



## H1N1 Flu Frequently Asked Questions and Answers



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## H1N1 Flu - What It Is and Is Not

### I heard that H1N1 flu is pandemic—what does that mean?

This means that influenza due to the H1N1 virus is occurring in multiple countries around the world and that human infection is widespread. However, this does not mean that the severity of the illness has increased. Despite its wide and quick spread, most people who have gotten H1N1 flu have had mild illness. Unfortunately, some people in Wisconsin, in the United States, and in other countries have developed more severe illness and some have died. At this time, it is uncertain how many people with H1N1 flu will develop serious complications during this pandemic.

### What is H1N1 flu?

H1N1 flu is an influenza virus that was seen for the first time in the United States in April 2009. Health officials initially called it "swine flu" because it looked similar to some flu viruses that pigs get. However, further study showed that H1N1 flu contains a combination of flu virus genes found in some pigs, humans, and birds. You may hear or see H1N1 flu called "2009 H1N1 flu," "novel H1N1 flu," or "pandemic (H1N1) 2009" - these all refer to the same H1N1 flu.

### Is novel H1N1 flu the same as seasonal flu?

No. Some differences between seasonal flu and novel H1N1 flu are:

	<b>Seasonal Influenza</b>	<b>H1N1 Flu</b>
When flu occurs:	Every year; usually winter and early spring	First identified April 2009; continuing to present
Age group most affected:	People 65 years and older	Children and young adults (5-24 years old)
Vaccine available:	Yes, available every year; currently limited in some locations	Early to mid- November

[Learn more about seasonal flu and the seasonal flu vaccine.](#)

### Is novel H1N1 flu the same as the avian flu (bird flu) that has been in the news in recent years?

No. Even though novel H1N1 flu contains avian (bird) genes, it is not the same. The bird flu virus that has been watched closely is categorized as influenza A (H5N1), and is transmitted primarily among birds. This strain of avian flu (bird flu) has not been found in the United States.

## Vaccine

## Type and Availability

### What kinds of flu vaccines are being produced?

- **H1N1 Flu Vaccines**

- **A 2009 H1N1 "flu shot"** — an inactivated vaccine (containing killed virus) that is given with a needle, usually in the arm. The indications for who can get the 2009 H1N1 flu shot are the same as for seasonal flu shots. 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 same manufacturers who produce seasonal flu shots are producing 2009 H1N1 flu shots for use in the United States this season. The 2009 H1N1 flu shot is being made in the same way that the seasonal flu shot is made.
- **The 2009 H1N1 nasal spray flu vaccine** — a vaccine made with live, weakened viruses that do not cause the flu (sometimes called LAIV for "live attenuated influenza vaccine"). The indications for who can get the 2009 H1N1 nasal spray vaccine are the same as for seasonal nasal spray vaccine. LAIV is approved for use in healthy\* people 2 years to 49 years of age who are not pregnant. The nasal spray vaccine for use in the United States is being made by MedImmune, the same company that makes the seasonal nasal spray vaccine called "FluMist®." The 2009 H1N1 nasal spray vaccine is being made in the same way as the seasonal nasal spray vaccine.

- **Seasonal Flu Vaccines**

- **The seasonal "flu shot"** – an inactivated vaccine (containing killed virus) that is given with a needle. The seasonal flu shot is approved for use in people 6 months of age and older, including healthy people and people with chronic medical conditions.
- **The seasonal nasal-spray flu vaccine** – a vaccine made with live, weakened flu viruses that do not cause the flu (sometimes called LAIV for "Live Attenuated Influenza Vaccine"). LAIV is approved for use in healthy people 2-49 years of age who are not pregnant.

### Who is making the vaccine?

The U.S. Food and Drug Administration has approved 2009 H1N1 influenza vaccines made by four (4) manufacturers. These companies have long records of producing safe seasonal vaccine and are using the same processes to make the H1N1 flu vaccine as they do to manufacture the seasonal flu vaccine. The four (4) manufacturers and their approved vaccines include:

**Manufacturer:** Sanofi Pasteur, Inc.

**Product:** Inactivated vaccines (both 0.25 ml dose for children 6-35 months and 0.5 ml dose for persons 3 years and older)

**Indication:** Vaccination of persons 6 months of age and older against influenza disease caused by 2009 H1N1 virus.

**Manufacturer:** Novartis Vaccines and Diagnostics Limited

**Product:** Inactivated vaccine (0.5 ml dose)

**Indication:** Vaccination of persons 4 years of age and older against influenza disease caused by 2009 H1N1 virus.

**Manufacturer:** MedImmune LLC

**Product:** Live attenuated vaccine (e.g., nasal spray vaccine)

**Indication:** Vaccination of healthy individuals 2-49 years of age who are not pregnant against influenza disease caused by 2009 H1N1 virus.

**Manufacturer:** CSL Limited

**Product:** Inactivated vaccine (0.5 ml dose)

**Indication:** Vaccination of persons 6 months of age and older against influenza disease caused by 2009 H1N1 virus.

### **Where can I get the vaccine?**

The H1N1 vaccine may be available in a variety of settings such as healthcare provider offices, vaccination clinics organized by local health departments, health care facilities, school based clinics, pharmacies, and other private settings, such as certain workplaces. Please also keep in mind, that not all locations will get the vaccine at the same time. Check for location information on: [www.wisconsinfluclinic.info/](http://www.wisconsinfluclinic.info/)

### **My provider doesn't seem to have seasonal vaccine available. Why?**

The desire to complete seasonal flu immunization before the H1N1 flu vaccinations begin, has led to an increase in demand for seasonal flu vaccine much earlier in the season than usual. As a result, the demand for seasonal flu vaccine has *temporarily* exceeded the supply. The CDC has advised physicians to continue to use the supplies they have and then look for opportunities to order additional vaccine as the season goes on. The CDC notes that they do not anticipate any significant delays for seasonal vaccine production. More seasonal vaccine is expected to be available in mid-November.

### **Can I go to a health department (that has the H1N1 vaccine available) if I do not live in that county?**

Yes. There are no residency requirements to receive the H1N1 flu vaccine.

## **Seasonal vs. H1N1 flu Vaccines**

### **When should I get the seasonal flu and H1N1 flu vaccines?**

You should get both the seasonal flu vaccine and the H1N1 flu vaccine as soon as possible.

### **What makes the H1N1 flu vaccine different from the seasonal flu vaccine?**

The seasonal flu vaccine always covers three different flu viruses in the shot and nasal spray. The H1N1 vaccine will cover only the one virus, H1N1. Otherwise, the manufacturing process is exactly the same.

### **Will the seasonal flu vaccine also protect against the H1N1 flu?**

No, the seasonal flu vaccine is not expected to protect against the H1N1 flu.

### **What is the cost for seasonal flu vaccine?**

The cost of the seasonal flu vaccine is determined by the provider giving the vaccine, unless the provider is billing Medicaid or Medicare.

## **1970's H1N1 Flu vs. Today's H1N1 Flu Vaccines**

### **What makes the 1976 H1N1 vaccine different from the vaccine that will be released this fall?**

The type of H1N1 that existed in the 1970's is not the same as the H1N1 that is currently circulating in the population. The vaccine that was created in the 1970's was made in a different way than the current H1N1 vaccine.

### **Do you expect an increased rate of Guillain Barre cases with the H1N1 vaccine?**

No. In 1976, a different type of H1N1 flu vaccine was felt to be associated with an increased number of cases of a severe paralytic illness called Guillain-Barre Syndrome (GBS). Some studies done since 1976 have shown a small risk of GBS, no more than 1 case of GBS per 1 million persons vaccinated. Since then, flu vaccines have not been clearly linked to GBS. GBS has a number of different causes, and GBS usually occurs in people who have never received an influenza vaccine. The potential benefits of influenza vaccination in preventing serious illness, hospitalization, and death substantially outweigh these estimates of risk for vaccine-associated GBS.

## **H1N1 Vaccine Specifics**

### **Can I get the flu from the H1N1 vaccine?**

No. Those who are vaccinated cannot get the flu from the vaccine.

### **What types of H1N1 vaccine are there?**

1. **The H1N1 flu shot**, like the seasonal flu shot, does not contain a live virus. To make the vaccine, the virus is killed and then broken up, so the injection contains only certain parts of the virus.
2. **The H1N1 nasal spray** form of both the seasonal and H1N1 vaccines is made from a live virus but, that virus is changed so that it can NOT cause disease.

### **Will my doctor have both types of H1N1 vaccine (e.g. flu shot and nasal spray)? Can I choose which one I get?**

The vaccine you receive will be based on what your provider has available, your age, and whether or not you have any underlying medical conditions.

### **How many doses of H1N1 vaccine do I need?**

One dose of the H1N1 vaccine is needed for those 10 years and older. For children 6 months through 9 years of age, 2 doses of the H1N1 vaccine will be required. The doses need to be within the same season and should be at least three weeks apart to get the best immune response to the vaccine.

This is slightly different from CDC's recommendations for seasonal influenza vaccination which state that children younger than 9 who are being vaccinated against influenza for the first time need to receive two doses. Infants younger than 6 months of age are too young to get the 2009 H1N1 and seasonal flu vaccines.

### **How long will it take for the H1N1 vaccine to provide protection?**

If one dose is required, immunity should develop about 2-3 weeks after the dose. If two doses are required, then immunity should have developed by about two weeks or so after the second shot.

### **Can I get the seasonal flu and H1N1 flu vaccines at the same time?**

Yes, if both the flu vaccines are shots.

- Inactivated H1N1 vaccine (the shot) can be administered at the same time as any other vaccine, including the seasonal flu shot, but should be given in 2 different sites (e.g. left arm and right arm).
- Live H1N1 vaccine (the nasal spray) can be administered at the same visit as any other live or inactivated vaccine EXCEPT seasonal live attenuated influenza vaccine.
- The nasal vaccine for seasonal and H1N1 vaccine cannot be given at the same time and must be given 3-4 weeks apart.

### **H1N1 Flu Vaccines**

- **A 2009 H1N1 "flu shot"** — an inactivated vaccine (containing killed virus) that is given with a needle, usually in the arm. The indications for who can get the 2009 H1N1 flu shot are the same as for seasonal flu shots. 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 same manufacturers who produce seasonal flu shots are producing 2009 H1N1 flu shots for use in the United States this season. The 2009 H1N1 flu shot is being made in the same way that the seasonal flu shot is made.
- **The 2009 H1N1 nasal spray flu vaccine** — a vaccine made with live, weakened viruses that do not cause the flu (sometimes called LAIV for "live attenuated influenza vaccine"). The indications for who can get the 2009 H1N1 nasal spray vaccine are the same as for seasonal nasal spray vaccine. LAIV is approved for use in healthy\* people 2 years to 49 years of age who are not pregnant. The nasal spray vaccine for use in the United States is being made by MedImmune, the same company that makes the seasonal nasal spray vaccine called "FluMist®." The 2009 H1N1 nasal spray vaccine is being made in the same way as the seasonal nasal spray vaccine.

### **Seasonal Flu Vaccines**

- **The seasonal "flu shot"** – an inactivated vaccine (containing killed virus) that is given with a needle. The seasonal flu shot is approved for use in people 6 months of age and older, including healthy people and people with chronic medical conditions.
- **The seasonal nasal-spray flu vaccine** – a vaccine made with live, weakened flu viruses that do not cause the flu (sometimes called LAIV for "Live Attenuated Influenza Vaccine"). LAIV is approved for use in healthy\* people 2-49 years of age who are not pregnant.

**For those who require more than 1 dose of H1N1 vaccine, can the first dose be given as a shot and the second as a nasal spray? Or vice versa?**

Yes. One dose of the flu shot (inactivated) could be given as the first dose and one dose of the nasal spray could be given as the second dose. Or vice versa as without restriction as long as the individual is able to receive both types.

**If I am immunocompromised, can I receive the nasal spray (live, attenuated) H1N1 vaccine or be in the vicinity of those who have?**

No, you should not get the H1N1 nasal spray but it is safe for you to be in contact with those who have received it.

**Is the H1N1 vaccine effective at preventing H1N1 infection?**

The ability of a flu vaccine to protect a person depends on the age and health status of the person getting the vaccine, and the similarity or "match" between the viruses or virus in the vaccine and those in circulation. The current vaccine is a good match to the circulating H1N1 influenza. H1N1 flu may cause serious illness and vaccination is the first and most important step in protecting against H1N1 flu.

## Adjuvants/Additives

**What is an adjuvant?**

An adjuvant is an immune booster that allows a vaccine to be more protective while using less of the active component. These agents modify the effect of other agents (e.g. vaccines) while having few if any direct effects when given by themselves.

**Will an adjuvant be added to the H1N1 flu vaccine?**

No, not at this time.

**Are there additives, like thimerosal, in the vaccine?**

Some of the injectable vaccines will contain thimerosal. Thimerosal is a mercury-containing preservative used in some vaccines and other products since the 1930s to help keep them free from contamination. There is no scientific evidence of harm caused by the low doses of thimerosal in vaccines, except for minor reactions like redness and swelling at the injection site. Because some women are concerned about exposure to preservatives during pregnancy, those making the vaccine will produce preservative-free seasonal and H1N1 flu vaccines in single dose syringes for pregnant women and small children. There is no thimerosal in the nasal spray vaccine.

## **Will there be enough preservative-free H1N1 vaccine for me or my child to get one?**

For children and pregnant women, there will be a limited amount of thimerosal-free H1N1 vaccine available. The CDC recommends that pregnant women and all children may receive influenza vaccine with or without thimerosal.

## **Target Group**

### **As of December 10<sup>th</sup>, who can get the H1N1 flu vaccine?**

Members of the general public are now able to receive the H1N1 flu vaccine. Contact 211 or visit the [Wisconsin Flu Clinic Locator](#) to determine where you can get vaccinated. The H1N1 flu vaccine is the single best way to protect against H1N1 influenza illness. Providers and public health departments will continue to reach out to and vaccinate those in the CDC target groups, including:

- pregnant women
- persons who live with or provide care for infants aged < 6 months (e.g., parents, siblings, and daycare providers)
- all health-care and emergency medical services personnel
- persons age 6 months through 24 years
- persons aged 25 through 64 years who have medical conditions that put them at higher risk for influenza-related complications

Only the following individuals should **NOT** get the H1N1 flu vaccine:

- Infants age less than 6 months
- People with a severe egg allergy
- People who have had an allergic reaction to previous flu vaccination
- People who have current moderate-severe illness (delay vaccine until you are feeling better)
- People with a history of Guillain-Barre syndrome (a form of paralysis – check with your doctor about whether you should still be vaccinated)

### **Is obesity considered an underlying medical condition that puts people at higher risk for 2009 H1N1-related complications?**

Yes. Individuals who are obese, particularly those who are morbidly obese, are at increased risk for H1N1-related complications and should be vaccinated. Obesity is defined as body-mass index [BMI]  $\geq 30$  and morbid obesity is defined as BMI  $\geq 40$ . For more information on BMI, visit the [CDC's BMI site](#).

### **Who should NOT get the H1N1 flu vaccine?**

The Advisory Committee on Immunization Practices statement identifies the following as contraindications to influenza vaccination:

- Age <6 months
- Have a severe egg allergy
- Had an allergic reaction to previous flu vaccination
- Current moderate-severe illness (delay vaccine until you are feeling better)
- History of Guillain-Barre syndrome (a form of paralysis – check with your doctor about whether you should still be vaccinated)

## **Can I get the H1N1 flu vaccine if I currently have an influenza like illness?**

If you are sick with influenza-like illness (defined as having a fever of 100° (37.8°C) or greater AND a cough and/or a sore throat without another known cause) AND your medical provider decides you have a moderate to severe illness, you should wait to be vaccinated until after your symptoms have lessened or disappeared.

## **Does it matter which H1N1 flu vaccine (shot or nasal spray) parents of infants 6 months and younger receive?**

No, it is recommended that persons who live with or provide care for children aged less than 6 months (e.g. parents, siblings and daycare providers) receive the H1N1 flu vaccine as soon as possible. However, if you have a **severe (life-threatening) allergy to eggs, or to any other substance in the vaccine**, you should **not** get either the H1N1 flu vaccine nasal spray nor the H1N1 flu shot. The nasal spray is approved for use in healthy people 2-49 years of age who are not pregnant. For more information on the nasal spray, please CDC's [Vaccine Information Statement](#).

## **Mothers/Pregnant Women**

### **Why does the CDC recommend that pregnant women receive the H1N1 flu vaccine?**

Vaccination is the single best way to protect against the H1N1 flu. A pregnant woman who gets any type of flu is at risk for serious complications and hospitalization. Pregnant women who are otherwise healthy have been severely impacted by the H1N1 flu virus. In comparison to the general population, a greater number of pregnant women infected with the H1N1 flu virus have been hospitalized. In addition, severe illness and death has occurred in pregnant women. To date, 6% of confirmed deaths from H1N1 flu have been in pregnant women while only about 1% of the general population is pregnant.

### **Is the H1N1 influenza vaccine safe for pregnant women?**

Yes. Influenza vaccines have not been shown to cause harm to a pregnant woman or her baby. The risk of H1N1 illness is greater than the very small risk of harm from the vaccine.

### **Does the H1N1 flu vaccine have preservative (thimerosal) in it?**

Yes, some of the 2009 H1N1 influenza vaccine that is being manufactured contains the preservative thimerosal. Thimerosal is used in some influenza vaccines to keep them free from contamination of microorganisms.

- The nasal spray version of the H1N1 vaccine is produced in single-units and will not contain thimerosal.
- Some H1N1 vaccine will come in multi-dose vials and will contain thimerosal as a preservative, as is the case with seasonal influenza vaccines in multi-dose vials.
- Multi-dose vials of seasonal influenza vaccine contain thimerosal to prevent potential contamination after the vial is opened. Seasonal flu vaccines that do not contain thimerosal also are available.

There is no evidence that thimerosal (used as a preservative in vaccine packaged in multi-dose vials) is harmful to a pregnant woman or a fetus. CDC recommends that pregnant women may receive influenza vaccine with or without thimerosal.

### **How many doses of the H1N1 flu vaccine will pregnant women need to get?**

The U.S. Food and Drug Administration (FDA) has approved the use of one dose of H1N1 flu vaccine for persons 10 years of age and older.

### **Is there a particular kind of H1N1 flu vaccine that pregnant women should get? Are there flu vaccines that pregnant women should not get?**

Pregnant women should get the "flu shot"— an inactivated vaccine (containing fragments of killed influenza virus) that is given with a needle, usually in the arm. The flu shot is approved for use in pregnant women.

The other type of flu vaccine — nasal-spray flu vaccine, is not currently approved for use in pregnant women. This vaccine is made with live, weakened flu viruses that do not cause the flu.

### **Can pregnant women get the seasonal influenza vaccine and the H1N1 flu vaccine be given at the same time?**

The seasonal flu and H1N1 vaccines may be administered on the same day but given at different sites (e.g. one shot in the left arm and the other shot in the right arm). Pregnant women and others at increased risk of complications of influenza are encouraged to get their seasonal flu vaccine as soon as it is available.

### **What safety studies have been done on the H1N1 flu vaccine and have any been done in pregnant women?**

Studies of H1N1 flu vaccine in pregnant women have started. The safety profile for the H1N1 vaccine is expected to be similar to the seasonal flu vaccine safety profile in women.

### **Can the H1N1 flu vaccine be given at any time during pregnancy?**

Yes.

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

Family and household members and other close contacts of pregnant women (including healthcare personnel) who are 2 through 49 years old, healthy and not pregnant may receive live nasal spray vaccine. Pregnant women should not receive the live nasal spray influenza vaccine.

### **Is it okay to breastfeed after receiving the H1N1 vaccine?**

Yes.

## **I didn't get the H1N1 vaccine while I was pregnant, should I get it now, after I have delivered my baby?**

Yes. This will protect both you and your infant.

## **Is it safe for pregnant women to get the H1N1 vaccine if it has thimerosal in it?**

There is no evidence that thimerosal (used as a preservative in some influenza vaccines to keep them free from contamination of microorganisms) is harmful to a pregnant woman or a fetus and it is NOT contraindicated for pregnant women. CDC recommends that pregnant women may receive influenza vaccine with or without thimerosal.

## **Past Infections**

### **Do I need to be vaccinated if I had Influenza A in 1976?**

Yes. The 1976 flu virus and the H1N1 virus are different. It's unlikely a person vaccinated in 1976 will have full protection from the H1N1. People vaccinated in 1976 should still be given the H1N1 vaccine now if they are in the target groups specified by the CDC.

### **Should I get the H1N1 flu vaccine if I had influenza-like illness between April 2009 and now?**

If you were ill but do not know if you had 2009 H1N1 infection, you should get vaccinated, if your doctor recommends it. So, most people recommended for 2009 H1N1 vaccination should be vaccinated with the 2009 H1N1 vaccine regardless of whether they had a flu-like illness earlier in the year.

Any immunity from 2009 H1N1 influenza infection or vaccination will not provide protection against seasonal influenza. All people who want protection from seasonal flu should still get their seasonal influenza vaccine. For more information on flu tests, see [Influenza Diagnostic Testing During the 2009-2010 Flu Season](#).

### **Do I need to have the H1N1 vaccine if I had laboratory confirmed H1N1 flu this year?**

If you have had 2009 H1N1 flu, as confirmed by an RT-PCR test, you should have some immunity against 2009 H1N1 flu and can choose not to get the 2009 H1N1 vaccine. However, vaccination of a person with some existing immunity to the 2009 H1N1 virus will not be harmful. For more information on flu tests, see [Influenza Diagnostic Testing During the 2009-2010 Flu Season](#).

Any immunity from 2009 H1N1 influenza infection or vaccination will not provide protection against seasonal influenza. All people who want protection from seasonal flu should still get their seasonal influenza vaccine.

### **Do I need a test to know if I need the vaccine or not?**

It is not necessary to test a person who previously had an influenza-like illness. People for whom the H1N1 flu vaccine is recommended should receive it, even if they have had an

influenza-like illness previously, unless they can be certain they had H1N1 flu based on a laboratory test that can specifically detect H1N1 viruses. CDC recommends that persons who were tested for H1N1 flu discuss this issue with a healthcare provider to see if the test they had was either an RT-PCR or a viral culture that showed H1N1 flu. There is no harm in being vaccinated if you had H1N1 flu in the past. For more information on flu tests, see [Influenza Diagnostic Testing During the 2009-2010 Flu Season](#).

### **Once you get H1N1 flu, can you get it again?**

Yes, it is possible to become infected again, but extremely unlikely. If you were ill but do not know if you had 2009 H1N1 infection, you should get vaccinated with the H1N1 flu vaccine, if your doctor recommends it.

## **Safety/Side Effects/Adverse Effects**

### **Is the vaccine safe?**

The safety of the H1N1 flu vaccine will be similar to seasonal flu vaccine since it is made in the same way. Despite the fact that seasonal flu vaccine changes each year with regards to the strains of viruses it contains, clinical trials are not performed each year because these vaccines have an excellent safety record and are made in the same way year after year. In comparison, the H1N1 flu vaccine has been tested in thousands of volunteers, including children and pregnant women. No safety issues have been found. Most people had no side effects at all. The benefits of flu vaccination far outweigh the risks.

### **What are the possible side effects of the H1N1 flu vaccine?**

The side effects from H1N1 flu vaccine are expected to be similar to those from seasonal flu vaccines. The most common side effects following vaccination are expected to be mild, such as soreness, redness, tenderness or swelling where the shot was given. Some people might experience headache, muscle aches, fever, nausea and fainting. If these problems occur, they usually begin soon after the shot and may last as long as 1-2 days. Like any medicines, vaccines can cause serious problems like severe allergic reactions. However life-threatening allergic reactions to vaccines are very rare.

### **What is Guillain Barre Syndrome (GBS) and do we expect an increased number of cases following H1N1 vaccination?**

GBS is a sudden weakness/paralysis of the limbs that may also affect breathing and other muscles in your body. GBS occurs worldwide at an annual incidence of 1-2 cases per 100,000. In most cases, the weakness is worst between 12 hours and 28 days, followed by subsequent improvement. The risk of GBS following pandemic H1N1 vaccine is unknown, but there is no evidence to suggest risk will be higher than seasonal influenza vaccine. FDA and CDC and several partners will be closely monitoring reports of serious vaccine adverse events, including GBS, following the 2009 H1N1 influenza vaccination. For more information, read CDC's [Guillain Barre Syndrome Factsheet](#).

## **Will any organization be tracking the number of adverse events experienced by those who get the H1N1 flu vaccine?**

In the U.S. tracking for adverse events following immunization is done through the Vaccine Adverse Event Reporting System (VAERS). Anyone can report to VAERS, including health care providers, parents, etc... Reports of serious adverse events are analyzed to determine whether such events are reported more frequently than expected. It is likely that VAERS will be supplemented by additional surveillance and studies to rapidly evaluate the safety of the vaccination program.

## **What should I do if I have an adverse reaction after the vaccine?**

If you are concerned about a potential adverse event you should contact your own health care provider or go to the local emergency department for medical evaluation.

## **Is the H1N1 flu vaccine safe for people who have latex allergies?**

Yes, the H1N1 flu vaccine safe for people who have latex allergies. All of the currently available H1N1 vaccines do not contain latex. CDC has verified with all manufacturers of syringes and needles supplied in the ancillary vaccination kits that none of their products contain latex.

## **Miscellaneous**

### **How much will the vaccine cost?**

Both the vaccine and the supplies required to give the vaccine will be provided by the Federal government at no charge. Reimbursement for vaccine administration is likely to be covered by most private health insurers and will be covered by public health insurance (Medicaid/Medicare) plans. Small administration fees may be charged by some providers. Local health department clinics will provide vaccine without a fee.

### **What is the difference between a vaccine and an antiviral medication (for example Tamiflu®)?**

Antivirals are drugs that can treat people who have already been infected by a virus. They also can be used to prevent infection when given before or shortly after exposure and before illness occurs. They interfere with the life cycle of the influenza virus in the body and prevent it from multiplying thus preventing or lessening the infection. A key difference between a vaccine and antiviral drug is that the antiviral drug will prevent infection only when administered within a certain time frame before or after exposure and is effective during the time that the drug is being taken. A vaccine can be given long before exposure to the virus and can provide protection over a long period of time.

Vaccines are the best way to prevent disease. Flu vaccines are made from either pieces of the killed flu virus or weakened versions of the live virus that will not lead to disease. When vaccinated, the body's immune system makes antibodies which will fight off infection if exposure to the virus occurs.

### **Will vaccination against H1N1 flu be mandatory?**

No. The CDC and The Advisory Committee on Immunization Practices (ACIP) made recommendations for who should receive H1N1 vaccine, and state and local health departments and institutions will determine how to implement these recommendations.

### **Why is it important to vaccinate health care workers right away?**

Emergency medical services and health care workers are likely to come in contact with influenza viruses as part of their occupation. They interact with many patients and other individuals, some of whom are vulnerable to severe complications from influenza infection. If workers are exposed to 2009 H1N1 virus and not vaccinated against it, they can possibly transmit the 2009 H1N1 virus to many others in a healthcare facility and other settings. This could lead to a far greater and more serious outbreak. Having a healthy emergency response and health care work force is vital to protecting the health and safety of the public.

### **Where can I get more information on H1N1 and seasonal influenza?**

- [World Health Organization: Global alert and response, guidance documents, FAQ's etc.](#)
- [U.S. Government Swine, Avian and Pandemic Flu Information - One-stop access From the U.S. Department of Health and Human Services](#)
- [CDC Novel H1N1](#)
- [Wisconsin Department of Health Services](#)

## **Other Prevention Measures**

### **I don't have flu-like symptoms and am not at high risk of complications from flu. Should I ask my provider to prescribe Tamiflu® or Relenza® for me to prevent catching H1N1 flu?**

No. If you are healthy and not at high risk for developing flu complications, there is usually no need to take an antiviral medication to prevent H1N1 flu. Some reasons not to take a prescription anti-flu drug if you are healthy and not at high risk include:

- Possible side effects-all medications (even over-the-counter drugs) can cause side effects.
- The overuse of antiviral drugs can lead to flu viruses becoming resistant to the drugs.
- The unnecessary use of Tamiflu® and Relenza® may result in limited supplies for those who need it most.

### **What can I do to prevent catching H1N1 flu?**

Take these steps to protect your health and the health of those you take care of:

- Avoid close contact (within 6 feet away) with sick people as much as possible.
- Avoid touching your eyes, nose, or mouth. Germs spread this way.
- Wash your hands with soap and water frequently and teach children and others how to properly wash their hands.

- Encourage people around you to fully cover their mouth and nose with disposable tissues when they cough or sneeze. If they don't have tissues, cough or sneeze into the bend (crook) of the arm (inside of the elbow) or into their shirt sleeves.
- Monitor your health and the health of those you take care of for flu-like symptoms.
- Stay informed. Health officials, researchers, and scientists learn more about H1N1 flu daily. Most television, radio, and internet news organizations accurately report the latest news. Avoid the rumor mill and make sure you check the credibility of your sources before sharing information with others. Stay up-to-date by visiting <http://pandemic.wisconsin.gov/> and [www.flu.gov](http://www.flu.gov) often.

## Who is at risk of developing complications from H1N1 flu?

The same age and risk groups who are at higher risk for seasonal flu complications are also at higher risk of complications from H1N1 flu. These include the following groups:

- Children younger than 5 years of age (especially those under 2 years old)
- Pregnant women
- Adults and children with:
  - Lung conditions (including asthma)
  - Heart conditions (except hypertension alone)
  - Chronic kidney and liver disease
  - Blood disorders (including sickle cell disease)
  - Neurological disorders
  - Metabolic disorders
  - Immunocompromised (including those who have weakened immune systems from conditions such as cancer or HIV infections or from medications)
- Children and adolescents younger than 19 who are on long-term aspirin therapy

## I am at high risk of developing complications from flu. Is there anything extra I should do to stay well?

This season, there is a seasonal flu vaccine to protect against seasonal flu viruses and a 2009 H1N1 vaccine to protect against the 2009 H1N1 influenza virus (sometimes called "swine flu"). A flu vaccine is the first and most important step in protecting against flu infection. For information about the 2009 H1N1 vaccines, visit H1N1 Flu Vaccination Resources. For information about seasonal influenza vaccines, visit Preventing Seasonal Flu With Vaccination.

There are also everyday actions that can help prevent the spread of germs that cause respiratory illnesses like the flu.

### Take these everyday steps to protect your health:

Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.

- Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.

- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- If you are sick with flu-like illness, [CDC recommends that you stay home for at least 24 hours after your fever is gone](#) except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.) Keep away from others as much as possible to keep from making others sick.

**Other important actions that you can take are:**

- Follow public health advice regarding school closures, avoiding crowds and other social distancing measures.
- Be prepared in case you get sick and need to stay home for a week or so; a supply of over-the-counter medicines, alcohol-based hand rubs \* (for when soap and water are not available), tissues and other related items could help you to avoid the need to make trips out in public while you are sick and contagious.

## Can I get H1N1 flu from eating or preparing pork?

No. You can not get H1N1 flu from eating pork or pork products. Eating properly handled and cooked pork products is safe. You cannot catch H1N1 flu from food. However, you can be infected with other diseases (such as E. coli and Salmonella) through contaminated food. Always wash your hands, and clean and disinfect surfaces after handling, preparing, or touching raw fruits, vegetables, or meat.

## Can household cleaning help prevent the spread of H1N1 flu?

Yes. Regularly clean surfaces, including bathroom surfaces. Good cleaning with soap or detergent in water will remove most microorganisms. Pay special attention to cleaning spaces where a lot of people have close contact.

You only need to disinfect surfaces that are frequently touched by hands. Routine application of disinfectants to surfaces (such as floors, bookcases, tops of filing cabinets) is NOT necessary. Use sanitizer wipes or cloths moistened with disinfectant to wipe electronic items (e.g., phones, computers, remote controls) that are touched often. Avoid excessive use of disinfectant or sanitizer on electronic equipment.

Air sanitizer products have NOT been shown to disinfect flu virus in the air. They also have NOT been shown to reduce disease transmission. Therefore, air sanitizer products are not recommended.

## Should I wear a mask?

Wearing a mask does not guarantee that you will be protected from the H1N1 virus. You will be much better protected if you wash your hands frequently and avoid sick people. In areas with confirmed cases of H1N1, if you are at risk for severe flu, avoid crowds and stay at least six feet from those who are coughing and sneezing.

Wearing a mask when you are ill and coughing can reduce your ability to give the infection to someone else.

### **What kind of mask works best?**

Masks are usually disposable, certified by the FDA and labeled as surgical, dental, medical procedure, isolation or laser masks. If properly used, they should stop influenza transmission due to the droplets resulting from an infectious sneeze or cough.

Wear a mask when close contact with an infectious person is unavoidable—for example, if you must care for a sick person such as a family member with a respiratory infection. In some settings, nurses, doctors and other health care providers wear a respirator. Respirators are not necessary for the general public; however, if you are suctioning or giving nebulizer treatments to someone with flu at home, you should consider wearing a respirator. A respirator should be labeled N95 or higher by the U.S. National Institute for Occupational Safety and Health (NIOSH).

Make sure that your face mask or respirator fits snugly on your face. Be sure to dispose of used masks or respirators and wash your hands after touching or taking off your mask.

### **Should I avoid large social events and other public gatherings?**

At this time, healthy people who are not at risk for flu complications do not need to avoid public gatherings nor do they need to wear face masks at public gatherings.

If you are at high risk of developing complications from H1N1 flu you may wish to consider staying away from public gatherings where you may have close contact with people with flu-like symptoms.

If you have any symptoms of flu-like symptoms, stay home.

### **Should I avoid traveling or cancel my travel plans during this pandemic?**

If you or a traveling companion has any flu-like symptoms or feels ill prior to travel, stay home and cancel or postpone your trip.

If you (and any traveling companions you have) are healthy and not at risk of flu complications, you do not need to change your travel plans.

If you (or a traveling companion) are at high risk for complications from any form of flu, discuss your travel plans with your health care provider. Review the H1N1 flu situation in your travel destination and the available health care options in the area and make an informed decision.

If you travel, be aware that you may experience delays due to the pandemic.

[Check the U.S. Department of State has issued Travel Alerts related to H1N1 flu.](#)

For further information on traveling during the H1N1 flu pandemic, visit the CDC's web page [Novel H1N1 flu and Travel](#).

## Transmission and Illness

### How is H1N1 flu transmitted (spread)?

Health officials and scientists believe that H1N1 flu spreads in the same way as seasonal flu. When people cough or sneeze, droplets (tiny drops) of respiratory secretions are pushed out of their mouth or nose and into the air around them. When people have the flu, these droplets have flu virus in them. People who are nearby may swallow or breathe in the droplets. This may lead to infection and the flu.

Infected droplets may land on others' hands or be on the hands of someone with H1N1 flu. When people with the virus on their hands touch their eyes, mouth or nose, this can lead to infection and illness.

Infection may also occur when people touch surfaces that have flu virus on them and then touch their eyes, mouth or nose and accidentally swallow or breathe in the virus.

### How long can people with H1N1 flu spread it to others?

People with H1N1 flu may be infectious (contagious) from 1 day before they have symptoms until 24 hours after their fever is gone. Some individuals, including children (especially younger children) and immunocompromised persons, may be contagious for longer periods.

### How long after catching H1N1 flu do symptoms appear?

Health officials believe that the incubation period for H1N1 flu is similar to seasonal influenza. Flu symptoms typically start 2 to 3 days after infection, but may begin as soon as 1 day and up to 7 days after infection.

### What are symptoms of H1N1 flu?

The symptoms of H1N1 flu in people are similar to the symptoms of seasonal flu. The main symptoms of H1N1 flu are:

- Fever of 100°F (37.8°C) or higher (measured with a thermometer)
- Cough
- Sore throat
- Chills
- Headache

- Rhinorrhea (runny nose)
- Shortness of breath
- Myalgia (muscle aches and pains)
- Fatigue (weariness, tiredness, or lack of energy)
- Nausea, abdominal pain, vomiting, or diarrhea (these are not typical seasonal flu symptoms)

As with seasonal flu, people at high risk for flu complications may not develop usual flu-like symptoms (for example, they may not have a fever because their immune system is weak and can not mount a response to fight off the virus). Contact your health care provider if you have questions about your symptoms.

At this time, most people in the U.S. with possible or confirmed H1N1 flu have had mild illness that has resolved on its own or with over-the-counter medications, such as fever or pain relievers (for example, acetaminophen, or ibuprofen).

## Who is at high risk of developing complications from H1N1 flu?

Currently, people who are at high risk for H1N1 flu complications include:

- Children younger than 5 years old (especially those under 2 years old)
- Pregnant women
- People (including children) with:
  - Lung conditions (especially asthma)
  - Heart conditions (except hypertension alone)
  - Chronic kidney and liver disease
  - Blood disorders (including sickle cell disease)
  - Neurologic disorders including:
    - intellectual and developmental disability
    - cerebral palsy
    - spinal cord injuries
    - seizure disorders
    - other neuromuscular disorders
  - Metabolic disorders (such as diabetes)
  - Immunocompromised (including those who have weakened immune systems from conditions such as cancer or HIV infection or from medications)
- Children and adolescents (younger than 19 years old) who are on long-term aspirin therapy and who may be at risk for developing Reye syndrome\* after influenza virus infection

As health officials and researchers learn more about H1N1 flu, these categories may change.

\*Reye syndrome is a very rare, but serious illness. It is most common in children and adolescents. Studies have shown that taking aspirin increases the risk of getting it. **Never give children aspirin unless told to do so by a health care provider.** For more information on Reye syndrome, visit the [Medline Plus Reye syndrome page](#).

## What complications can flu cause?

Some people are at high risk of developing serious complications if they get the flu. Some of the complications that flu can cause include:

- Worsening of chronic medical conditions, such as:
  - Asthma
  - Congestive heart failure (CHF)
  - Diabetes
- Pneumonia
- Bronchitis
- Dehydration
- Sinus problems and ear infections (especially in children)

People who develop flu complications can become very sick and even die. That's why it's so important for people at high risk of flu complications to contact their health care providers if they have flu-like symptoms or have close contact with someone with flu-like symptoms.

## When should someone with influenza, including H1N1 flu, get emergency medical care?

If you, or someone you know, is ill and has any of the following symptoms, seek emergency medical care **immediately**.

### **In children, symptoms that require emergency medical attention include**

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Severe or persistent vomiting
- 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

### **In adults, symptoms that require emergency medical attention include**

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms improve but then return with fever and worse cough

## Does anyone have immunity to H1N1 flu?

Because H1N1 flu is new, many people have little or no immunity (protection) against it. This is why it has spread so quickly and widely. Early reports indicate that no children and few

adults younger than 60 years old have immunity to H1N1 flu. However, some adults over 60 years old may have antibodies against H1N1 flu. However, it is currently unknown how much protection, if any, people with these antibodies have.

## How long does it take to confirm that someone has the H1N1 flu?

The most accurate laboratory tests can take several days to obtain results. This season, CDC is focusing use of these tests on people who are hospitalized with suspected flu and people such as pregnant women or people with weakened immune systems. CDC expects that most people with flu symptoms this season will not require testing for 2009 H1N1 because the test results usually do not change how you are treated. More information can be found in CDC's [Interim Recommendations for Clinical Use of Influenza Diagnostic Tests During the 2009-10 Influenza Season](#).

## What is the fatality rate of H1N1? Is it better or worse than the fatality rate in spring?

So far, the overall fatality rate of 2009 H1N1 influenza appears similar to seasonal influenza, however the virus is affecting younger age-groups than is typical for seasonal influenza. There is no evidence that the virus is more virulent this fall than it was this spring, but because the epidemic is more widespread this fall and is likely to continue for a longer period. We expect the number of severe illnesses, hospitalizations and deaths this fall and winter to surpass the spring epidemic, both here in Wisconsin and nationally.

## Treatment

### Can H1N1 flu be treated?

Yes. Treatment depends on several factors. Most people with flu-like symptoms or H1N1 flu have recovered on their own, without seeing health care providers or taking prescription medicines. For those who need prescription medicine, there are two antiviral medications (anti-flu drugs) that treat H1N1 flu. These medicines help decrease the severity of symptoms, prevent complications, and shorten the duration of the illness. Antiviral medications work best if started within 48 hours of the first symptoms.

### What anti-flu drugs treat H1N1 flu?

The two prescription antiviral (anti-flu) medications that treat H1N1 flu are:

- Oseltamivir (oss-el-TAM-eh-veer), brand name Tamiflu®; comes in capsule or liquid form.
- Zanamivir (zan-AM-i-veer), brand name Relenza®; comes in an inhaler; people who have underlying lung disease such as asthma or chronic obstructive pulmonary disease (COPD) should not take zanamivir. If you have a lung condition, remind your health care provider so that you will receive the proper medication.

These medications work by keeping flu viruses from reproducing in the body. While these drugs work best if started within 48 hours after the beginning of symptoms, they may be helpful beyond that especially for people who have severe symptoms or who are at high risk for flu complications.

There are other prescription anti-flu drugs, but they do not work against H1N1 flu.

Important reminders about anti-flu drugs and other medications:

- Only take Tamiflu® or Relenza® if your health care provider prescribes it for you.
- Do not take other people's prescription medicines.
- Do not order prescription medicines from places or people you don't know-on the internet, through the mail, or over the phone.
- Call your health care provider if the medicine you take that your provider prescribed or recommended makes you feel sick.
- Take all of your prescribed medicine, even if you feel better.

### **Do these prescription anti-flu medicines work for everyone?**

There have been a few reports of people with H1N1 flu where Tamiflu® did not work because the virus had developed resistance to the medication. Scientists are watching this situation closely. At this time, the recommendations for preventing and treating H1N1 flu with Tamiflu® or Relenza® have not changed.

### **Do most insurers pay for prescription antiviral medications?**

Medicaid and Medicare help pay for Tamiflu® and Relenza®. If you have private health insurance, contact your insurer to find out if they cover these prescription medications. Providers can obtain antiviral medications from the state stockpile by submitting an order form to the Wisconsin Division of Public Health. The order form and instructions can be found on [www.pandemic.wisconsin.gov](http://www.pandemic.wisconsin.gov) under [Health Professionals](#).

### **What is the usual treatment for people with mild flu-like illness who are not at high risk for complications?**

People with mild flu-like symptoms who are not at high risk for developing complications from influenza may wish to contact their health care providers by telephone for advice and information. Treatment recommendations are similar to those for seasonal flu and usually involve nonprescription measures (for example, over-the-counter medications) to relieve symptoms. As with seasonal flu, those with mild illness will likely be sick for several days; tiredness and cough can last longer.

### **What treatment may be recommended for people with mild flu-like symptoms who are at high risk for complications?**

People with mild flu-like symptoms who are at high risk for flu complications should contact their health care providers. They may need to take prescription anti-flu drugs to help prevent them from becoming very sick or developing complications.

## **What should people do if they are very sick with flu-like illness?**

People who are very sick with flu-like symptoms should call their health care provider or get emergency medical care right away. Their health care providers may want to examine them or may tell them to go to hospital emergency departments (ED). People who are very ill may be admitted to hospitals for treatment and care.

## **I don't have a regular health care provider or health insurance. Should I go to the hospital if I get sick?**

If you are very sick and don't have a regular health care provider or your provider's office is closed, go to the nearest ED (emergency department) or call 911.

If you have mild symptoms and want to see a health care provider, but don't have one or can't afford to go, go to the web page [Find a Health Center](#) to find a federally-funded health center near you. Federally-funded health centers care for you, even if you have no health insurance. You pay reduced fees based on your income. These health centers are located in most cities and many rural areas throughout the U.S.

## **What are fever-reducing medications?**

Fever-reducing medications are medicines that contain acetaminophen (such as Tylenol®) or ibuprofen (such as Motrin®). These medicines can be given to people who are sick with flu to help bring their fever down and relieve their pain. Aspirin (acetylsalicylic acid) should not be given to children or teenagers (anyone 18 years old and younger) who have flu; this can cause a rare but serious illness called Reye's syndrome.

## **Flu-like Illness and H1N1 in the Household**

### **What should I do if I have mild flu-like symptoms or H1N1 flu?**

- Stay home and limit contact with others as much as possible.
- If you have mild symptoms and are not at risk of flu complications:
  - Contact your health care provider for guidance if you feel it will be helpful. Unless you become severely ill, you probably will not have to go to your health care provider's office or to your health care clinic.
  - Rest, drink plenty of clear fluids (such as water, broth, sports drinks, or electrolyte beverages for infants), and take medications (such as acetaminophen or ibuprofen) that you typically use to treat flu-like symptoms.
  - Do not give aspirin to children less than 19 years of age.
  - Children younger than 4 years of age should not be given over-the-counter cold medications without first speaking with a health care provider.
  - Check the ingredients on the package label to see if medication already contains acetaminophen or ibuprofen before taking additional doses of these

medications - don't double dose! (Many products already contain acetaminophen, ibuprofen, or naproxen, for example: Advil Multi-Symptom Cold®; Theraflu Severe Cold®; Triaminic Cold, Cough and Fever®.)

- Check with your health care provider or pharmacist before taking over-the-counter medications if you have kidney problems, stomach problems, or high blood pressure, or if you are taking other medications not related to the flu.
- If you are at increased risk of flu complications:
  - Contact your health care provider or to see if you need to be seen.
  - If Tamiflu® or Relenza® is prescribed, have someone pick it up for you if possible-do not go out if you can avoid it. Take your medication exactly as prescribed and call your provider if you have side effects.
  - Only take over-the-counter medications that your provider recommends.
  - Rest and drink clear fluids to prevent dehydration.
- In general:
  - Unless you need to be seen for medical care, stay home.
  - If you do need to go to your health care provider's office or your health care clinic, you probably will be asked to wear a facemask, as tolerated, upon entry into the office, while in the waiting room, while being examined and cared for, and as you leave.
  - Wear a disposable facemask, if tolerable, if you must have close contact with others (including when breastfeeding, if applicable). If you develop influenza symptoms and do not have disposable facemasks at home, see if someone can purchase them for you-do not go out to buy them.
  - If you must be in a public place, protect others by wearing a disposable facemask, if tolerable. Keep the time you spend in crowded settings as short as possible.
  - Cover your mouth and nose every time you cough or sneeze.
  - Wash your hands often.
  - Avoid having visitors. If visitors must enter your home, avoid contact with them.
  - If your symptoms worsen, call your health care provider immediately.
- Stay home until you are fever-free without the use of a fever-reducing medicine for at least 24 hours.

### **What precautions should I take if I live with or am taking care of someone with flu-like symptoms or H1N1 flu?**

- If you are at high risk of flu complications, avoid close contact or taking care of someone with H1N1 flu if possible. If unavoidable, consider wearing a disposable facemask and take all preventive measures outlined under "what I can do to prevent catching H1N1 flu."
- If you are at high risk of flu complications, contact your health care provider to see if you should take Tamiflu® or Relenza® to help prevent catching H1N1 flu.
- If possible, place the person with flu-like symptoms or H1N1 flu in a separate room, away from the common areas of the house or apartment.
- Ill people should use respiratory treatments (such as inhalers and nebulizers) in a separate room away from common areas of the house when possible.
- Do not kiss the ill person and do not share towels, drinking glasses, eating utensils or toothbrushes with them.
- When holding small children who are sick, place their chin on your shoulder so that they will not cough or sneeze in your face.

- Encourage all household members, ill and well, to wash their hands or use an alcohol-based hand sanitizer often.
- Encourage the sick person to thoroughly cover the mouth and nose with a disposable tissue when coughing or sneezing to prevent spreading illness.
- Do not give infants, children, and young people under 19 years old aspirin or aspirin-containing products (such as Pepto-Bismol®) unless told to do so by a health care provider. Drugs that list aspirin, acetylsalicylic acid, or subsalicylates as an ingredient are associated with a rare and serious illness in children.
- Children younger than 4 years of age should not be given over-the-counter cold medications without first speaking with a health care provider.
- Check the ingredients on the package label to see if a medication already contains acetaminophen or ibuprofen before taking additional doses of these medications - don't double dose! (Many products already contain acetaminophen, ibuprofen or naproxen, for example: Advil Multi-Symptom Cold®; Theraflu Severe Cold®; Triaminic Cold, Cough and Fever®.)
- Check with your health care provider or pharmacist before taking over-the-counter medications if you have kidney problems, stomach problems, or high blood pressure, or if you are taking other medications not related to the flu.
- Avoid having visitors. If unavoidable, they should avoid close contact with the sick person.
- You can wash the dirty dishes, eating utensils, and laundry of the ill person with those used by well members of the household. Use detergent and wash as usual.
- Monitor yourself and well household members closely for flu-like symptoms.

## Should household members of sick people stay home, too?

No, an employee with an ill household member may go to work. It is especially important that these employees monitor themselves for illness.

Employees with school-aged children may need to stay home to care for their children. Employers should review leave policies for the flexibility to allow employees to stay home if they need to care for their children or other household members.

If flu conditions are more severe, CDC guidance for school-aged children is that they should stay home for 5 days from the time someone in their home became sick. However, this guidance does not apply to adults.

## Flu-Like Illness at Work

### I am an employee. What should I do if I develop flu-like symptoms or think I've been exposed to flu?

Faculty and staff experiencing [flu-like symptoms](#) or who were exposed to someone who has told them they have the flu should contact their personal physicians. Employees experiencing flu-like symptoms should not come to work and should remain isolated in their homes for at least 24 hours after the ill person's fever is gone, except to get medical care (fever should be gone without the use of a fever-reducing medicine).

### I am an employee feeling sick. Should I still report to work?

Employees experiencing [flu-like symptoms](#) should not come to work and should remain isolated during illness and for at least 24 hours after the ill person's fever is gone, except to get medical care (fever should be gone without the use of a fever-reducing medicine). Employees feeling sick should notify their supervisor of their absence from work and contact their personal physicians.

## What can businesses do to prevent the spread of H1N1 flu in the workplace?

One of the best ways to reduce the spread of influenza is to keep sick people away from well people. However, in the fall and winter, it will not be possible to quickly determine if workers who are ill have 2009 H1N1, seasonal influenza, or any number of other different conditions based on symptoms alone. Workers who have symptoms of influenza-like illness (including fever or chills, cough or sore throat, runny nose, body aches, headache, tiredness, diarrhea, or vomiting) are recommended to stay home and not come to work until at least 24 hours after their fever has resolved.

Regardless of the size of the business or the function or services that you provide, all employers should plan now to allow and encourage sick workers to stay home without fear of losing their jobs. CDC recommends this strategy for all levels of severity. Employers should plan now for how they will operate if there is significant absenteeism from sick workers. More information can be found in CDC's [Guidance for Businesses and Employers To Plan and Respond to the 2009 - 2010 Influenza Season](#).

## What steps can businesses take to keep employees from getting sick?

Businesses should take the following steps to keep employees from getting sick with flu. These steps should be followed ALL the time, not only during a flu outbreak.

- Advise all employees to stay home if they are sick until at least 24 hours after they no longer have a fever (100 degrees Fahrenheit or 38 degrees Celsius) or signs of a fever (have chills, feel very warm, has a flushed appearance, or is sweating). This should be determined without the use of fever-reducing medicines (any medicine that contains ibuprofen or acetaminophen). They should stay home until at least 24 hours after they no longer have a fever, even if they are using antiviral medicines. Businesses should review their policies and practices to consider ways to allow flexibility for employees to stay home when they are sick.
- Encourage respiratory etiquette by providing education and reminders about covering coughs and sneezes with tissues, and easy access to tissues and trash cans.
- Encourage hand hygiene by providing education and reminders about washing their hands, and easy access to running water and soap or alcohol-based hand cleaners.
- Separate employees who become sick at work from other staff and ask them to go home.
- Routinely clean surfaces and items that are more likely to have frequent hand contact with cleaning agents that are usually used in these areas. Additional disinfection beyond routine cleaning is not recommended.
- Encourage sick employees at higher risk of complications from flu to contact their health care provider as soon as possible. Taking antiviral medicines early might prevent severe complications from the flu, such as hospitalization or death. People at higher risk for flu complications include pregnant women and people with chronic medical conditions (such as asthma, heart disease, or diabetes).
- Prepare for employees to stay home from work and plan ways for essential business functions to continue. Employees may stay home because they are sick, need to care for sick household members, or because schools have been dismissed and they need to care

for their children. Cross-train staff to perform essential functions so that the business can continue operating.

- Encourage all employees who want protection from flu to get vaccinated for seasonal flu. Also encourage employees who are at higher risk for 2009 H1N1 flu complications to get the 2009 H1N1 flu vaccine when it becomes available. People at higher risk for 2009 H1N1 flu complications include pregnant women and people with chronic medical conditions (such as asthma, heart disease, or diabetes). Review the health benefits you offer your employees and consider including flu vaccination. If possible, you should offer seasonal flu vaccination opportunities at the worksite.
- Provide information to employees overseas about what to do if they become sick.

### **How long should a sick employee stay home?**

Under current flu conditions, employees with flu-like symptoms should stay home for at least 24 hours after they no longer have a fever (100 degrees Fahrenheit or 38 degrees Celsius) or signs of a fever (have chills, feel very warm, have a flushed appearance, or are sweating). This should be determined without the use of fever-reducing medications (any medicine that contains ibuprofen or acetaminophen).

The sick person may decide to stop taking fever-reducing medicines as he or she begins to feel better. This person should continue to monitor his or her temperature until it has been normal for 24 hours. If flu conditions become more severe, the sick employee should stay home for 7 days. A person who is still sick after 7 days should stay home until 24 hours after their symptoms have gone away.

Sick people should stay at home, except if they need to get medical care, and they should avoid contact with others. Keeping people with a fever at home may reduce the number of people who get infected with the flu virus.

### **Can the flu virus live on surfaces, such as computer keyboards?**

Yes, the virus can live on hard objects up to 8 hours. Flu viruses may be spread when a person touches a hard surface (such as a desk or doorknob) or an object (such as a keyboard or pen) where the virus has landed and then touches his or her eyes, nose, or mouth. Routine cleaning of surfaces will help stop the virus from spreading in this way.

Routinely clean surfaces and items that are more likely to have frequent hand contact with cleaning agents that are usually used in these areas. Additional disinfection beyond routine cleaning is not recommended.

## **Flu-like Illness at School**

### **What is the best way to prevent the spread of flu in schools?**

- Sick students, faculty, and staff should stay home!
- Monitor your child's and your own health.
- Anyone with flu-like symptoms should stay home.

### **If someone in my child's school has flu-like symptoms or H1N1 flu, should I keep my child home as a precaution?**

No. You do not need to keep otherwise healthy children home from school unless directed to do so by local school, health officials, or your child's health care provider.

## How long should students, faculty, or staff with flu-like symptoms or H1N1 flu stay out of school?

Ill students, faculty, and staff should stay home from school until at least 24 hours after their fever is gone. (Their fever should be gone without the use of a fever-reducing medicine.) Ill people should contact their health care providers immediately if their symptoms get worse or if their symptoms improve but then return with fever and worse cough.

## My child has flu-like symptoms or H1N1 flu. Can I send my child to day care or other afterschool activities?

No. Ill children should stay home. They should not attend school, alternative childcare, afterschool activities, or other group activities.

## What steps should be taken if someone comes down with flu-like symptoms while at school?

- The sick student, faculty, or staff should stay in a separate room to prevent spreading illness.
- The ill students, faculty, or staff should go home according to the school district's procedures.
- Ill persons or caregivers may wish to review the following sections of this document:
  - Transmission and Illness
  - Treatment
  - Prevention
  - Flu-like illness and H1N1 in the Household

## Do school closures help prevent the spread of flu-like symptoms and H1N1 flu?

Because H1N1 flu has spread widely throughout the U.S., and people may be contagious prior to showing symptoms, closing individual schools is a less effective way to stop the spread of H1N1 flu. The best way to prevent the spread of H1N1 flu is for sick people to stay home and avoid contact with others until they are well.

## Who makes the decision to close schools?

Wisconsin Statute Chapter 115 has given the following individuals the power to close schools in the following circumstances:

- School district administrator because of inclement weather and days on which parent-teacher conferences are held, not to exceed five days during the school term.
- Local health officer can order a school closure. If this occurs, days of instruction do not need to be made up but hours of instruction will likely need to be made up.

## How do schools decide to close?

Schools may decide to close temporarily if so many students, faculty, or staff are out sick that the school cannot operate properly. Some students, faculty, or staff within a particular school may develop flu-like symptoms or H1N1 flu.

In accordance with Wisconsin Act 42, after October 21, 2009, a school district administrator may close school because of a "threat to the health or safety of pupils or school personnel, but not including inclement weather, unless the school board determines that the days will not count as school days." The Wisconsin Department of Public Instruction will be drafting administrative rules to address the criteria for waiving the requirement to schedule at least the minimum number of hours of direct pupil instruction specified under s. 121.02(1)(f) 2., Wis.Stat., if school is closed. See page 6 of

<http://www.legis.state.wi.us/2009/data/acts/09Act42.pdf>.

## **How do I find out if my child's school is going to close due to flu-like symptoms or H1N1 flu?**

Know your child's school closure notification system. If you do not know the system, visit the school district's website or call the administrative office.

## **If a school closes due to H1N1, should events and/or services sponsored by that school also close?**

Yes. If the school is closed and the event/service is sponsored by the school, it is recommended that they also close. However, if the event/service/organization is not school sponsored, it would be their decision based on the specific number of participants who are ill. It is not the school building that is the problem--it is the number of students and school personnel who are ill congregating in a confined space.

## **Pregnancy**

### **What steps should pregnant women take to prevent getting H1N1 flu?**

Pregnant women should take these steps to avoid getting H1N1 flu:

- Get vaccinated when the H1N1 flu vaccination is available.
- Monitor their health for flu-like symptoms. Contact their obstetrician or health care provider immediately if they develop symptoms of flu such as fever, cough, sore throat, body aches, headaches, chills, fatigue, diarrhea and vomiting.
- Avoid touching their eyes, nose, or mouth.
- Encourage people around you to cover their mouths and noses with disposable tissues when they cough or sneeze, throw used tissues in the trash, and wash their hands. If people don't have tissues, they should cough or sneeze into the bend (crook) of the arm (inside their elbow) or into their shirt sleeve.
- Monitor the health of children and others whom they take care of. Avoid close contact (within 6 feet) with people who have flu-like symptoms. If this is unavoidable, pregnant women should contact their obstetrician or health care provider. Their provider may prescribe anti-flu drugs to help prevent them from catching the flu.

- Avoid crowded settings when possible.
- Stay informed. Health officials, researchers, and scientists learn more about H1N1 flu daily. Most television, radio, and internet news organizations accurately report the latest news. Avoid the rumor mill and make sure you check the credibility of the source before sharing information with others. Stay up-to-date by visiting <http://pandemic.wisconsin.gov/> and [www.flu.gov](http://www.flu.gov) often.

## **Once the H1N1 flu vaccine is available, should pregnant women get it?**

Yes. CDC advisors recommend that pregnant women be one of the first groups to be vaccinated once the H1N1 flu vaccination is available.

## **Should pregnant women be vaccinated against seasonal flu?**

Yes. It is strongly recommended that pregnant women be vaccinated against seasonal flu. Pregnant women can be vaccinated at any time during their pregnancies. Some studies have shown that vaccinated mothers pass anti-influenza antibodies to their newborn babies. Pregnant women should receive trivalent inactivated vaccine (TIV). They should **not** receive live attenuated influenza vaccine (LAIV).

## **What symptoms do pregnant women with flu-like symptoms or H1N1 flu have?**

Pregnant women with H1N1 flu usually have the same symptoms as other people with this flu. To date, most pregnant women have had mild illness and have recovered on their own. However, some pregnant women have become very sick quickly. Some have developed pneumonia or acute respiratory distress syndrome (ARDS) and have been hospitalized.

## **What treatment do pregnant women with flu-like symptoms or H1N1 flu usually receive?**

Pregnant women with flu-like symptoms should contact their obstetricians or health care providers immediately. Their health care providers will make treatment recommendations. They may be prescribed Tamiflu® or Relenza®. These medicines work best if started within 48 hours of the first symptoms, but may help even if begun after the first 2 days.

## **Does taking a prescription anti-flu drug pose a risk for pregnant women?**

Because pregnant women appear to be at higher risk for severe complications from H1N1 flu, the benefits of taking a prescription antiviral medication to help prevent or treat flu-like symptoms or H1N1 flu likely outweigh any possible risks.

As always, treatment recommendations should be made by a woman's obstetrician or health care provider and decisions should be made by the pregnant woman and her provider.

## What steps can parents and caretakers take to help prevent babies and children from getting H1N1 flu?

- Wash infants' and children's hands frequently with soap and water. This is especially important after contact with respiratory secretions or contaminated objects or materials. Teach children how to properly wash their hands.
- Wash any items that have been in infants' or children's mouths thoroughly with soap and water. Don't let infants or children share toys or other items that have been in their mouths.
- Give infants and young children clean pacifiers and other items they may place in their mouths. Do not let other babies, children, or people of any age touch pacifiers (including the pacifier ring or handle) or other items before giving it to the infant or child.
- Cover babies' and children's noses and mouths with disposable tissues when they cough or sneeze. Throw used tissues out in the trash immediately after they are used. Teach children how to cover their coughs and sneezes.
- Avoid close contact (within 6 feet) with sick people as much as possible.
- Avoid touching your eyes, nose or mouth. Germs spread that way.

## Should women with flu-like symptoms or H1N1 flu breastfeed their babies?

Yes. Mothers who are not ill should initiate breastfeeding early and feed frequently. Remember, a mother's milk is made to fight diseases in her baby. This is very important in young babies while their immune systems are still developing. Babies who are breastfed do not get as sick and are sick less often from the flu than are babies who are not breastfed.

If possible, only adults who are not ill should care for infants, including providing feedings. If you are ill and are breastfeeding or giving your baby infant formula, you may wish to ask for help from someone who is not sick to feed and care for your baby. If you are breastfeeding, someone who is not sick can give your baby your expressed milk.

You may continue breastfeeding even if you are taking anti-flu medicines.

If there is no one else who can take care of your baby while you are sick, try the following:

- Wear a face mask when you are feeding or caring for your baby.
- Be careful not to cough or sneeze when you are close to your baby.
- Wash your hands frequently.
- Use a cloth blanket between you and your baby during feedings.

## Why is breastfeeding good for babies?

In general, women who breastfeed their infants early and frequently strengthen their babies' immune systems. This happens because women's breast milk has antibodies in it. Antibodies help fight off infection. When babies drink breast milk they get the antibodies that are in it. This helps babies fight off illness. Babies who are not breastfed are more prone to infections

and severe respiratory illness. Breast milk is nutritious. Breastfeed babies usually don't need additional formula.

## H1N1 flu in Wisconsin, the U.S. and Worldwide

### What is the Wisconsin Division of Public Health doing in response to H1N1 flu?

The Division closely monitors flu-like illnesses and H1N1 flu in the state. The Division works closely with local health departments and provides guidance on how to identify, test for, treat, and prevent H1N1 flu. This guidance addresses the needs of different groups, including the public, health care providers, day care centers, schools, camps, businesses, nursing homes, and correctional facilities.

### What is the U.S. government doing during this pandemic?

The U.S. Centers for Disease Control and Prevention (CDC), part of the U.S. Department of Health and Human Services (HHS), tracks H1N1 flu activity nationwide and provides guidance for the public, states and territories, healthcare providers, and others. Visit the CDC H1N1 website (<http://www.cdc.gov/h1n1flu/>) for more information. CDC tracks H1N1 flu activity through their [routine influenza surveillance systems](#) and [reporting data weekly](#).

CDC also works with state and local health departments, federal agencies and departments, health care professionals, and other national and international organizations to learn more about more about H1N1 flu. CDC uses this information to provide guidance for the public, healthcare, and others. CDC is also working with scientists and manufacturers in the development, testing, and future production of a vaccine for H1N1 flu.

### What other countries have been affected by H1N1 flu?

For information on H1N1 flu information in other countries, visit the [World Health Organization \(WHO\) website](#).

## Definitions and Terminology

### Antibody

A protein found in the blood that is produced in response to foreign substances (such as bacteria, viruses, fungi, or parasites) invading the body. Antibodies protect the body from disease by binding to these organisms and destroying them.

### Antigen

Foreign substances (such as bacteria, viruses, fungi, or parasites) in the body that are capable of causing disease. The presence of antigens in the body triggers an immune response, usually the production of antibodies.

### CDC

The [U.S. Centers for Disease Control and Prevention](#). The CDC is one of the major operating components of the [Department of Health and Human Services \(HHS\)](#). CDC serves as the national focus for developing and applying disease prevention and

control, environmental health, and health promotion and health education activities designed to improve the health of the people of the United States.

### **Close Contact**

Close contacts are defined as people who are within 6 feet of someone who has flu-like symptoms or H1N1 flu.

Potential close contacts include:

- household and family contacts
- other persons who were known to be within about 6 feet of the ill person
- health care personnel

### **ED**

Emergency Department, often known as an emergency room (ER)

### **Facemasks**

Facemasks (also known as surgical, dental, medical procedure, or isolation masks) are protective coverings for the mouth and nose. Facemasks do not fit tightly around the user's face but can create a barrier that may stop someone who is sick from coughing or sneezing on others. They can also be worn by people who are well to prevent them from coming into contact with other people's coughs and sneezes.

Disposable facemasks are recommended. There are several facemask types—some have a single elastic band to hold them in place and others attach to the head with ties or have loops that the user puts around their ears. Most disposable facemasks have an adjustable piece that bends to fit the user's nose.

Facemasks should be thrown away when they visibly soiled or each time they are removed from the head. After removal and disposal, users should wash their hands with soap and water or use an alcohol-based hand sanitizer if soap and water are not available.

Facemasks can be purchased at many pharmacies (drug stores), medical supply stores, hardware stores, home improvement centers, and on the internet.

### **Hand Hygiene (Proper Hand Washing)**

- Wet your hands with clean running water and apply soap. Use warm water if it is available.
- Rub hands together to make a lather and scrub all surfaces.
- Continue rubbing hands for 20 seconds (the time it takes to sing "Happy Birthday" twice).
- Rinse hands well under running water.
- Dry your hands using a paper towel or air dryer. If possible, use your paper towel to turn off the faucet.

If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer (60% alcohol or greater). If alcohol-based hand sanitizers are not allowed in a particular setting (for example, a school) or unavailable, hand sanitizers that do not contain alcohol may also be useful for killing flu germs on hands.

When using an alcohol-based hand sanitizer:

- Apply product to the palm of one hand.
- Rub hands together.
- Rub the product over all surfaces of hands and fingers until hands are dry.

To learn more, read the [CDC's Clean Hands Saves Lives page](#) or the [World Health Organization's Clean Hands Protect Against Infection page](#).

### **Immunity**

Protection against a disease. The presence of antibodies in the blood may indicate some degree of immunity.

### **Incubation Period**

How long it takes from the time a person is exposed to a disease or toxin (poison) and the symptoms begin.

### **LHD**

Local health department; usually the county health department

### **Prophylaxis**

A measure taken for the prevention of a disease or condition. A person may receive pre-exposure prophylaxis (prophylaxis given before a possible exposure) or post-exposure prophylaxis (after a potential exposure).

### **Respiratory Hygiene and Cough Etiquette**

Steps to reduce the spread of respiratory infections:

- Carefully cover your nose and mouth with a disposable tissue every time you cough or sneeze. If you do not have a tissue, cough or sneeze into the bend (crook) of your arm (inside your elbow) or into your shirt sleeve.
- Throw out used tissues immediately into a nearby trash receptacle.
- Immediately wash your hands or use an alcohol-based hand sanitizer.

### **Social Distancing**

Social distancing means taking steps to decrease contact among people to decrease the risk of spreading communicable diseases. These measures include staying home when sick and school closures.

### **WHO**

[The World Health Organization](#). WHO is the health authority for the United Nations and provides leadership on global health matters.

## **Internet Links for More Information**

- [Wisconsin influenza information](#)
- [Flu.gov](#) - U.S. Department of Health and Human Services (HHS)
- [H1N1 Flu \(Swine Flu\)](#) - Centers for Disease Control and Prevention (CDC)
  - [H1N1 Flu Clinical and Public Health Guidance](#) - CDC
- [Flu \(Influenza\)](#) - The National Institute of Allergy and Infectious Diseases (NIAID) of the National Institutes of Health (NIH)
  - [2009 H1N1 Flu \(Swine Flu\)](#) - National Library of Medicine of the NIH

- [Pandemic \(H1N1\) 2009](#) - World Health Organization (WHO)

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