



PUBLIC HEALTH

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Promoting Health. Preventing Harm.

Novel Influenza A (H1N1) Virus Fact Sheet ~ FAQs

General Information

Q. What should I do if I (or my kids) get sick?

A. Take the normal precautions to care for a sick family member that you always do. Get plenty of rest, drink clear fluids, and as appropriate, use over-the-counter medicines which have been approved for fever reduction for flu. In particular, if you have symptoms of influenza (fever, lethargy (lack of energy), persistent cough, body aches) it is especially important to stay home until free of symptoms and of fever for 24 hours without medication. Seek medical attention if you or your child have a chronic medical condition, you are pregnant, or if any of the following symptoms appear:

In children

- Fast breathing or trouble breathing
- Bluish skin color
- Not drinking enough fluids
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough
- Fever with a rash

In adults

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting

<http://www.cdc.gov/h1n1flu/qa.htm>

Q. What if I have a cold and not the flu? How do I tell the difference?

A. The symptoms of H1N1 influenza are similar to the symptoms of regular seasonal influenza and include fever, cough, sore throat, rhinorrhea (runny nose), nasal congestion, body aches, headache, chills and fatigue. Some people have reported diarrhea and vomiting along with respiratory symptoms. Like seasonal influenza, H1N1 may be more severe in those who have chronic medical conditions. Colds generally do not include fever and body aches. It's possible for healthy people to develop severe illness from the flu so anyone concerned about their illness should consult a health care provider.

Q. How long before I get symptoms will I have been contagious?

A. People infected with seasonal and 2009 H1N1 influenza shed virus and may be able to infect others from 1 day before getting sick to 5 to 7 days after. This can be longer in some people, especially children and people with weakened immune systems. It is important to isolate yourself as soon as symptoms appear so others are not exposed. Do

not return to work or school until the fever has been gone for at least 24 hours without fever-reducing medicine. <http://www.cdc.gov/h1n1flu/qa.htm>

Q. I've been exposed to someone who had the flu. What should I do now?

A. Exposure to someone who has the flu does not guarantee that you will become sick as well. We understand your concern and preventative measures can be taken. There are everyday actions that can help prevent the spread influenza. Always practice good hand hygiene and teach children to do so too. If you have the opportunity to get a seasonal influenza and H1N1 influenza vaccine, do so. If you think you have been exposed, the best thing to do is to continue to live a healthy lifestyle. Don't smoke, get proper nutrition, exercise regularly and maintain a proper weight. These healthy lifestyles will enable your body to better fight off infection or recover more quickly if you do get sick. <http://www.cdc.gov/h1n1flu/qa.htm>

Q. Will schools be closed down and activities canceled if there is a case of H1N1?

A. A single or even multiple cases of H1N1 in a school will not trigger an automatic closure. The decision to close a school is made by local school administrators. Johnson County Public Health (JCPH) will provide schools with recommendation based on severity of the disease, concentration of cases and ability of facilities to provide staff. <http://www.cdc.gov/h1n1flu/schools/schoolguidance.htm>

Q. How long does the virus live on surfaces like door knobs and handrails?

A. In general, influenza virus can survive in the environment, and is capable of infecting someone for 2-8 hours, depending on environmental factors like temperature, humidity, exposure to sunlight, etc. It is important to regularly and routinely disinfect potentially contaminated surfaces to minimize potential exposures. <http://www.cdc.gov/h1n1flu/qa.htm>

Q. Is the Swine Flu the same as H1N1?

A. Yes. These terms are being used interchangeably by many. Health officials are calling this new flu strain Novel Influenza A (H1N1) Virus. <http://www.cdc.gov/h1n1flu/qa.htm>

Q. Why won't my doctor test my child for H1N1?

A. Doctors will use their judgment about the need for testing. Current guidelines call for testing only for hospitalized patients. For uncomplicated cases, testing will not change recommendations for treatment.

Q. Can I get H1N1 influenza from eating pork?

A. No. Influenza is spread from person-to-person through droplets expelled while coughing or sneezing or other close contact to an infected person. <http://www.cdc.gov/h1n1flu/qa.htm>

Q. When should I call the doctor?

A. People experiencing influenza like illness should seek medical attention if you or your child have a chronic medical condition, you are pregnant, or if any of the following symptoms appear:

In children

- Fast breathing or trouble breathing
- Bluish skin color
- Not drinking enough fluids
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough
- Fever with a rash

In adults

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting

It's possible for healthy people to develop severe illness from the flu so anyone concerned about their illness should consult a health care provider.

<http://www.cdc.gov/h1n1flu/qa.htm>

Q. Is it safe to take my child to the day care?

A. Daycare providers have been given a lot of information about how to prevent the spread of influenza in the day care. Children with fever or other symptoms of an influenza-like illness should not be admitted until their symptoms are gone for 24 hours without medication. The greatest responsibility for parents is to keep their child home if he/she has a fever or other signs of the flu.

http://www.idph.state.ia.us/h1n1/common/pdf/childcare_letter.pdf

http://www.idph.state.ia.us/h1n1/common/pdf/childcare_recommendations.pdf

Precautions

Q. From a teacher's standpoint, what should we be doing in school to keep children, and ourselves, healthy?

A. The following action may be taken to prevent the spread of influenza in schools:

- Encourage respiratory etiquette by providing staff and student education and reminders about covering coughs and sneezes, and easy access to tissues and running water and soap or alcohol-based hand sanitizers.
- Remind staff and students to practice good hand hygiene and provide the time and supplies for students and staff to wash their hands when needed.
- Send sick students and staff home. Advise students, staff, and families that sick people should stay at home until they are free from fever, without medication, for at least 24 hours.
- Schools should revise their policies and incentives to avoid unknowingly penalizing students who stay home when they are sick (e.g., perfect attendance awards).
- Clean surfaces and items that have frequent hand contact with routine cleaning agents. Additional disinfection beyond routine cleaning is not recommended.
- Move students and staff who become sick at school to a separate room until they can be sent home. Limit the number of staff who take care of the sick person and provide a surgical mask for the sick person to wear if they can tolerate it.

<http://www.cdc.gov/h1n1flu/schools/schoolguidance.htm>

<http://www.cdc.gov/h1n1flu/schools/toolkit/pdf/schoolflutoolkit.pdf>

Q. How soon can I send my child back to school after being sick?

A. Anyone who has had influenza-like symptoms (fever, sore throat, cough or sneezing, body aches, malaise and sometimes vomiting and diarrhea) should be free from fever, without medication, for at least 24 hours before returning to school. Fever-reducing medications are medicines that contain acetaminophen (such as Tylenol) or ibuprofen (such as Motrin).

http://www.cdc.gov/h1n1flu/guidance_homecare.htm

http://www.idph.state.ia.us/h1n1/common/pdf/parent_guardian_letter.pdf

Q. Do I need to keep my child at home for any fever?

A. Yes. Fever is an indication that your child's body is fighting an infection. Closely monitor your child's temperature and other symptoms. Contact your pediatrician for additional guidance. http://www.cdc.gov/h1n1flu/guidance_homecare.htm
http://www.idph.state.ia.us/h1n1/common/pdf/parent_guardian_letter.pdf

Q. What can a parent do to prepare for flu during the 2009-2010 school year?

A. The following action may be taken prepare for the flu:

- Plan for child care at home (a minimum of 5 school days) if your child gets sick or their school is dismissed.
- Plan to monitor the health of the sick child and any other children by checking for fever and other symptoms of flu.
- Update emergency contact lists.
- Identify a separate room in the house for care of sick family members. Consider designating a single person as the main caregiver for anyone who gets sick.
- Pull together games, books, DVDs and other items to keep your family entertained while at home.
- Talk to your school about their flu pandemic or emergency plan.
- Get your family vaccinated for seasonal influenza and 2009 H1N1 influenza when vaccines are available.

http://www.idph.state.ia.us/h1n1/common/pdf/parent_guardian_letter.pdf

Q. I'm going to be flying soon. Should I wear a mask on the plane?

A. If you are sick with symptoms of influenza-like illness, you should not travel. There are no recommendations for wearing masks in public places or on planes. The best way to reduce the spread of influenza or other communicable diseases is for persons who are ill to avoid being in public. There is very little evidence to show that healthy persons wearing masks in public or on public transportation reduces the spread of disease. Some individuals, who have compromised immune systems and are at risk of severe outcomes, may be advised by their doctor to wear a mask as an extra precaution against exposure. <http://wwwnc.cdc.gov/travel/content/news-announcements/delays-H1N1-screening.aspx>

Q. Is it safe to go to a football game? How can I protect myself?

A. Attending football games or other events poses no more risk now than it has in the past. The potential for exposure to germs circulating in the environment is always present. That's why it's important to remember good hand hygiene, practice cough etiquette and to stay home if you are ill.

http://www.idph.state.ia.us/h1n1/common/pdf/event_recommendations.pdf

Q. What if my employer won't let me off work?

A. We encourage businesses to adopt reasonable policies for employee illnesses. It is in the employer's best interest to ensure that employees are healthy and are not exposed to illnesses from other employees. Talk to your employer now, while you are healthy, about policies to protect employees and how the business could cope with a potential influenza outbreak among employees. <http://www.cdc.gov/h1n1flu/business/guidance/>

Q. Should I wear a mask when I got out in crowds?

A. Wearing of masks for the general public is not a recommended strategy for reducing the spread of flu. 2009 H1N1 influenza has the same severity as seasonal influenza. The recommendations to wash hands, cover coughs and stay home when sick are

recommendations for year round. Persons with underlying health conditions which put them at higher risk of severe illness due to H1N1 influenza or other illnesses should check with their doctor about special precautions they should take.

http://www.idph.state.ia.us/h1n1/common/pdf/event_recommendations.pdf

Vaccine

Q. Who can receive the 2009 H1N1 influenza vaccine?

A. There are some people who should not get any influenza vaccine without first consulting a physician. These include:

- People who have a severe allergy to chicken eggs.
- People who have had a severe reaction to an influenza vaccination.
- People who developed Guillain-Barré syndrome (GBS) within 6 weeks of getting an influenza vaccine previously.
- Children younger than 6 months of age (influenza vaccine is not approved for this age group), and
- People who have a moderate-to-severe illness with a fever (they should wait until they recover to get vaccinated.)

The goal of the pandemic influenza vaccination program is to vaccinate all persons in the United States who choose to be vaccinated. However, because the vaccine is only available in limited quantities at this time, a priority list was developed to help provide vaccinations for susceptible populations.

http://www.cdc.gov/h1n1flu/vaccination/vaccine_keyfacts.htm

Q. What are the priority groups that have been identified to receive the 2009 H1N1 influenza vaccine?

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

- Pregnant women
- People who live with or provide care for infants younger than 6 months (e.g., parents, siblings, and day care providers)
- Health care and emergency medical services personnel
- People 6 months through 24 years of age
- People 25 years through 64 years of age who have certain medical conditions that put them at a higher risk for influenza related complications

When the vaccine is available in limited quantities, the following subset of groups will be given priority:

- Pregnant women
- People who live with or provide care for infants aged <6 months (e.g., parents, siblings, and daycare providers)
- Health care and emergency medical services personnel who have direct contact with patients or infectious material
- Children aged 6 months through 4 years
- Children and adolescents aged 5-18 years who have medical conditions that put them at higher risk for influenza-related complications

http://www.cdc.gov/h1n1flu/vaccination/vaccine_keyfacts.htm

http://www.johnson-county.com/dept_health_pdf.aspx?id=7545

Q. Will there be requirements regarding documentation of eligibility within priority groups for 2009 H1N1 influenza vaccine eligibility?

A. Documentation of eligibility status (e.g. pregnancy) will not be required of people being vaccinated.

Q. What targeted groups will be vaccinated with the initial shipment of the 2009 H1N1 influenza vaccine?

A. The identity of the target groups to receive the 2009 H1N1 influenza vaccine will depend on how much vaccine is shipped to the state. The more vaccine the state receives initially, the more vaccines can be given to targeted groups. Due to the limited amount of vaccine and the further restrictions on who can receive the nasal spray, the first shipment will be used for health care workers providing direct care to the most ill persons (e.g., emergency medical workers).
<http://www.idph.state.ia.us/h1n1/generalpublic.asp>

Q. Why aren't the elderly being offered the vaccine?

A. It is the goal of public health to provide the vaccine to everyone who wants it. From what has been observed so far, the H1N1 virus has been affecting young people more than those older than 65. As vaccine is produced, it will be made available to those groups who are most affected and vulnerable to severe illness from the H1N1 virus. As those groups are vaccinated, the vaccine will be made available to the general public.
http://www.cdc.gov/H1N1flu/vaccination/vaccine_seniors.htm

Q. What about home-bound individuals? Can they get vaccines?

A. Yes. Contact a home care provider such as the Visiting Nurses Associations about both seasonal and H1N1 influenza vaccinations.

Q. Are parents of children with chronic conditions included in the 2009 H1N1 influenza priority groups?

A. At this time parents are not included as a priority group. Only caregivers of children 6 months and younger are included in the 2009 H1N1 influenza vaccine priority groups.
http://www.cdc.gov/h1n1flu/vaccination/vaccine_keyfacts.htm

Q. Where should college students who meet the recommendations for vaccination against the 2009 H1N1 influenza go to receive their vaccination?

A. College students who wish to be vaccinated should check with their student health service clinic for further information regarding location of vaccination clinics.

Q. How will local public health ensure that community partners are only vaccinating people within the established 2009 H1N1 influenza priority groups?

A. Local public health will only designate providers they are confident will follow the priority group recommendations.

Q. How frequently will JPCH be receiving vaccine shipments?

A. JCPH anticipates weekly shipments of the 2009 H1N1 influenza vaccine.

Q. Will the public be expected to get their 2009 H1N1 influenza vaccination in the county in which they reside or in the county in which they work?

A. There are no restrictions regarding where an individual may receive their 2009 H1N1 influenza vaccine.

Q. When will enough vaccine be available so that vaccination can occur for those not on the priority population list?

A. Based on the estimated priority group populations in Iowa, and the anticipated availability of the 2009 H1N1 influenza vaccine, the Iowa Department of Public Health (IDPH) is estimating a minimum of 10 -12 weeks to vaccinate all priority group members.
<http://www.idph.state.ia.us/h1n1/generalpublic.asp>

- Q. Will each public health agency receive enough of the 2009 H1N1 influenza vaccine to vaccinate all willing priority group members within their jurisdiction?**
- A. Yes. The supply of the 2009 H1N1 influenza vaccine will initially be limited so it is anticipated that it will take a period of time to receive enough vaccine to vaccinate all priority group members. http://www.cdc.gov/h1n1flu/vaccination/vaccine_keyfacts.htm
- Q. I am in a priority group. When and where will I be able to get the vaccine?**
- A. JCPH is working with multiple community health providers to provide 2009 H1N1 influenza vaccine. Due to the limited amount of vaccine and the further restrictions on who can receive the nasal spray, the first shipment will be used for health care workers providing direct care to the most ill persons (e.g., emergency medical workers). Public vaccination sites will be announced when vaccine supplies are sufficient. Watch for announcements on the Johnson County website, the Iowa Department of Public Health website, and your local news station.
http://www.idph.state.ia.us/WebMap/default.asp?map=h1n1_vaccine_sites
- Q. Will I have to pay for the vaccine? Will my insurance cover it?**
- A. There will be no fee for H1N1 influenza vaccines given at a JCPH sponsored clinic. Private providers who participate in H1N1 influenza vaccine administration may charge a visit and/or administration fee. Providers may bill your insurance and charge a co-pay. Check with your insurance company to see if the cost associated with the 2009 H1N1 influenza vaccine will be a covered service.
- Q. I have been hearing about “seasonal” influenza vaccines that are available now. Does this mean we will need 2 influenza vaccines this year? Will they be combined when the H1N1 vaccine is available? Why are they recommended for different segments of the population?**
- A. Co-administration is possible. While the seasonal influenza vaccine and the 2009 H1N1 influenza vaccine may be administered on the same visit, each vaccination will need to be administered in different sites. The one exception will be intra-nasal seasonal influenza vaccine and the intra-nasal 2009 H1N1 influenza vaccine will not be able to be administered at the same time. As the 2009 H1N1 influenza vaccine is made available, it will be given to the established priority groups. As more arrives, the availability will be expanded to the general public and we recommend that everyone receive a vaccination. Next year we anticipate that H1N1 will be able to be included in the regular seasonal influenza vaccine. http://www.idph.state.ia.us/h1n1/common/pdf/quick_points_101209.pdf
- Q. Will two doses of the 2009 H1N1 influenza vaccine be required?**
- A. Children 9 years of age and younger should be administered 2 doses of the monovalent H1N1 Influenza vaccine typically separated by 21 days. Adults should be administered 1 dose, as should children and adolescents 10 years of age and older.
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr58e0821a1.htm>
- Q. When is the vaccine coming?**
- A. The first shipments arrived at the beginning of October. Additional vaccine will be allocated and shipped over the coming weeks allowing us to make it available to broader priority groups and the general public as supplies allow. IDPH expects 2009 H1N1 influenza vaccines to be widely available by mid-December 2009.
<http://www.idph.state.ia.us/IdphNews/Reader.aspx?id=B9010685-41A1-4C79-B01D-6A1A8F942461>
<http://www.idph.state.ia.us/h1n1/generalpublic.asp>

- Q. How much thimerosal-free 2009 H1N1 influenza vaccine will be available?**
 A. It is anticipated that enough thimerosal-free vaccine will be available for the vaccination of young children and pregnant women.
http://www.cdc.gov/h1n1flu/vaccination/thimerosal_ga.htm
http://www.cdc.gov/h1n1flu/vaccination/vaccine_safety_ga.htm
- Q. Can the pneumonia vaccine be given at the same time as the 2009 H1N1 influenza vaccine?**
 A. Inactivated 2009 H1N1 influenza vaccine can be administered at the same visit as any other vaccine, including pneumococcal polysaccharide vaccine. Live 2009 H1N1 influenza vaccine can be administered at the same visit as any other live or inactivated vaccine EXCEPT seasonal live attenuated influenza vaccine.
http://www.cdc.gov/h1n1flu/vaccination/clinicians_ga.htm
- Q. How will the health department tell the community when they have the vaccine?**
 A. We will use every means possible to let the public know. Our newspapers, radios and TV stations have been very helpful in getting out information. Information will also be posted on our website www.johnson-county.com and you can also follow us on twitter at www.twitter.com/jcph_iowa.
- Q. Since there are several companies making the vaccine, what about any perceived differences in side effects, efficacy, pricing, ability to give/get along with the seasonal flu vaccine, etc.?**
 A. All of the vaccines that are licensed will have met the same standards of safety and efficacy. The most common side effect from an influenza vaccine is soreness or redness at the injection site usually due to the needle itself. The injectable 2009 H1N1 influenza vaccine can be given at the same time as regular seasonal influenza vaccine although we recommend getting the seasonal influenza vaccine as soon as possible, and then the 2009 H1N1 influenza vaccine when it becomes available. The seasonal influenza vaccine and the H1N1 influenza vaccine can be given at the same time, or at any time in any sequence with one exception: if using the live nasal spray vaccine for both the seasonal influenza and H1N1, they should be given four weeks apart to ensure the best protection from both vaccines. All of the H1N1 influenza vaccine is being purchased by the federal government. The vaccine itself is free to the public although your doctor may charge your insurance for a visit and/or administration fee.
http://www.cdc.gov/h1n1flu/vaccination/vaccine_keyfacts.htm
<http://www.idph.state.ia.us/IdphNews/Reader.aspx?id=B9010685-41A1-4C79-B01D-6A1A8F942461>
- Q. If we assume that the H1N1 virus is the predominant flu virus and diagnose symptomatically, why should anyone get anything other than the 2009 H1N1 influenza vaccine? It seems like we should have to choose one.**
 A. There are other strains of flu circulating around and we expect that there will be more activity with the other strains as the flu season progresses. The H1N1 virus is not typical in that it persisted during the summer and has arrived earlier than usual. H1N1 has been “added to the mix” of flu strains that will be circulating and we recommend that everyone receive both vaccines. People do not typically show signs and symptoms of seasonal flu until December or January.
- Q. Are there any known side effects of the 2009 H1N1 influenza vaccine?**
 A. Information from clinical trials suggest the side effects from the 2009 H1N1 influenza vaccine will be no different than seasonal influenza vaccine. The most common side effect from an influenza vaccine is soreness or redness at the injection site usually due to the needle itself. http://www.cdc.gov/h1n1flu/vaccination/vaccine_keyfacts.htm

http://www.cdc.gov/h1n1flu/vaccination/vaccine_safety_qa.htm
http://www.cdc.gov/h1n1flu/vaccination/thimerosal_qa.htm

- Q. If a patient has already had the 2009 H1N1 influenza, should they still need to be vaccinated?**
- A. All people in a recommended vaccination target group who did not have 2009 H1N1 virus infection confirmed by real-time reverse transcriptase-polymerase chain reaction (rRT-PCR) test should be vaccinated with the 2009 H1N1 influenza vaccine. People who had an illness confirmed by rRT-PCR to be 2009 H1N1 virus earlier in 2009 can be considered to be immune and do not need to be vaccinated this year. However, most people with respiratory illnesses since this spring have not had testing with the rRT-PCR test, which is the only test that can confirm infection specifically with the 2009 H1N1 virus. http://www.cdc.gov/h1n1flu/vaccination/clinicians_qa.htm