

New Jersey Dept. of Health and Senior Services  
**Public Information**

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**H1N1 Influenza and Vaccination Program**

**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.

**Are there any people with 2009 H1N1 flu in New Jersey?**

Yes. There are people in New Jersey who have been infected with H1N1 influenza. Most people who have become ill with this new virus have recovered without requiring medical treatment.

**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 recent data, 2009 H1N1 flu appears to mostly affect people under age 25. There have been relatively few cases among people over age 64, which is unusual when compared to seasonal 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's 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.

**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?**

Influenza viruses change frequently so it is impossible to predict if any immunity you developed from one virus will protect you against the influenza viruses that are circulating in the fall.

**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 last fall or 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?**

Four vaccines have been FDA approved:

*Injectable Vaccines:*

Influenza A (H1N1) 2009 Monovalent Vaccine (CSL Limited)

Influenza A (H1N1) 2009 Monovalent Vaccine (Novartis Vaccines and Diagnostics Limited)

Influenza A (H1N1) 2009 Monovalent Vaccine (Sanofi Pasteur, Inc.)

Intranasal Vaccines:

Influenza A (H1N1) 2009 Monovalent Vaccine (MedImmune LLC)

**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.

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

The inactivated 2009 H1N1 flu vaccine (injection) may be given at the same time as other vaccines, including seasonal influenza vaccine.

The live attenuated 2009 H1N1 flu vaccine (nasal spray) may be given at the same time as most other vaccines. The nasal spray vaccine for seasonal flu and the nasal spray vaccine for H1N1 should NOT be given together. Tell your doctor if you got any other vaccines within the past month or plan to get any within the next month.

**Will two doses of vaccine be 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.

**What will be the recommended interval between the first and second dose for children 9 years of age and under?**

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.

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

Ideally, first and second doses would be from the same product. However, until clinical trials are completed it should be assumed that the products will be interchangeable. **More information on this will follow.**

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

Yes.

**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.

**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.

**[NEW] If a preschool child receives the H1N1 vaccine, are they still required to get a seasonal flu vaccine or does the H1N1 vaccine count toward the mandate?**

Only the seasonal flu vaccine fulfills the mandate.

## **H1N1 NASAL MIST VACCINE**

**What is a 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 individual.

**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.

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

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

**[NEW] 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. contact with individuals 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.

**Where is the first shipment of 2009 H1N1 nasal mist flu vaccine going? Who will get it?**

New Jersey will target the nasal mist to young healthy populations. Pediatricians, health centers and local health departments are in the process of ordering and receiving the vaccine. Check with your local health department or health care provider for availability.

## **H1N1 VACCINE SAFETY**

**Will the 2009 H1N1 influenza vaccine be safe?**

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

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

No. This vaccine will be 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.**

**Will 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.

**Will there be 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.

**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). Both sites can be found on NJ’s website: [www.nj.gov/health/flu/h1n1](http://www.nj.gov/health/flu/h1n1).

**H1N1 FLU CLINIC INFORMATION**

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

The 2009 H1N1 influenza vaccine will be available at a variety of locations – at health care providers, community health centers, county and local health departments, and retail pharmacies.

H1N1 flu vaccine will be distributed to New Jersey in staggered shipments. Right now, it is very early in that process and a limited supply of vaccine is being delivered. We expect

more later in October, November and December. 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.

Several of the providers who received limited doses of nasal spray vaccine are working on their distribution plans for the vaccine and have asked for time to make preparations before they are publicly identified. Once distribution plans have been finalized, providers will share specific information with their patients and some local health departments will be scheduling vaccination clinics.

### **How many locations in New Jersey will have vaccine?**

There will be more than 2300 sites in New Jersey 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.

When vaccine becomes available, check the NJ State website for public health locations in your county that will be vaccinating. [insert URL?] In addition, private physician offices, community health centers, employee health services, and pharmacies may also have vaccine supplies.

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

Check with your local pharmacy to see if the vaccine is available.

## **H1N1 VACCINE COST/INSURANCE**

### **Will the 2009 H1N1 influenza vaccine be free?**

**Private health care** providers may charge patients if they are uninsured. The administration fee cannot exceed the regional Medicare vaccine administration fee. For more information, go to the Centers for Medicare and Medicaid Services web site at [www.cms.hhs.gov](http://www.cms.hhs.gov) and see the state reimbursement rates for Medicare and Medicaid.

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

### **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? 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. Insured patients, therefore, will have no out of pocket expense if they receive the vaccine from participating providers. Those patients, however, 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.

Between insurers' willingness to provide for their members and the availability of public health flu clinics in every county, there will be access to all for vaccination with no out-of-pocket expense.

## **H1N1 VACCINE PRIORITY GROUPS**

### **Are school nurses considered to be health care workers?**

Yes, school nurses are considered to be health care workers. School nurses provide direct medical care to students, including those who might have respiratory illnesses.

### **Who can be vaccinated first with the 2009 H1N1 influenza vaccine that comes to New Jersey? (Please note that the first doses of 2009 H1N1 vaccine that arrived in NJ is the nasal mist which is not recommended for all individuals within the priority groups.)**

The groups recommended to receive the 2009 H1N1 influenza vaccine first include:

- **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.

### **I am not in a priority group. Will I get turned away at the clinic? When do I get vaccinated?**

Discuss this with your health care provider or local health department. They can best advise you when to get a 2009 H1N1 influenza shot. There is expected to be enough vaccine available to vaccinate everyone who wants it.

## **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 township 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.

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

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

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.

**YOU SHOULD STAY HOME** and avoid contact with other people except to get medical care if needed. 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)

### **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's 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?**

The CDC is asking that testing be done primarily on people who are so sick that they are hospitalized. Your healthcare provider may choose to test you if they need the information to guide your medical care. However, this test will only tell if you have the flu. It will not specify if it's 2009 H1N1 flu.

### **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.

### **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. In general, Tamiflu and Relenza are well tolerated by most individuals.

## 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.

## 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 2 to 8 hours on surfaces. We don't yet know if this new virus behaves exactly the same way.

## H1N1 SCHOOL ISSUES AND CONCERNS

### **[NEW] If a preschool child receives the H1N1 are they still required to get a seasonal or does the H1N1 count towards the mandate?**

Only the seasonal flu vaccination fulfills this mandate.

### **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 (pets) catch this virus and get sick? Can they catch it and pass it on to people without getting sick?**

No, there is no evidence at this time that dogs, cats or other pets can become infected with this virus.

The situation with swine is being closely monitored in Mexico, Canada and the U.S. as there is not enough information to fully assess the health implications of this novel virus

for swine. Reports from Canada indicate that a swine herd with mild clinical disease has been quarantined and preliminary testing indicates infection with novel influenza A (H1N1). An ill worker who had recently returned from Mexico cared for the swine. There have been no reports of the novel influenza A (H1N1) virus infecting U.S. swine.

**Are pork products 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 cook food to recommended temperature 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/>