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**H1N1 Influenza and Vaccination Program**

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**Note to operators: When people call asking questions that are specific to their personal situation,** tell them that we cannot provide advice about how to manage a particular individual. The decision on how best to manage a particular individual must be made in conjunction with the individual's health care provider.

## 2009 H1N1 INFLUENZA

### **What is 2009 H1N1 flu?**

2009 H1N1 flu (often referred to as “swine flu”) is a new influenza virus causing illness in people. This new virus was first detected in people in the United States in April 2009. This virus is spreading from person-to-person worldwide, probably in much the same way that regular seasonal influenza viruses spread. On June 11, 2009, the World Health Organization announced that a pandemic of novel H1N1 flu was underway.

### **I read in the paper (or heard on the news) that there are more deaths in NJ caused by H1N1. Does this mean it's getting worse?**

No. Current information shows that there has not been a change in H1N1 severity. H1N1, just as seasonal influenza, can cause a range of illness--from mild to severe. Though some cases can be fatal, the vast majority are not and most people have recovered without requiring medical attention. The flu-related deaths that have been reported to us have occurred primarily in patients with conditions that put them at risk for flu-related complications. In an effort to quickly identify any changes that might occur during the current pandemic, public health officials at CDC and state and local health departments will continue to closely monitor this situation, especially to see if there are changes in H1N1 disease severity.

### **New York and Philadelphia have declared public health emergencies. Is New Jersey considering doing the same?**

New Jersey has no plans to declare a state of emergency at this time.

New Jersey is well positioned to take any and all actions necessary to respond to H1N1.

The declarations by Philadelphia and New York State (similar to the declaration by the Obama administration a week ago) are administrative actions designed to ensure that states and cities are in as flexible a position as possible to handle an increased influenza like illness.

People should continue to practice common sense, good hygiene measures to prevent the spread of influenza: wash your hands frequently, stay home from school or work when you are sick and cover your cough.

## H1N1 SIGNS / SYMPTOMS / SEVERITY

### **What are the signs and symptoms of this virus in people?**

The symptoms of novel H1N1 flu virus in people include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Many people who have been infected with this virus also have reported diarrhea and vomiting. However, some people with influenza, including those ill with 2009 H1N1 flu do not have a fever.

### **How severe is illness associated with 2009 H1N1 flu virus?**

Illness with the new 2009 H1N1 virus has ranged from mild to severe. While most people who have been sick have recovered without needing medical treatment, hospitalizations and deaths from infection with this virus have occurred.

### **Is 2009 H1N1 flu acting differently than seasonal flu?**

Seasonal influenza can cause mild to severe illness, and at times can lead to death. Each year, in the United States, on average 36,000 people die from flu-related complications and more than 200,000 people are hospitalized from flu-related causes. Of those hospitalized, 20,000 are

children younger than 5 years old. Over 90% of deaths and about 60 percent of hospitalization occur in people older than 65.

According to CDC data on 2009 H1N1 flu from August 30 through October 10, 2009, more than half of the hospitalizations and almost a quarter of deaths are in people under the age of 25.

Only 12 percent of the deaths occurred in people over age 65.

### **What medical complications can arise as a result of the flu?**

Most people who get the flu (either seasonal or 2009 H1N1) will have mild illness, will not need medical care or antiviral drugs, and will recover in less than two weeks. Some people, however, are more likely to get flu complications that result in being hospitalized and occasionally result in death. Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. The flu can also make chronic health problems worse. For example, people with asthma may experience asthma attacks while they have the flu, and people with chronic congestive heart failure may have worsening of this condition that is triggered by the flu.

### **Who is at high risk for complications from 2009 H1N1 flu?**

Groups at higher risk for complications include:

- Children younger than age 5 years, especially those younger than age 2 years.
- Pregnant women
- Children and adolescents (less than 18 years of age) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection;
- Adults and children who have chronic lung, heart, liver, blood, neurologic disorders (including nervous system, brain, or spinal cord), neuromuscular disorders (including muscular dystrophy and multiple sclerosis), or metabolic disorders;
- Adults and children who have weak immune systems (including weak immune systems caused by medications or by HIV).

### **How does this flu affect pregnant women?**

Some pregnant women have become very sick and were hospitalized. Some pregnant women have died. For this reason, a pregnant woman who thinks she might have the flu, needs to call her doctor right away.

## **H1N1 TRANSMISSION / INFECTIVITY**

### **Is the 2009 H1N1 flu virus contagious?**

Yes. It is contagious and is spreading from person to person.

### **How does the 2009 H1N1 flu virus spread?**

Spread of 2009 H1N1 flu virus is thought to occur in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughs or sneezes by people with influenza. Sometimes people may become infected by touching something – such as a surface or object – with flu viruses on it and then touching their mouth, nose or eyes.

**How long can an infected person spread this virus to others?**

People infected with seasonal and 2009 H1N1 flu may be able to infect others from 1 day before getting sick to 7 days after. This can be longer in some people, especially children and people with weakened immune systems. The ability to infect others peaks early in the illness and then decreases daily.

**If I have a chronic disease, am I more likely to get this novel flu?**

People who are infected with a flu virus can either remain symptom-free or they may develop symptoms. People with certain chronic diseases, especially diseases involving the lungs and immune system, are more likely to develop symptoms. Additionally, people with certain chronic diseases are more likely to develop medical complications from the flu.

**Why are some hospitals not allowing children to visit their relatives in the hospitals?**

There are several reasons why health care facilities, such as hospitals and nursing homes, are not allowing children to visit. The 2009 H1N1 flu virus has infected children much more than the adult population. In addition, it is very easily spread by children.

Therefore, the facility does not want to have infected children (who may or may not yet be sick) spread the flu to patients and staff. In addition, they are concerned that children who are exposed to their flu patients can become infected and spread it to others in the community.

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

"Swine flu parties" are gatherings during which people have close contact with a person who has 2009 H1N1 flu in order to become infected with the virus. The intent of these parties is to become infected with what for many people has been a mild disease, in the hope of having natural immunity to the 2009 H1N1 flu virus that might circulate later and cause more severe disease. CDC does not recommend "swine flu parties" as a way to protect against 2009 H1N1 flu.

**What is the incubation period for H1N1 influenza?**

The incubation period is the time from when someone is infected until they start to show symptoms. According to the CDC, the estimated incubation period is unknown and could range from 1 – 7 days, and more likely 1 – 4 days.

**PREVIOUS H1N1 INFECTION****If I had H1N1 flu earlier this year, does that mean I won't get it this fall or winter?**

If you have had 2009 H1N1 flu, as confirmed by a test conducted at the state public health laboratory, you should have some immunity against 2009 H1N1 flu although it is impossible to predict if you will be completely protected against illness after a natural infection or vaccination.

**I had a lab confirmed case of H1N1 flu earlier this year. Should I still get the vaccine?**

If you have had 2009 H1N1 flu, as confirmed by a test conducted at the state public health laboratory, you should have some immunity against 2009 H1N1 flu and can choose not to get the 2009 H1N1 vaccine although it is impossible to predict if you will be completely protected against illness after a natural infection or vaccination. However, vaccination of a person with some existing immunity to the 2009 H1N1 virus will not be harmful.

**I'm pretty sure I had H1N1 flu earlier this year. Should I still get the vaccine?**

If you were ill but do not know for sure if you had 2009 H1N1 infection, you should discuss vaccination with your health care provider.

## **PREVIOUS FLU VACCINATION**

**Will this year's seasonal flu vaccine also protect against the 2009 H1N1 flu?**

The seasonal flu vaccine is not expected to protect against the 2009 H1N1 flu. But it is important to get a seasonal flu shot to have protection against the seasonal flu.

**If I had a flu shot during the 2008-2009 fall/winter, will it protect me against H1N1 flu?**

No, the current flu is a new virus and was not included in the 2008-2009 seasonal flu vaccine. It is not likely the 2008-2009 seasonal flu vaccine provides any cross protection against infection with 2009 H1N1 flu. However, the Department does recommend that people receive the flu vaccine annually to protect against seasonal influenza.

**If I had a swine flu shot back in the 1970's, am I protected?**

No, the current novel influenza A (H1N1) is a new virus and was not included in the 1970's swine flu vaccine. Even though both the 1976 virus and the 2009 virus are sometimes being referred to as "swine flu," they are different strains.

## **H1N1 VACCINE**

**How many H1N1 flu vaccines have been FDA-approved?**

Five vaccines have been FDA approved:

Injectable Vaccines:

Influenza A (H1N1) 2009 Monovalent Vaccine (ID Biomedical) – 18 years and older

Influenza A (H1N1) 2009 Monovalent Vaccine (CSL Limited) – 6 months and older

Influenza A (H1N1) 2009 Monovalent Vaccine (Novartis Vaccines and Diagnostics Limited) - 4 years and older

Influenza A (H1N1) 2009 Monovalent Vaccine (Sanofi Pasteur, Inc.) - 6 months and older

Intranasal Vaccines:

Influenza A (H1N1) 2009 Monovalent Vaccine (MedImmune LLC) – 2-49 years (healthy and not pregnant)

**Does the H1N1 vaccine contain an adjuvant?**

No. The H1N1 vaccine being used in the US does not contain an adjuvant.

**Which H1N1 vaccine is better: nasal mist or injectable?**

On the basis of clinical trials performed to date, both types of vaccines provide sufficient protection against 2009 H1N1 influenza. The injectable is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions (such as asthma,

diabetes, or heart disease). The nasal mist is approved for use in healthy people 2-49 years of age who are not pregnant.

### **How long after I get a flu vaccine will I be immune to the flu virus?**

Flu vaccines cause antibodies to develop in the body. These antibodies provide protection against infection with the viruses that are in the vaccine. Once you get vaccinated, your body makes protective antibodies in about two weeks. In the meantime, you are still at risk for getting the flu. In addition, children younger than 10 years old who are being vaccinated against 2009 H1N1 flu for the first time need a second dose 4 or more weeks later in order to be protected. While some protection is offered after the first dose, maximum protection is reached within two weeks after the second dose.

### **It looks like H1N1 is over. Should people still get vaccinated?**

In past flu pandemics, "waves" of activity have been observed over a year or so after a new flu virus appears, with each wave lasting 6-12 weeks. The US experienced its first wave of 2009 H1N1 flu in the spring of 2009 and now the second wave is winding down. Additional waves of H1N1 may occur as well as outbreaks of seasonal flu. Because the timing and spread of flu viruses are unpredictable, the CDC is continuing to recommend vaccination with seasonal flu vaccine and 2009 H1N1 vaccine for those people for whom it is recommended.

### **Can the seasonal vaccine and the 2009 H1N1 flu vaccine be given at the same time?**

The seasonal flu vaccine and 2009 H1N1 flu vaccine are available as both live (nasal mist) and killed (injectable) vaccines.

Doses of seasonal nasal mist (live) flu vaccine and 2009 H1N1 nasal mist (live) flu vaccine cannot be given at the same time. They must be separated by a minimum of 14 days.

[Note: Other live virus vaccines, if not given at the same time, must be separated by 28 days.]

Seasonal injectable (killed) flu vaccine can be given at the same time as 2009 H1N1 nasal mist (live) flu vaccine. The opposite is true as well: Seasonal nasal mist (live) flu vaccine can be given at the same time as 2009 H1N1 injectable (killed) flu vaccine.

Tell your health care provider if you received any other vaccines within the past month or plan to get any within the next month.

### **Can flu vaccines be given at the same time as other vaccines?**

Nasal mist (live) flu vaccines can be given at the same time as killed vaccines (including injectable flu vaccine) or any other live injectable vaccine (e.g., MMR, MMRV, varicella, yellow fever, pneumococcal). If not given at the same time, nasal mist (live) flu vaccines and other live vaccines should be separated by at least 4 weeks.

Tell your health care provider if you received any other vaccines within the past month or plan to get any within the next month.

[Note: Doses of seasonal nasal mist (live) flu vaccine and 2009 H1N1 nasal mist (live) flu vaccine **CANNOT** be given at the same time. They must be separated by a minimum of 14 days.]

### **Are two doses of vaccine required?**

The U.S. Food and Drug Administration (FDA) has approved the use of one dose of 2009 H1N1 flu vaccine for persons 10 years of age and older. Children under 10 years will need two doses.

Infants younger than 6 months of age are too young to get the 2009 H1N1 and seasonal flu vaccines. NOTE: For seasonal flu, children under 9 years of age need two doses.

**What will be the recommended interval between the first and second doses of 2009 H1N1 flu vaccine for children under 10 years of age?**

CDC recommends that the two doses of 2009 H1N1 flu vaccine be separated by 4 weeks. However, if the second dose is separated from the first dose by at least 21 days, the second dose will be OK.

**My child is due for a 2<sup>nd</sup> dose and I'm being told that he has to wait because the limited amount of vaccine needs to go to other children who have not yet had their 1<sup>st</sup> dose. If my child gets the 2<sup>nd</sup> dose more than 4 weeks after the 1<sup>st</sup> one, how does that affect his protection against the flu? Is my child protected against the flu with just one dose?**

The span of 4 weeks between doses is a minimum time. With just one dose, your child has some protection against the flu, but for full protection a second dose should be administered. It is recommended that your child obtains the 2<sup>nd</sup> dose when it becomes available. The level of protective immunity will not be affected by a delay in receiving the 2<sup>nd</sup> dose.

**My child is 9 years old and just got her first shot of the H1N1 vaccine. She will turn 10 before the second shot is due. Does she need the second shot?**

No. Your child does not need a second shot once she turns 10. Two shots are only recommended for children under the age of 10. [Note: In this instance, "shot" and "nasal mist" are interchangeable.]

***[NEW] My child needed two doses of flu vaccine and was accidentally given a third dose of the same vaccine. Is that a problem?***

No. The child is not at an increased risk of side effects from the extra vaccine. The extra vaccine is not likely to produce any added benefit but will not cause any harm. As with all individuals who receive vaccines, the child should be observed for any of the side effects on the Vaccine Information Sheet. Any adverse events should be reported to VAERS (Vaccine Adverse Event Reporting System) program, which has been set up to monitor vaccine safety. (See Q&A under Vaccine Safety.)

***[NEW] My child was given an adult dose of flu vaccine instead of a pediatric dose. Is that a problem?***

No. The child is not at an increased risk of side effects from the extra vaccine. The extra vaccine is not likely to produce any added benefit but will not cause any harm. As with all individuals who receive vaccines, the child should be observed for any of the side effects on the Vaccine Information Sheet. Any adverse events should be reported to VAERS (Vaccine Adverse Event Reporting System) program, which has been set up to monitor vaccine safety. (See Q&A under Vaccine Safety.)

If the child is at an age that requires a second shot, the vaccine should still be given. One double dose is not the same as two separate vaccines separated by the 21-28 days.

**Why are some providers giving 2<sup>nd</sup> doses to children and others are not?**

Healthcare providers can, on a case-by-case basis, give the second. However, given the limited supply of vaccine, providers should not schedule clinics specifically for administering a 2<sup>nd</sup> vaccine dose or reserve a 2<sup>nd</sup> dose of vaccine at the time that the child receives the first dose.

**Will it be necessary for the first and second dose to be given by the same provider?**

No. But please note that if you are using two different providers, when you go to get your

second dose, bring information on your flu vaccination history to the second provider. Otherwise, information should be accessible through the NJ H1N1 Vaccine System.

**Can the first dose be nasal mist and the second dose be injectable (and vice versa)?**

Yes, but when feasible, the same brand and type of vaccine (live attenuated or inactivated) should be used.

**Will it be necessary for the first and second dose to be the same product?**

When feasible, the same brand of vaccine should be used in a two dose schedule, but any vaccine FDA-approved for the age of the patient can be used to complete the series.

**Who should NOT get the injectable flu vaccine?**

The flu shot is approved for use in people 6 months of age and older, including healthy people, people with chronic medical conditions and pregnant women. The following people should NOT get the injectable flu vaccine:

- People with severe (life-threatening) allergy to eggs, or to any other substance in the vaccine. Tell the person giving you the vaccine if you have any severe allergies.
- People who have had a life-threatening allergic reaction after a dose of seasonal flu vaccine.
- Infants younger than 6 months of age.

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 the health care provider if you ever had Guillain-Barre syndrome (a severe paralytic illness also called GBS).

## **H1N1 NASAL MIST VACCINE**

**What is nasal mist flu vaccine?**

Nasal mist flu vaccine is sprayed into the nostrils rather than injected into the muscle. This is also called an intranasal influenza vaccine. This vaccine is a weakened live virus vaccine.

**Can I get sick from the nasal mist flu vaccine?**

No, the virus used in the nasal mist flu vaccine is weakened and is not able to produce influenza illness in a healthy person or to people they come into contact with. The nasal mist vaccine should only be given to healthy individuals.

**Who can get the nasal mist flu vaccine?**

The nasal mist flu vaccine is FDA approved for healthy children and adults from 2 through 49 years of age who are not pregnant.

**Why is nasal mist flu vaccine limited to individuals 2-49 years old?**

In order to license a vaccine for a particular age group, the company must present data to the FDA demonstrating safety and effectiveness. Studies with FluMist showed that it was effective

in people 2-49. It was also tested in individuals 50-64 and did not demonstrate effectiveness. As with any vaccine, FluMist may not protect 100% of individuals receiving the vaccine.

**Can breastfeeding mothers use the 2009 H1N1 nasal mist flu vaccine?**

Yes, it is safe for breastfeeding mothers. People in contact with infants and newborns can receive the nasal mist vaccine.

**Since the nasal mist flu vaccine contains a live virus, can the people who receive it infect others?**

Although the package insert states that a person can shed (release) the vaccine virus, shedding alone should not be equated with person-to-person transmission. Studies have found that transmission is very rare. People who receive the nasal mist can have contact with everyone except the more severely immunocompromised (e.g., bone marrow transplant in a protective environment). This includes nasal mist administered in the school setting. Pregnant women, infants under six months of age and individuals of any age with lesser degrees of immunosuppression (diabetes, asthma, cancer on chemotherapy but not needing a protective environment, steroid or other immunosuppressive therapy, HIV/AIDS) may be in contact with people who have received the nasal mist. Pregnant women and individuals with lesser degrees of immunosuppression can work in the vaccination clinics and administer the vaccine even if they themselves are not candidates for this vaccine.

**Can health care workers with direct patient care duties use the 2009 H1N1 nasal mist flu vaccine?**

Most health care workers with direct patient care duties can safely use the nasal mist vaccine. Only the contacts of people with severely weakened immune systems (such as patients with bone marrow transplants who require a protective environment) should not receive the nasal mist vaccine. If they do receive the nasal mist vaccine, they should be restricted from contact with the immunosuppressed individual for 7 days after vaccination. Contacts of people with lesser degrees of immunosuppression (such as diabetes, cancer on chemotherapy not requiring a protective environment, HIV infections, elderly, steroid therapy) can receive the nasal mist and not be restricted.

**Who should NOT get the nasal mist flu vaccine?**

The following people should NOT get nasal mist flu vaccine. Anyone in these groups should contact their health care provider.

- People with severe (life-threatening) allergy to eggs, or to any other substance in the vaccine. Tell the person giving you the vaccine if you have any severe allergies.
- Pregnant women
- Children younger than 2 and adults 50 years and older
- Children younger than 5 years with asthma or one or more episodes of wheezing during the past year
- Children or adolescents on long-term aspirin treatment.
- Anyone with a weakened immune system

- 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)
- 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
- Anyone with certain muscle or nerve disorders (such as cerebral palsy) that can lead to breathing or swallowing problems

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-Barre syndrome (a severe paralytic illness also called GBS)

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

## **H1N1 VACCINE SAFETY**

### **Is the 2009 H1N1 influenza vaccine safe?**

According to the CDC, the 2009 H1N1 influenza vaccine is expected to be just as safe as seasonal flu vaccines.

### **Is the 2009 H1N1 influenza vaccine be made differently than the seasonal influenza vaccine?**

No. This vaccine is made using the same processes and facilities that are used to make the currently licensed seasonal influenza vaccines.

The risks and side effects from inactivated 2009 H1N1 vaccine are similar to those from seasonal inactivated flu vaccine:

Injectable vaccine:

- Soreness, redness, tenderness or swelling where the shot was given
- Fainting (mainly adolescents)

- Headache, muscle aches
- Fever
- Nausea

If these problems occur, they usually begin soon after the shot and last 1-2 days.

Nasal mist vaccine:

- Runny nose, nasal congestion
- cough
- Fever
- Headache and muscle aches
- Wheezing
- Abdominal pain or occasional vomiting or diarrhea
- Sore throat
- Chills
- Tiredness or weakness

Life-threatening allergic reactions are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.

**I read in the paper (or heard on the news) that there's been a recall of 2009 H1N1 vaccine. Should I be concerned?**

The pharmaceutical company GlaxoSmithKline has recalled one batch of 172,000 doses of 2009 H1N1 vaccine after reports that it might have caused more allergic reactions than usual. This batch of vaccine was distributed in Canada. The 2009 H1N1 vaccine used in the US is not part of this recall.

**Is there a possibility of Guillain-Barre Syndrome (GBS) cases following the 2009 H1N1 influenza vaccine?**

GBS is a rare disease in which the body damages its own nerve cells, causing muscle weakness and sometimes paralysis. It is not fully understood why some people develop GBS, but it is believed that stimulation of the body's immune system may play a role in its development. On very rare occasions, people may develop GBS in the days or weeks after receiving certain vaccinations.

**How do you know that GBS isn't related to vaccination? And what about miscarriages?**

Adverse events - such as sudden deaths, spontaneous abortions, and Guillain-Barré syndrome - will occur in the population. These adverse events will happen regardless of whether people have been vaccinated for H1N1. In the context of vaccine safety monitoring, we call these

naturally occurring events “background rates.” Background rates are helpful as a tool to assess vaccine safety by comparing the expected rate of adverse events to the actual/observed rate in any given timeframe once vaccination begins.

### **What is the best source of information for the 2009 H1N1 influenza vaccine?**

You should talk with your health care provider about the 2009 H1N1 influenza vaccine. There is also information on the CDC website at [www.cdc.gov/H1N1flu](http://www.cdc.gov/H1N1flu). You can also check [www.flu.gov](http://www.flu.gov). Links to both sites can be found on NJ’s website: [www.nj.gov/health/flu/h1n1](http://www.nj.gov/health/flu/h1n1).

### **What should I do if I think I’m experiencing a bad side effect of the flu vaccine?**

Serious side effects are rare. If you are having a bad side effect from a flu shot, contact your health care provider immediately. In addition, you or your health care provider can report the side effect to the federal government through the VAERS (Vaccine Adverse Event Reporting System) program, which has been set up to monitor vaccine safety. [Note to Call Center Operator: If the caller reports that his/her health care provider refuses to report the side effect, the caller can so do. Information is here: <http://vaers.hhs.gov/esub/index>.]

## **THIMEROSAL**

### **What is thimerosal?**

Thimerosal is a mercury-based preservative that has been used since the 1930s in multi-dose vials (vials containing more than one dose) of some vaccines to prevent the growth of microorganisms, such as bacteria and fungi, which may contaminate them. Such contamination could cause serious illness or death.

### **Why is there concern about mercury?**

Mercury is a naturally occurring element that is found in air, water and soil. Mercury in the air eventually settles into water or onto land where it can be washed into water. Once deposited, certain microorganisms can change it into [methylmercury](#), a highly toxic form that builds up in fish, shellfish and animals that eat fish. Fish and shellfish are the main sources of methylmercury exposure to humans. High levels of methyl mercury in the bloodstream may harm the body, particularly the nervous system.

Thimerosal contains a different form of mercury called ethylmercury. Studies comparing ethylmercury and methylmercury suggest that they are processed differently in the human body. Ethylmercury is broken down and excreted much more rapidly than methylmercury. Therefore, ethylmercury (the type of mercury in the influenza vaccine) is much less likely than methylmercury (the type of mercury in the environment) to accumulate in the body and cause harm.

### **Why was thimerosal removed from vaccines if there is no danger?**

After long-standing interest in lessening human exposure to mercury, thimerosal was removed from most vaccines.

### **Does the 2009 H1N1 influenza vaccine contain thimerosal?**

The FDA-approved vaccines will be manufactured in several formulations. Some will come in multi-dose vials and will contain thimerosal as a preservative. Multi-dose vials of seasonal influenza vaccine also contain thimerosal to prevent potential contamination after the vial is opened.

Some 2009 H1N1 influenza vaccines will be available in single-dose units, which will not require the use of thimerosal as a preservative. In addition, the nasal mist version of the vaccine is produced in single-dose units and does not contain thimerosal.

**How much thimerosal is in flu vaccine?**

When used as a preservative, it is present in concentrations up to 0.01% (50 micrograms thimerosal per 0.5 mL dose or 25 micrograms mercury per 0.5 mL dose).

**How much thimerosal-free vaccine will be available?**

Thimerosal is a preservative. It is anticipated that enough thimerosal-free vaccine in pre-loaded syringes and single dose vials will be available for young children and pregnant women. You can consult your local health agency or health care provider for more information about this.

**Is it safe for children and pregnant women to receive an influenza vaccine that contains thimerosal?**

Yes. It is very important to protect children and pregnant woman against influenza since they are at risk for complications. Numerous studies have found no harmful effects from thimerosal.

**Have any adverse reactions to thimerosal ever been reported?**

When vaccines containing thimerosal have been administered in the recommended doses, allergic type reactions (hives, shock) have been noted on rare occasions. No other harmful effects have been reported. Numerous studies have found no association between thimerosal and autism.

**H1N1 FLU CLINIC INFORMATION**

**Where can I get a 2009 H1N1 influenza vaccination?**

New Jersey can have over 4,000 sites that will have vaccine shipped directly from the CDC. But there will be many more locations throughout the state that will offer 2009 H1N1 vaccinations: health care providers' offices, community health centers, county and local health departments, and retail pharmacies.

H1N1 flu vaccine will be distributed to New Jersey (and across the country) in staggered shipments. Right now, it is early in that process and a limited supply of vaccine is being delivered. We expect more later in November, December and January. Both the nasal mist and the injectable form of the vaccine will be available for several months and there is expected to be enough vaccine for everyone who wants to get vaccinated.

Providers will share specific information with their patients and some local health departments will be scheduling vaccination clinics. Check your local papers for public clinics being held for specific target groups. You can also check the NJDHSS website (<http://nj.gov/health>) for public health locations in your area that will be vaccinating. This website is updated on an on-going basis. In addition, private physician offices, community health centers, employee health services, and pharmacies may also have vaccine supplies.

**How do I use the online “Find A Flu Shot” locator?**

1. Click on the “Find a Flu Shot” button on the NJDHSS website: <http://nj.gov/health>.
2. To search nationally, enter ONE of the following in the blue “Flu Vaccine Locator” box.
  - a. Town, State
  - b. County, State

c. Zip Code

Results include retail outlets such as pharmacies and supermarkets that have ordered flu vaccine. The site also includes the public health clinics that are listed under “New Jersey Public Flu Clinics.” Be sure to read **everything** for the clinic you are considering as there may be eligibility restrictions.

3. To search NJ’s public health clinics:
  - a. Click on “New Jersey Public Flu Clinics.” Here you will find clinics sponsored by local health departments, community health centers and hospitals.
  - b. On the page for Flu Clinics in NJ, check the box for seasonal, H1N1 or both.
  - c. Click on the arrow and highlight county (can skip to see entire state)
  - d. Click on the arrow and highlight municipality (can skip to see entire county)
  - e. Click on the Search button
  - f. When you find a clinic, be sure to click on the text in the column labeled “Name.” Carefully read **everything** there. This is where it explains who is eligible to be vaccinated at that clinic. Please note that there may be eligibility restrictions.

**Who do I call with a question about the "Flu Finder"?**

Call the NJDHSS Office of Public Health Infrastructure at 609-986-0363.

**Do private practices have to accept new patients who just want H1N1 vaccine?**

No.

**Will I be able to get a vaccination at my local pharmacy?**

Check with your local pharmacy to see if the vaccine is available or search using the “Flu Vaccine Locator” after you click on “Find a Flu Shot” on <http://nj.gov/health>.

**Can a local health department restrict vaccine so that they provide it only the residents of the communities that they serve?**

Individuals in priority groups for vaccination can go to any public health clinic to receive the vaccine, regardless of where they live in NJ. After we are certain that all priority groups in NJ who want the vaccine have received it, it will be available to the general public. At that time, public health clinics may give preference to their residents.

**I was at a clinic that wasn't following the priority group/residency rules. Who can I report this to?**

After individuals in the priority groups in NJ who want the vaccine have received it, the vaccine will then be available to others. Until then, individuals in priority target groups for vaccination may go to any public health clinic to receive the vaccine, regardless of where they reside in New Jersey.

Complaints concerning provider non-compliance should be reported to the NJDHSS Office of Public Health Infrastructure at 609-984-0363.

**Do I have to wait around for 15 minutes after I receive an H1N1 vaccine?**

Although both fainting and allergic reactions are rare, it is recommended that people stay for observation for 15 minutes after they receive any vaccine. This is a recommendation; however, you and your health care provider can determine what is best for you when you receive a vaccine.

## H1N1 VACCINE COST/INSURANCE

### **Is the 2009 H1N1 influenza vaccine free?**

There is no administration fee for vaccination in public-health organized large scale vaccination clinics.

Private health care providers may charge patients if they are uninsured. The administration fee cannot exceed the regional Medicare vaccine administration fee. That fee is \$24.60 in northern NJ (Bergen, Essex, Hudson, Hunterdon, Middlesex, Morris, Passaic, Somerset, Sussex, Union, Warren) and \$23.04 in southern NJ (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Monmouth, Ocean, Salem).

### **If I go to my private doctor's office for the vaccine or to a local public health flu clinic, will I be charged if I have insurance? Will I have to pay a co-pay? What if I don't have insurance?**

The administrative cost of providing the vaccine will be covered by Medicare and most, if not all, health insurers, including Medicaid, that insure New Jersey residents. Insurers are covering this cost the way they cover other vaccines, so whatever co-pay you typically have for a vaccine-related doctor's visit will apply here. However, people also have the option to use retail pharmacies (Walgreens, CVS, etc.) that may or may not charge the patient an administrative fee, and public flu clinics where an administrative fee will not be charged.

## H1N1 VACCINE PRIORITY GROUPS

### **I'm in a priority group and no one can tell me when I'll be able to get H1N1 vaccine. Why am I'm getting the run-around?**

I can understand your frustration and I am really sorry about it. We're all frustrated with both the delay in making the vaccine and not knowing when it will be available. The problem is that the distribution of the vaccine supply is handled by the federal government and the company they contract with for shipping. We cannot predict when additional vaccine will become available to our providers within NJ. Providers who order vaccine do not receive advance notice about when they will receive their shipments or what the shipments will contain. Some providers may be getting much less vaccine than they ordered because there is not enough vaccine available right now. We are asking that everyone continue to be patient as more vaccine continues to be delivered to providers every day.

### **Will I be required to show proof of priority group status at public clinics?**

There is no requirement to show proof of priority group status.

### **If children ages 6 months and up are a priority group, why is the local clinic advertising H1N1 vaccine only for children who are at least 3 years of age?**

Each type and brand of vaccine is approved by the FDA for use with individuals in a specific age range. Not all vaccines are approved for use in all age ranges. Most likely, the clinic had not received a product that was approved by the FDA for use with children less than 3 years of age.

### **How is the priority group "healthcare and emergency medical services personnel" defined?**

Healthcare personnel are defined as all persons, regardless of age, whose occupational activities involve contact with patients or contaminated material in a healthcare, home healthcare, or clinical laboratory setting. Healthcare personnel are engaged in a range of occupations, many of which include patient contact even though they do not involve direct provision of patient care,

such as dietary and housekeeping services. This includes healthcare personnel working in the following settings: acute care hospitals, nursing homes, skilled nursing facilities, physician's offices (providers licensed by a health-related board), urgent care centers, outpatient clinics, and home healthcare agencies. It also includes those working in clinical settings within non-healthcare institutions, such as school nurses or personnel staffing clinics in correctional facilities.

The term "healthcare personnel" includes not only employees of the organization or agency, but also contractors, clinicians, volunteers, students, trainees, clergy, and others who may come in contact with patients. Outside the clinical and healthcare settings mentioned above, healthcare personnel are defined as all persons who are licensed or certified to provide direct patient care including students or trainees of the same. This includes emergency medical service (EMS) personnel defined as EMT-Basic and EMT-Paramedic.

[From NJ Administrative Code (N.J.A.C.) Title 8, Chapter 40A: "Emergency Medical Technician-Basic" or "EMT-Basic" means a person trained in basic life support care and validly certified or recognized by the Commissioner in accordance with the standards for Emergency Medical Technician-Basic certification as set forth in this chapter.

"Emergency Medical Technician-Paramedic" or "EMT-Paramedic" means a person trained in advanced life support care and validly certified or recognized by the Commissioner in accordance with the standards for Emergency Medical Technician-Paramedic certification as set forth at N.J.A.C. 8:41A.]

### **Who can be vaccinated first with the 2009 H1N1 influenza vaccine that comes to New Jersey?**

- **Pregnant women** because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated;
- **Household contacts and caregivers for children younger than 6 months of age** because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants younger than 6 months old might help protect infants by "cocooning" them from the virus;
- **Healthcare and emergency medical services personnel** because infections among healthcare workers have been reported and this can be a potential source of infection for vulnerable patients. Also, increased absenteeism in this population could reduce healthcare system capacity;
- **All people from 6 months through 24 years of age:**
  - **Children from 6 months through 18 years of age** because cases of 2009 H1N1 influenza have been seen in children who are in close contact with each other in school and day care settings, which increases the likelihood of disease spread, and
  - **Young adults 19 through 24 years of age** because many cases of 2009 H1N1 influenza have been seen in these healthy young adults and they often live, work, and study in close proximity, and they are a frequently mobile population; and,

- **Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.**

**I'm a senior citizen (over 65). Should I get a 2009 H1N1 flu shot?**

It seems that older adults are having fewer complications from 2009 H1N1 influenza than from seasonal flu. So, for seniors, it is more important to get a seasonal flu vaccine. Seniors may also want to talk to their health care providers about getting a pneumonia vaccine.

**Why are people 65 and older prioritized for antiviral treatment if they get sick with the flu, but they are not in one of the early groups prioritized to get 2009 H1N1 vaccine?**

People 65 and older are the least likely to be infected with 2009 H1N1 flu, but, if they become infected, they are more likely than people in some other groups to develop serious complications from their illness. That is why people 65 years and older are prioritized for treatment with antiviral drugs this season if they do become sick.

**[UPDATED] How will the State determine that the vaccine can be administered to other target populations including the general public?**

The H1N1 vaccine is currently available in limited amounts and is being focused on target priority groups. *Once the State has determined that the demand for vaccine for the prioritized groups has been met statewide, providers will be notified of the ability to vaccinate everyone from the ages of 25 through 64 years. This will not occur until 2010.* Current studies indicate that the risk for infection among persons age 65 or older is less than the risk for younger age groups. However, once vaccine demand among younger age groups has been met, providers should offer vaccination to people 65 or older. There is expected to be enough vaccine available to vaccinate everyone who wants it. Shipments of the vaccine continue to arrive each day; please be patient and continue to check availability on <http://nj.gov/health/>.

## **SEASONAL FLU VACCINE**

**Where can I get a seasonal flu shot?**

You can call your local health department or health care provider to check on the availability on season flu vaccine. Retail outlets in your area may also be offering seasonal flu vaccine. The Department does have a list of flu clinics. Go to: <http://nj.gov/health/flu/findflushot.shtml> to see this list.

**I tried to get a seasonal flu shot and there are no more clinics in my town or county.**

We understand that people may be concerned that there is a limited amount of seasonal flu vaccine available at physicians' offices and public health clinics. We have been advised that there may be manufacturing delays or distribution center issues that are beyond the control of public health. This seems to be a national problem and is affecting some areas in New Jersey. It is our understanding that there is seasonal flu vaccine available in our area at other sites such as pharmacies and chain stores such as Walmart, ShopRite, etc. Those individuals who want to get flu shots should contact their health care provider, area pharmacies and local retail stores that are providing flu shots. When you call, be sure to tell them the exact age of the person in need of vaccine. Some pharmacies and retail stores are not providing immunizations for individuals under certain ages.

**Because of the shortage of seasonal flu vaccine, the NYC health department has suspended the recommendation to vaccinate healthy, non-elderly adults. Will NJ be doing that, too?**

At this time, NJ has no plans to do that.

**If H1N1 is the predominant flu virus that is circulating, why do I need a seasonal flu shot?**

Seasonal flu viruses will also be circulating. The H1N1 flu vaccine does not protect you from them. Only the seasonal flu vaccine will do that.

## **PNEUMONIA VACCINATION**

**In the news, I hear that some people with H1N1 flu are getting pneumonia and are getting really sick and even dying. Would vaccination against pneumonia prevent this?**

The best protection against pneumonia related to the flu is to be vaccinated against the flu.

On its own, the flu virus can cause pneumonia, an inflammatory disease of the lungs.

Vaccination against the flu will help prevent this flu complication.

The flu virus also can damage the lungs, making you more susceptible to bacterial infections that cause pneumonia. One of the bacteria that cause pneumonia is *Streptococcus pneumoniae*.

There are many strains of pneumococcal bacteria; the pneumococcal vaccine provides protection against infection with the most common of these strains. Check with your doctor to see if you might be a candidate for the pneumococcal vaccine.

Other bacteria, such as MRSA (Methicillin-resistant *Staphylococcus aureus*, can also cause pneumonia after the flu. There is no vaccine for this bacterial infection or for a number of other bacterial infections that can cause pneumonia. The best way to avoid pneumonia after the flu is to avoid the flu altogether, and flu vaccination helps to protect against the flu.

**How often should people be vaccinated against pneumonia?**

Pneumococcal conjugate vaccine (PCV) is routinely given to children under 5 years old to protect them when they are at greatest risk for serious diseases caused by pneumococcal bacteria.

A single dose of pneumococcal polysaccharide vaccine (PPSV) is recommended for all people 65 years and older and for people 2 through 64 years of age with certain high-risk conditions.

These individuals may be more likely to develop secondary bacterial pneumonia after an influenza infection. You should discuss with your doctor if you are a candidate for this vaccine.

In addition, the PPSV is recommended for healthy adults 65 years and older. A second dose of PPSV is recommended for people 65 years and older who got their first dose when they were younger than 65 and it has been 5 or more years since the first dose. [Note: People who cannot remember if they've ever had pneumococcal vaccine should still be vaccinated.]

## **NATURAL REMEDIES**

**Are natural remedies (also referred to as “complementary” or “alternative” medicine) recommended to prevent or treat 2009 H1N1 flu?**

The first and most important step to prevent the flu is to get vaccinated. A vaccination uses the body's own defense mechanisms to prevent infection.

Alternative medicine should not be used as a replacement for proven conventional care, or to postpone seeing a doctor about a medical problem. If you want to use a natural remedy to reduce symptoms, the CDC recommends that you talk to your healthcare provider about options.

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 can kill or eliminate the virus.

## **ADVICE FOR PEOPLE SICK WITH FLU**

### **What should I do if I get sick?**

**STAY HOME.** Even mild cases of the flu can make people feel very uncomfortable for a few days so it is important to take care of yourself. It is important to get lots of rest and drink plenty of fluids to help recover from the flu. Over-the-counter medicines such as acetaminophen can help reduce a fever and ease headache and body aches. Warm salt water gargles can help soothe a sore throat. Most people who have gotten sick with 2009 H1N1 flu have had mild illness and have not needed medical care or antiviral drugs. The same is true for this year's seasonal flu.

See NJDHSS document "Caring for Flu at Home: A Self-Help Guide"

[http://nj.gov/health/flu/documents/flu\\_guide.pdf](http://nj.gov/health/flu/documents/flu_guide.pdf)

### **How long do I have to stay home if I think I have the flu?**

Sick individuals should avoid contact with others and stay home except when necessary to seek medical care.

Generally speaking, people with influenza-like illness should remain at home until at least 24 hours after they are free of fever (100° F [37.8°C]) or signs of a fever (chills, sweats) without the use of fever-reducing medications, regardless of whether or not antiviral medications are used. This applies to camps, schools, businesses, mass gatherings, and other community settings where the majority of people are not at increased risk for influenza complications.

Healthcare personnel\* who develop a fever and respiratory symptoms should promptly notify their supervisor and be instructed not to work. Ill healthcare personnel should stay home from work for at least 24 hours after they no longer have a fever, without the use of fever reducing medicines. If healthcare personnel are returning to work in areas where severely immunocompromised patients are provided care, they should be considered for temporary reassignment or exclusion from work for 7 days from symptom onset or 24 hours after the resolution of symptoms, whichever is longer. Upon return, healthcare personnel should be reminded of the importance of frequent hand hygiene and respiratory hygiene and cough etiquette.

\* Definition of "healthcare personnel" is under "H1N1 Vaccine Priority Groups."

### **What if I'm at high risk for complications of flu?**

People who are more likely to get flu complications they should talk to their health care providers about whether they need to be examined. These people include:

- Children younger than age 5 years, especially those younger than age 2 years.
- Pregnant women
- Children and adolescents (less than 18 years of age) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection;

- Adults and children who have chronic lung, heart, liver, blood, neurologic disorders (including nervous system, brain, or spinal cord), neuromuscular disorders (including muscular dystrophy and multiple sclerosis), or metabolic disorders;
- Adults and children who have weak immune systems (including weak immune systems caused by medications or by HIV).

### **Do I need to go to the emergency room if I am only a little sick?**

No. The emergency room should be used for people who are very sick. You should not go to the emergency room if you are only mildly ill. If you get sick with flu symptoms and are at high risk of flu complications or you are concerned about your illness, call your health care provider for advice. If you go to the emergency room and you are not sick with the flu, you may catch it from people there who do have it. However, if you develop emergency warning signs of flu sickness, you should go to the emergency room immediately.

### **What are the EMERGENCY warning signs?**

In children:

- Fast breathing or trouble breathing
- 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 improve but then return with fever and worse cough
- Fever with a rash

In adults:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting

### **What should I do if I'm sick and don't have health insurance or a doctor?**

You should CALL your local health department or local hospital. Ask what types of local healthcare facilities can provide you with care according to your financial situation. If you are in need of emergent care, you should call 911 or go to the emergency room regardless of whether you have health insurance or a doctor.

## **TESTING**

### **Will I get tested?**

Your healthcare provider may choose to test you if he/she needs the information to guide your medical care. The CDC is asking that testing be done to monitor the severity of illness caused by flu this season. Testing may be done on patients with flu-like illness who have been hospitalized in Intensive Care Units or have died.

**Why isn't everyone getting tested? Don't we have a right to know how many cases there really are?**

During a regular influenza season, we do not test everyone we think has the flu. Testing everyone for 2009 H1N1 flu virus will not change what we need to do to protect the community or treat patients. All individuals with flu-like illnesses need to be treated as if they have 2009 H1N1 flu. Public health officials are working closely with health care providers to identify influenza-like illness in the community.

## **ANTIVIRALS**

**What are antiviral drugs?**

Antiviral drugs are prescription medicines (pills, liquid or an inhaled powder) that fight against the flu by keeping flu viruses from reproducing in your body. If you get sick, antiviral drugs can make your illness milder and make you feel better faster. They may also prevent serious flu complications. The CDC recommends strongly that antivirals be used for people with severe illness, those at higher risk for flu complications, and those who are hospitalized due to H1N1 illness. Consult your physician for the best medical advice for your condition.

**Are there antivirals specifically for children?**

Yes, there are antiviral medications for children. Please speak to your child's health care provider for more information.

**Should I call my doctor and ask for antivirals to have on hand just in case?**

No. Antiviral drugs are only recommended for people who are so sick that they are hospitalized due to 2009 H1N1 flu or who are at high risk for flu-related complications. And, antivirals need to be available for those sick people.

**I don't have insurance (or my health insurance doesn't cover Tamiflu). How can I get Tamiflu?**

New Jersey has maintained a stockpile of both Tamiflu and Relenza antivirals that can be used to treat and protect against influenza. The Department of Health and Senior Services has entered into an agreement with all Walgreen stores in the state to make available antiviral medications that will specifically be offered to uninsured and underinsured residents. The Department is also distributing antivirals to New Jersey's Federally Qualified Health Centers (FQHCs), which provide primary healthcare services to uninsured and underinsured individuals.

All Walgreens will provide these medications with a valid prescription. Medications received from pharmacies will cost a small administration fee. Medications received from FQHCs will be free to their underinsured or uninsured patients. These medications were available as of Wednesday, Nov. 25.

**What effect will Tamiflu or Relenza have on people with food allergies to milk or shellfish?**

We cannot give advice about specific patients. Individuals with food or other allergies should talk to their physicians about the use of antiviral drugs. Please check with your physician if you have concerns about a medication that he/she is prescribing.

### **Can I use Relenza if I am lactose intolerant/have lactose deficiency?**

You should always check with your doctor about your own health issues, including this one. People who are allergic to lactose (which contains milk proteins) or any other ingredient of Relenza, should NOT use Relenza. Most people who are lactose intolerant can use Relenza.

### **What should I do if my pharmacist has no more liquid Tamiflu and my child can't swallow a capsule?**

The dose of Tamiflu depends on the age and weight of the child. Make sure you give the correct dose of medicine to your child. It may be more than one capsule. When your child is due for a dose of medicine, each capsule(s) can be emptied and mixed with a sweet liquid that masks the flavor of the medicine:

- Holding one capsule over a small bowl, carefully pull the capsule open and pour all the powder into the bowl.
- Add 1-2 teaspoons of a thick, sweetened liquid that the child will consume completely. It can be sugar-free. Examples: chocolate/caramel/butterscotch syrup, applesauce, corn syrup, pudding. Honey may be used if the child is older than one year.
- Stir the mixture and give the entire dose to the child.

### **How soon after taking influenza antiviral drugs am I able to get vaccinated?**

If a person is taking an influenza antiviral drug (including Tamiflu® or Relenza®), then the nasal mist (live) flu vaccine should not be given until 48 hours after the last dose of the influenza antiviral medication was given. Antiviral drugs can be taken with the inactivated (killed) flu vaccine.

### **If I took influenza antiviral drugs after getting vaccinated, do I need to be revaccinated?**

If a person takes antiviral drugs within two weeks of getting the nasal mist (live) 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.) Antiviral drugs can be taken with the inactivated (killed) flu vaccine.

## **TREATMENT**

### **When is treatment recommended?**

Most people ill with influenza will recover without complications. The vast majority of people who become ill due to H1N1 flu will not need any treatment and will recover at home without antiviral drugs.

However, any suspected influenza patient who develops any of the emergency warning signs (for example, difficulty breathing or shortness of breath) or signs of lower respiratory tract illness or worsening illness should seek medical care promptly and receive antiviral therapy when indicated.

Some people at highest risk of influenza-related complications are prioritized for treatment with influenza antiviral drugs this season. They include:

- People with more severe illness, such as those hospitalized with suspected or confirmed influenza

- People with suspected or confirmed influenza who are at higher risk for complications
  - Children younger than 2 years old
  - Adults 65 years and older
  - Pregnant women
  - People with certain chronic medical or immunosuppressive conditions
- People younger than 18 years of age who are receiving long-term aspirin therapy

Children 2 years to 4 years old are more likely to require hospitalization or urgent medical evaluation for influenza compared with older children, although the risk is much lower than for children younger than 2 years old. Children aged 2 years to 4 years without high risk conditions and who are not severely ill do not necessarily require antiviral treatment.

Children and adults with suspected influenza who have symptoms of lower respiratory tract illness or worsening symptoms should also receive prompt antiviral therapy, regardless of previous health or age.

Physicians may also decide not to treat some people in these groups and/or treat people who are not in these groups based on their clinical judgment.

### **Is it safe to buy antivirals online?**

Consumers may not know exactly what they are getting when buying antiviral products on the Internet from an unfamiliar company. Patients who buy prescription drugs from Web sites operating outside the law are at increased risk of suffering life-threatening adverse events, such as side effects from inappropriately using prescription medications, dangerous drug interactions, contaminated drugs, and impure or unknown ingredients found in unapproved drugs. This may particularly be the case in the event of a public health emergency, such as an influenza outbreak, where approved treatment options would be in high demand and expensive, and where drug shortages could occur.

The FDA urges consumers to only purchase FDA-approved products from licensed pharmacies located in the United States. Consumers should contact their health care provider if they have any questions or concerns about medical products or personal protective equipment.

## **PREVENTION / PRECAUTIONS**

### **What can we do to prevent the spread of influenza?**

There are everyday actions that can help prevent the spread of germs that can cause respiratory illnesses like influenza:

- Get vaccinated.
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it and wash your hands. If a tissue is not available, bury your nose and mouth into your bent elbow.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand sanitizers are also effective. Make sure that it contains at least 60% alcohol.
- Avoid touching your eyes, nose or mouth with unwashed hands. Germs spread this way.
- Try to avoid close contact with sick people (close contact = up to 6 feet).
- Stay home if you are sick.

**I see people on TV wearing masks. Should I be doing that?**

Facemasks and respirators are used in healthcare settings as one means of controlling disease spread. Information on the effectiveness of facemasks and respirators for the control of influenza in community settings is extremely limited. So we don't know how effective they are in controlling flu virus transmission in these settings.

**Can people be “carriers” of the flu, being able to spread it without themselves getting sick?**

It is estimated that 30-40% of seasonal flu infections are in people who do not get sick and who can transmit it to others. We don't have enough information on the 2009 H1N1 flu virus to answer this question specific to this virus. Play it safe and avoid people who are coughing, sneezing, or who look ill.

**How long does this flu virus live on surfaces?**

Depending on the particular surface and the environmental conditions, seasonal flu viruses can live up to 8 hours on surfaces. We don't yet know if this new virus behaves exactly the same way.

**H1N1 SCHOOL ISSUES AND CONCERNS****If a child under 5 who attends a pre-school or a child care center receives the 2009 H1N1 flu vaccine, are they still required to get a seasonal or does the H1N1 count towards the mandate?**

Only the seasonal flu vaccination fulfills this mandate. However, due to limited availability of seasonal flu vaccine, this mandate has been temporarily suspended for the 2009-2010 academic year.

**Are parents required to tell schools when they are keeping their children home because they have ILI that might be 2009 H1N1 flu?**

You should follow your school's policy for reporting illness.

**Will schools be closed if there are outbreaks of 2009 H1N1 flu?**

The decision to close schools will be made at the local level between the school district and local public health authorities. The decision to close schools should balance the goal of reducing the number of people who become seriously ill or die from influenza with the goal of minimizing social disruption and safety risks to children sometimes associated with school dismissal. Schools that had large outbreaks in the spring were studied and it was determined that the benefits of closing school was often outweighed by negative consequences, including some students being left home alone, health workers missing shifts when they must stay home with their children, students missing meals, and interruption of students' education. It is not possible to predict how the flu will spread and how various communities will be affected. School dismissals may be beneficial, depending on the amount of disease in a given community.

**What should schools be doing to control the spread of 2009 H1N1 flu?**

If conditions are similar to what was seen in the spring with the arrival of 2009 H1N1 flu, appropriate school responses should include:

- **Stay home when sick** – Those with flu-like illness should stay home for at least 24 hours after they no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. They should stay home even if they are using antiviral drugs.

- **Separate ill students and staff** – Students and staff who appear to have flu-like illness should be sent to a room separate from others until they can be sent home. CDC recommends that they wear a surgical mask, if possible, and that those who care for ill students and staff wear protective gear such as a mask.
- **Hand hygiene and respiratory etiquette** – The new recommendations emphasize the importance of the basic foundations of influenza prevention: stay home when sick, wash hands frequently with soap and water when possible, and cover noses and mouths with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available).
- **Routine cleaning** – School staff should routinely clean areas that students and staff touch often with the cleansers they typically use. CDC does not believe any additional disinfection of environmental surfaces beyond the recommended routine cleaning is required.
- **Early treatment of high-risk students and staff** – People at high risk for influenza complications who become ill with influenza-like illness should speak with their health care provider as soon as possible. Early treatment with antiviral medications is very important for people at high risk because it can prevent hospitalizations and deaths. People at high risk include those who are pregnant, have asthma or diabetes, have weak immune systems, or have neuromuscular diseases.
- **Consideration of selective school dismissal** – Although there are not many schools where all or most students are at high risk (for example, schools for medically fragile children or for pregnant students) a community might decide to dismiss such a school to better protect these high-risk students.

## H1N1 EMPLOYMENT ISSUES AND CONCERNS

### **What factors should businesses take into consideration when making strategic decisions related to influenza?**

All employers must balance a variety of objectives when determining how best to decrease the spread of influenza and lower the impact of influenza in the workplace.

They should consider and communicate their objectives, which may include one or more of the following: a) reducing transmission among staff, b) protecting people who are at increased risk of influenza related complications from getting infected with influenza, c) maintaining business operations, and d) minimizing adverse effects to other entities in their supply chain.

Employers should base their strategies and response to influenza outbreaks on local information from local and state public health authorities. Some of the key indicators that should be used when making decisions on appropriate responses are:

- Disease severity in the community where the business is located
- Extent of disease (number of people who are sick) in the community
- Amount of worker absenteeism in your business or organization
- Impact of disease on workforce populations that are vulnerable and at higher risk

- Other factors that may affect employees' ability to get to work, such as school dismissals or closures.

**What would be appropriate action steps for businesses to take in order to decrease the impact of influenza on their operations?**

The CDC recommends:

- **Sick people should stay home** – Advise workers to be alert to any signs of fever and any other signs of influenza-like illness before reporting to work each day, notify their supervisor and stay home if they are ill. Employees who are ill should not travel while they are ill.
- **Sick employees at work should be asked to go home** – CDC recommends that workers who appear to have an influenza-like illness upon arrival or become ill during the day be promptly separated from other workers and advised to go home. Ill workers should remain home until at least 24 hours after they are free of fever, or signs of a fever, without the use of fever-reducing medications.
- **Cover coughs and sneezes** – Provide employee messages on the importance of covering coughs and sneezes with a tissue or, in the absence of a tissue, one's sleeve. Place posters in the worksite that encourages cough and sneeze etiquette.
- **Improve hand hygiene** – Instruct employees to wash their hands often with soap and water or use an alcohol-based hand sanitizer especially after coughing or sneezing. Place posters in the worksite that encourage hand hygiene. A variety of handwashing materials are available on the NJDHSS website at [www.nj.gov/health/cd/handwashing.shtml](http://www.nj.gov/health/cd/handwashing.shtml).
- **Clean surfaces and items that are more likely to be touched often**– frequently clean all commonly touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label. No additional disinfection beyond regular cleaning is recommended.
- **Encourage employees to get vaccinated** – Encourage employees to get vaccinated for seasonal flu and H1N1 flu (when it becomes available). Different groups are prioritized for 2009 H1N1 influenza vaccine than for seasonal influenza.
- **Protect High Risk Employees** – Take measures to protect employees who are at higher risk for complications of influenza:
  - People at higher risk for complications from seasonal 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 those individuals should check with their health care providers 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 2009 H1N1 vaccines to get vaccinated as soon as these vaccines are available. For information on groups prioritized for seasonal and H1N1 vaccines, see <http://www.cdc.gov/flu/protect/keyfacts.htm> and <http://www.cdc.gov/h1n1flu/vaccination/acip.htm>.
  - Employees who become sick and are at increased risk of complications from influenza and sick employees who are concerned about their illness should promptly call their health care provider for advice. Their health care provider might want them to take antiviral medications to reduce the likelihood of severe complications from the influenza.
  - See <http://www.cdc.gov/h1n1flu/qa.htm> for more information.
  - **Advise employees before traveling to take certain steps**
    - See CDC's Travel Website (<http://www.cdc.gov/travel/content/novel-h1n1-flu.aspx>) for more information for travelers.
  - **Prepare for the possibility of school dismissal or temporary closure of child care programs**
    - Although school dismissals or closures of child care programs are not likely to be generally recommended at this level of severity, they are possible in some jurisdictions.
    - Be prepared to allow workers to stay home to care for children if schools are dismissed or child care programs are closed.
    - Strongly recommend that parents not bring their children with them to work while schools are dismissed.
    - Ensure that your leave policies are flexible and non-punitive.
    - Cross-train employees to cover essential functions.
    - Read CDC's Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses, which can be found at <http://www.cdc.gov/h1n1flu/schools/schoolguidance.htm>, to better understand the conditions under which schools may be dismissed.

### **Should I go to work if confirmed cases have been identified there?**

CDC recommends that workers who appear to have an influenza-like illness upon arrival or become ill during the day be promptly separated from other workers and be advised to go home. Ill workers should remain home until at least 24 hours after they are free of fever, or signs of a fever, without the use of fever-reducing medications. Therefore, if you are not sick, you can go to work.

**For more information, visit the CDC website resources for business at**

**<http://cdc.gov/h1n1flu/business/>.**

**Or the NJDHSS website resource for businesses at [www.state.nj.us/health/flu/foremp.shtml](http://www.state.nj.us/health/flu/foremp.shtml)**  
**NJDHSS encourages employers to educate themselves and their employees about flu.**

**For information about the NJDHSS Pan Flu Awareness Program go to:**

**<http://nj.gov/health/flu/documents/njpancourseflyer.pdf>.**

## **H1N1 TRAVEL ISSUES AND CONCERNS**

At this time, there are no restrictions on travel, since the H1N1 virus has circulated worldwide.

## **H1N1 ANIMAL ISSUES AND CONCERNS**

### **Can domestic animals catch this virus and get sick? Can they catch it and pass it on to people without getting sick?**

Yes, some animals have been found to have contracted the H1N1 virus, and it has caused respiratory illness in some, but not all, of them. The illness is usually mild and the majority of ill animals have recovered. Most of the infected animals had been exposed to ill humans and appear to have caught it from them. At this time, there is no evidence that the virus has been passing from animal to animal, or that animals have infected humans. The fact that there are very few reports of illness in animals despite the large number of cases in humans, and the frequent interaction between animals and people, indicates that animals are not easily infected and do not appear to play a role in the spread of the disease. Federal and state agriculture and health officials will continue to monitor and study the H1N1 situation in animals.

So far, the 2009 H1N1 flu virus had been found in pigs, birds, ferrets and a cat. Since some viruses can pass between people and animals, this was not an altogether unexpected event. Pet owners should monitor their pets' health very closely, no matter what type of animal, and visit a veterinarian if their pet shows any signs of illness.

### **Are pork products safe to eat?**

Yes, pork products are safe to eat. There have been no reports of 2009 H1N1 influenza affecting the United States pork industry. As with any food preparation, it is important to thoroughly cook pork and pork products to avoid foodborne illnesses.

## **ADDITIONAL H1N1 INFORMATION / RESOURCES**

### **Where can I learn more?**

The CDC website will be providing daily updates regarding the status of this flu investigation in the US. They also have information posted such as questions and answers regarding Novel Influenza A (H1N1).

The web address is: [www.cdc.gov/h1n1flu/](http://www.cdc.gov/h1n1flu/).

For NJ information, go to: <http://www.nj.gov/health/flu/h1n1/>