

New Jersey Dept. of Health and Senior Services
Public Information

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H1N1 Vaccination Program

2009 H1N1 INFLUENZA

1. What is novel H1N1 (swine flu)?

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

2. Are there human infections with novel H1N1 virus in the U.S.?

Yes. Human infections with the new H1N1 virus are ongoing in the United States. Most people who have become ill with this new virus have recovered without requiring medical treatment.

CDC routinely works with states to collect, compile and analyze information about influenza, and has done the same for the new H1N1 virus since the beginning of the outbreak.

3. What are the signs and symptoms of this virus in people?

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

4. How severe is illness associated with novel H1N1 flu virus?

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

5. How does novel H1N1 flu compare to seasonal flu in terms of its severity and infection rates?

Seasonal influenza can cause mild to severe illness, and at times can lead to death. Each year, in the United States, on average 36,000 people die from flu-related

complications and more than 200,000 people are hospitalized from flu-related causes. Of those hospitalized, 20,000 are children younger than 5 years old. Over 90% of deaths and about 60 percent of hospitalization occur in people older than 65.

According to recent data,, H1N1 appears to more greatly affect young people under age 25. There have been relatively few cases among people over age 64 which is unusual when compared to seasonal flu.

The same age and risk groups who are at higher risk for seasonal influenza complications should also be considered at higher risk for swine-origin influenza complications.

Groups at higher risk for seasonal influenza complications include:

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

SPREAD

6. Is novel H1N1 virus contagious?

CDC has determined that novel H1N1 virus is contagious and is spreading from human to human.

7. How does novel H1N1 virus spread?

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

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

People infected with seasonal and novel H1N1 flu shed virus and may be able to infect others from 1 day before getting sick to 7 days after. This can be longer in some people, especially children and people with weakened immune systems.

H1N1 VACCINE

9. How many manufacturers are producing vaccine?

Five manufacturers are producing vaccine for the U.S.: Sanofi Pasteur, Novartis, GSK, Medimmune and CSL.

10. When will vaccine shipping begin?

It should be assumed that shipping of vaccine will begin mid-October, although there is a possibility that some vaccine will be available for shipping starting late September.

11. Will the seasonal flu vaccine also protect against the 2009 H1N1 flu?

The seasonal flu vaccine is not expected to protect against the 2009 H1N1 flu.

12. Can the seasonal vaccine and the 2009 H1N1 vaccine be given at the same time?

It is anticipated that seasonal flu and 2009 H1N1 vaccines may be administered on the same day on different body sites (e.g. right arm, left arm). However, we expect the seasonal vaccine to be available earlier than the H1N1 vaccine. The usual seasonal influenza viruses are still expected to cause illness this fall and winter. Individuals are encouraged to get their seasonal flu vaccine as soon as it is available.

13. How will vaccine be shipped to New Jersey?

Vaccine will be shipped by CDC's contractor for centralized distribution, McKesson Specialty, to hospitals, clinics, doctor's offices, health departments, and other providers of vaccines that have been designated as ship-to sites.

14. Will two doses of vaccine be required?

This will not be known until the fall, we are awaiting more information from the CDC and FDA.

15. What will be the recommended interval between the first and second dose if two doses are needed?

For planning purposes, planners should assume 21-28 days between the first and second vaccination.

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

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

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

No. But please note that if you are using two different providers, when you go to get your second dose, bring information on your vaccination history to the second provider. Otherwise, information should be accessible through the H1N1 Vaccine System.

18. How much thimerosal-free vaccine will be available?

It is anticipated that enough thimerosal-free vaccine in pre-loaded syringes will be available for young children and pregnant women.

VACCINE SAFETY

19. Will the 2009 H1N1 influenza vaccine be safe?

We expect the 2009 H1N1 influenza vaccine to have a similar safety profile as seasonal flu vaccines.

20. Are there some people who should not receive the 2009 H1N1 influenza vaccine?

People who have a severe, life-threatening allergy to chicken eggs or to any other substance in the vaccine should not be vaccinated.

21. Will the 2009 H1N1 influenza vaccine contain thimerosal?

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

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

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

GBS is a rare disease in which the body damages its own nerve cells, causing muscle weakness and sometimes paralysis. It is not fully understood why some people develop GBS, but it is believed that stimulation of the body's immune system may

play a role in its development. On very rare occasions, people may develop GBS in the days or weeks after receiving a vaccination.

23. What is the best source of information for the 2009 H1N1 vaccine?

In addition to talking openly with your health care providers, you are also encouraged to stay informed by checking the CDC website frequently for the most up-to-date information. The website is www.cdc.gov/H1N1flu. You can also check www.flu.gov.

LOCATIONS

24. What kind of providers can be designated as vaccinators?

Providers that have the capability to receive, store and administer vaccine, including but not limited to provider offices, occupational health clinics, hospitals, local health departments, community vaccinators and pharmacies.

25. How many locations will there be in New Jersey that will have vaccine?

CDC through its contract with McKesson Specialty, Inc will ship H1N1 vaccine to 90,000 locations nationally. Each state is being assigned a specific number of sites based on their states population. New Jersey will have 2,353 sites to which vaccine will be shipped. There will be many more locations that will offer H1N1 vaccinations throughout the state. Check the NJ State website for public health locations in your county that will be vaccinating. In addition, in some cases, private physician offices may also have vaccine supplies.

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

DHSS anticipates that some pharmacies will sign up to be vaccinators.

COST/INSURANCE

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

Yes, providers may charge patients if they are uninsured. The administration fee cannot exceed the regional Medicare vaccine administration fee. For more information, go to the Centers for Medicare and Medicaid Services web site and see the state reimbursement rates for Medicare and Medicaid at www.cms.hhs.gov/.

28. Can persons be charged for vaccine administration in public health-organized large scale vaccination clinics?

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

29. Are insurance companies in New Jersey going to pay an administration fee? If I go to my private doctor's office for the vaccine or to a local public health flu clinic, will I be charged if I have insurance? If I don't have insurance?

The administrative cost of providing the vaccine will be covered by Medicare (statement from last week) and most if not all health insurers, including Medicaid, that insure New Jersey residents (statement expected from DOBI soon). Insured patients, therefore, will have no out of pocket expense if they receive the vaccine from participating providers. Those patients, however, will likely also have the option to use retail outlets (Walgreens, CVS etc) who may or may not charge the patient an administrative fee (patients may choose this for the convenience) and public flu clinics where an administrative fee will not be charged but will be supported by federal dollars. It would be true to say that between insurers' willingness to provide for their members and the availability of public health flu clinics in every county, there will be access to all for vaccination with no out-of-pocket expense. In addition, for a small administration fee, NJ residents will also find vaccine available at retail establishments.

PRIORITY GROUPS

30. Are school nurses considered to be Health Care Workers (HCW)?

Yes, school nurses are considered to be HCW's. School nurses provide direct medical care to students, including those who might have respiratory illnesses;

31. Who can be vaccinated first with the initial supply of H1N1 vaccine that comes to New Jersey (who are the priority groups)?

[Here is the excerpt from CDC, <http://www.cdc.gov/h1n1flu/vaccination/acip.htm>]

CDC's Advisory Committee on Immunization Practices (ACIP), a panel made up of medical and public health experts, met July 29, 2009, to make recommendations on who should receive the new H1N1 vaccine when it becomes available. While some issues are still unknown, such as how severe the flu season, the ACIP considered several factors, including current disease patterns, populations most at-risk for severe illness based on current trends in illness, hospitalizations and deaths, how much vaccine is expected to be available, and the timing of vaccine availability.

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

- **Pregnant women** because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated;
- **Household contacts and caregivers for children younger than 6 months of age** because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants younger than 6 months old might help protect infants by “cocooning” them from the virus;
- **Healthcare and emergency medical services personnel** because infections among healthcare workers have been reported and this can be a potential source of infection for vulnerable patients. Also, increased absenteeism in this population could reduce healthcare system capacity;
- **All people from 6 months through 24 years of age**
 - **Children from 6 months through 18 years of age** because cases of 2009 H1N1 influenza have been seen in children who are in close contact with each other in school and day care settings, which increases the likelihood of disease spread, and
 - **Young adults 19 through 24 years of age** because many cases of 2009 H1N1 influenza have been seen in these healthy young adults and they often live, work, and study in close proximity, and they are a frequently mobile population; and,
- **Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.**

Groups at higher risk for seasonal influenza complications include:

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

TREATMENT

32. What about the use of antivirals to treat 2009 H1N1 infection?

Antiviral drugs are prescription medicines (pills, liquid or an inhaled powder) that fight against the flu by keeping flu viruses from reproducing in your body. If you get sick, antiviral drugs can make your illness milder and make you feel better faster. They may also prevent serious flu complications. The CDC recommends

strongly that antivirals be used for persons with severe illness or those at higher risk for flu complications. Consult your physician for the best medical advice for your condition.

PREVENTION

What can we do to prevent spreading influenza?

There is no vaccine available right now to protect against this novel flu. There are everyday actions that can help prevent the spread of germs that can cause respiratory illnesses like influenza. Things you can do to prevent the spread of respiratory illnesses include:

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

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

Facemasks and respirators are used in healthcare settings as one means of controlling disease spread. Information on the effectiveness of facemasks and respirators for the control of influenza in community settings is extremely limited. Thus, it is difficult to assess their potential effectiveness in controlling flu virus transmission in these settings.

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

It is estimated that 30-40% of seasonal flu infections are in people who do not get sick and who can transmit it to others. We don't have enough information on the new H1N1 flu virus to answer this question specific to this virus. However, public health officials believe that for someone to be at increased risk, they must be in contact with someone with the flu who is symptomatic, for example, someone who is coughing or sneezing and looks ill.

How long does this flu virus live on surfaces?

Depending on the particular surface and the environmental conditions, seasonal flu viruses can live up to 2 days on surfaces. We don't have enough information on the new H1N1 flu virus to answer this question specific to this virus.

If I had a flu shot this past flu season, will it protect me?

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

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

No, the current novel influenza A (H1N1) is a new virus and was not included in the 1970's swine flu vaccine.

MISCELLANEOUS

Does having a mild case of this flu make me immune to it?

Influenza viruses are constantly mutating. A previous case of this flu does not mean that you are immune if a new flu virus begins to circulate in the community.

If I get H1N1 now, will I develop antibodies to ward off a future H1N1 in the fall?

Influenza viruses change frequently so it is impossible to predict if the antibodies you develop now will protect you against the influenza virus that is circulating in the fall.

Can a doctor test for antibodies to this flu if I think I was exposed (or had it)?

Serologic testing (that is, testing for antibodies) for flu viruses can be done, but it is usually done at special laboratories, not at doctor's offices.

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

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

The situation with swine is being closely monitored in Mexico, Canada and the U.S. as there is not enough information to fully assess the health implications of this novel virus for swine. Reports from Canada indicate that a swine herd with mild clinical disease has been quarantined and preliminary testing indicates infection with novel influenza A (H1N1). An ill worker who had recently returned from Mexico cared for the swine. There have been no reports of the novel influenza A (H1N1) virus infecting U.S. swine.

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

People who are infected with a flu virus can either remain symptom-free (meaning their body's immune system fought off the disease) or they may develop symptoms. People with certain chronic diseases, especially diseases involving the lungs and immune system, are more likely to develop symptoms. Additionally, people with certain chronic diseases are more likely to develop medical complications from the flu.

If you have a chronic disease and you get this flu, are you going to be more sick than healthy people would be?

People with certain chronic diseases or conditions are at increased risk for medical complications if they get the flu. Chronic diseases or conditions include: asthma, cardiovascular disease, diabetes, immunocompromising conditions, renal failure, and severe neuromuscular disease.

How does this flu affect pregnant women?

Since this flu virus is so new, we do not have information about its affect on pregnant women. However, there is evidence from studies on past pandemics and seasonal flu that flu can be more severe in pregnant women, causing deaths of the pregnant women, miscarriage and/or preterm birth.

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

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

ADDITIONAL INFORMATION RESOURCES

Where can I learn more?

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

The web address is: www.cdc.gov/h1n1flu/.

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