

2009 H1N1 Flu Q&A

Updated August 3, 2009,



Q. How worried is the U.S. government about the spread of this virus and what are you doing to respond?

The flu is a serious illness, and the 2009 H1N1 virus is a serious flu virus. We know that it spreads among people easily and is affecting younger people disproportionately. We also know that a number of people, many with underlying conditions, have died from this virus. We are taking it very seriously, and the President and the Administration are actively engaged in combating the spread of H1N1 and developing a national action plan that builds on the efforts and lessons learned from this spring's initial onset to prepare for the possibility of a serious fall flu season.

We are closely monitoring the spread of the disease across this country and watching what is happening in the Southern Hemisphere, where the flu season has already begun. Our concern is what will happen this fall when we head into flu season in this country, and we are monitoring the H1N1 virus to see how it evolves and whether it is expected to produce more severe disease. So far the disease has been moderate, but Americans have died and many have fallen ill.

As we prepare for the fall flu season, we will be working closely with our partners in the medical community to develop, test, produce, distribute, and administer an H1N1 flu vaccine and to distribute and dispense antiviral medications for those who may require treatment for the H1N1 virus.

Q. What can I do to prevent the spread of illness?

All Americans share in the responsibility to plan for this fall's flu season. Given the unique combination of regular seasonal flu, as well as the H1N1 virus, it's important for everyone to take action to reduce the transmission of influenza. American families and businesses should prepare their own household and business plans and think through the steps they will need to take if a family member or a co-worker contracts the flu. We ask all Americans to visit our website at FLU.GOV to find information that will help them take the necessary steps to prepare for flu season and limit the spread of the flu virus. Here are some everyday actions that you and your family can take to stay healthy.

- Stay home if you get sick. CDC recommends that you stay home from work or school and limit contact with others to avoid infecting them.
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread that way.



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Follow the advice of your local public health department regarding school closures, avoiding crowds and other measures to reduce flu transmission. These measures will continue to be important after an H1N1 vaccine is available because they can prevent the spread of other viruses that cause respiratory infections.

Q. What is the best way to keep from spreading the virus through coughing or sneezing?

If you are sick, limit your contact with other people as much as possible. If you are sick, stay home until at least 24 hours after you are free of fever or feverishness without the use of fever-reducing medications. Cover your mouth and nose with a tissue when coughing or sneezing. Put your used tissue in the waste basket. Then, clean your hands, and do so every time you cough or sneeze.

Q. What is the best technique for washing my hands to avoid getting the flu?

Washing your hands will often help protect you from germs. You can either wash your hands with soap and water or with alcohol-based hand cleaner. CDC recommends that when you wash your hands -- with soap and warm water -- that you wash for 20 seconds. When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used. You can find them in most supermarkets and drugstores. If using gel, rub your hands until the gel is dry. The gel doesn't need water to work; the alcohol in it kills the germs on your hands. *[Note: Though the scientific evidence is not as extensive as that on hand washing and alcohol-based sanitizers, other hand sanitizers that do not contain alcohol may be useful for killing flu germs on hands in settings where alcohol-based products are prohibited.]*

Q. What should I do if I get sick?

If you live in areas where people have been identified with novel H1N1 flu and become ill with influenza-like symptoms, including fever, body aches, runny or stuffy nose, sore throat, nausea, or vomiting or diarrhea, you should stay home and avoid contact with other people. 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, social events, and public gatherings.

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

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

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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

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

Q. What about the use of antivirals to treat novel 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. You should consult with your clinician regarding use of antivirals to prevent influenza, as misuse of antivirals can lead to the development of flu viruses that can't be treated. This fall, antivirals may be prioritized for persons with severe illness or those at higher risk for flu complications.

During the spring H1N1 outbreak, the Administration released supplies of antivirals to all the states. We have since replenished the stockpile and have been working closely with manufacturers to prepare for a potential increased demand this fall.

Q. Are you planning a novel H1N1 flu vaccination program here in the U.S.?

Yes, we are preparing for an H1N1 vaccination campaign. The Department of Health and Human Services is working with Congress, governors, mayors, state and local health departments, the medical community and the private sector to prepare for a range of H1N1 virus outbreak scenarios that may develop over the next few months and will prepare action plans based on the best scientific information available to help our nation respond aggressively to H1N1.

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Q. Who will be recommended as priority groups to receive the novel H1N1 vaccine?

On July 29, 2009, the Advisory Committee on Immunization Practices (ACIP)—an advisory committee to CDC—recommended that novel H1N1 flu vaccine be made available first to the following five groups:

- Pregnant women
- Health care workers and emergency medical responders
- People caring for infants under 6 months of age
- Children and young adults from 6 months to 24 years
- People aged 25 to 64 years with underlying medical conditions (e.g. asthma, diabetes)

Combined, these groups would equal approximately 159 million individuals.

Q. When will novel H1N1 vaccine be available?

We are making every effort to have novel H1N1 vaccine available for distribution, possibly as soon as mid-October, but it is possible, and even probable, that the activity level of H1N1 flu may begin to increase in different parts of the country before then.

The exact timelines for vaccine development, testing and production can vary depending on many factors, including how well seed virus grows, the production yield of the vaccine, and whether immune-response boosters called adjuvants can be used to extend the supplies of vaccine. In addition, once commercial-scale production is underway, it typically can take several months for a complete supply of vaccine to be delivered, so we fully expect to receive recurring shipments of vaccine over time once delivery of finished product begins.

Q. How many shots of the new vaccine would someone need? Will it be one or two doses, or something else?

The process of making and testing a vaccine is already underway, and decisions regarding vaccine formulation and dosing will be informed by the clinical studies that have just begun.

We will make every effort to have a safe and effective H1N1 vaccine available for distribution as soon as possible, but the Department of Health and Human Services' current estimate is that a vaccine for H1N1 won't be ready for initial distribution until mid-October. This fact makes prevention even more critical.

If we decide it is appropriate and safe to administer vaccine in the fall, the number of doses that will be required to induce the appropriate immune response necessary for protection against infection with the novel H1N1 virus will be determined by clinical trials that just began.



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There is a good chance that at least some people who receive a novel H1N1 vaccine will require two doses for full protection, but data from clinical trials will address this issue.

What we do know is that the vaccine for 2009-H1N1 will be separate from seasonal flu vaccines, so Americans who want to receive both vaccines will be receiving at least two and perhaps three shots.

Q. Will the seasonal flu vaccine also protect against the novel H1N1 flu?

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

Q. Can the seasonal vaccine and the novel H1N1 vaccine be given at the same time?

Clinical trials that will begin this summer will evaluate whether effects of giving the H1N1 and seasonal vaccines will be safe and effective if given at the same time. 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, and individuals are encouraged to get their seasonal flu vaccine as soon as it is available.

Q. Where will the vaccine be available?

Every state is developing a vaccine delivery plan. Vaccine will be available in a combination of settings, such as vaccination clinics organized by local health departments, healthcare provider offices, schools, and other private settings, such as pharmacies and workplaces.

Q. How much novel H1N1 vaccine has the U.S. purchased?

In May and July 2009, HHS issued new orders on these contracts totaling approximately \$1.8 billion to produce a bulk supply of vaccine antigen and adjuvant along with approximately \$150 million to produce pilot (also called investigational) lots of 2009 H1N1 vaccine. Using the calculation for seasonal flu vaccine, these ingredients would produce approximately 195 million doses of vaccine.

Q. How much funding has HHS provided to states to help them respond to the current H1N1 outbreak and to prepare for a potential increase in activity in the fall?

On July 10, HHS announced the availability of \$350 million in grants to help states and territories prepare for the 2009 H1N1 flu virus and the fall flu season. The grants were funded by the recent supplemental appropriations bill that was passed by Congress and signed into law by President Obama on June 24, 2009.

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A total of \$260 million in Public Health Emergency Response Grants and \$90 million in Hospital Preparedness grants will be distributed nationwide.

Public Health Emergency Response grants help state public health departments perform a variety of functions, including preparing for potential vaccination campaigns, implementing strategies to reduce people's exposure to the 2009 H1N1 flu, and improving influenza surveillance and investigations.

Hospital Preparedness grants enhance the ability of hospitals and health care systems to prepare for and respond to public health emergencies. Local outbreaks of the novel H1N1 virus have produced a surge of patients at hospitals, and these grants will help ensure hospitals are ready for future outbreaks that may impact their community.

Q. Why did CDC stop reporting individual confirmed and probable novel H1N1 flu cases?

The case counts of novel H1N1 flu that were reported and updated weekly on the CDC website were based on reports of laboratory confirmed cases of influenza submitted by states. However, the number of cases of H1N1 infection continues to increase, and most cases, particularly those that do not require hospitalization or those who do not seek medical care, are not tested. Therefore, the number of reported cases that are lab-confirmed is a gross underestimation of the total number of illnesses.

Thus, on July 24, 2009 CDC transitioned from reporting probable and confirmed case counts to only reporting regional disease activity levels using its seasonal surveillance systems to track the progress of the H1N1 flu outbreak. This form of reporting disease activity levels is the method CDC uses to report on routine seasonal flu activity, which does not count individual cases, but instead monitors activity levels and virus characteristics through nine nationwide surveillance systems. Results from these systems are updated weekly and are posted on the CDC website on Fridays at www.cdc.gov/flu.