere with the H1N1 vaccination?

It depends on which type vaccination you receive. After receipt of the LAIV, antiviral medications should be avoided for up to two weeks in order for the vaccine to be effective. But after receipt of the inactive vaccine, antiviral medicines can be taken at any time.

Can you get H1N1 vaccination if you are on antibiotics?

Yes. You can receive H1N1 vaccine if you are on antibiotics.

I want to volunteer to help give H1N1 vaccinations. Who do I contact?

You should contact either your local health department or your local Medical Reserve Corps. You can find contact information for your local health department on the Virginia Department of Health’s website at www.vdh.virginia.gov. Information about the Medical Reserve Corps is available at www.vdh.virginia.gov/mrc/

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Flumist

What is the nasal spray flu vaccine?

The nasal spray flu vaccine (sometimes called LAIV) is a vaccine made with live, weakened viruses that cannot grow at normal body temperature and is given via a nasal sprayer. This vaccine was approved for seasonal influenza viruses in 2003 and tens of millions of doses of the vaccine have been given in the United States.

Who should get the H1N1 nasal spray (LAIV) influenza vaccine?

The nasal spray (LAIV) is approved for people from 2 through 49 years of age who are not pregnant and do not have certain health conditions (see conditions listed in the next question below). Groups recommended to receive nasal spray first are healthy people who are:

- 2 through 24 years of age,
- 25 through 49 years of age and
 - live with or care for infants younger than 6 months of age, or
 - are health care or emergency medical personnel.

As more vaccine becomes available, other healthy 25 through 49 year olds should also be vaccinated. Children through 9 years of age should get **two doses** of vaccine, about a month apart. Older children and adults need only one dose.

Who should NOT get the H1N1 (LAIV) nasal spray influenza vaccine?

People who have a severe (life-threatening) allergy to eggs, or any other substance in the vaccine, should not get the H1N1 live, attenuated intranasal vaccine (LAIV) (nasal spray vaccine).

The H1N1 nasal spray vaccine should also not be given to:

- children younger than 2 and adults 50 years and older
- pregnant women
- anyone with a weakened immune system
- anyone with a long-term health problem such as
 - heart disease
 - lung disease
 - asthma
 - kidney or liver disease
 - metabolic disease such as diabetes
 - anemia and other blood disorders
- children younger than 5 years with asthma or one or more episodes of wheezing during the past year,
- anyone with certain muscle or nerve disorders (such as cerebral palsy) that can lead to breathing or swallowing problems,
- anyone in close contact with a person with a *severely* weakened immune system (requiring care in a protected environment, such as a bone marrow transplant unit),
- children or adolescents on long-term aspirin treatment.

If you are moderately or severely ill, you might be advised to wait until you recover before getting the vaccine. If you have a mild cold or other illness, there is usually no need to wait.

Tell your doctor if you ever had:

- a life-threatening allergic reaction after a dose of seasonal flu vaccine,
- Guillain-Barré (*geeyan barray*) syndrome (a severe paralytic illness also called GBS).

These may not be reasons to avoid the vaccine, but your doctor can help you decide.

How is the H1N1 nasal spray vaccine different from the seasonal nasal spray vaccine?

The H1N1 nasal spray vaccine is being made in the same way as the seasonal nasal spray vaccine, but instead of containing three weakened live flu viruses, it only contains weakened novel H1N1 virus. (That is why it is called a “monovalent” vaccine.). The recommendations for who can get the H1N1 nasal spray vaccine are the same as for seasonal nasal spray vaccine. The nasal spray vaccine is recommended for use in healthy people 2 years to 49 years of age who are not pregnant.

Can the H1N1 nasal spray vaccine and the seasonal nasal spray vaccine be given at the same time to the same person?

No. The seasonal nasal spray vaccine and the H1N1 nasal spray vaccine should not be given at the same time. This is because the nasal spray vaccines might not be as effective if given together. It is fine to receive the H1N1 nasal spray at the same time as the seasonal influenza (flu) shot, or the seasonal flu shot at the same time as the H1N1 nasal spray vaccine.

What is the interval of time needed between seasonal nasal spray and H1N1 nasal spray?

There should be 4 (four) weeks between seasonal nasal spray (LAIV) and H1N1 nasal spray (LAIV).

What side effects are associated with the nasal spray flu vaccine?

In children, side effects can include runny nose, headache, wheezing, vomiting, muscle aches, and fever. In adults, side effects can include runny nose, headache, sore throat, and cough. Fever is not a common side effect in adults receiving the nasal spray flu vaccine.

Can the nasal spray flu vaccine give you the flu?

Unlike the flu shot, the nasal spray flu vaccine does contain live viruses. However, the viruses are attenuated (weakened) and cannot cause flu illness. The weakened viruses are cold-adapted, which means they are designed to only cause infection at the cooler temperatures found within the nose. The viruses cannot infect the lungs or other areas where warmer temperatures exist. Some children and young adults 2 years to 17 years of age have reported experiencing mild reactions after receiving seasonal nasal spray flu vaccine, including runny nose, nasal congestion or cough, chills, tiredness/weakness, sore throat and headache. Some adults 18 years to 49 years of age have reported runny nose or nasal congestion, cough, chills, tiredness/weakness, sore throat and headache. These side effects are mild and short-lasting, especially when compared to symptoms of influenza infection.

Does the vaccine include Thimerosal?

The nasal spray (LAIV) version of the influenza vaccine does not include thimerosal. Some formulations of the shot (multi-dose vials) do include thimerosal, a preservative that includes a small amount of mercury.

How many doses of nasal spray vaccine are needed?

In adults, only one dose of H1N1 vaccine, including the H1N1 nasal spray vaccine, is needed for protection.

All children 2 through 9 years of age getting a H1N1 vaccine will need two doses of novel H1N1 vaccine (either the novel H1N1 flu shot or the H1N1 nasal spray vaccine). The first dose should be given as soon as vaccine becomes available. The second dose should be given 28 or more days after the first dose. The first dose "primes" the immune system; the second dose provides immune protection. Children who only get one dose of vaccine when they need two doses may have reduced or no protection. Be sure to follow up to get your child a second dose if they need one. It usually takes about two weeks after the second dose for protection to begin.

Can the nasal spray flu vaccine be given to patients when they are ill?

The nasal spray flu vaccine can be given to people with minor illnesses (e.g., diarrhea or mild upper respiratory tract infection with or without fever). However, if nasal congestion is present that might limit delivery of the vaccine to the nasal lining, then delaying of vaccination until the nasal congestion is reduced should be considered.

Can people receiving the nasal spray flu vaccine pass the vaccine viruses to others?

In clinical studies, transmission of vaccine viruses to close contacts occurred only rarely. The current estimated risk of getting infected with vaccine virus after close contact with a person vaccinated with the nasal-spray flu vaccine is low (0.6%-2.4%). Because the viruses are weakened, infection is unlikely to result in influenza illness symptoms since the vaccine viruses have not been shown change into typical or naturally occurring influenza viruses.

Does my child need to stay home for 48 hours after getting the nasal spray vaccine?

No. There is no activity or other restrictions on children receiving the nasal spray vaccine.

Can contacts of people with weakened immune systems get the nasal-spray flu vaccine?

People who are in contact with others with severely weakened immune systems when they are being cared for in a protective environment (for example, people with hematopoietic stem cell transplants), should not get the nasal spray vaccine, including the H1N1 nasal spray vaccine if they will come into contact with the severely immunocompromised person within 7 days of vaccination. People who have contact with others with lesser degrees of immunosuppression (for example, people with diabetes, people with asthma taking corticosteroids, or people infected with HIV) can get the nasal spray vaccine. We recommend that you speak with the physician/personal health care provider of the immunocompromised person for guidance in your decision making process.

Can health care providers get the live attenuated influenza vaccine?

Yes. LAIV is a very good option for most health care providers who are healthy, younger than 50 years old, and not pregnant. However, health care providers should not get LAIV if they are providing medical care for patients who require special environments in the hospital because they are profoundly immunocompromised (e.g., those who work in bone marrow transplant units). Although no immunocompromised patient has been shown to be harmed by use of LAIV among health care workers, the recommendation against the use of LAIV in health care workers with this type of patient contact is intended as an extra precaution for fragile immunocompromised patients. Health care workers with this type of patient contact can get LAIV, but if they do, they

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should wait 7 days after being vaccinated before returning to duties that include care of severely immunocompromised patients in special environments.

Can health care workers who cannot receive the nasal spray vaccine (e.g., pregnant women, older adults, persons with chronic medical conditions) administer this vaccine to others?

Yes. Health care workers who cannot get the nasal spray vaccine themselves can administer the vaccine to others.

Can the nasal spray flu vaccine be given at the same time as other vaccines?

The nasal spray flu vaccine can be given at the same time or around the same time as an inactivated (killed) vaccine or any other live vaccine except for the seasonal nasal spray vaccine. (The seasonal nasal spray vaccine and the H1N1 nasal spray vaccine should not be given at the same time.) The novel H1N1 flu shot (inactivated H1N1 vaccine) can be given at the same visit as any other vaccine, including pneumococcal polysaccharide vaccine.

Can the nasal spray flu vaccine be used together with influenza antiviral medications?

If a person is taking an influenza antiviral drug (including Tamiflu® or Relenza®, then the nasal spray flu vaccine should not be given until 48 hours after the last dose of the influenza antiviral medication was given. If a person takes antiviral drugs within two weeks of getting the nasal spray flu vaccine, that person should get revaccinated. (The antiviral drugs will have killed the vaccine viruses that are supposed to cause the immune response against those viruses.)

Who makes the nasal spray vaccine?

The nasal spray vaccine for use in the United States is being made by MedImmune, the same company that makes the seasonal nasal spray vaccine called “FluMist®.” The H1N1 nasal spray vaccine is being made using the same manufacturing process that has been used since 2003 to make the seasonal nasal spray vaccine.

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Vaccine Providers

Administration

Can H1N1 vaccines be used outside the age range approved by the Food and Drug Administration?

Vaccines should be administered in accordance with FDA-approved labeling. However, the FDA recently approved the use of the CSL Limited's 2009 H1N1 influenza vaccine to include children ages 6 months and older. This vaccine was previously approved only for use in adults, ages 18 years and older.

FluMist® (LAIV) should not be used outside the approved age indications (ages 2 years through 49 years). Inactivated influenza vaccines should not be given to infants younger than 6 months.

Is there a standardized consent form that is available for the novel H1N1 vaccine?

Consent forms are not required. Providing a Vaccine Information Statement (VIS) prior to receipt of the vaccine IS required. The VISs are available on our website under Resources (<http://www.vdh.virginia.gov/epidemiology/immunization/h1n1reg.htm>). There is one each for LAIV (nasal spray) and the inactivated, injectable vaccine.

For external (non-VDH) providers, templates are available through the CDC, modeled on school clinics that private providers and companies may wish to adapt if they choose to use consent forms:

<http://www.cdc.gov/h1n1flu/vaccination/slv/relatedmaterials.htm>

There are separate templates for LAIV and the inactivated, injectable vaccine

VDH has made available consent forms for internal use only (within VDH) for use in K-12 school clinics. (These forms are available at the following link, scroll to the bottom of the page <http://vdhdev3.vdh.state.va.us/support/index.html>)

Who can administer a novel H1N1 vaccination?

Licensed pharmacists, registered nurses, or licensed practical nurses under the direction and immediate supervision of a registered nurse, when a licensed practitioner is not physically present are now authorized to administer both the seasonal and H1N1 vaccine to minors without a prescription. This authorization was passed by the 2009 General Assembly and became effective on July 1, 2009.

They, like all vaccine providers, are required by law to provide a copy of the most current CDC **Vaccine Information Statement (VIS)** to the child's parent/legal guardian, and are required to screen for any conditions that may interfere with the vaccine. *(Updated 10/27/09)*

Registration and Ordering

Where is the vaccine I ordered? (Updated November 6, 2009)

As a result of manufacturing delays, the amount of H1N1 vaccine currently available to Virginia is less than anticipated. There are and will continue to be delays in vaccine availability.

If you are not a physicians' office, it is most likely that vaccine has not been ordered for you yet. In addition, a few physician offices that recently applied to be vaccinators have not received vaccine yet. Providers that have received a partial order will be receiving the remainder of their order as soon as the vaccine is available. As more vaccine becomes available, it will be shipped to all providers. You will receive an email message when vaccine has been ordered for you so that you can be alert for delivery over the following 3 to 7 days.

What is required to become a Vaccination Site?

A provider/facility must meet several criteria. They must agree to the terms and conditions outlined in the Provider Agreement and the Provider Profile which can be found on the upcoming registration website (<http://www.vdh.virginia.gov/H1N1prereg>). They also have to have a prescribing official (e.g. M.D., D.O.) and adequate vaccine storage capacity. They must report vaccine doses administered via the Virginia Immunization Information System (VIIS). If you wish to use your existing electronic medical record instead of VIIS, you may call VDH at (804) 864-8060 to discuss options for exporting your data into VIIS (your data will need to conform to VIIS standards for this to be a viable option).

Can Nurse Practitioners set up administration sites independent of an MD or DO?

No. Though nurse practitioners are prescribing providers, under the Code of Virginia, however they can only do so if it is within the protocol of a supervising physician. Under new guidelines effective July 1, 2009, both seasonal and H1N1 vaccines may be given to minors by licensed professionals other than a physician. See the question below. *(Updated 10/27/09)*

How will I order vaccine?

Registered providers will be notified via email when vaccine is ready to be ordered. The vaccine order form will be available on the website prior to vaccine distribution.

What types of providers can administer the novel H1N1 vaccine?

Any public or private provider who is designated as a novel H1N1 vaccinator by the public health authority in the jurisdiction where they practice can participate in the novel H1N1 vaccination program. In addition to physicians, private providers may include commercial community vaccinators (CCV) such as pharmacies, retail-based clinics, urgent care centers, and medical services firms. Public providers may include state and local health departments and Health Centers (HCs), including any federally qualified health center (FQHC) whether public or private.

To become a designated novel H1N1 vaccinator, go to the VDH website at www.vdh.virginia.gov. It is not necessary to be a registered Vaccines for Children (VFC) provider in order to participate in the novel H1N1 vaccination program.

Will private providers be required to administer vaccine to individuals who are not currently their patients?

No. Private providers are not required to vaccinate individuals who are not their patients. Providers should refer these individuals to the local health department or to another facility where vaccine is available.

How will vaccine be allocated and distributed?

Vaccine will be shipped directly to vaccination sites from a national vaccine distributor. Providers will also receive ancillary clinical supplies directly from the distributor. VDH expects regular shipments of vaccine. Ultimately, there should be an adequate supply of vaccine for all persons requesting vaccination. If a limited shipment is received initially, VDH will direct vaccine to those providers most likely to vaccinate persons in the priority groups.

How will the vaccine be packaged?

Vaccine is being produced by five manufacturers, will be available in both preservative-free and preservative-containing formulations. The injectable preservative-containing formulation will be available in multi-dose vials. Preservative-free formulations will be available in single-dose pre-loaded syringes and as an attenuated live-virus vaccine administered intra-nasally (i.e., Flumist).

What other clinic supplies will be provided?

A national distributor will provide needles, syringes, alcohol swabs, sharps-containers and personal immunization record cards. Vaccination sites will automatically receive these supplies (no additional order is necessary). The amount of supplies will correspond to the amount of vaccine shipped to each provider. Providers will receive the vaccine and other supplies in separate shipments, not necessarily on the same day.

Will providers be able to charge for the vaccine and its administration?

Providers cannot charge for the vaccine but they may charge a fee for the administration of the vaccine to the patient, the patient's health insurance plan or another third-party payor. The Virginia Department of Medical Assistance Services (DMAS) and its managed-care organizations will cover the cost of administering H1N1 vaccine at \$11/dose (Medicaid) and \$19.96/dose (Medicare). The process used by providers for reimbursement will not change. Providers with questions should contact the DMAS Helpline (in-state: 1-800-552-8627 or out of state: 804-786-6273).

What must vaccine providers, particularly those caring for children, do to legally provide vaccine to non-established patients (e.g., parents of a child who is a patient of the practice)?

A provider must follow current standards of practice including assessment and consent and meet the protocols and procedures of the regulatory board relevant to the provider. A physical examination may not be needed. For more information see Virginia Code § 54.1-3303.

What is the liability protection for providers who vaccinate with novel H1N1 vaccine or use Tamiflu or Relenza for H1N1 treatment/prophylaxis?

Protection comes in two basic legal forms: (a) immunity, and (b) liability insurance. Liability insurance provides a defense and indemnification for damages in the event of a suit. Liability insurance will likely already exist through the provider's employer

Does immunity or liability coverage, cover all errors or problems?

Willful misconduct or criminal acts or Workers' Compensation coverage is not included in this immunity or liability coverage. Workers' Compensation is provided by the employer for disease or injury sustained within the course and scope of employment. The immunity and liability provisions are also unlikely to cover premises liability.

Is there any liability involved in administering the vaccine?

Routine medical malpractice/liability insurance is recommended for those who are administering vaccines. Under authority from the Public Readiness and Emergency Preparedness (PREP) Act, the Health and Human Services (HHS) Secretary has issued a declaration that gives providers immunity from tort liability (except for willful misconduct) from claims of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined by the Secretary to constitute a present, or credible risk of a future public health emergency to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures such as the H1N1 influenza vaccine. More information is available at

www.hhs.gov/disasters/discussion/planners/prepact/index.html

We encourage non-traditional sites/providers to discuss vaccination with your local health department or with a community vaccinator group.

Who will distribute the H1N1 vaccine to registered providers?

Novel H1N1 vaccine will be distributed by CDC's contractor for centralized distribution, McKesson Specialty and, in Virginia, for smaller orders, by GIV.

What is the process for the distribution of the H1N1 vaccine?

Novel H1N1 vaccine distribution will be a health department managed process similar to the process for the Vaccines for Children (VFC) Program. The distribution process for novel H1N1 vaccine builds on the existing mechanism for shipping vaccine to VFC providers. Vaccine orders will be submitted by Project Area health departments on behalf of vaccine providers. These orders will be transmitted to CDC and will be processed and forwarded to distributors. The distributors, in turn will ship vaccine directly to the end user. The centralized distribution contract for the VFC program has been supplemented to provide for novel H1N1 vaccine distribution and distribution of ancillary supply kits.

How long will it take for vaccine to arrive once I place my order?

The shipping timelines for novel H1N1 vaccine are approximately 3 to 7 days.

What should project areas expect with respect to frequency of vaccine shipments?

Vaccine will be shipped as it becomes available, taking into account state allocations and orders. The process will be modeled after that utilized by immunization programs to order seasonal influenza vaccine off the federal contract, except for the shipment timeline, which is not yet finalized. Details about CDC's ordering/allocation process for seasonal influenza are described in the all-grantee message sent to immunization program grantees on 8/11/2009 (Grantee message for allocation).

Can vaccine be sent to one address and ancillary supply kits to another address?

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Because of logistical considerations, vaccine and ancillary supply kit orders cannot be shipped to different addresses.

Are there special vaccine storage and handling requirements for the H1N1 vaccine?

The storage and handling requirements for H1N1 vaccine are similar to those for the seasonal influenza vaccine. Complete storage and handling information can be found at <http://www.cdc.gov/vaccines/recs/default.htm#storage> .

What is the size of storage volume for each product type?

CDC will communicate the corresponding storage volume of 100 dose increments of each product type as soon as that information becomes available.

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VIIS

What is the Virginia Immunization Information System (VIIS) and how will it be used in conjunction with H1N1?

VIIS is the statewide immunization registry system for people of all ages. It is a secure and confidential web based system that is available for use to health care professionals throughout the state. VIIS is expected to be used for reporting H1N1 doses administered for accountability purposes.

As a private provider, do I have to use VIIS for H1N1?

It has been determined that all providers giving H1N1 vaccine who have internet access will enter data into the registry. VIIS is free to all users, but you must register with VDH.

What are the advantages to me from using VIIS?

First, some of the fields will be pre-populated to save time. This system also allows us to track novel H1N1 vaccine doses administered and it allows automated sending of reminder notices to patients due for vaccination. It provides definitive immunization records on your patients and allows visualization of your patient's vaccination history, including vaccines that your patient received from other participating providers. Lastly, it provides auto-populated patient immunization forms for school and day care enrollment.

What time frame is acceptable between vaccine administration and data entry into VIIS?

Five days. Paper forms will be available online for providers who want to delay entry into VIIS.

What are the necessary steps for signing up for VIIS?

- 1.) Please visit the VIIS homepage at:
<http://www.vdh.virginia.gov/epidemiology/immunization/viis/index.htm>
- 2.) Fill the VIIS Registration Forms and send back to VDH
- 3.) Complete the training, either recorded webinar or self-paced modules for either H1N1 training or full VIIS training.
- 4.) Send training confirmation back to VDH
- 5.) VDH will provide you access by providing you with an org code, user name, and password to access the system.

I am unsure on who needs to sign these forms and/or how to fill them out?

The individual that will be the assigned VIIS administrator is who should be signing off on each of the forms. Each administrator must sign each form. VIIS Administrators are the main point of contact between their organization and VDH. They are also responsible for creating user accounts for other users within the organization. The organization/vender registration page must be filled for each site if a multi-site organization.

Does the medical provider have to be the VIIS administrator; do they have to sign the VIIS forms?

No, it is recommended that the point of contact(s) be the VIIS administrator(s). The role of the VIIS administrator is to be the point of contact for VDH, create user accounts for any other individuals needing access to VIIS, and monitor their activity.

I do not have a medical license number, can I still be the VIIS administrator and give my provider's MLN?

Yes, you can give the medical license number for the provider.

I am trying to complete the VIIS training and it is requiring an org code, username, and/or password, it won't let me continue without it, what do I do?

Both the self-paced and recorded webinar sessions do not require an org code, username, and/or password. The training sessions are a view only, not interactive.

I have completed the training but it did not automatically submit a confirmation at the end, where do I go to send my training confirmation?

You can visit the VDH homepage to send email confirmation or you can send it directly to the site below. We only need training confirmation from the point of contact or the VIIS administrator.

<http://www.vdh.virginia.gov/epidemiology/immunization/viis/index.htm>

Scroll to the bottom for the link to send **confirmation**.

What does using VIIS mean and how long does it take?

There are three steps involved in using VIIS:

- Entering your inventory (time varies with size)
- Searching for an existing client in VIIS and entering the vaccine (1-1 ½ minutes)
- Registering your new patient and entering the vaccine (1 ½-2 minutes)

Will I have to register every patient in VIIS?

No, VIIS is populated by the birth certificate information from Vital Records. To date, over 4.6 M clients are entered in VIIS.

What are the minimum data fields in VIIS to complete?*

Patient data: First and Last Name, Date of Birth

Immunization data: Date of Administration and Vaccine Group

Inventory data: Trade Name, Manufacturer, Lot Number, Dose Size, Expiration Date and Funding Program (Private or Public) and Quantity

Inventory information is entered per lot and not per patient.

*Adding more information will help greatly in reducing the number of duplicate clients.

What ages of patients are included in VIIS?

VIIS is for clients of any age.

Can I use VIIS for adding other immunizations that the patient receives?

Yes, VDH contacts you to find out if you want to use VIIS for all vaccines.

What things can I get back from VIIS?

- Recommends age-appropriate vaccines for each client
- Prints an Official Immunization Report that can be used by schools, daycare centers and camps
- Produces Reminder/Recall reports for notifying parents
- Serves as an inventory management tool for more efficient record keeping and produces numerous inventory reports
- Produces various other reports including those relating to VFC Accountability

Who is going to train me to use VIIS?

Training sessions are available from the Central Office of VDH. These include recorded webinar sessions and self-paced modules for both H1N1 tracking and full system training. Training can be found at the site below:

<http://www.vdh.virginia.gov/epidemiology/immunization/viis/index.htm>

Scroll down to the "H1N1 Novel Influenza Training" section

Who is going to run these reports?

The Central Office of VDH will run all reports necessary for CDC.

Is there a deadline for getting the H1N1 doses administered data into VIIS?

VDH recommends trying to get the data into VIIS by every Monday of the week.

How will I be receiving my account information to access VIIS?

If you have completed the forms and the training, you should be receiving access to VIIS in a 2 part email. The first email will contain the org code and username. The next email will come 24 hours later with your password, also known as security code. Due to an overwhelming number of organizations enrolling in VIIS, please give us a few days to process your accounts. If you are still unsure, you can email us at H1N1VACCINE@vdh.virginia.gov

I received my account information (org code, username, password) for VIIS, what is the web address for the system?

<https://viis.vdh.virginia.gov>

Steps for H1N1 Registering and Ordering

1. Go to: <http://www.vdh.virginia.gov/epidemiology/immunization/h1n1reg.htm>

You can print instructions towards the bottom of the page before clicking on the "Provider Profile and Provider Agreement for H1N1 Vaccine Administration Sites" link

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2. Click on "Provider Profile and Provider Agreement for H1N1 Vaccine Administration Sites" link and enter your point of contact (POC) email address from pre-registration twice to log in.
3. Click on the number to the left of your site name. Be sure to fill in all fields marked with a red asterisk (keep scrolling on the page as information is populated from pre-registration). This is a time sensitive page and be sure to fill all required fields as the system does not alert you to anything that was missed. You can provide estimate numbers for the patient population questions.
4. Log in again with your POC email and click on the Agreement link. The check box is your electronic signature; you can also print the agreement for your records. Hit submit and wait 10 minutes.
5. Log in a third and final time. This time you will be able to place your order by clicking on the link to the right of the Zip code. Be sure to order for the entire flu season.

public health departments and bill insurance for vaccine administration for the same patient.

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Payment

Can vaccination providers charge or bill for the novel H1N1 vaccine?

No. Novel H1N1 influenza vaccine and ancillary supplies (syringes, needles, sharps containers, and alcohol swabs) have been purchased by the federal government and provided free of charge to all providers participating in this voluntary vaccination effort. Therefore, it will not be permissible to charge for the novel H1N1 vaccine itself.

Can vaccination providers charge or bill for administration of the novel H1N1 vaccine to patients?

Yes. While every effort is being made to ensure that cost is not a barrier for patient receipt of vaccine, providers may charge or bill for vaccine administration.

Will private health insurance plans reimburse private providers for administration of 2009 H1N1 vaccine?

This is up to each individual health plan, but the general expectation is that plans will reimburse for vaccine administration.

What Current Procedural Terminology (CPT) codes are available for submitting a claim for administration of novel H1N1 vaccine to a private health insurance plan?

The currently established CPT code for novel H1N1 vaccine is 90663 (influenza virus vaccine, pandemic formulation, H1N1). This code may be reported in conjunction with the unique CPT code for H1N1 vaccine administration: 90470, H1N1 immunization administration (intramuscular, intranasal), including counseling when performed. Providers should follow instructions provided by the health plans with whom they contract related to billing for novel H1N1 vaccine administration.

Will Medicare FFS pay private providers for administration of 2009 H1N1 vaccine?

It is expected that persons aged 10 and over only require one dose of novel H1N1 vaccine. However, multiple administration fees will be covered for Medicare beneficiaries requiring multiple doses of H1N1 vaccine.

What type of cost-sharing for novel H1N1 vaccine administration will be imposed on Medicare FFS beneficiaries?

For Medicare FFS beneficiaries, co-insurance and deductible requirements are not applied to influenza vaccine administration, including novel H1N1.

How much will Medicare FFS pay for administration of novel H1N1 vaccine?

Medicare FFS will reimburse the administration of novel H1N1 influenza vaccine at the same rate that is paid for administration of seasonal influenza vaccine, for each dose administered.



What codes should be used when submitting a claim for novel H1N1 vaccine administration to Medicare FFS?

CMS has established two new Healthcare Common Procedure Coding System (HCPCS) codes for novel H1N1 vaccine and vaccine administration: G9141- Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family), and G9142- Influenza A (H1N1) vaccine, any route of administration.

Providers may elect to submit the HCPCS code for the 2009 H1N1 vaccine along with the vaccine administration code. However, since Medicare FFS will not provide payment for the novel H1N1 vaccine itself, only the vaccine administration code is required for payment.



What is Medicaid's role in novel H1N1 vaccine administration?

CMS recently issued guidance to States outlining existing Medicaid and CHIP authorities available to States for the administration of novel H1N1 vaccine. States should consult the guidance at the following link to address concerns that may arise regarding Medicaid and 2009 H1N1 vaccine administration:

<http://www.cms.hhs.gov/SMDL/SHO/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS1228935&intNumPerPage=10>  

Will the VA cover administration of novel H1N1 vaccine for Veterans eligible for VA health care benefits?

Yes, the VA will provide the novel H1N1 vaccine to Veterans who are enrolled in the VA health care system. There will be no charge to eligible Veterans for administration of H1N1 vaccine. Veterans seeking the H1N1 vaccine but currently not enrolled in VA health care can apply for enrollment at their closest VA health care facility, or online at:

<https://www.1010ez.med.va.gov/sec/vha/1010ez/>  

Will TRICARE cover administration of novel H1N1 vaccine for its beneficiaries?

Yes, TRICARE will cover the novel H1N1 vaccine for TRICARE beneficiaries. This coverage applies to beneficiaries served both in Military Treatment Facilities and in private provider offices that are authorized to treat TRICARE beneficiaries.

What type of cost-sharing for novel H1N1 vaccine administration will be imposed on TRICARE beneficiaries?

Cost-sharing for 2009 H1N1 vaccine administration will be similar to cost-sharing for other vaccines covered by TRICARE. This cost-sharing may vary depending on what type of TRICARE coverage the beneficiary has. TRICARE beneficiaries should consult their benefits guide for cost-sharing information.

What codes should be used when submitting a claim for administration of novel H1N1 vaccine to TRICARE?

The currently established CPT code for novel H1N1 vaccine is 90663 (influenza virus vaccine, pandemic formulation, H1N1). This code may be reported in conjunction with the unique CPT code for H1N1 vaccine administration: 90470, H1N1 immunization administration (intramuscular, intranasal), including counseling when performed. Providers should follow instructions provided by the health plans with whom they contract related to billing for novel H1N1 vaccine administration.

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CMS has established two new HCPCS codes for novel H1N1 vaccine and vaccine administration: G9141- Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family), and G9142- Influenza A (H1N1) vaccine, any route of administration.

Will screening of children for VFC eligibility be required prior to administration of novel H1N1 vaccine?

No.

Will administration of novel H1N1 vaccine to eligible tribal members be covered by IHS?

Yes, the IHS will cover administration of the novel H1N1 vaccine to tribal members who are eligible for IHS health care benefits. There will be no charge to eligible tribal members for administration of novel H1N1 vaccine.

Are CCV who have not contracted with a public health department to provide staff or to run a public health vaccination clinic permitted to administer novel H1N1 vaccine?

Yes, a CCV can act as a private provider as long as the CCV has been designated as a novel H1N1 vaccinator by the jurisdiction in which it operates. If a CCV organizes a clinic outside of a contract with the public health department to provide staff or to run the vaccination clinic, the CCV may charge patients or bill insurance to recoup the costs of vaccine administration.

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Disposal

How should I dispose of unused or expired H1N1 vaccine?

During the 2009-10 flu season, unused or expired H1N1 vaccine products may not be returned to the distributor. Instead, providers are responsible for disposing of them. To dispose of these materials appropriately, you need to know if they are either hazardous waste or infectious waste or both or neither. Those that are neither are considered industrial solid waste (normal trash). Proper disposal of vaccines is everyone's responsibility to protect our environment.

Where to Dispose of H1N1 Vaccine, Vials, and Syringes

H1N1 Waste Items	Type of Waste	Where to Dispose
<ul style="list-style-type: none"> • Empty vials • Empty syringes without needles 	Non-infectious and non-hazardous	<ul style="list-style-type: none"> • Normal trash
<ul style="list-style-type: none"> • Empty syringes with needles 	Infectious only (non-hazardous)	<ul style="list-style-type: none"> • Sharps container
<ul style="list-style-type: none"> • Multi-dose vials containing H1N1 vaccine • Pre-filled syringes containing Fluviron vaccine by Novartis 	Non-infectious and hazardous	<ul style="list-style-type: none"> • Hazardous waste container and management. • May be disposed of through a VSQG site, usually for a fee. Not all sites accept this waste, so call first.
<ul style="list-style-type: none"> • Used syringe with intact needle that still contains vaccine (unlikely to occur unless syringe malfunctions during use) 	Infectious and hazardous	<ul style="list-style-type: none"> • Hazardous waste container that meets sharps-container requirements • Management compliant with both hazardous and infectious waste requirements • May be disposed of through a hazardous waste disposal company
<ul style="list-style-type: none"> • Preservative-free vaccines (most commonly single-use vials and some pre-filled syringes) 	Non-hazardous	<ul style="list-style-type: none"> • Normal trash

What would be considered hazardous waste?

Unused or expired H1N1 vaccines are considered hazardous if they contain mercury (such as thimerosal) or cresol-based preservatives. These are most commonly found in multi-dose vials and some pre-filled syringes. Any vial that is not empty* and contains vaccine with a mercury or cresol-based preservative must be managed as hazardous waste under the Virginia hazardous waste regulations. <http://www.deq.virginia.gov/waste/hazardous.html>. This includes all multi-dose vials of H1N1 vaccine and the Novartis H1N1 pre-filled syringes that contain a trace of mercury.

If you already work with a hazardous waste disposal company, you might want to use them to dispose of unused or expired H1N1 vaccine. However, it is generally cheaper to go through a Very Small Quantity Generators (VSQG) site. If you have never generated or shipped hazardous waste before, you will need to complete some paperwork, probably two forms, but the VSQG site or hazardous waste disposal company will help with that. You can assume that preservative-free vaccines (most commonly single-use vials) and single-dose pre-filled syringes (excluding Novartis syringes) are non-hazardous.

*A vial is considered empty when there is 3% or less of the original vaccine remaining and all vaccine that can be removed by normal means (syringe) has been removed. Single- or multi-dose vials that have been fully administered may still contain extra vaccine. Just because there is not enough vaccine left for a dose does not mean the vial is empty for waste disposal purposes. If there is enough leftover vaccine in a vial that more liquid can be removed with a syringe, it must be managed as hazardous waste. A container is considered RCRA "empty" when all wastes have been removed by using common industrial transfer practices, and no more than one inch of residue remains in the container (or <3 % of the volume).

<http://www.deq.virginia.gov/waste/hazardous8.html> (9VAC20-120-150).

What would be considered infectious waste?

You can assume that an empty vial that contained H1N1 vaccine is non-infectious. However, that vial is considered infectious waste if combined with a used sharp, such as an injection syringe, broken contaminated glass, or lancet.

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Diagnosis/Testing

What kind of flu tests are there?

There are a few different tests available to detect influenza viruses. The most common tests used in doctors' offices are the "rapid influenza diagnostic test" or the "rapid flu test". They usually can give a result in 30 minutes or less. Unfortunately, the ability of these tests to detect the flu can vary greatly. Therefore, you could still have the flu, even though your rapid test result is negative.

In addition to rapid tests, there are several more accurate and sensitive flu tests available that must be performed in specialized laboratories, such as those found in hospitals or state public health laboratories. All of these tests are performed by a health care provider using a swab to swipe the inside of your nose or the back of your throat. These tests do not require a blood sample, but results may take up to a week.

How accurate is the rapid test for detecting H1N1 influenza virus?

Rapid tests vary in their ability to detect flu viruses. Depending on the test used, their ability to detect 2009 H1N1 flu can range from 10% to 70%. This means that some people with an H1N1 flu infection have had a negative rapid test result. (This situation is called a false negative test result.) Rapid tests appear to be better at detecting flu in children than adults. None of the rapid tests currently approved by the Food and Drug Administration (FDA) are able to distinguish H1N1 flu from other flu viruses.

Why didn't my doctor test me for H1N1 flu?

There is no rapid flu test available specifically for novel H1N1 flu. The most accurate test takes one to several days and so is not that helpful in determining treatment for patients with influenza-like illness. In most cases, your physician's clinical diagnosis is sufficient to diagnose influenza without depending on confirmatory testing.

Is there a way to tell if the flu that someone has is seasonal or H1N1?

There is a specific test ("PCR") but this takes one to several days for results. At this point in time, we know from public health surveillance that the nearly 100% of influenza in Virginia is novel H1N1.

My doctor says I have the flu but my test was negative. Why?

That is not uncommon. The rapid flu tests used for seasonal flu have not proven to be very accurate in detecting novel H1N1 influenza. Frequently, the results of a rapid flu test are negative, but the patient actually does have novel H1N1 influenza. Also, a positive rapid flu test can occur in a person who does NOT have novel H1N1 influenza.

The most accurate test (called a "PCR" test) typically takes too long to be helpful in most cases (a day to several days for results). People with influenza-like symptoms need to take immediate action to protect others from their illness (such as by staying home from work) and, if antiviral medications are needed, they need to ideally start them within two days of becoming ill with symptoms of flu. In the majority of cases, trusting your doctor's clinical diagnostic skills is the best way to assure proper actions occur.

What actions should health care providers take when waiting for influenza test results?

When treatment is indicated, health care providers should not delay this while waiting for test results. Once the decision to administer antiviral treatment is made, treatment with oseltamivir or zanamivir should be initiated as soon as possible after the onset of symptoms.

How long after getting LAIV (live, attenuated influenza vaccine or “nasal mist”) vaccine do you have to wait before getting a rapid flu test?

The waiting period should be at least seven (7) days. The LAIV itself can cause a positive result on a rapid influenza diagnostic test. The rapid flu tests are designed to detect influenza viruses and cannot differentiate between the virus in the vaccine and the one spread in the community because they are the same. A positive test in a person who recently (in the previous 7 days) received LAIV and who also has an influenza-like illness could be caused by either the vaccine or the community spread virus.

How can human infections with novel H1N1 influenza be diagnosed?

Most people with novel H1N1 influenza will not need specific testing. Your medical provider may decide to do a special test for novel H1N1 to help guide you in your care, but most people will be diagnosed based on their symptoms.

Is novel H1N1 testing available from the state laboratory (DCLS)?

Confirmatory testing (by PCR) at the state lab is being limited to public health purposes (i.e., to see if the virus is changing or outbreak investigations). Testing to diagnose individual cases of novel H1N1 is available through private labs.

There have been reports of test kits being available for home use. How effective are these?

There are no valid products that are available for home or individual use. Consumers should be wary of promotions for products that claim to diagnose, prevent, mitigate, treat or cure novel H1N1 flu. These are fraudulent products and can include test kits, food or dietary supplements, drugs, devices, or vaccines that are not approved by the FDA (U.S. Food and Drug Administration). Anyone who has a question regarding medical products or personal protective equipment should contact their health care provider or local health department. Reports of suspected fraud should be reported to the Virginia Fusion Center at 1-877-4VA-TIPS.

Are people with what appears to be novel H1N1 being tested for novel H1N1 or are they being treated as if they do have it?

It's up to the physician to evaluate the patient and decide whether or not to order a lab test and/or treat with antivirals if the person is high-risk for flu complications or has severe illness. If a person has symptoms consistent with influenza, it's reasonable to assume they have novel H1N1 flu.

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Treatment/Antivirals

What are influenza antiviral drugs?

Influenza antiviral drugs are prescription drugs (pills, liquid, or inhaler) that decrease the ability of flu viruses to reproduce. Antiviral drugs are a second line of defense in the prevention and treatment of flu. Antiviral drugs are recommended to treat people who are very sick (or hospitalized) or people who are sick with flu-like symptoms and who are at increased risk of serious flu complications, such as pregnant women, young children and those with chronic health conditions.

What is the treatment for those with the H1N1 infection?

Two antiviral medicines (neuraminidase inhibitors) are available for those who have the flu: oseltamivir (Tamiflu®) and zanamivir (Relenza®). To get these medicines, a doctor needs to write a prescription. If you get sick, these drugs can make your illness milder and make you feel better faster. They may also prevent serious health problems that can result from flu illness. For pregnant women who have suspected or confirmed novel H1N1 infections, oseltamivir (Tamiflu®) is the preferred medicine. It's important to remember that most people sick with the H1N1 flu have recovered without medical care or antiviral drugs and the same is also true for seasonal flu.

Is the H1N1 virus resistant to the antivirals Tamiflu and Relenza?

No. At this time, cases reported recently appear to be isolated incidences. Despite these few reports of resistance, the H1N1 virus remains susceptible to both oseltamivir (Tamiflu) and zanamivir (Relenza) with rare exception.

My doctor says I have the flu but didn't give me any medicine (Tamiflu). Why?

Most people who become infected with the H1N1 influenza virus recover without the need for antiviral medications. Antiviral medications (such as Tamiflu and Relenza) are only needed in certain special situations such as for those people who have a more severe illness than is typical (for example, they need to be hospitalized) or those who have medical conditions that put them at high risk for complications from their novel H1N1 flu infection. By only using antiviral medication in those special situations, the risk that this virus will change in such a way that these medications will no longer work is minimized.

Overuse of antiviral medications can lead to “resistance” by the flu virus to the medicines.

When should health care providers start treatment with antiviral drugs?

Once the decision to administer antiviral treatment is made, treatment with Relenza (zanamivir) or Tamiflu (oseltamivir) should be initiated as soon as possible after the onset of symptoms. Evidence for benefits from antiviral treatment in studies of seasonal influenza is strongest when treatment is started within 48 hours of illness onset. However, some studies of Tamiflu (oseltamivir) treatment of hospitalized patients with seasonal influenza have indicated benefit, including reductions in mortality or duration of hospitalization even for patients whose treatment was started more than 48 hours after illness onset. When treatment is indicated, health care providers should not wait for laboratory confirmation of influenza to begin treatment with antiviral drugs because laboratory testing can delay treatment and because a negative rapid test for influenza does not rule out influenza. The sensitivity of rapid influenza diagnostic tests can

range from 10-70% for novel H1N1 virus and so cannot be depended upon to accurately diagnose novel H1N1.

What can health care providers do to reduce delays in antiviral treatment?

Clinicians can take several actions to reduce delays in antiviral treatment initiation. These include:

- Informing people at higher risk for influenza complications of the signs and symptoms of influenza and the need for them to get treated early.
- Ensuring quick access to telephone consultation and clinical evaluation for these patients as well as patients who report severe illness.
- Considering empiric treatment of patients at higher risk for influenza complications based on telephone contact if hospitalization is not indicated and if this will substantially reduce delay before treatment is initiated.

Who should receive antiviral drugs for prevention of influenza?

Antiviral treatment for prevention is usually reserved for people at higher risk for influenza-related complications who have had contact with someone likely to have been infected with influenza. However, it is a better idea to recognize the early symptoms and contact a health care provider for evaluation and, if needed, early treatment.

Antiviral treatment for prevention can be considered for health care personnel, public health workers, or first responders who have had a recognized, unprotected close contact exposure to a person with confirmed, probable, or suspected H1N1 or seasonal influenza during that person's infectious period. However, use of recommended PPE and other administrative controls (e.g. staying home from work when ill and triaging for identification of potentially infectious patients) should be used to reduce the need for antiviral treatment among health care workers.

Can children take antiviral drugs?

Yes, children can take antiviral medications.

Tamiflu® can be given to children of all ages, including children younger than one year of age. It can be given as a liquid ("suspension") or in capsules.

Relenza® is approved for use in children 7 years of age and older, but only for people without breathing problems (such as asthma) or heart disease. It is an inhaled powder that comes in a disk inhaler

What if my child can't swallow the Tamiflu capsule given to me by my doctor?

If your doctor prescribes Tamiflu® capsules for your child and your child cannot swallow capsules, the prescribed capsules may be opened, mixed with a thick sweetened liquid, and given that way. A thick sweetened liquid, such as regular or sugar-free chocolate syrup, will mask the flavor of the medicine and can be mixed with the contents of the Tamiflu® capsule. You don't have to use chocolate syrup but thick, sweet liquids work best at covering up the taste of the medicine.

Pour a small amount (about a spoonful) of the thick sweetened liquid into a cup or bowl. Carefully open the Tamiflu® capsule prescribed by your doctor and pour out all of the powder inside the capsule and mix it into the liquid. The exact amount of liquid used doesn't matter. All of the medicine may not dissolve, just be sure it is all well mixed. **The child should consume the liquid mixture entirely.**

What is the treatment of choice for pregnant women with suspected or confirmed H1N1 infection?

Oseltamivir (Tamiflu) and zanamivir (Relenza) are "Pregnancy Category C" medications, indicating that no clinical studies have been conducted to assess the safety of these medications for pregnant women. Pregnancy should not be considered a contraindication to Tamiflu or Relenza use.

Is there a preferred antiviral treatment for people with asthma?

Yes. The antiviral drug Tamiflu (also known as oseltamivir) is recommended for treating H1N1 virus infection and may be prescribed for persons with asthma. Persons with asthma should not take the inhaled powder form which is called Relenza

What are the treatment benefits of influenza antiviral drugs?

For treatment, antiviral drugs work best if started within the first 2 days after becoming sick. When used this way, these drugs can reduce the severity of flu symptoms and shorten the time you are sick by 1 or 2 days. They may also prevent serious flu complications.

How effective are antiviral drugs at preventing the flu?

When used to prevent the flu, antiviral drugs are about 70% to 90% effective against susceptible viruses (i.e., viruses that are not resistant to the antiviral medication). It's important to remember that flu antiviral drugs are not a substitute for getting a flu vaccine.

How long should patients receive treatment with antiviral drugs?

The recommended duration of treatment is five days. However, hospitalized patients with severe infections might require longer treatment courses.

How many days does a person need to take the antivirals following exposure to someone with influenza?

The duration is 10 days after the last known exposure. These are prescription medicines and your doctor will advise you.

Should antiviral medicines be used for prevention in healthy individuals?

No. Antiviral medicines are discouraged for prevention of illness in healthy children or adults. based on potential exposure in community, school, camp or other settings. In addition, there are no safety data regarding long term or frequent use of antiviral agents in children, and limited data for healthy adults.

What side effects can occur with influenza antiviral drugs?

The most common side effects of oseltamivir (Tamiflu®) are nausea and vomiting, which can also be symptoms of the flu. Nausea and vomiting can be minimized by taking the medication with food. The most common side effects of zanamivir (Relenza®) are dizziness, sinusitis, runny or stuffy nose, cough, diarrhea, nausea, or headache, also symptoms that can be due to the flu. Relenza may also cause wheezing and trouble breathing in people with lung disease; therefore, persons with a history of asthma or another lung disease should not be prescribed Relenza.

Can antiviral drugs be helpful for people unable to take the flu vaccine?

Yes. CDC and ACIP recommend use of antiviral drugs for people allergic to eggs (which can cause them to have an allergic reaction to the vaccine) or for people who previously have encountered complications from Guillain-Barre syndrome (GBS) associated with influenza vaccination. In addition, taking antiviral drugs may be recommended among persons that may not have a good immune response to the flu vaccine.

What do I do if someone in my home gets the flu?

1. Be familiar with the emergency warning signs (follow link). These will require urgent medical attention.
2. Make a sick room if possible. Keeping the person with flu in a separate sick room can help keep others in the family from getting the flu.
3. Give them lots of fluid to prevent dehydration. Give plenty of liquids at the first sign of flu. Sick people with the flu need to drink extra fluids to keep from getting dehydrated. Dehydration can lead to serious medical problems, especially in infants.
4. Treat the symptoms separately. Fever, dry cough, sore throat, chills, aches and pains, congestion or stomach problems.
5. It is also important to take the right amount of medicine. Read labels to make sure you are taking the dose listed on the label. Call your doctor or pharmacist if you have questions. Watch that you don't go over the daily limit (maximum dose) for certain medicines. **Never give aspirin to children age 18 or under if they have the flu.**

How do I treat a fever?

Treating a fever without medicine

- Put a cool, damp washcloth on their forehead.
- Wash their arms and body with a cool cloth.
- Give the person a slightly warm bath.

Treating a high fever with medicine

- Look for the ingredients "acetaminophen" or "ibuprofen" on labels.
- These medicines may take 30 to 45 minutes to start working. They may not bring fevers down to normal temperature.

How do I treat a dry cough?

Treating a dry cough

- Ask the pharmacist about which cough medicines are best to treat a dry cough. Do not give children younger than 4 years of age cough or cold medicines.
- Set up a humidifier. That's a machine that puts tiny drops of water (moisture) into the air. This extra moisture can make it easier for the sick person to breathe.
- Offer **adults** a cough drop or hard candy to soothe their throat and lessen the urge to cough.

How do I treat a sore throat?

Offer the person:

- Acetaminophen or ibuprofen for the pain
- Ice chips or frozen ice pops to numb the throat and get fluids into the body

Some people find gargling with salt water helps soothe a sore throat.

- Mix 1 cup of warm water with 1 teaspoon of salt.
- Gargle and then spit out.

How do I treat chills, aches and pain?

Offer the person:

- A light blanket for chills
- Acetaminophen or ibuprofen for aches and pain. Make sure to read the label for the right amount.

How do I treat congestion?

The flu can cause the body to make more mucous. The nose, sinuses, ears, and chest can get stuffy. This congestion can cause pain.

Offer the person:

- Acetaminophen or ibuprofen for the pain
- Decongestants (Talk to your pharmacist about the kind you should buy. Do not give cough or cold medicine to children younger than 4 years of age.)
- A humidifier. That's a machine that puts tiny drops of water (moisture) into the air. This extra moisture can make it easier for the sick person to breathe.
- A warm washcloth on the face to ease sinus pain

How do I treat stomach problems?

People with the flu may have stomach pain. They may even throw up or have loose stools (diarrhea). Anyone with severe stomach pain should call the doctor.

Offer the person:

- Plain foods that are easy on the stomach
- Clear liquids to drink
- Medicines to help adults treat loose stools

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Contamination & Cleaning

How long can influenza virus remain viable on objects (such as books and doorknobs)?

Studies have shown that the flu virus can survive on surfaces and can infect a person for 2 to 8 hours after being deposited on the surface.

What kills influenza virus?

Influenza virus is destroyed by heat (167-212°F [75-100°C]). In addition, several chemicals, including chlorine, hydrogen peroxide, detergents (soap), iodophors (iodine-based antiseptics), and alcohol are effective against human influenza viruses if used in proper concentration and for a sufficient length of time. For example, wipes or gels with alcohol in them can be used to clean hands. The gels should be rubbed into hands until they are dry.

What if soap and water are not available and alcohol-based products are not allowed in my facility?

Using soap and water to wash your hands is the best method to wash your hands. If they are not available, though, alcohol-based sanitizers or other hand sanitizers that do not contain alcohol may be useful for killing germs on hands.

What surfaces are most likely to be sources of contamination?

Most surfaces can become a source of contamination, once an infected person coughs, sneezes or touches that surface, germs are spread.

What household cleaning should be done to prevent the spread of influenza virus?

To prevent the spread of influenza virus it is important to keep surfaces (especially bedside tables, surfaces in the bathroom, kitchen counters and toys for children) clean by wiping them with a household disinfectant according to directions on the product label.

How should linens, eating utensils and dishes of persons infected with influenza virus be handled?

Linens, eating utensils, and dishes belonging to those who are sick with novel H1N1 (or the seasonal flu) do not need to be cleaned separately.

How should waste disposal be handled to prevent the spread of influenza virus?

To prevent the spread of influenza virus, it is recommended that tissues and other disposable items used by an infected person be thrown in the trash. Additionally, persons should wash their hands with soap and water after touching used tissues and similar waste.

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Special Populations

Pregnant Women

Does it matter what kind of vaccine a pregnant woman receives?

Yes, you can receive the vaccine in an injection “the shot”, not as the nasal mist. Pregnant women have now been approved by the CDC to receive all types of “flu shots” (the injectable vaccine both with and without the preservatives.) After delivery, Mom’s can receive the “nasal mist” even if they are nursing.

The preservative used in some vaccines contains mercury and is called thimerosal. The CDC advises pregnant women to get flu shots either with or without thimerosal.

*Updated 10/20/2009 http://www.cdc.gov/h1n1flu/vaccination/pregnant_qa.htm
http://www.cdc.gov/h1n1flu/vaccination/thimerosal_qa.htm*

What if a pregnant woman receives the nasal mist (live attenuated or “LAIV”) influenza vaccine?

The nasal mist (live attenuated) influenza vaccines (seasonal or H1N1) have not been studied in pregnant women and LAIV is not recommended for pregnant women. The flu shot or inactivated influenza vaccines (seasonal and H1N1) are recommended for pregnant women. However, if a pregnant woman receives the nasal mist (LAIV), for example, before she knows she is pregnant, she would not be expected to have any additional risks, compared with women who are not pregnant. The influenza vaccine virus replicates in the nose where body temperature is lower and has never been shown to replicate in other parts of the body or be passed to the unborn baby.

How does H1N1 affect pregnant women?

Most pregnant women who have become infected with novel H1N1 have developed only mild symptoms. However, as a group, pregnant women have disproportionately developed more severe signs and symptoms of novel H1N1 infection than the general population. Any pregnant woman who develops symptoms of flu-like illness should contact her healthcare provider for guidance on care and treatment.

substance in the vaccine should not be vaccinated.

Is it ok to breastfeed my baby if I am sick? (Update)

If you are breastfeeding or giving your baby infant formula, a cautious approach would be to protect your baby from exposure to the flu virus in the following ways:

- Ask for help from someone who is not sick to feed and care for your baby, if possible.
- If there is no one else who can take care of your baby while you are sick, try to wear a face mask at all times when you are feeding or caring for your baby. You should also be very careful about washing your hands and taking everyday precautions to prevent your baby from getting flu. Using a cloth blanket between you and your baby during feedings might also help.
- If you are breastfeeding, someone who is not sick can give your baby your expressed milk. Ideally babies less than about 6 months of age should get their feedings from breast milk. It is OK to take medicines to treat the flu while you are breastfeeding.

Does breastfeeding protect babies from this new flu virus?

There are many ways that breastfeeding and breast milk protect babies' health. Flu can be very serious in young babies. Babies who are not breastfed get sick from infections like the flu more often and more severely than babies who are breastfed.

Since this is a new virus, we don't know yet about specific protection against it. Mothers pass on protective antibodies to their baby during breastfeeding. Antibodies are a type of protein made by the immune system in the body. Antibodies help fight off infection.

If you are sick with flu and are breastfeeding, someone who is not sick can give your baby your expressed milk.

Should I stop breastfeeding my baby if I think I have come in contact with the flu?

No. Because mothers make antibodies to fight diseases they come in contact with, their milk is custom-made to fight the diseases their babies are exposed to as well. This is really important in young babies when their immune system is still developing. It is OK to take medicines to prevent the flu while you are breastfeeding. You should make sure you wash your hands often and take everyday precautions. However, if you develop symptoms of the flu such as fever, cough, or sore throat, you should ask someone who is not sick to care for your baby. If you become sick, someone who is not sick can give your baby your expressed milk.

Is there anything that a pregnant woman should do now to prepare for the flu season?

The best way to prevent the flu is by getting a flu vaccine. CDC advises that pregnant women get both the 2009 H1N1 and the seasonal flu shots. For more information on flu shots, go to <http://www.cdc.gov/h1n1flu/vaccination/>. Other ways that may help lower the chance of getting the flu are washing hands often; avoiding touching eyes, nose and mouth; and staying away from sick people.

What should I do if I come into close contact with someone who has the flu?

A pregnant woman should call her doctor right away to talk about what she should do. Sometimes, doctors will give a pregnant woman an antiviral medicine to decrease the chance that she might become sick with flu. Other times, this is not recommended.

If I get vaccinated for H1N1, will it offer some protection to my baby?

No. While there is some theoretical possibility that your baby may benefit, there is no current scientific study available to prove that.

Is it safe for pregnant women to take antiviral medications?

Yes. Antiviral medicines can be taken at any stage during pregnancy.

Is it ok to take antiviral medicine while breastfeeding?

Yes. Mothers who are breastfeeding and taking medicine to treat flu because they are sick should express their breast milk for bottle feedings, which can be given to your baby by someone who is not sick. Mothers who are breastfeeding and are taking medicines to prevent the flu because they have been exposed to the virus should continue to feed their baby at the breast as long as they do not have symptoms of the flu such as fever, cough, or sore throat.

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What is the treatment of choice for pregnant women with suspected or confirmed H1N1 infection?

Oseltamivir (Tamiflu) is preferred for treatment and zanamivir (Relenza) may be preferred for prevention because baby is less likely to be exposed to the drug.

Why does CDC recommend that pregnant women receive the H1N1 influenza vaccine?

It is important for a pregnant woman to receive the novel H1N1 influenza vaccine as well as a seasonal influenza vaccine. A pregnant woman who gets any type of flu is at risk for serious complications and hospitalization.

Which form of the H1N1 vaccine should a pregnant woman receive?

The injectable form or “flu shot” is the vaccine recommended for pregnant women. The nasal-spray (LAIV) flu vaccine is not approved for use in pregnant women. Pregnant women should receive both the seasonal flu vaccine and the novel H1N1 vaccine.

Is it safe for pregnant women to get a flu shot? (Update)

The seasonal flu shot has been given to millions of pregnant women over many years. Flu shots have not been shown to cause harm to pregnant women or their babies. The 2009 H1N1 flu shot is made in the same way and in the same places as the seasonal flu shot. It is very important for pregnant women to get both the seasonal flu shot and the 2009 H1N1 flu shot. Learn more about the [H1N1 vaccine and pregnant women](#).

Can the novel H1N1 vaccine be given at any time during pregnancy?

Yes.

If a pregnant woman delivers her baby before receiving her seasonal flu shot or her H1N1 flu shot, should she still receive them?

Yes. In addition to protecting her from infection, the vaccine may also help protect her young infant. Flu vaccines are recommended only for infants 6 months or older and so, these very young babies are dependent on others around them being healthy. It is recommended that everyone who lives with or provides care for an infant less than 6 months old receive both the seasonal flu vaccine and the H1N1 monovalent flu vaccine.

Can the family members of a pregnant woman receive the nasal spray vaccine?

Yes.

Can a pregnant healthcare worker administer the live nasal influenza vaccine?

Yes. No special precautions (such as gloves) are necessary. Hands should be washed or cleaned with waterless hand sanitizer before and after administering the vaccine or having any direct contact with patients in a health care setting.

If I'm pregnant, is it safe to get the seasonal flu vaccine and novel H1N1 vaccine at the same time?

Simultaneous administration of inactivated vaccines (injectable form) against seasonal and novel H1N1 viruses is permissible if different anatomic sites are used. However, simultaneous administration of live, attenuated (nasal spray form) vaccines against seasonal and novel H1N1 virus is not recommended.

When should I seek emergency medical care?

If you are pregnant and you think you have symptoms of influenza, call your doctor. Early treatment with influenza antiviral medications is recommended for pregnant women with suspected influenza illness. If you have any of these signs, seek emergency medical care right away:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Decreased or no movement of your baby
- A high fever that is not responding to Tylenol®

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Babies

Are there any contraindications to giving breastfeeding mothers the novel H1N1 vaccine?

Breastfeeding is not a contraindication for the nasal spray flu vaccine. Women who are breastfeeding can get the nasal spray vaccine, including H1N1 vaccine.

What can I do to protect my baby?

Take everyday precautions such as washing your hands with plain soap and water or using an alcohol-based hand rub before feeding your baby. More tips on good health habits for preventing sickness from the flu virus can be found at this website:

<http://www.cdc.gov/flu/protect/habits.htm>. In addition, try not to cough or sneeze in the baby's face while feeding your baby, or any other time you and your baby are close. If possible, only family members who are not sick should care for infants. If you are sick and there is no one else to care for your baby, wear a facemask, if available and tolerable, and cover your mouth and nose with a tissue when coughing or sneezing.

Is it ok for me to feed my baby if I am sick?

Yes. It is healthy for them whether you are sick or not. Infants are thought to be at higher risk for severe illness from H1N1 infection and very little is known about prevention of H1N1 flu infection in infants. If there is no one else who can take care of your baby while you are sick, try to wear a face mask at all times when you are feeding or caring for your baby. You should also be very careful about washing your hands and taking everyday precautions to prevent your baby from getting flu (<http://www.cdc.gov/flu/protect/habits.htm>). Using a cloth blanket between you and your baby during feedings might also help. If you are breastfeeding, someone who is not sick can give your baby your expressed milk. Ideally babies less than about 6 months of age should get their feedings from breast milk. It is OK to take medicines to treat the flu while you are breastfeeding.

If I am nursing and I get the H1N1 vaccine, will the protection be passed to my child? (Update)

If you are nursing, your infant will receive maternal antibodies (infection-fighting cells) that will help to prevent illness in general. It's not known whether your infant will specifically receive antibodies generated by the H1N1 vaccine. But, breastfeeding will support your infant's immune (body defense) system.

Should I stop breastfeeding my baby if I think I have come in contact with the flu?

No. Because mothers make antibodies to fight diseases they come in contact with, their milk is custom-made to fight the diseases their babies are exposed to as well. This is really important in young babies when their immune system is still developing. It is OK to take medicines to prevent the flu while you are breastfeeding. You should make sure you wash your hands often and take everyday precautions (<http://www.cdc.gov/flu/protect/habits.htm>).

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If my baby is sick, is it okay to breastfeed?

Yes. One of the best things you can do for your sick baby is keep breastfeeding. Do not stop breastfeeding if your baby is sick. Give your baby many chances to breastfeed throughout the illness.

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Children

At what age do children need a prescription to get the H1N1 vaccine?

Some vaccinators (typically pharmacies) require a prescription to get a H1N1 vaccine. We recommend calling ahead to check for this requirement if you plan on having your child receive this vaccine at the pharmacy. Private doctor's offices, the health department, and school-based vaccination clinics sponsored by the health department typically do not require a prescription. Consent forms are required, so if your child is going to be vaccinated at a school-based clinic, be sure to complete and sign the consent forms which are usually sent home with the students.

How safe is the H1N1 vaccine for children?

The development process for the H1N1 vaccine is very similar to that of the seasonal flu vaccine, which has been proven safe for use in children. Studies regarding the safety of the H1N1 vaccine in healthy adults, healthy children, and pregnant women are currently underway and data are not yet available.

What if my child needs both the seasonal and the H1N1 vaccine?

Children 6 months through 9 years of age are currently recommended to receive two (2) doses of the H1N1 vaccine timed at least one month apart. If it is their first time receiving their seasonal flu vaccine then they will need two (2) doses of that vaccine too. Both seasonal and H1N1 injectable vaccine can be given on the same day; however, if the nasal spray (LAIV) is used for both, they must be spaced apart by a month to receive full benefit.

How many doses of the seasonal flu vaccine does my child need?

If your child is 6 months through 8 years old and they have never received a seasonal flu vaccine, then they will need two doses spaced apart by at least 28 days. If they have received a seasonal flu vaccine in a prior flu season, then they only require one dose this year.

Where can I go to get the second dose of H1N1 vaccine for my child if the school is not providing it?

Parents needing a second dose of vaccine for their children should check with their local health department or nearest pharmacy, although some pharmacies are only vaccinating adults. You can find the pharmacies and health department clinics with the vaccine through the Flu Vaccine Locator tool on the VDH website at www.vdh.virginia.gov. This links directly to Google's locator (at www.google.com/flushot.) The flu locator will be updated frequently with information on specific locations and dates where vaccine will be available. It is important to call the pharmacies ahead of time to make sure they have the proper dose for your child's age group. Your child's pediatrician or family practice doctor may also offer the vaccine.

Does the first dose of vaccine offer any protection to children 9 years old and younger?

Clinical trials have shown that most children 9 years old and younger have not had an adequate immune response after the first dose of vaccine to provide full protection.

- 25% of children 6 to 35 months old developed enough immune response to offer full protection after the first dose of vaccine.
- 55% of children 3 to 9 years old developed enough immune response to offer full protection after the first dose of vaccine.

Failure to receive a second dose of vaccine leaves children 9 years old and younger with uncertain and usually inadequate protection.

If my child is larger than other children, can they just receive one (1) dose instead of two (2)?

For all children 6 months through 9 years it is recommended that they receive two (2) doses of the vaccine, about a month apart (28 days) regardless of their weight. This recommendation is based on the child's age and not their weight as children's immune systems function differently at different ages.

My child has asthma, are there any other precautions I should?

Everyone with asthma who is aged 6 months through 64 years should get the H1N1 flu shot. For children 6 months through 9 years, two doses of the inactivated flu shot should be given about a month apart.

Children aged 6 months through 8 years who never have had a seasonal flu shot will need two doses the first time. Children who have had a seasonal flu shot in the past only need one shot. Persons with asthma *should not* use the inhaled "FluMist®" vaccine.

Also, make sure that his or her updated, written Asthma Action Plan is on file at school or at the daycare center. Be sure that the plan and medication(s) are easy to get to when needed.

If a child is unable to get the second dose of vaccine within twenty-eight (28) days, do they have to start over?

No, they do not. There are no current studies that address an extended period of time between doses of the H1N1 vaccine since this is the first year. Most guidelines for H1N1 are similar to the seasonal flu and the second dose of the seasonal flu can be given up to 6 months after the first.

If my child (6 mos – 9 yrs) receives a second dose of the H1N1 vaccine less than 28 days after the first dose, is it harmful to my child? Will a third dose be required?

Receiving an early dose is not harmful but it does not give the child full protection against the virus. A third dose may be required depending on which form of the vaccine your child has received. Your child's doctor will help you determine what additional vaccination, if any, are needed.

What if my child was accidentally given an adult dose of H1N1 influenza (flu) vaccine?

No action needs to be taken if an adult dose (0.5 mL) of the H1N1 vaccine is administered to a child. However, if the child is younger than 10 years of age, he or she will still need the second, age-appropriate dose (0.25 mL) 28 days after receiving the initial dose to ensure adequate protection against the virus.

What should I do if the health department refused to give my child their second dose of H1N1 vaccine?

At this time, health departments are proceeding with offering the second dose to children 9 years and under who have had their first dose at least 4 weeks earlier. It's important to understand that 4 weeks is the minimum time period between the two doses and it is acceptable for the time period to be longer when necessary. However, children 9 and under are not considered fully protected until about 2 weeks after they have received their second dose.

Parents can seek vaccination opportunities for their children in several venues, including their child's doctor, clinics (ex. free clinics, community health centers), and local health departments. Local health departments offer vaccine in several ways, such as through mass clinics, at the health department itself, or offsite (for ex. at a school). You can check our webpage at www.vdh.virginia.gov.

My children are very worried about the H1N1 flu. What can I do for them?

- Keep activities as consistent and normal as possible even if your normal routine changes (due to daycare or school closures).
- Ask your children what they have heard about the 2009 H1N1 flu. Answer questions openly and honestly, at a level they can understand. Be concrete and do not avoid difficult questions. (See [Talking With Children About Flu](http://www.nasponline.org/resources/Talking_With_Children_About_Flu_FINAL.pdf) [http://www.nasponline.org/resources/Talking_With_Children_About_Flu_FINAL.pdf] for more information on talking tips).
- Allow your children to express their feelings and concerns. Let them know it is okay to be afraid or mad. Ask questions so you can help them identify and cope with their feelings.
- Children always need to feel safe and loved. When they are uncertain about situations and afraid, they may need even more affection and attention.
- Limit exposure to media and adult conversations about H1N1 flu. If your children are watching T.V., try to watch with them or make sure you are available to answer questions about what they have heard.
- As appropriate, encourage healthy behaviors: eating well, sleeping well, playing outside.
- Use their questions as an opportunity to let them know what they can do to avoid getting H1N1 flu.

How can I tell if my child is sick with flu symptoms?

Some children may not be able to tell you about their symptoms, which can result in a delay in responding to their sickness. It is important to watch carefully for the signs and symptoms of flu or unusual behavior that may be a sign your child is sick. Symptoms of flu include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and tiredness. A fever is a temperature taken with a thermometer that is equal to or greater than 100 degrees Fahrenheit (37.8 degrees Celsius). If you are not able to measure a temperature, your child might have a fever if he or she feels warm, has a flushed appearance, or is sweating or shivering.

What can I do for my child that gets sick so they don't die?

Most people who have had H1N1 flu have recovered without needing medical treatment. If your child has flu-like symptoms, you should do the following:

- Check with health care provider about whether your child needs to be examined
- Make sure your child gets plenty of rest
- Make sure your child drinks clear fluids (such as water, broth, sports drinks, electrolyte beverages for infants) to keep from being dehydrated
- Give your child a fever-reducing medicine such as acetaminophen or ibuprofen. Aspirin (acetylsalicylic acid) **should not** be given to children or teenagers who have flu; this can cause a rare but serious sickness called Reye's syndrome.
- Be watchful for these emergency warning signs that might indicate you need to seek medical attention.
 - Fast breathing or trouble breathing
 - Bluish skin color

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- Not drinking enough fluids
- Not urinating or no tears when crying
- Severe or persistent vomiting
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Sudden dizziness
- Confusion
- Flu-like symptoms improve but then return with fever and worse cough
- Fever with a rash

How can my child avoid getting the H1N1 flu?

Get your child vaccinated. Also, teach your child about frequent hand washing and respiratory etiquette and set a good example.

My child is in a high risk category. What should I do if H1N1 is confirmed in my child's school this fall, considering he is in a higher risk category?

Have your child vaccinated against seasonal flu now and against H1N1 influenza when that vaccine becomes available. Talk to your child's doctor about arranging for antiviral medications if they develop flu-like symptoms. Make arrangements and plans now on how you will care for your child at home if they become ill. Make sure your child's school has up-to-date contact information so someone can pick them up at school if they become ill. Stay up-to-date with your school's plans to address the challenges of H1N1, including any vaccination opportunities to be offered at the school. As always, take everyday precautions.

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People with Diabetes

Should I get a flu shot or H1N1 flu shot if I have diabetes?

Yes. People with diabetes are at increased risk for severe disease and complications, such as hospitalization and death, from both seasonal flu and H1N1 flu. CDC recommends that all people with all types of diabetes who are 6 months and older should get the H1N1 flu shot and the seasonal flu shot. Close household contacts and out-of-home caregivers of people with diabetes should also get the vaccines. People can receive both flu shots at the same time.

People with diabetes should get the flu "shot" not the nasal spray type of vaccine. The flu shot is given with a needle, usually in the arm. The vaccine used in the shot is made from killed virus; you cannot catch the flu from the flu vaccine.

Pneumococcal vaccine is also recommended for people with diabetes. One possible complication of flu can be pneumonia. A pneumonia (pneumococcal) vaccine should also be part of a diabetes management plan.

How does diabetes affect how I respond to a cold or flu?

When you are sick you may not eat properly and having an illness may affect your blood sugar (glucose). Diabetes can also make your immune system more vulnerable to the flu.

What do I do if I have diabetes and get sick with the flu?

If you have diabetes and are sick with flu-like illness, you should follow these additional steps. Call your doctor, who may prescribe medicine to fight the flu. Continue to monitor your blood sugar levels.

Be sure to keep taking your diabetes pills or insulin. Don't stop taking them even if you can't eat. Illnesses like the flu can lead to changes in your blood sugars. Your health care provider may adjust your diabetes medications based on your blood sugar records and clinical symptoms.

If you have flu symptoms, stay home or wherever you are visiting for at least 24 hours after your fever is gone (without the use of fever-reducing medicine).

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People with Cardiovascular Disease

I have cardiovascular disease. What should I do to prepare for H1N1?

Get your seasonal flu vaccination now and plan to get your H1N1 vaccination when that vaccine becomes available. Maintain a two week supply of your medications.

If I have flu –like symptoms what should I do?

You should contact your health care provider. Your health care provider will determine whether flu testing or treatment is needed. You should not stop taking your medications without first consulting your health care provider. People with heart failure should watch for changes in their breathing and should promptly report changes to their health care provider.

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Adults with HIV

Are people with HIV/AIDS at greater risk for H1N1 flu?

Yes. Based on existing knowledge about seasonal influenza, people living with HIV/AIDS who get seasonal influenza—in particular those with low CD4 counts—can experience more severe illness, faster progressing illness, and more complications than people without HIV. People with HIV/AIDS is at increased risk for severe complications related to H1N1 infection and should therefore consult their medical provider about prevention techniques and vaccination. Contact your doctor, maintain a healthy lifestyle and take general precautions.

Should people living with HIV infection get vaccinated against H1N1?

People with HIV infection are an initial target group for H1N1 flu vaccine and should be vaccinated with the inactivated form of the vaccine (flu shot). The nasal spray vaccine (LAIV) should not be used for persons living with HIV infection. People with HIV infection should also receive the inactivated form of the seasonal flu vaccine.

Should HIV-infected adults and adolescents get the H1N1 flu vaccine? (Update)

HIV-infected adults and adolescents were included in the initial target group for the 2009 H1N1 influenza (flu) vaccine and should be vaccinated for H1N1 flu.

For both seasonal flu and H1N1 flu, there are 2 types of flu vaccine available. People living with HIV should get the "flu shot." The flu shot is an inactivated vaccine (containing fragments of killed influenza virus) that is given with a needle, usually in the arm. It 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 people. This vaccine is made with live, weakened flu viruses that do not cause the flu. LAIV is approved for use in healthy people 2 to 49 years of age who are not pregnant.

The seasonal flu shot and the H1N1 flu shot are different vaccines. People living with HIV/AIDS are encouraged to get both vaccines.

What should a person with HIV/AIDS do if they develop flu-like symptoms?

If you are experiencing signs or symptoms of influenza infection, an HIV-infected person should consult their healthcare provider. Anti-viral therapy may be helpful in alleviating the symptoms, shortening the time course, and limiting complications of the disease.

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

Persons with HIV/AIDS should consult their healthcare provider if they have concerns about medications, exposure to H1N1 flu, or questions related to the vaccine. Additional measures that can limit transmission of a new influenza strain include reduction of unnecessary social contacts. It is important for all individuals, particularly those with HIV/AIDS, to maintain good nutrition and proper hygiene in order to maintain good health throughout the flu season so that their immune system is ready and able to fight infection, should it occur. Furthermore, it is important for anyone with HIV or AIDS to adhere to their scheduled medication regimen unless otherwise specified by their provider.

What should people with HIV/AIDS do if they think that they may have the H1N1 flu?

Persons with HIV/AIDS who believe that they are experiencing flu-like symptoms should contact their health care provider who will determine if treatment with an antiviral or any other medication is necessary.

Can people with HIV/AIDS be in contact with persons who have received the LAIV (live, attenuated influenza vaccine or “nasal mist”) vaccine?

Yes, the estimated risk of getting infected with vaccine virus after close contact with a person vaccinated with the nasal-spray flu vaccine is low (0.6%-2.4%).

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

Yes and antiviral treatment is the same as for those in the general population. See Prevention and Treatment, What is the treatment for those with H1N1 infection?

Can people living with HIV infection receive treatment (antivirals) for H1N1?

People with HIV infection who develop flu like symptoms should consult their health care provider right away to determine if they need special treatment – for example, antiviral medication.

Are there any interactions between antiviral treatment and the drugs used to treat HIV infection?

There are no known drug interactions between Tamiflu (oseltamivir) or Relenza (zanamivir), also known as antivirals, and the drugs used to treat HIV infection, called antiretrovirals. The drugs used to treat influenza are safe for persons receiving treatment for HIV infection. If you are prescribed Tamiflu or Relenza and think you might be having a reaction to the drug, contact your health care provider.

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

Yes. The mechanism of action of the antiviral medications used to treat novel H1N1 (oseltamivir and zanamivir) is very different from the retroviral medications used to treat HIV/AIDS. Thus, interaction between these medications is unlikely. If you are taking oseltamivir or zanamivir and believe that you may be experiencing a serious reaction to the drug, you should contact your health care provider.

How else should people with HIV/AIDS prepare?

Consult your doctor to make sure that all of your vaccinations are up-to-date, including vaccination against seasonal influenza (yearly vaccination) and bacterial pneumonia caused by the *Streptococcus pneumoniae* organism. Bacterial pneumonia from Streptococcus can be a problem for people with HIV/AIDS and can also cause complications for people who have the flu. The vaccine against Strep pneumonia is different than the vaccine from the influenza vaccine (every 5 years). You should continue to take all scheduled antiretroviral medications.

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People with Asthma

If I have asthma, are there any precautions I should take?

Anyone with asthma is at higher risk for flu-related complications, such as pneumonia. Along with everyone else, if you have asthma you should:

- be sure to get vaccinated against both H1N1 and seasonal influenza
- wash your hands often with soap and water, especially after coughing or sneezing;
- cover your nose and mouth with a tissue when coughing or sneezing and throw the tissue away. If you do not have a tissue, cough or sneeze into your elbow or shoulder *not* your bare hands;
- avoid touching your eyes, nose, or mouth (germs are spread that way); and
- stay home when you are sick, except to get medical care.

Everyone with asthma at least 6 months of age and older should get a shot every year to protect against the seasonal flu. Persons with asthma *should not* use the inhaled “FluMist®” vaccine.

Everyone with asthma who is aged 6 months through 64 years should get the H1N1 flu shot. The H1N1 flu shot is *not* the same as the shot for seasonal flu.

You should also follow an updated, written Asthma Action Plan, developed with your doctor. Follow this plan for daily treatment and for controlling your asthma symptoms.

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People with Chronic Obstructive Pulmonary Disease

If I have COPD are there any precautions I should take?

People with COPD and other chronic pulmonary diseases are considered at increased risk of serious influenza-related complications.

Getting a flu vaccine is the best way to prevent influenza. Everyone with COPD or any other chronic pulmonary condition is considered to have chronic lung disease and should receive the vaccine against the H1N1 flu because they could become seriously ill from the flu.

- People with COPD should get the "flu shot"—a vaccine made with inactivated (killed) flu virus. The flu shot is given with a needle, usually in the upper arm. The shot against H1N1 flu is a "killed" vaccine, so you cannot catch the flu from getting this shot.
- Persons with COPD should not get the nasal spray vaccine which is a live vaccine.
- The flu shot, inactivated H1N1 vaccine, can be administered at the same visit as any other vaccine, including the pneumococcal polysaccharide vaccine.

Everyone with COPD should also receive the pneumococcal polysaccharide (pneumonia) vaccination

If I have COPD and get flu symptoms, what should I do?

If you do become sick with the flu, continue taking your normal medications, unless your health care provider makes other or additional recommendations.

Be sure to keep the contact information for your health care provider with you at all times. As always, maintain a list of all medications you take as well as the dosages and frequency.

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Immigrants

Are there residency requirements for a person to receive the H1N1 vaccine?

No. You will not be required to provide documentation of your residency status in order to receive the H1N1 vaccine.

Should I be concerned about seeking medical assistance if my immigration status is in question?

No. If you believe that you are experiencing severe symptoms, you should seek medical assistance regardless of your immigration status.

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Others

I had my spleen removed but am otherwise healthy. Am I considered to be in the “high-risk” group of people from flu complications? (Update)

While not every person without a spleen i.e. asplenia (ay-splee-nee-a), is at increased risk for influenza-associated complications, most are considered to be at high risk for secondary invasive infection with certain types of bacteria (e.g., pneumococcal disease). So, it is very important for persons without a spleen to be vaccinated against the H1N1 virus to avoid not only the H1N1 flu but also the secondary bacterial infections that can occur following a bout of H1N1 influenza.

<http://www.cdc.gov/h1n1flu/immunosuppression/index.htm>

Can a person with asplenia (no spleen) get the live attenuated influenza vaccine (LAIV) (nasal-spray) for H1N1?

Persons without a spleen or those that have one that does not work right as in sickle cell disease should NOT receive either seasonal or H1N1 live attenuated influenza vaccine (LAIV) (nasal-spray). Only healthy persons 2 through 49 years of age can receive LAIV. Persons with anatomic or functional asplenia should receive the injectable inactivated influenza formulation (TIV) for both seasonal and H1N1 vaccines.

I’m sick. I don’t have insurance. I have no doctor, what are my options?

I have a list of providers who may be able to see you. If you will give me your zip code I can offer some suggestions.

Can contacts of people with weakened immune systems get the H1N1 nasal-spray flu vaccine (LAIV)?

People who are in contact with others with severely weakened immune systems when they are being cared for in a protective environment (for example, transplant patients) should not get any nasal spray vaccine, including the H1N1 nasal spray vaccine, if they will come into contact with immunocompromised person within 7 days of receiving the vaccine.

People who have contact with others with lesser degrees of immunosuppression (for example, people with diabetes, people with asthma taking corticosteroids, or people infected with HIV) can get the nasal spray vaccine.

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Schools

Should a child with a sick family member at home come to school?

Students who are well but who have an ill family member at home with influenza can go to school as usual. However, parents should monitor their child's health every day and keep the child home if they become ill.

What about children who cannot take one form or the other of vaccine?

Parents will receive an information packet from their child's school that will include a consent form and collect information on the child's health history. The child's health history information will determine if the flu mist or flu shot will be administered. If the nurse is unable to contact a parent to clarify a response, the vaccination will not be given.

Your local health department will have information for those parents informing them of other opportunities to receive H1N1 vaccinations. In some cases, one form may not be available till later in the fall.

Will teachers and staff be able to get the vaccine when it is given during the school clinics?

The purpose of the school clinics is to vaccinate children as all children and young adults ages 6 months to 24 years of age are in the CDC's priority group recommended to be vaccinated first. In some instances, there may be opportunities for school staff to be vaccinated as well, but this will depend on vaccine availability and local agreements.

Can private school kids get vaccine at public school clinic if they live in the area?

Not unless the private school had a formal agreement with the local public school system and the local health department. Public school vaccination clinics are arranged through formal agreements between the local health department and the specific school system where the clinics are held.

Arrangements for vaccination opportunities for school age students vary across the state. The best source of information is your child's school (private or public). Administrators of schools without such arrangements can contact their local health director to explore options.

Your child's doctor may be an H1N1 vaccinator. You may call your child's doctor to find out and if so, when and how you can get your child vaccinated.

How do I find out if and when they are going to vaccinate children at school?

Right now the best source for details about school vaccination plans is your child's school.

Why is the H1N1 influenza vaccine being offered in school?

Children are being disproportionately impacted by the H1N1 influenza virus. Offering the vaccine for free in schools will make it easier for children to get vaccinated if their parents desire.

Vaccine is expected to be available in local health departments, doctors' offices and pharmacies later this year for those children not able to be vaccinated in school. Private providers are permitted to charge an administration fee for the vaccine.

Will schools be giving nasal spray or shots for H1N1 vaccination?

This will vary from school to school. For schools having H1N1 vaccination programs through their local health department, some will offer both forms and some will offer only one form of immunization at the school. For those cases in which only one form of vaccine is available at the school, the local health department will provide information as to alternate ways that you will be able to obtain the other form of vaccine.

Example: If only nasal spray is given at an elementary school, the local health department will provide information as to how children who need injectable vaccine can get it.

Is my child required to be vaccinated against H1N1 influenza?

No. Vaccination is completely voluntary. Unless you opt in by returning a completed consent form, your child will not receive an H1N1 influenza vaccination.

Why is there a question on the consent form about the antibiotic Gentamycin?

Gentamycin is contained in some forms of novel H1N1 vaccine to help prevent bacterial growth. If your child has an allergy to Gentamycin, please indicate it on the form so medical staff can determine the best form of vaccine for your child.

There are four manufacturers currently approved by the FDA to produce the H1N1 vaccine. During the manufacturing process, three of the four use gentamycin (MedImmune) or neomycin (CSL)/(Novartis). Sanofi Pasteur does not use any antibiotics in their manufacturing process.

Do I have to sign the “Privacy Notice of Deemed Consent” form in order for my child to receive the vaccine through the school clinic?

Yes.

Do schools have to report cases of the flu (either type) to anyone, and if so to whom?

Yes. The person in charge of the school is required by the Code of Virginia to report any suspected outbreaks or epidemics of influenza (both H1N1 influenza and seasonal influenza) immediately to the local health department. There is no requirement for schools to report individual cases of influenza.

Is it possible that schools will close at any time during this flu season?

Yes. Although school closure has not been found to be very effective in slowing down an outbreak of influenza, some school districts could decide to close, for instance, if high levels of absenteeism among students and staff make it impractical to continue classes. Special schools that serve a high number of students with underlying medical conditions (ex. pregnant teens, students with neurodevelopmental disorders such as cerebral palsy) that put them at increased risk for complications if they become ill with influenza could also consider closure in some situations.

Can schools offer the H1N1 vaccine for free?

Yes. All H1N1 vaccinations given by the local health departments are free. Go to the CDC website for additional guidance. <http://www.flu.gov/professional/school/childguidance.html>

Are there any specific recommendations for early childhood programs for the upcoming influenza season?

Yes. Early childhood providers should examine and revise, as necessary, their current crisis or pandemic plans and procedures; develop contingency plans to cover key positions when staff are absent from work; update contact information for families and staff; and share their plans with families, staff, and the community. Early childhood providers should review and revise, if necessary, their sick leave policies to remove barriers to staff staying home while ill or to care for an ill family member. A doctor's note should not be required for children or staff to validate their illness or to return to the early childhood setting.

Early childhood providers should frequently remind children, their families, and staff about the importance of staying home when ill; early treatment for people at higher risk for flu complications; hand hygiene; and respiratory etiquette. Educational materials (for example, posters) to enhance compliance with recommendations should be visible in the child care setting. Examples of these materials are available at http://www.cdc.gov/novel_H1N1flu/flyers.htm.

Specific information and guidance regarding early childhood and child care programs as it pertains to novel H1N1 is located on <http://www.cdc.gov/h1n1flu/childcare/>.

Should schools pre-register in order to administer the vaccine?

They may do so to become H1N1 vaccination sites. Schools should consult with their local health department if they are considering becoming a vaccination site.

What steps can be taken by schools and staff to prevent the spread of flu among students?

Encourage students, parents, staff, and faculty to be vaccinated with both seasonal and H1N1 vaccine. Educate and encourage students and staff to cover their mouth and nose with their sleeve or a tissue when they cough or sneeze. Also, provide them with easy access to tissues and running water and soap or alcohol-based hand cleaners. Send sick students, teachers, and staff home and advise them and their families that sick people should stay at home until at least 24 hours after they no longer have a fever or signs of a fever (without the use of fever-reducing medicine). Clean surfaces and items that are more likely to have frequent hand contact such as desks, door knobs, keyboards, or pens, with cleaning agents that are usually used in these areas.

If school has a large percentage of staff and students out because of possible swine flu are they obligated to close or is it at the discretion of the principal? At what point do they close?

Although school closure has not been found to be very effective in slowing down an outbreak of influenza, some school districts do decide to close, for instance, if high levels of absenteeism among students and staff make it impractical to continue classes. While local public health staff are available to provide consultation in dealing with H1N1 influenza, the decision to close is made locally by the school administrators.

My child is sick with the flu and has to stay home from school. What should I do?

Find out if your employer will allow you to stay at home to care for sick household members or children dismissed from school. Ask if you can work from home. If this is not possible arrange for age-appropriate child care to ensure that your child stays home and does not expose others

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unnecessarily to their illness. Arrange to monitor your child's condition in case they develop more severe illness.

What do I need to know in order to care for my sick child at home?

Stay home if you or your child is sick until at least 24 hours after there is no longer a fever or signs of a fever (without the use of a fever-reducing medicine). Keeping sick students at home means that they keep their viruses to themselves rather than sharing them with others. Stay home even if taking antiviral medicines. Keep sick household members in a separate room (a sick room) in the house as much as possible to limit contact with household members who are not sick. Consider designating a single person as the main caregiver for the sick person. Monitor the health of the sick child and any other household members by checking for fever and other symptoms of flu.

What can I do to protect my child and family from the flu during the upcoming school year?

The Centers for Disease Control and Prevention (CDC) recommends 4 main ways you and your family may keep from getting sick with the flu at school and at home:

Practice good hand hygiene by washing your hands often with soap and water, especially after coughing or sneezing. Alcohol-based hand cleaners are also effective.

Cover your mouth and nose with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your elbow or shoulder; not into your hands.

Stay home if you or your child is sick for at least 24 hours after there is no longer a fever or signs of a fever (without the use of fever-reducing medicine). Keeping sick students at home means that they keep their viruses to themselves rather than sharing them with others.

Get your family vaccinated for seasonal flu and novel H1N1 flu when vaccines are available.

Please follow the CDC guidelines at http://www.cdc.gov/h1n1flu/guidance_homecare.htm

Who should parents and/or daycare centers contact about an outbreak?

Outbreaks in any setting should be reported to the local health department.

My child's school does not allow alcohol based sanitizers in the class room. What should we do?

Focus on what your child can do to avoid getting novel H1N1 flu: Wash hands frequently with soap and water for 20 seconds (long enough for children to sing the "Happy Birthday" song twice). Be sure to set a good example by doing this yourself. Cough and sneeze into a tissue or their elbow (If a tissue is used, throw the tissue away immediately). Be sure to set a good example by doing this yourself. Stay at least six feet away from people who are sick. Stay home from school if sick, and stay away from sick people until they are better.

<http://cdc.gov/novel H1N1flu/talkingtokids.htm>

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Colleges/ Universities

Do college and university health departments report the numbers of influenza-like illness to VDH? If so, will that information be made public?

Physician directors of student health centers are required to report the total number of the influenza cases that are seen in the health center each week. These reports are given to the local health department. Summary information such as this could be made public if there was a public health need to do so.

My child attends a college or university in Virginia. If my child has flu-like symptoms, should he or she come home?

It is recommended that if students and faculty experience flu-like symptoms to isolate themselves in their dorm rooms or homes, and to avoid attending classes or coming to campus, if they live off-campus.

Institutions should consider the following in preparation for possible outbreaks of novel H1N1:

Establish a relationship with their state and local health departments.

Keep informed regarding the evolving situation through regular visits to the [CDC's NOVEL H1N1 Flu web site](#).

Develop educational messages in a variety of formats regarding the illness and how to reduce the spread of influenza. (See [NOVEL H1N1 Flu and You](#)).

Provide alternative educational delivery such as distance learning, web-based learning, or other ways to increase social distancing.

Plan for assistance for students with ILI (influenza like illness) including provision for meals, medications, and other care.

Develop contingency plans for how to reduce exposure of non-ill students, staff and faculty to ill students, staff and faculty.

What about large gatherings on the campus of a college or university?

Institutions should encourage persons with influenza-like illness to stay home and away from large gatherings.

Businesses/Employers

Should an employee with a sick family member at home come to work?

Employees who are well but who have an ill family member at home with influenza can go to work as usual. However, these employees should monitor their health every day, and notify their supervisor and stay home if they become ill. Employers should maintain flexible policies that permit employees to stay home to care for an ill family member. Employers should be aware that more workers may need to stay at home to care for ill children or other ill family members than is usual.

We are a non-traditional setting looking to set up a vaccination clinic. How should we go about doing that? For example, a workplace that wants to vaccinate patients? Would the workplace screen for the priority groups?

See Vaccine, What is required to become a Vaccination Site? Worksites without individuals in direct patient-care settings or other high risk groups may not be prioritized for vaccine. Individuals in non-traditional settings would need to self-identify as being in a priority group. For a vaccination clinic checklist see: <http://www.immunize.org/catg.d/p3046.pdf> Source: http://www.cdc.gov/novel_H1N1flu/guidance/workplace.htm

What can employers do to protect employees?

- Encourage sick workers to stay home and away from the workplace, and provide flexible leave policies.
- Encourage infection control practices in the workplace by displaying posters that address and remind workers about proper hand washing, respiratory hygiene, and cough etiquette. These posters can be found on the [Germ Stopper: Posters and Other Materials page](#).
- Provide written guidance (email, etc.) on novel H1N1 flu appropriate for the language and literacy levels of everyone in the workplace. Employers should work closely with local and state public health officials to ensure they are providing the most appropriate and up-to-date information (e.g., the [CDC novel H1N1 Flu website](#)).
- Provide sufficient facilities for hand washing and alcohol-based (at least 60%) [hand sanitizers](#) (or wipes) in common workplace areas such as lobbies, corridors, and restrooms.
- Provide tissues, disinfectants, and disposable towels for employees to clean their work surfaces, as well as appropriate disposal receptacles for use by employees.
- Disinfect commonly-touched hard surfaces in the workplace, such as work stations, counter tops, door knobs, and bathroom surfaces by wiping them down with a household disinfectant according to directions on the product label.

What can employees do to reduce the spread of novel H1N1 flu in the workplace?

- Get a novel H1N1 vaccination when vaccine becomes available.
- Stay home if you are sick. If you have symptoms of influenza-like illness, stay home for [at least 24 hours after your fever is gone](#) except to get medical care or for other necessities (your fever should be gone without the use of a fever-reducing medicine).
- Employees who are well but who have an ill family member at home with novel H1N1 flu can go to work as usual.

- Cover your nose and mouth with your sleeve or a tissue when you cough or sneeze. Throw tissues in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand sanitizers* can be used if soap and water are not available.
- Avoid touching your eyes, nose, or mouth. Germs spread this way.
- Avoid close contact with sick people. If an employee suspects that they have been exposed to a sick person with novel H1N1 influenza they may continue to go to work as usual. These employees should monitor their health every day and should notify their supervisor and stay home if they become ill.

What should I do when an employee comes to work with influenza-like illness symptoms in a community where novel H1N1 virus is circulating?

- Notify appropriate health center or first aid personnel.
- Place the employee in a room by him- or herself.
- If the employee needs to go into a common area, he or she should cover coughs/sneezes with their sleeve or a tissue or wear a facemask if available and tolerable.
- Notify the employee's supervisor or employer.
- Send the employee home as soon as possible.
- Call for emergency medical services if the ill person develops any of the emergency warning signs. See What to Do If You Get Flu-Like Symptoms to review emergency warning signs and for more information on what employees should do if they become sick.
- Ensure the ill employee stays home for at least 24 hours after his/her fever is gone except to get medical care or for other necessities (his/her fever should be gone without the use of a fever-reducing medicine).
- For recommendations on facemask and respirator use for the person assisting the ill employee see Interim Recommendations for Facemask and Respirator Use to Reduce Novel Influenza A (NOVEL H1N1) Virus Transmission.

Some agency's teleworking policies conflict with what the Health Commissioner recommends in her message to state employees. What policy do employers/employees follow?

Under normal circumstances, an employee who works a standard schedule should not care for children or elderly parents while teleworking.

However, in some cases, policy interpretations can be flexible in order to accomplish the goal of minimizing the spread of influenza in the workplace. Each agency reviews the policy and considers those interpretations. Your agency's human resources office is your best source of guidance on this and your specific agency's policy should be followed.

What should employers advise employees about suspected sick individuals?

- Advise workers to be alert to any signs of fever and any other signs of influenza-like illness⁶ before reporting to work each day, and notify their supervisor and stay home if they are ill. Employees who are ill should not travel while they are ill.
- Advise employees to check with their health care provider about any special care they might need if they are pregnant or have a chronic health condition such as diabetes, heart disease, asthma, or emphysema.

What should I do for an employee with confirmed novel H1N1 flu while he or she is on travel status?

- Notify his or her supervisor or employer if an employee becomes ill on travel or temporary assignment.
- If outside the U.S., contact medical provider or overseas medical assistance companies to assist in finding an appropriate medical provider in that country, if needed. A U.S. consular officer can help locate medical services. Take note that U.S. embassies, consulates, and military facilities do not have the legal authority, capability, and resources to evacuate or to give medications, vaccines, or medical care to private U.S. citizens overseas.
- See [Novel H1N1 Flu and Travel](#) for more information for travelers.

One of my employees is pregnant. What precautions should she take?

Pregnant women are known to be at higher risk for seasonal influenza complications. They might also be at higher risk for novel H1N1 influenza complications. Pregnant women with flu-like symptoms should contact their health care provider. For more information, please visit [What Pregnant Women Should Know About NOVEL H1N1 Virus](#).

What can businesses do to anticipate and respond to the impact of novel H1N1 flu on operations?

- Encourage your employees to get their seasonal flu vaccine now and their novel H1N1 vaccine when it becomes available.
- Identify a workplace coordinator who will be responsible for dealing with novel H1N1 flu issues and impact at the workplace
- Determine who will be responsible for responding to ill individuals in the workplace
- Share your plans with employees and clearly communicate expectations.
- Review interim recommendations for facemask and respirator use in non-health care settings.
- Identify essential employees, essential business functions, and other critical inputs (e.g. raw materials, suppliers, subcontractor services/products, and logistics) required to maintain business operations by location and function should there be disruptions during the novel H1N1 flu outbreak.
- Implement business continuity plans if there is significant absenteeism in the workplace during this outbreak.
- Review your plan with regard to increases or decreases in demand for your products and/or services during the outbreak (e.g., the need for hygiene supplies).
- Review the [CDC travel-related websites](#) for up-to-date information and communicate these recommendations to employees who may have upcoming business-related travel.
- Establish an emergency communications plan. This plan includes identification of key contacts (with back-ups), chain of communications (including suppliers and customers), and processes for tracking and communicating business and employee status.
- Develop platforms (e.g., hotlines, dedicated websites) for communicating novel H1N1 flu status and actions to employees, vendors, suppliers, and customers inside and outside the worksite in a consistent and timely way, including redundancies in the emergency contact system.

What actions can employers take now regarding the influenza season and the novel H1N1 virus?

- Review or establish a flexible influenza pandemic plan and involve your employees in developing and reviewing your plan;
- Conduct a focused discussion or exercise using your plan, to find out ahead of time whether the plan has gaps or problems that need to be corrected before flu season;
- Have an understanding of your organization's normal seasonal absenteeism rates and know how to monitor your personnel for any unusual increases in absenteeism through the fall and winter.
- Engage state and local health department to confirm channels of communication and methods for dissemination of local outbreak information;
- Allow sick workers to stay home without fear of losing their jobs;
- Develop other flexible leave policies to allow workers to stay home to care for sick family members or for children if schools dismiss students or child care programs close;
- Share your influenza pandemic plan with employees and explain what human resources policies, workplace and leave flexibilities, and pay and benefits will be available to them;
- Share best practices with other businesses in your communities (especially those in your supply chain), chambers of commerce, and associations to improve community response efforts; and

Add a "widget" or "button" to your company Web page or employee Web sites so employees can access the latest information on influenza: www.cdc.gov/widgets/ and www.cdc.gov/SocialMedia/Campaigns/NOVEL_H1N1/buttons.html

What can businesses do to anticipate and respond to the impact of novel H1N1 on employees?

- Examine policies for leave and employee compensation and review with managers, supervisors, and employees so they are up-to-date on sick leave policies, leave donation, and employee assistance services that are covered under the different employee-sponsored health plans. Leave policies should be flexible and non-punitive.
- Plan for the possibility of unscheduled leave that encourages employees who are sick to stay at home to care for themselves and others who are ill with the flu or children dismissed from school.
- Establish policies for flexible worksite (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), if needed.
- Communicate policies for employee access to, and availability of, health care, mental health, and social services including corporate and community resources.

Should employees be vaccinated?

- Yes, unless they have medical contraindications, employees should be encouraged to receive their seasonal influenza vaccinations now and their novel H1N1 vaccinations when vaccine becomes available.
- Offer opportunities at your worksite for influenza vaccination. Consider granting employees time off from work to get vaccinated if not offered at the worksite.
- Review the health benefits you offer employees and work with insurers to explore if they can cover the costs of influenza vaccination.

What measures should be taken to protect employees who are at higher risk for complications from influenza?

- People at higher risk for complications from influenza include pregnant women; children under 5 years of age; adults and children who have chronic lung disease (such as asthma), heart disease, diabetes, diseases that suppress the immune system and other chronic medical conditions; and those who are 65 years or older.
- Inform employees that some people are at higher risk of complications from influenza and that if they are at higher risk for complications, they should talk now to their health care provider for possible arrangements to receive antiviral medication if they become ill. Early treatment with antiviral medications is very important for people at high risk because it can prevent hospitalizations and deaths.
- Encourage employees recommended for seasonal influenza vaccine and novel H1N1 vaccines to get vaccinated now with seasonal flu vaccine and with novel H1N1 vaccine when it becomes available.
- See http://www.cdc.gov/novel_H1N1flu/qa.htm for more information.

What should employers advise employees to do when traveling regarding the novel H1N1 virus?

- Advise workers to check themselves for fever and any other signs of influenza-like illness before starting travel and notify their supervisor and stay home if they are ill.
- Advise employees who will be traveling or on temporary assignment about precautions they may need to take to protect their health and who to call if they become ill.
- Employees who become ill while traveling and are at increased risk of complications from influenza and others concerned about their illness should promptly call a health care provider for advice.
- Ensure employees who become ill while traveling or on temporary assignment understand that they should notify their supervisor.
- If outside the United States, ill employees should follow your company's policy for obtaining medical care or contact a health care provider or overseas medical assistance company to assist them with finding an appropriate health care provider in that country, if needed. A U.S. consular officer can help locate health care services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, and resources to evacuate or give medications, vaccines, or medical care to private U.S. citizens overseas.

Consider canceling non-essential business travel and advising employees about possible disruptions while traveling overseas

- See CDC's Travel Website (http://wwwn.cdc.gov/travel/content/novel-novel_H1N1-flu.aspx) for more information for travelers.
- If the severity of the outbreak worldwide increases in the fall or winter, public health officials may recommend social distancing strategies which include canceling non-essential travel and travel restrictions may be enacted by some countries which may limit the ability of employees to return home if they become ill while on travel status.

If influenza severity increases, travelers should also be prepared for travel delays, health screenings, and other activities targeted towards travelers. Provide information to travelers about contingency plans and how their travel can be rebooked for these possible delays.

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Surveillance

Updated: How many people in Virginia have died from novel H1N1 influenza? (November 6, 2009)

The most current death count is posted on the VDH website and is updated by the end of each day. All of these individuals had laboratory tests confirming that they were infected with novel H1N1 virus at or near the time of death.

<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/H1N1/H1N1Tracking.htm>

How many people have been given the H1N1 vaccine thus far? (December 17, 2009)

Virginia has received 2.4 million doses of the H1N1 vaccine. Close to that many administered doses have been recorded in Virginia. However, vaccinators have up to 5 days to report the doses they give.

How should clinicians report cases of novel H1N1?

Providers should report as they normally would according to the Code of Virginia Reportable Disease List (http://www.vdh.state.va.us/epidemiology/Disease_List.htm). Using this system, influenza-associated deaths in children aged less than 18 years should be reported rapidly (i.e., within 24 hours of being suspected or confirmed) to the local health department. Also with this system, directors of laboratories, physicians, and directors of medical care facilities are required to report total influenza cases weekly to their local health department.

Why has the government stopped counting every novel H1N1 flu case?

In late July 2009, we stopped counting every case individually because the number increased to the point where it was more important to monitor the disease activity by region. Reporting disease activity levels is the method CDC uses to report on routine seasonal flu activity. CDC monitors activity levels and virus characteristics across the country through multiple nationwide surveillance systems. Results from these systems are updated weekly and are posted on the CDC website on Fridays at www.cdc.gov/flu.

How are influenza hospitalizations and deaths from novel H1N1 being tracked?

CDC has asked states to report either laboratory confirmed hospitalizations and deaths or syndromic cases, i.e. cases of presumed influenza and/or pneumonia based on ICD-9 coded hospitalizations or death reports each week. These will be reports of all influenza and pneumonia-related hospitalizations and deaths, not just those due to novel H1N1.

If states are reporting aggregate influenza hospitalizations and deaths, how will you tell what percentage of cases is due to 2009 novel H1N1 and what percentage is due seasonal influenza viruses?

Due to CDC's new case definitions, there will be no definitive way to differentiate between hospitalizations and deaths due to seasonal influenza versus those due to 2009 novel H1N1 influenza from aggregate reporting. And some deaths that are not due to influenza specifically will be included. However, information on the proportion of influenza viruses that are 2009 novel

H1N1 versus seasonal influenza will continue to be reported in FluView from the virologic surveillance system. (For example, as of August 29, 2009, 97% of all subtyped influenza A viruses being reported to CDC were 2009 novel H1N1 viruses.)

Will states be reporting confirmed cases?

In the surveillance guidance provided to states, CDC has asked states to report either laboratory confirmed hospitalizations and deaths or syndromic cases, i.e. cases of presumed influenza and/or pneumonia based on ICD-9 coded hospitalizations or death reports.

What does this mean?

Laboratory confirmed influenza hospitalizations and deaths are those that were confirmed as attributed to influenza infection by a laboratory test. Syndromic influenza-associated hospitalizations and deaths are those caused by suspected or probable influenza or pneumonia.

Why does it seem like the numbers of weekly hospitalizations and deaths are going up?

The reported numbers for the first week of data using the new case definitions are higher than the average weekly numbers that were being posted for 2009 novel H1N1 counts because what is being counted is different and how it is being counted is different.

1. CDC is counting all laboratory-confirmed influenza (seasonal and 2009 novel H1N1) reported by states. CDC expects co-circulation of seasonal influenza viruses with 2009 novel H1N1 and this change in reporting will capture a fuller picture of the burden of influenza during the pandemic.
2. Some states are now reporting influenza and pneumonia syndrome, which is the standard diagnostic code used by hospitals. This is a broader category than laboratory-confirmed influenza and may elevate the numbers somewhat.

How accurate a representation are these numbers?

Laboratory-confirmed data is thought to be an underestimation of the true number of cases because most people will not be tested for influenza. However, influenza and pneumonia syndrome hospitalizations and deaths may be an overestimate of actual number of flu-related hospitalizations and deaths because that diagnostic category includes other illnesses. CDC believes influenza and pneumonia syndromic reports are likely to be a more sensitive measure of flu-associated hospitalizations and deaths than laboratory confirmed reports during this pandemic.

This is a new surveillance system that will be used to monitor trends in hospitalizations and deaths. The numbers generated by this system will be cross-checked periodically against modeling studies to estimate accuracy.

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Preparedness

What does the declaration of a national emergency mean?

This formal declaration sets the stage for greater availability and flexibility in our emergency response should that be needed. While Virginia is fortunately not yet in need of implementing the changes that the national emergency declaration is intended to facilitate, the President's action ensures we have the flexibility needed should the current pandemic situation worsen. The President's declaration will allow Virginia's hospitals to rapidly augment patient care services should we experience a significant surge of illness from H1N1 influenza.

Virginia has been under a declared public health emergency since this spring which has enhanced communication, preparation and cooperation of the medical community - including hospitals, physicians, public health, and emergency medical services.

Will VDH declare a public health emergency for novel H1N1?

The Virginia Health Commissioner declared a public health emergency early this spring to allow VDH increased access to contact information of licensed medical providers in the state of Virginia. This allowed for facilitated communication between the Virginia Department of Health Preparedness (VDH) and medical providers.

What is Virginia doing to specifically address novel H1N1 during the 2009-2010 flu season?

VDH is providing education on how individuals can protect themselves against the flu, including getting vaccinated, taking everyday preventive actions like covering coughs, frequent hand washing, and staying home when sick, and the correct use of antiviral drugs if your doctor recommends them. VDH is also monitoring trends in overall flu activity and identifying flu strains circulating in Virginia. VDH is working with local health departments, the healthcare community, and schools to provide novel H1N1 vaccine, first to target groups and later to anyone wishes to receive the vaccination. VDH is working with hospitals to ensure expanded emergency room capacity, if needed.

Does Virginia have a plan?

The Virginia Department of Health (VDH) is monitoring rates of influenza-like activity throughout the state and continues to collect information about persons with severe illnesses who are hospitalized and deaths due to influenza or pneumonia. VDH will ensure that Virginia is fully prepared.

The state pandemic flu response plan has been activated. The plan has been tested and exercised six times since August 2006. Local health districts are activating their local response plans and coordinating with local and regional governments.

Does Virginia have antiviral medications?

Virginia has a sufficient amount of anti-viral medications on hand to protect our residents. VDH also has a stockpile on hand where extra quantities of medicine are kept in case there are shortages of medications in the private sector.

1.29.10

Will Virginia be implementing quarantine orders for novel H1N1?

We do not anticipate a quarantine order to prevent the spread of novel H1N1 in the near future.

Does VDH have speakers who can provide up to date information on the novel H1N1 Flu and recommended practices for businesses in the private sector? (added 8.18)

We are developing a speaker's bureau that will provide presentations to businesses and community groups. Presentations may also be available from your local health department. Guidance documents, podcasts and other resources developed by CDC to help prevent the further spread of this new virus are available at <http://cdc.gov/novel H1N1flu/business/>. If you'd like to have a speaker address your group, please provide me with the following information so that we can have someone get back to you:

Contact name:

Contact phone number:

Organization name:

County or City:

Potential meeting dates/times:

Audience (number, who are they):

What type of information about novel H1N1 are they interested in:

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Travel

I am traveling to Haiti to help with the relief efforts, is the H1N1 vaccine required?

Yes, the H1N1 vaccine is among those required for travel to Haiti. There are also other vaccines recommended. See your doctor before you travel to make sure you have had all necessary vaccines.

- **Routine:** Be sure that you are up to date on vaccines such as measles/mumps/rubella (MMR), diphtheria/pertussis/tetanus (DPT), polio, **seasonal and H1N1 flu**, and varicella. It is especially important to have a current tetanus shot.
- **Hepatitis A or immune globulin (IG):** Even if your departure is imminent, one dose of hepatitis A vaccine provides adequate short-term protection for healthy people. For long term protection, a second dose is required 6–18 months after the first dose, depending on the brand of vaccine used.
- **Typhoid:** There are 2 vaccines available for typhoid prevention. The injectable vaccine may be preferable to the oral vaccine in cases where travel is imminent. The oral vaccine requires refrigeration and 4 tablets taken every other day over one week.
- **Hepatitis B:** If your departure is imminent, the first in a 3-dose series (day 0, 1 month and 6 months) may provide some protection. An accelerated dosing schedule may be used (doses at days 0, 7, and at 21–30 days with a booster at 12 months).

More information can be found on the CDC's website:

<http://wwwnc.cdc.gov/travel/destinations/haiti.aspx>

If I am traveling to Haiti, or out of the country, does it matter if I get the injectable “flu shot” or the nasal mist (LAIV)?

Influenza injectable vaccine is recommended if working directly with affected populations. If work is not directly with affected populations, live attenuated nasal influenza vaccine can be administered. Live vaccine is available for most healthy persons age 2-49 years of age who are not pregnant; injectable is available for all age groups.

I plan on traveling for the holidays. Are there any precautions I should take?

Healthy people may make travel plans as they normally would. There are four main health tips to keep you safe and healthy, especially during the holiday season.

- Travel only when they are feeling well
- Washing hands often
- Covering coughs and sneezes with a tissue or sleeve
- Getting vaccinated for flu (both seasonal and 2009 H1N1 if in a recommended group)

CDC recommends that travelers with medical conditions that put them at high risk for complications from any form of flu discuss their travel plans with their doctor. Together, they should look carefully at the novel H1N1 flu situation in their destination and the available health-care options in the area.

There is also a page on the CDC's website that offers information about traveler's health at <http://wwwnc.cdc.gov/travel/default.aspx>

If you are sick with symptoms of flu-like illness, you should not travel. These symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, and fatigue. Some people may also have vomiting and diarrhea. People may be infected with the flu and have respiratory symptoms without a fever.

What if I plan on traveling out of the country? Are there any precautions I should take?

Due to the circulation of H1N1 influenza in the United States and many other countries, airport staff in some foreign countries may check the health of arriving passengers. Many countries are screening arriving passengers for symptoms of the flu. Travelers may be checked for fever and other symptoms of H1N1 flu and their **travel may be delayed**. Consult the embassy of the country, or countries, in your travel itinerary for information about entry screening procedures (see [Websites of U.S. Embassies, Consulates, and Diplomatic Missions for contact information](#)). The United States is **not** screening travelers who arrive from other countries or depart for other countries.

Because these outbreak-related delays, which could include several days of quarantine, may affect planned activities and lead to unexpected costs, CDC strongly recommends that travelers consider purchasing travel insurance. To find a list of possible travel health and medical evacuation insurance companies, visit [Medical Information for Americans Abroad](#) (U.S. Department of State).

How will these screenings be done?

When you travel internationally from the United States, officials in other countries may ask you to:

- Pass by a scanning device that checks your temperature. (The device may look like an airport metal detector, a camera, or a handheld device.) In some countries this may be done before you disembark at your destination.
- Have your temperature taken with an oral or ear thermometer
- Fill out a sheet of questions about your health
- Review information about the symptoms of 2009 H1N1 flu
- Give your address, phone number, and other contact information
- Be quarantined for a period of time if a passenger on your flight is found to have symptoms of 2009 H1N1 flu
- Contact health authorities in the country you are visiting to let them know if you become ill

If you have a fever or respiratory symptoms or are suspected to have 2009 H1N1 flu based on screening, you may be asked to:

- Be isolated from other people until you are well
- Have a medical examination
- Take a rapid flu test (which consists of a nasal swab sample)
- Be hospitalized and given medical treatment, if you test positive for 2009 H1N1 flu

Please note that the U.S. Department of State usually cannot interfere with the rights of other countries to screen airline passengers entering or exiting their countries, nor can it influence the number of days a traveler is placed in quarantine.

What should I do if I start to feel sick during my trip?

If you have severe illness or you are at high risk for flu complications, seek medical care. A U.S. consular officer can help you find local medical care in a foreign country. To contact the U.S. embassy or consulate in the country you are visiting. For more information about what to do if you become sick while you are traveling outside the United States, visit

<http://wwwnc.cdc.gov/travel/content/survival-guide.aspx>

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Are there any special precautions that I should take after my trip is over?

Closely monitor your health for 7 days. If you become ill with fever and other symptoms of novel H1N1 flu such as a cough, sore throat, and possibly vomiting and diarrhea, see the information in the section above titled “What to do if you get sick” and the What to Do If You Get Flu-Like Symptoms page on the CDC NOVEL H1N1 Flu website.

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Animals

Can I become infected with novel H1N1 by eating or preparing pork?

No. None of the flu viruses, including H1N1, are spread by handling or eating pork products.

Can people get the flu virus from pigs?

The H1N1 influenza virus has been found in several commercial swine operations in the United States. Flu viruses are thought to spread from infected people and pigs to other people and pigs mostly through coughing or sneezing, and through contact with surfaces contaminated by flu viruses. People who work with pigs should take precautions including good hand hygiene and staying home when ill to prevent transmission of illness.

Can animals become infected with the novel H1N1 influenza virus?

There have been a few recent reports of animals being diagnosed with H1N1 influenza. Recently, several ferrets, one in Oregon and 2 in Nebraska, a cat in Iowa, several pigs exhibited at the Minnesota State fair and pigs associated with several commercial swine operations have been confirmed infected with H1N1 virus.

Can animals become infected with influenza viruses?

There are many strains of influenza and a wide variety of animals can become infected. Most animals have particular strains of flu that they are more commonly diagnosed with and some animals are particularly susceptible to flu.

Is the H1N1 virus easily transmitted between animals or between animals and people?

It is uncommon for flu viruses to jump between species and so it is unlikely that the H1N1 will spread easily from animals to people or from people to animals. Pets that live indoors tend to have close contact with their owners. Of the few confirmed cases in animals, all had been in close contact with people who reported influenza like illness.

Can my pet get the novel H1N1 virus?

There have only been a few reports of companion animals becoming infected with H1N1. Until recently, we had no reason to believe pets could be infected with this virus because it is very uncommon for flu viruses to jump between species. However, on October 9, 2009, a USDA laboratory confirmed H1N1 infection in a ferret. The ferret's owner had recently been ill with the flu. Ferrets are more susceptible to infection with influenza viruses, so this was not altogether surprising. At this time, there are no reports of the H1N1 flu virus being transmitted from a ferret to a person.

On November 4, the Iowa State Veterinarian and the Iowa Department of Public Health announced that a pet cat was confirmed infected with H1N1 flu virus. The cat's owners were ill with influenza like illness and the cat developed respiratory symptoms shortly afterward. The cat has recovered and there is no evidence at this time that the cat passed the virus to any people.

Most recently, the New York Department of Health reported that a dog was confirmed with H1N1 after being admitted to a veterinary hospital with clinical signs of fever and a cough. The dog has been released from the hospital and is doing very well.

I've heard about companion animals getting the H1N1 virus. Should I get rid of my companion animals so my family is protected?

No. Remember that you are much more likely to catch the flu (any type of flu, including H1N1) from an infected person than you are from an animal. So far, all of the pets infected with the H1N1 virus became infected from being around people who had influenza like illness. The main lesson here is that if you're feeling ill and have flu-like symptoms, you should probably limit your contact with your pets until you are feeling better. As always, if your pet is showing signs of illness, it should be examined by a veterinarian.

Can my pot-bellied pig get the novel H1N1 virus and give it to me?

To date, H1N1 has not been reported in pot-bellied pigs. However, the possibility of human-to-pig transmission of the virus warrants extra caution by pig owners. After all, pot-bellied pigs are considered swine, and therefore may be susceptible to the virus. For the time being, a cautious approach would include all contact between your pig and anyone who is ill or has recently been exposed to an ill person. Remember that pot-bellied pigs can become ill from a number of causes, and keeping your pig healthy and free of disease helps protect your pig as well as you. If you have a pet pig and it appears ill, consult a veterinarian immediately.

Is it easily transmitted between animals or between animals and people?

It is uncommon for flu viruses to jump between species and so it is unlikely that the H1N1 will spread easily from animals to people or from people to animals. Pets that live indoors tend to have close contact with their owners. Of the few confirmed cases in animals, all had been in close contact with people who reported influenza like illness.

What are the signs of influenza in animals?

Animals with influenza can have a variety of clinical signs including a fever, weakness, loss of appetite, coughing, and sneezing. Any time your pet is sick, either with signs that could be the result of an infection with flu or other signs of illness, it is always best to consult with your veterinarian. In addition, if you or someone in your household has recently been ill with an influenza-like illness, let your veterinarian know that as well.

What tests are available to diagnose the disease?

You should consult with your veterinarian if your pet develops a respiratory illness. If your veterinarian has questions about testing, he can contact his nearest Virginia Department of Agriculture and Consumer Services Regional Animal Health Laboratory using the directory at www.vdacs.virginia.gov/about/directory-ais.shtml#labs.

Is there a vaccine available to prevent novel H1N1 infection in animals?

There is no H1N1 vaccine at this time that has been developed for use in companion animals. There is a canine H3N8 influenza vaccine, which protects dogs from that particular strain of flu virus, but it will not protect pets against the H1N1 virus and should not be used in any species other than dogs. The human H1N1 vaccine should not be used for pets. An H1N1 vaccine for commercial swine may be available in the near future.

Someone in my home is ill and may have H1N1 influenza. Should we board our pet(s) until this person has recovered?

That decision is really up to you. Your pet may have already been exposed to the virus by the time the family member starts showing symptoms, so it might not be best to uproot your pet, possibly stressing them, and put them in another environment. If you're worried your pet may become infected with the influenza virus, treat your pet like you would any other family member – follow good hygiene when you come in contact with them, and limit their exposure to ill family members.

What can be done to prevent illness in my pet?

If you are sick with flu-like symptoms, handle your pet sparingly and wash your hands before and after handling your pet. Don't cough or sneeze near your pet. You and your pet should avoid contact with animals showing signs of a respiratory illness and, ideally, any animal whose health history is unknown.

Where can I go for more information?

Additional Resources:

CDC: 2009 H1N1 Flu and You: <http://www.cdc.gov/h1n1flu/qa.htm>

American Veterinary Medical Association (AVMA): Public Health:
http://www.avma.org/public_health/influenza/default.asp

AVMA FAQs about Novel H1N1:
http://www.avma.org/public_health/influenza/new_virus/new_flu_virus_faq.asp

AVMA: Fact Sheet for Veterinarians:
http://www.avma.org/public_health/influenza/new_virus/new_flu_virus_faq_veterinarians.asp

AVMA: Fact Sheet for Pet Owners:
http://www.avma.org/public_health/influenza/new_virus/new_flu_virus_faq_pet_owners.asp

University of Minnesota College of Veterinary Medicine Fact Sheets:
<http://www.cvm.umn.edu/cahfs/fact/home.html>

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Glossary

Adjuvant – A vaccine adjuvant is a substance that is added to a vaccine to improve the immune response so that less vaccine is needed.

Antiviral Medication – A medication that specifically works to prevent a virus from replicating or reproducing.

CCV – Commercial community vaccinator such as pharmacies, retail-based clinics, urgent care centers, and medical services firms.

COPD - Chronic obstructive pulmonary disease (COPD) refers to a group of diseases that cause airflow blockage and breathing-related problems. COPD is a serious lung disease which makes it hard to breathe. Also known by other names, such as emphysema or chronic bronchitis, COPD is now the 4th leading cause of death in the United States and also causes long-term disability.

Complication – A process or event that occurs during a disease that is not an essential part of the disease itself, but results from effects of the disease in some cases. An example is a bacterial infection that can be acquired secondarily after a viral infection when a person's immune system has been compromised (weakened).

Contagious – capable of passing an illness or disease such as a virus to another person.

Contamination – the presence of a germ.

Epidemic – A situation that occurs when the number of new cases of a disease in a population exceeds what is expected during a given time period.

Flu – An illness caused by an influenza virus.

Guillain-barre syndrome (GBS) – A rare, but serious disorder where the body attacks its own nerve cells, causing nerve damage that usually begins with slight numbness or tingling in the arms or legs and progresses over 24 to 72 hours to muscle weakness, and sometimes paralysis. The nerve damage that occurs in GBS usually affects the nerve's covering (myelin sheath). It is not clear exactly what triggers GBS, however it usually follows a minor infection of the stomach or lungs. GBS may occur at any age, however it is most common in people between ages 30 and 50. Though GBS is very serious, most people survive and recover completely after a few weeks.

In 1976, there was a small risk of GBS following influenza vaccination (approximately 1 additional case per 100,000 people who received the vaccine). That year, the number of GBS cases was slightly higher than what is normally seen. Since then, numerous studies have been performed in an effort to evaluate if the flu vaccine is associated with GBS. In most of these studies no association was found, however two studies suggested that approximately one additional person out of every one million who are vaccinated with the seasonal flu vaccine may be at risk for GBS. The U.S. Federal Drug Administration (FDA), Centers for Disease Control

(CDC), and all state and local health departments throughout the U.S. closely monitor all reports of vaccine-related problems; such monitoring will be even stronger for the novel H1N1 vaccine.

Signs that you should seek emergency care from a medical professional include; difficulty breathing or swallowing, drooling, fainting, feeling lightheaded when standing, uncontrollable muscle contractions, chest pain, increased clumsiness and falling.

Infection control – Refers to hygienic measures taken to decrease the spread of illness; such measures include hand washing, covering one’s mouth when coughing, sneezing into a tissue, or cleaning environmental surfaces.

Influenza – Also known as the flu, influenza is a contagious illness that is caused by the influenza virus. Infection with influenza viruses can result in mild to severe illness and rarely, they have life-threatening complications. Common symptoms include; fever, headache, muscle aches, chills, fatigue, dry cough, runny nose, nausea, vomiting, and diarrhea. There are three main types of influenza; A, B, and C. Only types A and B can infect humans. Influenza A viruses are unique because they can make minor or major changes over time. These changes or mutations can form new viruses that humans have never before been exposed to, causing widespread epidemics and pandemics.

Influenza virus vaccine – A treatment that is used for protection against an influenza virus; it usually contains two influenza A virus strains and one influenza B virus strain. There are two forms of influenza vaccines; the “flu shot” and the nasal-spray.

- The “flu shot” is an inactivated vaccine (containing fragments of killed influenza virus) that is usually given with a needle in the arm.
- The nasal-spray flu vaccine (sometimes called LAIV for “live attenuated influenza vaccine”) is made with live, weakened flu viruses that do not cause the flu.

Isolation – The separation of ill or symptomatic persons with a communicable disease from those who are healthy.

Novel H1N1- Initially referred to as the “swine flu”, novel H1N1 is a new type of flu that causes illness in people. This contagious virus was first detected in people in the United States in April 2009 and carries genetic components of both avian (bird) flu, swine (pig) flu, and the human flu.

On June 11, 2009, the World Health Organization (WHO) signaled that a global pandemic of novel H1N1 was underway by raising the worldwide pandemic alert level to Phase 6. This action owed to the *spread* of novel H1N1, not the *severity* of illness caused by the virus. At the time, more than 70 countries had reported cases of novel H1N1 and there were ongoing community level outbreaks of novel H1N1 in multiple parts of the world. The virus continues to spread throughout the United States and other parts of the world, from person-to-person, in the same way as the seasonal flu.

Since the WHO declaration of a novel H1N1 pandemic, the virus has continued to spread, and most, if not all, countries around the world have reported cases. In the Southern Hemisphere, the

regular influenza season has begun and countries are reporting that novel H1N1 is causing illness along with regular seasonal influenza viruses. In the U.S., significant novel H1N1 illness has continued into the summer and early fall, with localized and in some cases intense outbreaks occurring. The U.S. continues to report the largest number of novel H1N1 cases of any country worldwide, however, most people who have become infected with novel H1N1 have recovered without the need for medical treatment.

Given ongoing novel H1N1 activity to date, CDC anticipates that there will be more cases, more hospitalizations and more deaths associated with this pandemic in the United States over the summer and into the fall and winter. The novel H1N1 virus, in conjunction with regular seasonal influenza viruses, poses the potential to cause significant illness with associated hospitalizations and deaths during the U.S. influenza season.

Outbreak - Outbreak is a term used in public health to describe an occurrence of disease greater than would otherwise be expected in a particular time and place.

Pandemic – An epidemic that has spread through human populations across several regions, continents, or worldwide. The severity of a pandemic can range from mild to severe and severity can change throughout the course of the pandemic if the agent changes.

Pathogenic - capable of causing disease.

Pneumonia – inflammation of the lung, caused by a bacteria, virus, fungi, or protozoa. The type of pneumonia is based on its cause; a pneumonia caused by a virus such as influenza would be called “viral pneumonia”.

Preservative – a substance that is added to a product to destroy or inhibit multiplication of microbes such as bacteria.

Prophylaxis – disease prevention; also called preventive treatment. In many cases, prophylaxis (or chemoprophylaxis) refers to preventing illness by specifically taking medications before symptoms begin.

Quarantine – The separation of persons who are not ill but are presumed to have been exposed to a communicable disease and are therefore at highest risk of becoming infected. This is generally conducted in the home or at a designated facility.

Respiratory Etiquette – Recommended practices that help to reduce person-to-person disease transmission. Examples include covering one’s nose and mouth when coughing or sneezing and disposing tissues in a trash receptacle.

Sentinel Surveillance System – A public health system that monitors the rate of occurrence of a specific disease to assess the stability or change in the number of people who are affected by the disease within a specific population. With a sentinel surveillance system, only a subset of persons is participating in the system. For example, with novel H1N1, selected physicians, or sentinel providers, are regularly submitting specimens from persons with flu-like illness so that VDH can monitor what viruses are circulating in Virginia.

Social distancing – Measures taken to decrease the amount of contact among people to decrease the risk of spreading communicable disease. Examples include staying home when you are sick

and avoiding large crowds, and school dismissal. In the case of novel H1N1, staying 6 feet or more away from a sick person may help to reduce the risk of transmission.

Swine Flu Party – A gathering of people, some of whom are infected with novel H1N1 and some who are not. The goal of a swine flu party is to facilitate the spread of novel H1N1 from infected people to non-infected people. Participating in these parties is *not* recommended.

Thimerosal – A mercury-based chemical that has been used as a vaccine preservative in the U.S. since the 1930s. In the production process of multi-dose vials of influenza vaccine, thimerosal is added at the end of the production process to keep them free from contamination of harmful microorganisms after the vial is opened. No preservatives are used in the production process of single-dose vials of injectable influenza vaccine; these preservative-free single-dose vials of the novel H1N1 vaccine will be reserved for children and pregnant women. The live-attenuated version of the vaccine, which is administered intranasally (through the nose) is also produced in single-units and will not contain thimerosal.

Transmission – transfer of infection from an infected individual to a healthy individual.

Vaccine – A vaccine is given by a shot, an inhaled mist, or by mouth in the form of a liquid. Most vaccines contain a weakened or dead disease germ or part of a disease germ. Other vaccines use inactivated toxins. By giving a vaccine, we can make antibodies against weakened or dead germs in the vaccine. These antibodies can fight real, live disease germs. Protective antibodies stay on guard so that the body can safeguard itself from germs in the future. Vaccines are important because they not only protect the individual, but also the health of the community. People who are sick will be less likely to be exposed to disease germs that can be passed around. Immunization can help to slow down or stop disease outbreaks. One of the greatest success stories in public health is how vaccines have reduced infectious diseases. Routine immunization has eradicated smallpox from the globe; led to the near elimination of polio; and minimized the number of people that experience the devastating effects of measles, pertussis and other illnesses. Vaccines are highly effective in preventing death and disability and they save billions of dollars in health costs annually.

Viable – a term that means “alive”.

Disclaimer

This document is for informational purposes only. It is not intended for use as a substitute for the advice, diagnosis, or treatment by a healthcare provider.

The information surrounding the novel H1N1 virus is expected to change on a frequent and ongoing basis, as new data becomes available. If you are reading a printed version of this document, note that it may not be the most up-to-date version. The most up-to-date public version can be found at www.vdh.virginia.gov.

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