

CO HELP FAQs
Influenza and Pneumonia
H1N1 Influenza V. 1.15
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Disease

What is swine flu?

Swine influenza (swine flu) is a respiratory disease of pigs caused by type A influenza viruses. Outbreaks of swine flu happen regularly in pigs. Humans do not normally get swine flu, but human infections can and do happen. Most commonly, human cases of swine flu happen in people who are around pigs often, such as meat processors, but it's possible for swine flu viruses to spread from person to person. (See FAQ SNFLDS15 for information about how H1N1 is different from Swine flu).

Is the novel H1N1 flu virus contagious?

Yes. This virus is very contagious and appears to be spreading from human to human more easily than the typical seasonal flu.

What are the symptoms of novel H1N1 flu in people?

The symptoms of the new H1N1 flu in people are similar to the symptoms of regular flu and include:

- Fever
- Cough
- Sore throat
- Body aches
- Headache
- Chills
- Fatigue
- Some people also have diarrhea.

In the past, severe illness, including pneumonia and respiratory failure, and deaths have been reported with H1N1 virus infections in people. Like seasonal flu, the H1N1 flu may make underlying chronic medical conditions worse.

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How do you catch novel H1N1 flu?

The new H1N1 flu can spread in two ways:

- Through close contact with infected animals or environments contaminated with H1N1 flu viruses.
- Through contact with a person with H1N1 flu. Influenza is thought to spread mainly person-to-person through coughing or sneezing of infected people.

Are there medicines to treat novel H1N1 flu?

Yes. CDC recommends the use of oseltamivir (Tamiflu) or zanamivir (Relenza) to treatment H1N1 influenza viruses. Antiviral drugs are prescription medicines (pills, liquid or an inhaler) 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. For treatment, antiviral drugs work best if started soon after getting sick (within 2 days of symptoms).

How long can an infected person spread novel H1N1 flu to others?

People with H1N1 influenza virus infection should be considered potentially contagious as long as they have symptoms and possibly for up to 7 days. Children, especially younger children, might be contagious for longer periods.

Can I get novel H1N1 influenza from eating or preparing pork?

No. H1N1 influenza viruses are not spread by food. You cannot get H1N1 influenza from eating pork or pork products. Eating properly handled and cooked pork products is safe.

I got my seasonal flu shot. Am I protected from the novel H1N1 flu?

Probably not. Until the research is complete, we don't know whether the 2009-2010 seasonal flu vaccine will provide protection. Because this is a different strain of flu, scientists think that the seasonal flu vaccination will not protect people from the novel H1N1 virus.

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Why did the World Health Organization (WHO) raise the pandemic alert level to 6? What does a level 6 pandemic mean and what does it mean for Colorado?

Since virus is spreading in more than one of the World Health Organization's regions, it is considered a pandemic. It is a geographic designation, reflecting that the virus is on multiple continents in both the northern and southern hemispheres. It does not mean that the novel H1N1 virus is causing severe illness, but that disease is now found in many parts of the world.

It does not change how Colorado responds to an outbreak of the novel H1N1 virus.

How do I disinfect surfaces in my house, school or business?

In the home:

- To prevent the spread of influenza virus it is important to keep surfaces (especially bedside tables, surfaces in the bathroom, kitchen counters and toys for children) clean by wiping them down with a household sanitizers or disinfectants according to directions on the product label. You also can use a solution of approximately 2 tablespoons bleach in one cup of water. Please make sure you label the bottle appropriately. Never mix cleaning products.

In schools, institutions, child care and correctional facilities:

- To prevent the spread of influenza virus it is important to keep surfaces (especially bedside tables, surfaces in the bathroom, kitchen counters and toys for children) clean by wiping them down with the sanitizers and disinfectants typically used.

Is there a vaccine for the novel H1N1 virus?

The Centers for Disease Control and their federal partners are working on developing a vaccine for the new virus. The earliest that we will be able to get the H1N1 vaccination is late October.

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Is it possible to have been tested and confirmed to have novel H1N1 influenza and then have it a second time?

We don't know enough about novel H1N1 (and the immune response to it) to say for sure. For most viral infections, we are immune to re-infection. If someone has symptoms of the flu, he or she should be treated as others with influenza-like illness.

What is the incubation period for the novel H1N1 (H1N1 flu) virus?

The estimated incubation period is unknown and could range from 1 to 7 days, and more likely 1 to 4 days.

Persons with novel H1N1 flu virus infection should be considered potentially contagious (able to spread disease) for up to 7 days after illness onset. Persons who continue to be ill longer than 7 days should be considered potentially contagious until symptoms have resolved. Children, especially younger children, might be contagious for longer periods. People with influenza-like illness should stay home for at least 24 hours after their fever is gone (without the use of fever-reducing medicine). A fever is defined as having a temperature of 100 degrees Fahrenheit or 37.8 degrees Celsius or greater.

It's important to remember that we are still in flu and allergy season and it's not uncommon to have cold or flu-like symptoms. If you are sick, stay home from work or school to monitor your health. If you do have symptoms where you think you need urgent care, contact your doctor right away.

If I've already had the H1N1 flu this year, can I get it again?

- The short answer is "probably not," but the H1N1 virus is new and research is being conducted to better understand its characteristics. Most of what we can advise is based on our knowledge of other flu viruses.
- It is important to understand that flu viruses undergo frequent changes during an outbreak.
- In general, exposure to a particular strain of flu virus will protect you against that specific strain in the future. However, it will not protect you from infection by other flu virus strains.
- It is possible for a person to be infected with the seasonal flu virus more than one time in a season, because several strains of flu virus circulate each year.

What is the novel influenza A H1N1?

The H1N1 that so many people are talking about this year is a new virus ("novel") that began to spread among people in the spring of 2009. While it originally was

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called “swine flu,” this virus is actually a combination of viruses originating in humans, birds and pigs.

What are the symptoms of swine flu in babies (infants)?

- If you or someone you know has a baby that may be sick, it is very important to contact the baby’s health care provider immediately.
- **In children, emergency warning signs** 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

How long can a virus like novel H1N1 live on a surface outside its host?

- The novel influenza A H1N1 virus is new. Research is being conducted to better understand its characteristics.
- Studies have shown that flu viruses can survive on hard surfaces and can infect a person for up to 2 to 8 hours after being left on items like cafeteria tables, doorknobs, and desks.
 - Flu viruses may be spread when a person touches droplets left by coughs and sneezes on hard surfaces (such as desks or door knobs) or objects (such as keyboards or pens) and then touches his or her mouth or nose.
 - Routine cleaning will kill these germs.
- Frequent handwashing will help you reduce the chance of getting contamination from these common surfaces.

What are the effects of the H1N1 flu? How long will they last?

- It is expected that most people will recover without needing medical care.
- If you have severe illness or you are at high risk for flu complications, contact your health care provider for advice. Your health care provider will determine whether flu testing or treatment is needed.
- The symptoms of novel H1N1 flu in people are similar to the symptoms of seasonal flu. They include:
 - fever,
 - lethargy (lack of energy),
 - lack of appetite, and
 - coughing.
- Some people with novel H1N1 flu have also reported:

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- runny nose,
- sore throat,
- nausea,
- vomiting, and
- diarrhea.
- Like seasonal flu, novel H1N1 flu in humans can vary in severity from mild to severe.
 - Severe disease with pneumonia (a lung infection), respiratory failure and even death is possible with novel H1N1 flu infection.
 - Certain groups might be more likely to develop a severe illness from novel H1N1 flu infection, such as persons with chronic medical conditions.
 - Sometimes bacterial infections may occur at the same time as flu or after infection with flu and lead to pneumonia, ear infection or sinus infection.
- Ill people should also check with their healthcare provider about whether they should take antiviral medications (drugs that fight viruses).
- Flu can lead to, or occur with, bacterial infections. Therefore, some people will also need to take antibiotics (drugs that kill bacteria) if they have:
 - More severe or prolonged illness; or
 - An illness that seems to get better but then gets worse again.
- Be watchful for emergency warning signs that might indicate you need to seek medical attention.

What are the implications of H1N1 for the elderly?

Current studies show that the risk for novel H1N1 infection among people age 65 or older is less than the risk for younger age groups. Overall, seniors have been spared from the novel H1N1 virus!

However, even though people age 65 and older are not at high risk of infection with H1N1, they are at high risk for seasonal influenza (flu). So, they should get the seasonal flu vaccine as soon as it becomes available in their area.

Do we need to be concerned the H1N1 flu in pigs?

“Swine influenza has been present in the United States for over 80 years, but the 2009 pandemic H1N1 influenza virus now circulating among humans is not the same as “swine flu”. The 2009 pandemic H1N1 influenza currently circulating among humans is a “novel” flu strain, with a genetic makeup that is unique and has not been seen before in humans, birds or pigs.

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To date there have been no reports that his 2009 pandemic H1N1 influenza is circulating anywhere in the U.S. swine herd. And, if it were, you cannot get infected with 2009 pandemic H1N1 influenza virus from eating pork or pork products.

Treatment

Are there medicines to treat novel H1N1 flu?

Yes. CDC recommends the use of oseltamivir (Tamiflu) or zanamivir (Relenza) to treatment H1N1 influenza viruses. Antiviral drugs are prescription medicines (pills, liquid or an inhaler) 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. For treatment, antiviral drugs work best if started soon after getting sick (within 2 days of symptoms).

What should I do if I get sick?

If you live in areas where novel H1N1 flu has been confirmed and you become ill with influenza-like symptoms (such as fever, body aches, runny or stuffy nose or sore throat, and nausea, vomiting or diarrhea), you should stay home and avoid contact with other people. [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.)

Stay away from others as much as possible to keep from making others sick. Staying at home means that you should not leave your home except to seek medical care. This means avoiding normal activities, including work, school, travel, shopping, religious services, social events and public gatherings.

If you have severe illness or you are at high risk for flu complications, contact your health care provider. A health care provider will determine whether flu testing or treatment is needed.

If you become ill and experience any of the serious warning signs, seek emergency medical care.

How can I tell if my symptoms are getting serious?

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

- Fast breathing or trouble breathing
- Bluish skin color
- Not drinking enough fluids

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- 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, emergency warning signs that need urgent medical attention include:

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

Why won't my doctor test me for novel H1N1 flu? Where can I get tested for novel H1N1 flu?

At this time doctors are only testing people who meet certain conditions of the Centers for Disease Control and the Colorado Department of Public Health and Environment. Only the state public health laboratory and the Centers for Disease Control laboratory have the capability to test specifically for novel H1N1 influenza. So far, novel H1N1 illness in Colorado is similar to seasonal influenza, and most people have mild illness. It is not necessary to be tested to H1N1 since the treatment for this virus is the same as any flu virus.

Where can I get the medicine to treat novel H1N1 influenza such as Tamiflu or Relenza?

Tamiflu or Relenza are only available with a doctor's prescription. It is not available from health departments or over-the-counter. If you feel that you need an antiviral medication, you need to contact your doctor to discuss your symptoms. For most people, the antiviral medication only helps to reduce the length of time they are sick.

Doctors have been asked to limit the use of antiviral medicines to treat severe influenza illness (for example, hospitalized patients) and people who become sick and have a condition that makes them high risk for serious flu-related complications.

Is there a possibility of a drug interaction between Tamiflu and Coumadin?

There is no currently established association between Tamiflu and increased bleeding in patients taking Coumadin (warfarin).

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Some research in the United Kingdom showed that there was a possible connection between the two medicines. It always is best to talk to your doctor about your medications before starting a new medicine. The possibility for unrecognized interactions always exists.

Comadin has a very large number of drug to drug and drug to food interactions.

CDC provides the information below for people with heart disease, stroke, and cardiovascular disease.

- Maintain a two week supply of your medications.
- Do not stop taking your medications without first consulting your health care provider, especially in the event of influenza or a respiratory infection.
- People with heart failure should be alert to changes in their breathing and should promptly report changes to their health care provider.
- It is especially important to wash your hands often with soap and water and follow other basic hygiene to avoid infection.

Symptom guidelines and medical disclaimer.

The symptoms of novel H1N1 flu virus in people are similar to the symptoms of seasonal flu. They include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with novel H1N1 flu virus also have reported diarrhea and vomiting.

If you have severe illness or you are at high risk for flu complications, contact your health care provider.

We are not a medical line. We are not doctors or nurses and cannot diagnose or prescribe treatments. I can review the emergency warning signs that need urgent medical attention with you.

In Children, Emergency warning signs that need urgent 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.

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

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

If you need to speak with a nurse:

- Your insurance company or the local hospital may have a nurse line to help subscribers get medical advice.
- If you live in Denver, you may call Denver Health Nurse Advice Line at 303-739-1211

If you have questions about over-the-counter drugs, please contact your local pharmacists at Walgreens, Rite Aide, King Soopers, etc.

What medicine can I take if I have a fever with the flu or flu like symptoms?

- If you have flu-like symptoms, you can purchase the following over-the-counter medications to reduce fever from your local drug store, pharmacy or grocery store. These generic drugs are commonly identified by their brand name:
 - Acetaminophen (brand name Tylenol)
 - Ibuprofen (brand names Advil, Motrin or Nuprin)
 - Naproxen (brand name Aleve)
- If you take other medicines, ask your health care provider if you need to avoid any other medicines that could interact with your current medications.
- Ill people who are at high risk for complications from the flu should also check with their health care provider about whether they should take antiviral medications (drugs that fight viruses).
 - The two that are usually prescribed for the new H1N1 virus are called Tamiflu and Relenza.
 - You have to have a doctor's prescription for these medicines.
- People with novel H1N1 flu who are cared for at home should check with their health care provider about any special care they might need, especially if they are pregnant or have a health condition such as diabetes, heart disease, asthma, or emphysema.

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Warning! Do *not* give aspirin (acetylsalicylic acid) to children or teenagers who have the flu; this can cause a rare but serious illness called Reye's syndrome.
For

- Check ingredient labels on over-the-counter cold and flu medications to see if they contain aspirin.
- Children 5 years of age and older and teenagers with the flu can take medicines **without** aspirin, such as acetaminophen (Tylenol®) and ibuprofen (Advil®, Motrin®, Nuprin®), to relieve symptoms.
- Children younger than 4 years of age should **NOT** be given over-the-counter cold medications without first speaking with a health care provider.
- The safest care for flu symptoms in children younger than 2 years of age is using a cool-mist humidifier and a suction bulb to help clear away mucus.
- Fevers and aches can be treated with acetaminophen (Tylenol®) or ibuprofen (Advil®, Motrin®, Nuprin®) or nonsteroidal anti-inflammatory drugs (NSAIDS). Examples of these kinds of medications include:

If you are sick with H1N1 flu:

- **Stay home for at least 24 hours after their fever is gone** (without the use of fever-reducing medicine). A fever is defined as having a temperature of 100 degrees Fahrenheit or 37.8 degrees Celsius or greater.
- **Get plenty of rest;**
- **Drink clear fluids** (such as water, broth, sports drinks, electrolyte beverages for infants) to keep from getting dehydrated (losing too much fluid);
- **Cover coughs and sneezes;**
- **Clean hands** with soap and water or an alcohol-based hand rub often, especially after using tissues and after coughing or sneezing into hands;
- **Avoid close contact with others**, including staying home from work or school; and
- **Be watchful for emergency warning signs** that might indicate you need to seek medical attention

Sources and guidance:

For more information on products for treating flu symptoms, see the United States Food and Drug Administration (FDA) Web site:

<http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm150305.htm>

What is the definition of fever for the purposes of diagnosing the flu?

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CDC defines fever as a temperature of 100 degrees Fahrenheit or 37.8 degrees Celsius or greater without the use of fever-reducing medications.

Is there a rapid test available at my doctor's office or public health clinic for flu?

- Data are not yet available to determine whether rapid flu diagnostic tests are accurate for patients with novel H1N1 virus infection.
 - CDC has received some reports of false positive and false negative results using the rapid tests.
 - A doctor may use a rapid diagnostic test as part of the evaluation, but results should be interpreted with caution.
- Confirmation of H1N1 flu infection can only be made with:
 - Reverse-transcription polymerase chain reaction (RT-PCR); or
 - Viral culture (growing cells).

Sources and guidance:

Questions and Answers: Seasonal Influenza Testing:

<http://www.cdc.gov/flu/about/qa/testing.htm>

Interim Guidance for the Detection of Novel Influenza A Virus Using Rapid Influenza Diagnostic Tests:

http://www.cdc.gov/h1n1flu/guidance/rapid_testing.htm

If I don't have a fever, but have other influenza like symptoms, when would I go back to work?

- To err on the safe side of influenza illness, the best recommendation would be to wait 5-7 days from onset of influenza like symptoms before returning to work or school.

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Prevention

What can I do to protect myself from getting sick?

There is no vaccine available right now to protect against novel H1N1 flu. There are everyday actions that can help prevent the spread of influenza:

- Cover your nose and mouth with a tissue when you cough or sneeze, or cough into the inside of your arm at the elbow. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Try to avoid close contact with sick people.
- If you get sick with flu, CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.
- Avoid touching your eyes, nose or mouth. Germs spread this way.

Should I change my travel plans? Are there any new travel advisories?

Healthy people may make travel plans as they normally would and take common sense precautions to protect their health during travel.

Do not travel if you are sick.

CDC recommends that travelers at high risk for complications from any form of flu discuss their travel plans with their doctor. Together, they should look carefully at the H1N1 flu situation in their destination and the available health-care options in the area. They should discuss their specific health situations and possible increased risk of traveling to the area affected by novel H1N1 flu.

Travelers at high risk for complications include:

- Children less than 5 years of age
- Persons aged 65 years or older
- Children and adolescents (less than 18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection
- Pregnant women
- Adults and children who have chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular or metabolic disorders
- Adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV)

Should I be wearing a mask?

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Information on the effectiveness of facemasks and respirators for decreasing the risk of influenza infection in community settings is extremely limited. Thus, it is difficult to assess their potential effectiveness in decreasing the risk of novel virus transmission in these settings.

There are currently no recommendations for people to wear masks. People who are in contact with sick people or are sick should follow everyday actions such as:

- Cover your nose and mouth with a tissue when you cough or sneeze or cough into the inside of your arm at the elbow. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Try to avoid close contact with sick people.
- If you get sick with influenza, CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.
- Avoid touching your eyes, nose or mouth. Germs spread this way.

Are there mandates for how long an employee should be off work if ill?

There are no mandated periods of time for an employee to be off work. All suggested periods of time for an employee or student to stay home are recommendations.

What are the rules for health care workers who have family members diagnosed with H1N1 or whose family members have tested positive by nasal swab?

- Hospitals and clinics should ask sick staff to stay home.
- All personnel should self-monitor daily for signs and symptoms of febrile respiratory illness.
- Staff who develop these symptoms should be instructed not to report to work, or if at work, should stop caring for patients immediately and notify their supervisor.
- Contact your state health department for guidance specific to your area.
- Healthcare personnel who do **not** have a febrile respiratory illness may continue to work.
- CDC's new guidance regarding the amount of time people with flu-like illness should be away from others ("exclusion period") does not apply to healthcare settings.
 - CDC has provided a separate guidance for healthcare settings.

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- The recommendations for healthcare settings remain at 7 days after symptoms began or until all symptoms are gone, whichever is longer.
- This is an evolving situation and CDC will provide updated guidance and new information for clinicians as it becomes available.

Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Infection in a Healthcare Setting
http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm

Interim guidance on antiviral recommendations for close contacts of patients with confirmed or suspected swine influenza A (H1N1) virus infection can be found at
<http://www.cdc.gov/h1n1flu/recommendations.htm>.

Interim Guidance for Clinicians and Public Health Professionals
<http://www.cdc.gov/h1n1flu/guidance/>

Do you have special recommendations for air-conditioned buildings?

- The odds of transmission of influenza over significant distances through heating, ventilation, and air conditioning (HVAC) systems is extremely remote. Special cleaning of air ducts is not required.
- If you have concerns about a building and the transmission of disease, please contact your state health department for guidance.

Are there any precautions to take at church regarding, for example, surfaces such as pews, hymnals, ritual items, etc.?

- Influenza (flu) viruses may be spread when a person touches droplets left by coughs and sneezes on hard surfaces (such as desks or door knobs) or objects (such as keyboards or pens) and then touches his or her mouth or nose.
- It is not necessary to disinfect these surfaces beyond routine cleaning.
- You should clean surfaces and items that are more likely to have frequent hand contact with cleaning agents that are usually used in these areas.
- Faith-based organizations should evaluate their usual activities and services (including rites and religious practices) to identify those that may spread the virus from person to person.
 - Consider modifying these activities to prevent the spread of flu.
- Faith-based organizations can help teach their members about how to stay healthy.
 - Offer participants guidance for respiratory hygiene and cough etiquette.

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- Ask persons with flu symptoms to stay home rather than visit in person.

Sources and guidance:

Faith-Based and Community Organizations Pandemic Influenza Preparedness Checklist

<http://www.flu.gov/plan/community/faithcomchecklist.html>

Can I use an N95 mask for more than one day?

- N95 respirators should be worn only once and then thrown away in the trash.
- When using facemasks or N95 respirators, please remember:
 - Used facemasks and N95 respirators should be taken off and thrown away in the regular trash so they don't touch anything else.
 - Avoid reusing disposable facemasks and N95 respirators if possible.
 - After you take off a facemask or N95 respirator, clean your hands with soap and water or an alcohol-based hand rub.
- Very little is known about the benefits of wearing facemasks or respirators to help control the spread of influenza in community settings.
- You can help reduce the risk for infection through a combination of actions in areas with confirmed influenza virus infections. No one action, even vaccinations, will provide complete protection, but an approach combining the following steps can help decrease the likelihood of transmission. These actions include frequent hand-washing, covering coughs, and having ill persons stay home, except to seek medical care, minimizing contact with others in the household, and getting vaccinated for seasonal flu and when H1N1 vaccines become available.
- People should consider wearing a facemask during a severe influenza (flu) outbreak if:
 - They are sick with the flu and think they might have close contact with other people (within about 3 feet);
 - They live with someone who has flu symptoms (and therefore might be in the early stages of infection themselves);
 - They are well and do not expect to be in close contact with a sick person, but need to be in a crowded place.
- During a **severe** flu outbreak (**note: we do not now have a severe flu outbreak**), people should limit the amount of time they spend in crowded places. They should also consider wearing a facemask while in crowded areas.
- People should consider wearing an N95 respirator during a flu pandemic if:

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- They are well, but expect to be in close contact with people who are known (or believed) to be sick with flu; or
- They are taking care of a sick person at home.
- In these situations, people should limit the amount of time they are in close contact with those who are ill, and should consider wearing an N95 respirator.
- If a respirator is unavailable, the use of a mask should be considered.
- Respirator use should be in the context of a complete respiratory protection program in accordance with Occupational Safety and Health Administration (OSHA) regulations. Information on respiratory protection programs and fit test procedures can be accessed at <http://www.osha.gov/SLTC/etools/respiratory> .
- Staff should be medically cleared, fit-tested, and trained for respirator use, including: proper fit-testing and use of respirators, safe removal and disposal, and medical contraindications to respirator use.

Does hand-washing work if there is no hot running water in the bathrooms?

- The CDC recommends that you wash your hands thoroughly with clean, running water and soap. Use warm water if it's available.
- If clean, running water is not available use an alcohol-based hand sanitizer.

Can LYSOL brand disinfectant protect against the flu virus?

Influenza virus, or the flu virus, is destroyed by exposure to heat of 167 to 212 degrees Fahrenheit (75 to 100 degrees Centigrade).

There are also several chemical germicides (substances that kill disease-causing germs) that are effective against flu viruses, such as:

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- chlorine,
- hydrogen peroxide,
- detergents or soaps,
- iodine-based antiseptics (substances that stop the growth of germs), and
- alcohols.

These products are effective if the right amount is used, for the right period of time. For example, wipes or gels with alcohol in them can be used to clean hands. The gels should be rubbed in until they are dry.

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EPA registers pesticide products, including disinfectants. As part of the registration process, EPA evaluates the product efficacy to make sure the public health label claims are accurate. Currently, over 500 disinfectant products are registered for use on hard, non-porous surfaces against influenza A viruses. EPA believes, based on available scientific information, that the currently registered influenza A virus products will be effective against the 2009-H1N1 flu strain and other influenza A virus strains on hard, non-porous surfaces. For safe and effective use of these products, always follow label instructions for these products, paying special attention to the product's dilution rate (if applicable) and contact time.

The list is available at

epa.gov/oppad001/influenza-disinfectants.html

Pregnancy

Am I at a higher risk to get the novel H1N1 flu because I'm pregnant?

No, you are not at a higher risk to get H1N1 flu. However, if you are pregnant you have a higher risk of complications if you do get the flu. If you are pregnant and you begin experiencing any flu-like symptoms (cough, sore throat, runny nose and fever), contact your doctor immediately.

Will I have different symptoms with the novel H1N1 flu because I am pregnant?

No, if you get the flu from the novel H1N1 virus, you will have the same symptoms of novel H1N1 flu (cough, sore throat, runny nose and fever). If you are having these symptoms and are pregnant, contact your doctor immediately.

Can I still breastfeed if I have the H1N1 flu and/or taking an antiviral medication?

Ask your doctor for a recommendation.

In general, if you are having flu-like symptoms you should take steps to reduce the risk to your infant, such as frequent hand-washing and possibly wearing a mask.

If you are taking antivirals you can continue to breastfeed. Tell your doctor that you are breastfeeding.

Can I give my baby the novel H1N1 flu through my breast milk?

At this time it is unknown if novel H1N1 flu can be transmitted through breast milk. However, reports of the presence of viruses in breast milk with seasonal influenza infection are rare. If you have concerns about this please contact your doctor.

Can I take medication during my pregnancy if I get the novel H1N1 flu?

If you have been diagnosed with novel H1N1 flu and are pregnant, you should talk with your doctor or health care provider about taking medication.

If I am pregnant and have flu-like symptoms, what should I do?

Please contact your doctor as soon as possible and discuss your symptoms with your doctor.

There are everyday actions that you should follow to keep yourself from getting sick:

- Cover your nose and mouth with a tissue when you cough or sneeze or cough into the inside of your arm at the elbow. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Try to avoid close contact with sick people.
- If you do get sick, CDC recommends that you stay home from work or school and limit contact with others.
- Avoid touching your eyes, nose or mouth. Germs spread this way.

My daughter will be breast-feeding this fall. Should she get the HINI flu vaccine when it is available?

- CDC's Advisory Committee on Immunization Practices (ACIP) recommends the H1N1 flu vaccine for pregnant women, and people who live with or care for children younger than 6 months of age (e.g. new mothers).
- The H1N1 flu vaccines are currently undergoing clinical trials, including studies with pregnant women and young children, to better understand the risks and benefits. More will be known about the vaccine after these trials are completed in late summer or early fall.

Vaccine

When will 2009 novel H1N1 Influenza vaccine become available?

Flu vaccine manufacturing and availability can be unpredictable.

It is expected that the first shipments of the novel H1N1 vaccine will be shipped to all states in mid-to-late October, 2009. Vaccine will not be available all at once. It will be produced and delivered at a rate that depends on production and manufacturing capacity.

CDC expects about 45-52 million doses to ship in October. This will be followed by weekly deliveries of vaccine up to about 195 million doses by the end of the year.

How many doses of 2009 H1N1 Influenza vaccine will I need?

Children over age 10 and adults will only require one dose of the H1N1 vaccine. Children under 10 will likely require two doses.

Why have the priority groups changed?

The initial priority groups were based on larger quantities becoming available at an earlier date.

At this time, the projections for vaccine doses that will be available in mid to late October are somewhat less than the initial projections. Therefore, secondary prioritization is recommended until the time that more vaccine is available for everyone who requests the vaccine.

These target groups include:

- pregnant women
- people who live with or care for children younger than 6 months of age
- healthcare and emergency medical services personnel
- persons between the ages of 6 months and 24 years old
- people ages 25 through 64 years of age who are at higher risk for 2009 H1N1 because of chronic health disorders or compromised immune systems.

What is the difference between the primary and secondary priority groups?

The secondary group reflects the subgroup of the population who are most at risk from complications from influenza. By vaccinating these groups, we are ensuring that they remain healthy, and will not cause further infection among the group of

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population who are not initially receiving vaccine. In other words, protecting this subgroup of the population helps ensure the protection of the larger population group.

For secondary priorities, CDC recommends the following groups get vaccinated first:

- pregnant women
- people who live with or care for children younger than 6 months of age
- health care and emergency medical services personnel **with direct patient contact**
- children 6 months through 4 years of age
- children 5 through **18** years of age who have chronic medical conditions

Is the vaccine safe?

The 2009 novel H1N1 flu vaccine is being developed and manufactured exactly like seasonal flu vaccine. This process has been safely used for decades and is it considered to be a safe vaccine.

Who should receive a pneumonia vaccine?

At risk children

- Children age 6 weeks through age 5 years should receive pneumococcal conjugate vaccine, if they have sickle cell disease, acquired asplenia, HIV, cochlear implants or immunocompromising conditions such as kidney disease, leukemias, lymphomas, organ transplantation, or other chronic illness such as chronic cardiac disease, chronic pulmonary disease, diabetes, etc.

Children between 2 and 5 years

- All children age 24-59 months should receive this vaccine, especially if they are Alaskan Native, American Indian or African-American, and children who attend group child-care centers.

Adults over 65 years

- All adults over 65 years of age should have the pneumococcal vaccination.

Adults with chronic illness

- Adults with normal immune systems who have chronic illness such as cardiovascular disease, pulmonary disease, diabetes mellitus, alcoholism, cirrhosis, cochlear implants or cerebrospinal fluid leaks should have the pneumococcal vaccination.

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Immunocompromised persons

- Immunocompromised persons who have sickle cell disease, multiple myeloma, generalized malignancy, recipients of organ or bone marrow transplantation, recipients of immunosuppressive chemotherapy, Hodgkin's disease, lymphoma, chronic renal failure, nephritic syndrome, functional or anatomic asplenia, HIV infection, Alaskan natives, certain Native American populations and persons living in special environmental or social settings should have the pneumococcal vaccination.

Who should receive the novel H1N1 vaccine when it is available?

CDC's Advisory Committee on Immunization Practices (ACIP), has recommended the vaccination efforts should focus on five key populations.

The key populations include those who are at higher risk of disease or complications, those that are likely to come in contact with novel H1N1 and those who could infect young infants, as infants under 6 months should not be vaccinated.

When the vaccine is first available, programs and providers should try to vaccinate:

- pregnant women,
- people who live with or care for children younger than 6 months of age,
- health care and emergency medical services personnel,
- persons between the ages of 6 months through 24 years of age, and
- people from ages 25 through 64 years who are at higher risk for novel H1N1 because of chronic health disorders or compromised immune systems.

Is there going to be a shortage of the novel H1N1 vaccine?

We do not expect that there will be a shortage of novel H1N1 vaccine.

Due to manufacturing limitations, at first the vaccine will be available in limited quantities.

The Advisory Council on Immunization Practices, the organization that makes recommendations for vaccinations, also recommends which people within the

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groups listed should be the first to get vaccinated if the vaccine is available in extremely limited quantities.

For secondary priorities, CDC recommends the following groups get vaccinated first:

- pregnant women
- people who live with or care for children younger than 6 months of age
- health care and emergency medical services personnel **with direct patient contact**
- children 6 months through 4 years of age
- children 5 through **18** years of age who have chronic medical conditions

For more information, read the vaccine section of www.flu.gov

Should I get both the seasonal and the novel H1N1 vaccinations?

Yes. Vaccines are the best tool we have to prevent influenza. CDC hopes that people will get vaccinated against seasonal influenza now. Most people will find it widely available in September.

The seasonal flu vaccine does not provide protection against novel H1N1 influenza A, the virus that some people call “swine flu.”

A vaccination for the novel H1N1 flu is currently in production and may be ready for the public by the end of October. The novel H1N1 vaccine is not intended to replace the seasonal flu vaccine. The new vaccine is intended to be used in addition to the seasonal flu vaccine.

Does the novel H1N1 vaccine have side-effects?

CDC is closely watching the studies of licensed vaccines from licensed manufacturers that are in progress now. Since the manufacturing process for the new H1N1 vaccination is the same as other flu vaccinations, it is considered to be very safe with minimal side-effects. What’s been changed is just the use of this particular H1N1 strain as opposed other H1 strains we use in seasonal vaccines every year, so there is a long, accumulated safety record about these products.

Vaccination is one of the most effective ways to minimize suffering and death from influenza. As with any medical procedure, vaccination has some risks as well as substantial proven benefits. Individuals react differently to vaccines, and there is no way to absolutely predict the reaction of a specific individual to a

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particular vaccine. Anybody who takes a vaccine should be fully informed about both the benefits and the risks of vaccination. Any question or concerns should be discussed with a physician or health care provider.

When should I get my seasonal flu shot?

- Most communities have seasonal flu vaccine now.
- Get your seasonal flu vaccine, whether the shot or nasal spray, as soon as possible.
- Children under 9 years of age will need 2 doses of the vaccine the first year they are vaccinated.
 - The first dose would ideally be given in September or as soon as the vaccine is available. The second dose should be given at least 28 days (4 weeks) after the first dose.
 - If a child needs 2 doses, it is best to begin the process early so that the child is protected before flu season starts circulating in his or her community.
- The vaccine should be offered to unvaccinated people throughout the flu season, as long as it is available.
- The flu is contagious and can spread to your family and those you love. Protect yourself and your loved ones. Get your flu vaccination.

Sources and guidance:

Key Facts About Seasonal Flu Vaccine:

<http://www.cdc.gov/flu/protect/keyfacts.htm>

Questions and Answers: Seasonal Flu Vaccine:

<http://www.cdc.gov/flu/about/qa/flu vaccine.htm>

Questions and Answers: The Nasal-Spray Flu Vaccine (Live Attenuated Influenza Vaccine (LAIV)): <http://www.cdc.gov/flu/about/qa/nasalspray.htm>

Vaccines and Immunizations: <http://www.cdc.gov/vaccines/>

2009-10 Influenza Prevention and Control Recommendations: Timing of Vaccination: <http://www.cdc.gov/flu/professionals/acip/timing.htm>

I have a serious lung disease. Will the pneumonia vaccine protect me from the flu?

- No, but the pneumonia vaccine may help prevent pneumonia infections in your lungs.
- If you have serious lung diseases, call your health care provider now and ask about vaccines you may need during an outbreak of the flu.
- All people who are recommended to have the pneumococcal (pneumonia) vaccine should also be vaccinated for the flu, unless their health care provider advises them not to get the flu vaccination due to their medical history.
- The CDC Advisory Committee on Immunization Practices (ACIP) recommends a single dose of PPSV23 (the pneumococcal vaccine, Pneumovax) for all people 65 years and older and for persons 2 to 64 years of age with certain high-risk conditions.

I am allergic to eggs. Can I receive a flu shot even though I am allergic to eggs?

- Talk to your doctor before getting either a seasonal flu shot or the H1N1 flu vaccination when it becomes available if you:
 - Have ever had a severe allergic reaction to eggs;
 - Have ever had a severe allergic reaction to a previous flu shot; or
 - Have a history of Guillain-Barr Syndrome (GBS).
- If you are sick with a fever when you go to get your flu shot, talk to your doctor or nurse about getting your shot at a later date. However, you can get a flu shot if you have a respiratory (breathing) illness without a fever; or if you have another mild illness.
- If you have questions about whether you should get a flu shot, talk to your doctor or healthcare provider.

Why are people over 64 who have chronic ailments not eligible for the H1N1 flu vaccine?

- First, **everyone** is eligible for the H1N1 flu vaccine, although some people may have health issues that would be affected by a vaccine and therefore should not take it.
- The *goal* of the pandemic influenza vaccination program is to **vaccinate all persons in the United States who choose to be vaccinated**.
- More than \$8 billion is being invested in developing enough vaccine for everyone who wants it.
- Because of the way vaccines are manufactured, the vaccines will be released gradually beginning in October. A priority list was developed to focus on **immediate** immunization for:

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- Those most vulnerable to this specific flu strain,
- Those most likely to spread the flu, and
- Health care workers so they can help the sick in a pandemic.
- In past pandemics, groups at increased risk for serious illness and death have differed by age and health status.
 - During the 1918 pandemic, previously healthy, young adults were a high-risk group.
 - In the current outbreak, the groups that are most vulnerable are younger people, pregnant women, health care personnel and people who have underlying health conditions.
 - Immunizing these groups first will help contain the spread of the flu during the vaccination roll-out which may take a few months, which will help keep other people healthy, too.
- Here are the statistics on who is most vulnerable to the novel H1N1 flu:
 - The infection rate was progressively lower in adults as their age increased.
 - The infection rate for people 5-24 years of age is 26.7 per 100,000.
 - The infection rate for people 25-49 years of age is 6.9/100,000.
 - The infection rate for people 50-64 years of age is 3.9/100,000.

The infection rate for people 65 years and older is 1.3/100,000 (or twenty times lower than in those 5-24 years age group).

Why are police officers NOT in the priority group for H1N1 vaccination?

The priorities for H1N1 vaccination, set by the federal Advisory Committee on Immunization Practices, are being followed by the Centers for Disease Control and Prevention (CDC) and by state and local health agencies, including the Colorado Department of Public Health and Environment (CDPHE).

Currently, the priorities do not include law enforcement unless there is a situation in which a law enforcement officer is expected to have significant contact with patients.

These priorities are based on who should get the vaccine first, not who should get the vaccine. If current predictions hold, Colorado should have 750,000 doses of vaccine delivered by mid-October. To put that in perspective, Colorado gives about 1 million doses of seasonal flu vaccine in any given year.

We will get weekly deliveries after that first shipment and should have enough vaccine for everyone who wants an immunization as we move into November and December. So, the priorities are time-limited.

The current priorities are intended to protect those who are more likely to die from the flu first, not those who are more likely to come into contact with it. The

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only exception is protection of those health care workers who provide direct patient care, who are necessary to assure we have personnel to provide care to the ill.

When the vaccine becomes available who gets priority for the available vaccine?

1. Seniors (those over @55 years of age) show some immunity to H1N1 Influenza, and are therefore not an initial priority group for H1N1 vaccine. However, we continue to strongly encourage this age cohort to receive seasonal influenza vaccine, and pneumococcal vaccine, if appropriate for their age.

2. Initial doses of vaccine will go to Local Public Health Agencies, and hospitals. The targeted populations to receive H1N1 vaccine are as follows:

We are starting with a subset of the original priority group:

I. Prioritization if there is need for this, should there be a case where supply and demand do not match.

These groups are the following:

1. Pregnant women
2. Household contacts of children under 6 months
3. Subset of Health Care Workers, with direct patient care responsibilities
4. Children between 6 months and 4 years of age
5. Children 5 years to 18 years of age, with underlying chronic health conditions that put them at greater risk of complications from influenza disease.

Once this group has received the vaccine, the next in line should be these people:

II. Target Populations for H1N1 Novel Influenza vaccine (focus of immunization activities).

There are 5 target populations:

1. Pregnant Women
2. Household contacts of children under 6 months of age
3. Emergency Medical Services
4. Children age 6 months to 24 years
5. Non-elderly adults with underlying risk conditions

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At this point, the net is cast widest for the entire population.

3. The initial doses of vaccine will be approximately 3.4 million doses available in early October, which we anticipate to be LAIV (nasal mist). While this vaccine is not recommended for pregnant women, it is recommended for a large portion of our priority groups, and will help us make a significant impact on vaccinating our initial priority groups. We further anticipate additional allotments of all varieties of vaccine to be available by the middle of October. In Colorado, we should receive around 54,000 doses in the initial wave of LAIV, and weekly allotments in the area of 200-300,000 by mid to late October. These doses are likely to include all presentations of the H1N1 vaccine.

Now that the vaccine is arriving, where can I go to get vaccinated for H1N1?

You are encouraged to get your seasonal flu vaccination as soon as possible.

The vaccine will be available in very limited doses at first. The first vaccine that will be available will be the nasal vaccine which is not recommended for all people in the high priority groups.

Priority groups have been established for the first available vaccine. Those people are as follows.

1. Household contacts of children under 6 months
2. Subset of Health Care Workers, with direct patient care responsibilities
3. Healthy children 2 years to 18 years of age

As soon as vaccine is available in shot form, the following people are considered the highest priority.

1. Pregnant women
2. Children between 6 months and 4 years of age
3. Children 2 years to 18 years of age, with underlying chronic health conditions that put them at greater risk of complications from influenza disease

People who do not fall into this group will be able to get their vaccinations when more vaccine is available.

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If you are seeking vaccination for a person within the priority group, please contact your local health department. If you are seeking vaccination for someone outside of the priority group we ask for your patience. It will be publicized when more vaccine is available.

Is there a shortage of seasonal flu vaccine?

This appears to be a delay, not a shortage, of seasonal flu vaccine. We are currently seeing an H1N1 flu "wave", with virtually no seasonal flu. We usually do not start our campaigns for seasonal vaccine until October, and on average give most of our vaccine in late October through mid-November.

It is true we have seen an increase in demand for seasonal flu vaccine, however: The estimated seasonal flu vaccine production for 2009-10 influenza season is approximately 114-115 million doses, a record number of doses and more than we have ever given in a single season. Approximately 70 million doses of seasonal flu vaccine have been distributed, as of September 25, 2009. This is approximately 61% of the doses that are expected to be distributed for this season.

Orders for vaccine providers are continuing to be shipped and it is expected that all providers will have their orders shipped by November. Again, typical seasonal flu vaccination efforts are in full swing in October and November. We anticipate this year seasonal flu vaccination efforts will follow this trend and will continue in October and November.

Given the usual schedule for shipping seasonal flu vaccine, these current shortages are not surprising. Community providers should be able to adjust their plans to align with the usual distribution. 2009 H1N1 vaccine will continue ship and be distributed providers during October, November, December and beyond. The seasonal and 2009 H1N1 flu vaccination campaigns will overlap this year in the community.

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

The symptoms of influenza (flu-like illnesses) are similar to those caused by many other viruses. Even when influenza viruses are causing large numbers of people to get sick, other viruses are also causing illnesses. Specific testing, called "RT-PCR test," is needed in order to tell if an illness is caused by a specific influenza strain or by some other virus. This test is different from rapid flu tests that doctors can do in their offices. Since most people with flu-like illnesses will

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not be tested with RT-PCR this season, the majority will not know whether they have been infected with 2009 H1N1 flu or a different virus.

Therefore, 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. 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.

Are there any precautions that should be taken after receiving the nasal mist vaccine?

A person is not contagious after they receive the live vaccine. The precautions would follow the same precautions you should take after receiving any vaccine. The live vaccines (seasonal and H1N1), some of the side effects could include runny nose, nasal congestion, cough, wheezing. Abdominal pain or occasional vomiting or diarrhea could occur but is not common. Like any vaccine, an individual could also experience fever, headache, muscle aches. Comfort measure would be followed to lesson the symptoms if they occur.

Will my child require two doses of the H1N1 vaccine?

Children through 9 years of age will need two doses of the H1N1 vaccine so that optimum protection against the disease is obtained. Those doses should be separated by 3 or 4 weeks. Children older than 10 years of age and adults need only 1 dose.

Is there going to be Thimerosal free H1N1 vaccine available?

Yes, there is Thimerosal free vaccine in the form of Flu Mist, and in single dose injectable. Vaccine providers have been guided to reserve these forms of flu vaccine specifically for pediatric and obstetric patients, as healthy children at age

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2 on up, may receive Flu Mist, and pregnant woman can receive the single dose thimerosal free injectable vaccine. Additionally, pediatric patients for whom the Flu Mist is contraindicated, should receive the single dose thimerosal free vaccine.

Will I be able to get a H1N1 vaccination?

Yes, as vaccine supplies increase more people will be able to receive the vaccine. Currently, because the vaccine is initially arriving in smaller doses, those priority groups at greatest risk of disease and complications from the disease are being vaccinated first. Until you are able to receive your H1N1 vaccine, there is much you can do to stay healthy. Get your Seasonal Flu vaccine! Wash your hands often, cover your coughs and sneezes and remind people to do the same. Eat a healthy diet and get enough sleep. All of these things will help you stay healthy this flu season.

I would like some information about the clinics being held at the Cherry Creek Schools.

- The vaccination clinics are being held in schools because all children 6 months through 24 years of age are a priority group
- However, these clinics are meant to be for all priority groups, which include, pregnant women, household contacts and caregivers for children younger than 6 months of age, healthcare and emergency medical services personnel, all people from 6 months through 24 years of age, and persons aged 25 through 64 years with certain underlying medical conditions
- People should be prepared to explain how they meet the "high risk category", but they will not be asked to provide written documentation

Does getting the H1N1 vaccine while pregnant provide any immunity to the baby when it is born?

The seasonal flu shot has been shown to protect both the mother and her baby (up to 6 months old) from flu-like illness. Since the 2009 H1N1 vaccine is manufactured and produces immunity in the same way as seasonal influenza vaccine, maternal antibodies to the H1N1 influenza virus should be passed from the mother to the infant in the last 6-8 weeks of the pregnancy. The baby will also benefit from the barrier of protection provided by any caretakers or close contacts who also receive the vaccine.

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Can a person who is taking Tamiflu receive the H1N1 vaccine?

The concurrent use of Tamiflu with live attenuated influenza vaccine(LAIV) intranasal has not been evaluated. However, because of the potential for interference between these products, LAIV should not be administered within 2 weeks before or 48 hours after administration of Tamiflu, unless medically indicated. The concern about possible interference arises from the potential for antiviral drugs to inhibit replications of live vaccine virus. Trivalent inactivated influenza vaccine can be administered at any time relative to use of Tamiflu.

For those seeking administration of flu vaccine, it is not recommended that they receive vaccine if they present with moderate or severe illness.

Can my child get both seasonal and H1N1 vaccine at the same time?

The live nasal flu vaccines cannot be given to infants and is only licensed for healthy kids and adults, 2 to 49 years of age. The injectable vaccines can be given as early as 6 months and can be given at the same time. The live nasal (H1N1 and Seasonal) flu vaccines cannot be given at the same time and there's a 28 day interval between the 2 lives vaccines.

HEALTH CARE PROVIDER INFORMATION

When should clinicians consider the possibility of novel H1N1 influenza virus infections in patients presenting with febrile respiratory illness?

Consider novel H1N1 influenza in patients who

1. Live in an area where human cases of novel H1N1 influenza A (H1N1) have been identified (this includes the state of Colorado) or
2. Have traveled to an area where human cases of novel H1N1 influenza A (H1N1) have been identified or
3. Have been in contact with ill persons from these areas in the 7 days prior to the onset of illness.

It is neither necessary nor feasible to test for novel H1N1 flu in every person with influenza-like illness. Persons with uncomplicated influenza-like illness who are NOT at high risk for influenza complications do NOT need to be seen by their doctor or tested for novel H1N1.

Persons at high risk for influenza complications who are seen in an outpatient setting can be managed in the same manner as “seasonal” influenza, and do NOT need to be tested for novel H1N1.

At this time, CDPHE recommends testing for novel H1N1 in persons who are hospitalized with influenza-like illness, and in health care workers who have an influenza-like illness. If a clinician has a patient that meets this criteria, they can contact CDPHE at 303-692-2700 for additional information on testing.

What medications are available to treat H1N1 flu infections in humans?

At this time, CDC recommends the use of oseltamivir (TAMIFLU) or zanamivir (RELENZA) for the treatment of infection with novel H1N1 influenza viruses. It is unclear if last year's flu vaccine provides any immunity.

What are the recommendations for novel H1N1 flu diagnosis and treatment for pregnant women?

Health care providers should consider that influenza in pregnant women can be more severe. Providers should follow interim guidance from CDC on “Pregnant Woman and H1N1 Influenza: Considerations for Clinicians.” See <http://www.cdc.gov/h1n1flu/pregnancy/>.

As a health care provider, what administration fees can I charge for an H1N1 vaccination?

Providers may charge a fee for the *administration* of the vaccine to the patient, the patient's health insurance plan, or other third-party payer. The administration fee cannot exceed the regional Medicare vaccine administration fee, which is \$20.67. If the administration fee is billed to Medicaid, the amount billed cannot exceed the state Medicaid administration fee, which is \$14.74 for Colorado.

What are the side-effects of the novel H1N1 vaccine? (Health Care Provider)

CDC is closely watching the clinical studies of the new vaccines. These are the studies of licensed vaccines from licensed manufacturers. What's been changed is just the use of this particular H1 strain as opposed other H1 strains that have been used in seasonal vaccines every year, so there is a long, accumulated safety record about these products.

Vaccines are our best defense against infectious diseases, but vaccines may not be 100% safe or effective. Individuals react differently to vaccines. Some people may have side-effects after vaccination, and some may not be completely protected from disease.

Scientists are constantly working to develop safer, more effective vaccines. Vaccines, like any medication, can cause side-effects and pose risks. There may be rare side-effects or delayed reactions that may be detected only after the vaccine is given to millions of people after it is licensed and recommended.

What are the recommendations for testing of suspected H1N1 cases?

The goal of state laboratory confirmatory (PCR) testing for influenza is public health monitoring of circulating influenza viruses.

State laboratory testing for influenza (including 2009 H1N1) is not intended for diagnostic or clinical management purposes.

Monitoring novel H1N1 among hospitalized patients is a priority for public health.

Can the seasonal influenza vaccine and H1N1 vaccine be administered at the same time?

It is likely that you will be able to do so with TIV (influenza vaccine shot). We will know for certain following the clinical trials. The caveat to this is that

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administration of LAIV (influenza nasal mist vaccine) is NOT suitable for co-administration, and the doses would need to be separated by 4 weeks.

School Guidelines

What are the recommendations for the 2009-10 school year related to the novel H1N1 flu?

(CDC Guidance for State & Local public Health Officials and School Administrators Responses to Influenza) <http://www.cdc.gov/h1n1flu/schools/>

Under conditions with similar severity as in spring 2009:

- **Stay home when sick:**
Those with flu-like illness should stay home for at least 24 hours after they no longer have a fever,(100 F or greater), without the use of fever-reducing medicines. They should stay home even if they are using antiviral drugs.
For more information, see CDC Recommendations for the Amount of Time Persons with Influenza-Like Illness Should be Away from Others
<http://www.cdc.gov/h1n1flu/guidance/exclusion.htm>
See the Technical Report for more details about staying home when sick
<http://www.cdc.gov/h1n1flu/schools/technicalreport.htm#stayhome>

- **Separate ill students and staff:**
Students and staff who appear to have flu-like illness should be separated from other students and sent home.
CDC recommends that students waiting for parents should be kept in a room separate from other students with designated staff caring for the ill students and using appropriate personal protective equipment. This could include a general surgical mask worn by the staff caring for the ill student. The student could also wear a mask if tolerated.
See the Technical Report for more details about separating ill students and staff <http://www.cdc.gov/h1n1flu/schools/technicalreport.htm#sepill>

- **Hand hygiene and respiratory etiquette:**
The new CDC recommendations emphasize the importance of the basic foundations of influenza prevention:
 - stay home when sick
 - wash hands frequently with soap and water when possible
 - cover noses and mouths with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available)See the Technical Report for more details about hand hygiene and respiratory etiquette
<http://www.cdc.gov/h1n1flu/schools/technicalreport.htm#hand>

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- **Routine cleaning:**
School staff should routinely clean areas and items that students and staff touch often such as keyboards or desks with the cleaners they typically use. Special cleaning with bleach and other non-detergent-based cleaners is not necessary.
See the Technical Report for more details about routine cleaning
<http://www.cdc.gov/h1n1flu/schools/technicalreport.htm#routine>

- **Early treatment of high-risk students and staff:**
Students and staff at high risk include those who are pregnant, have asthma or diabetes, have compromised immune systems or have neuromuscular diseases. Individuals at high risk for influenza complications who become ill with influenza-like illness should speak with their health care provider as soon as possible.
See the Technical Report for more details about early treatment
<http://www.cdc.gov/h1n1flu/schools/technicalreport.htm#early>

- **Consideration of selective school dismissal:**
The decision to dismiss students should be made locally between the school and the local public health agency. Schools and health officials should balance the risk of influenza in the community with the disruption dismissals will cause in both education and the community. There may be a very small number of schools where all or most students are at high risk (for example, schools for medically fragile children or for pregnant students) and a local public health agency and a school might decide to dismiss such a school to better protect these high-risk students.
See the Technical Report for more details about selective school dismissal
<http://www.cdc.gov/h1n1flu/schools/technicalreport.htm#seldismiss>

Do the CDC guidelines change when we have confirmed cases of H1N1 at our school instead of “influenza-like illness?”

CDPHE is following CDC Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses to Influenza during the 2009-10 school year. This can be found at
<http://www.cdc.gov/h1n1flu/schools> .

The guidance does not change when a H1N1 case is confirmed.

Are the Colorado recommendations going to be different from the CDC’s recommendations in any way?

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- No, in addition, CDPHE is encouraging schools to contact and work closely with their local public health agency.

Why isn't my child's school closing with H1N1 cases among the students there?

CDPHE is following CDC guidance and includes the following recommendations:

- The decision to dismiss students should be made locally and 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.
- Based on the experience and knowledge gained in jurisdictions that had large outbreaks in spring 2009, the potential benefits of preemptively dismissing students from school are often outweighed by negative consequences, including 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.

See the CDC technical report for more details about School dismissal at <http://www.cdc.gov/h1n1flu/schools/technicalreport.htm>
Selective school dismissal at <http://www.cdc.gov/h1n1flu/schools/technicalreport.htm#seldismiss>

I am a school nurse. Will the H1N1 guidelines will be the same for this upcoming school year?

- There have been changes in the guidance.
- New school guidance was released on Friday, August 7th. The school guidance and support documents include:
 - [CDC Guidance for State and Local Public Health Officials and School Administrators](#)
 - [Technical Report for State and Local Public Health Officials and School Administrators on CDC Guidance](#)
 - [Preparing for the Flu: A Communication Toolkit for Schools \(Grades K-12\)](#)

Media Requests

I am a member of the media. Who should I contact to conduct an interview?

Please provide your name, contact phone number, email address and the news organization that you represent. We will forward your request and someone will get back to you.

Resources

Where can I get more information on H1N1 Flu?

- H1N1 Flu CDPHE: .colorado.gov/cohealth
- CDC <http://www.cdc.gov/h1n1flu/>
- Pandemic flue www.flu.gov
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Where can I obtain H1N1 Influenza educational materials in English or Spanish?

For school materials in English or Spanish (including stickers and tattoos) contact Ellen Cohen.

Email: ellen.cohen@state.co.us

Phone: 303-692-2021

Other agencies:

The materials are available online. You may print as many as you need.
(English versions)

cdphe.state.co.us/epr/Public/H1N1/printmaterials.html

Small agencies may be able to obtain printed materials in limited quantities by contacting Ellen Cohen.

Available materials list:

- I got my flu vaccination did you? Sticker – English/Spanish

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- I got my flu vaccination did you? Tattoo – English/Spanish
- No flu for You Sticker English/Spanish
- Not done at 1 Sticker English only
- Seasonal and Novel H1N1 Flu: A Guide for Parents (cdc website)]
www.cdc.gov/flu/freeresources/print.htm#parent
- Fight the Flu for Kids English/Spanish
- Fight the Flu for Adults English
- Be a Germ Stopper Boys & Girls versions English/Spanish
- Cover Your Cough English/Spanish

El Paso County Information

Why are the (EPC) Health Department clinics being canceled?

Vaccine supply nationally is variable, and in Colorado, we have received less vaccine so far than we expected. In El Paso County so far, we have received less than half of the vaccine we expected. As a result, Colorado needs to further define those most at risk for getting/suffering complications for H1N1 flu and recommending that those most at risk receive their H1N1 vaccines first.

If we can't get H1N1 vaccine soon, what should we do to protect ourselves from H1N1 flu?

Until you are able to receive your H1N1 vaccine, there is much you can do to stay healthy. Get your Seasonal Flu vaccine! Wash your hands often, cover your coughs and sneezes and remind people to do the same. Eat a healthy diet and get enough sleep. All of these things will help you stay healthy this flu season.

Is there a chance that the other H1N1 vaccine clinics will need to be canceled or rescheduled?

Yes, there is a chance. As we've said, vaccine supply is variable. The best thing you can do is check your own health department's Web site often for updates. That web address is www.elpasocountyhealth.org.