Frequently Asked Questions about the H1N1 Vaccine

Q: Is H1N1 in my child's school? How should I respond as a parent?
A: School has been in session for several months and it is time to recognize the presence of H1N1 flu in your child's school. H1N1 is here. It is in our community. If a person has a case of "influenza like illness", it is extremely likely to be H1N1. The most sensible thing to do is to assume it is H1N1 and treat it like the flu. Regardless of whether or not there are laboratory confirmed cases of H1N1 reported in your child's school, you should not be alarmed, but neither should you feel secure, regarding your child's potential exposure to the H1N1 flu. Getting your child vaccinated as soon as possible is the best method for protecting him or her from the flu. Vaccination remains the best method for preventing flu and its potentially severe complications in children.

Q: Is my child who has asthma at higher risk for flu-related complications?
A: Anyone with asthma is at higher risk for flu-related complications, such as pneumonia. Children with asthma or other conditions should get the flu shot instead of the nasal spray.

Q: My child was sick this fall with the flu. His doctor believed it was H1N1. Does he still need to get the H1N1 shot?
A: Yes - Most experts believe patients should be vaccinated even if they think they have already had H1N1. If your child is between the ages of 6 months and 24 years, he should plan to receive the H1N1 vaccine, since there is a chance that it may not have been the H1N1 flu that he had. Unless your child had a laboratory test that confirming H1N1 influenza, it's possible s/he had something other than H1N1.

> ***Please note:*** *The H1N1 vaccine is not a replacement for the seasonal flu vaccine. Seasonal flu is different from H1N1 flu so seasonal flu vaccine won't work against H1N1 flu. It's important that your child also gets the seasonal flu vaccine. The H1N1 vaccine is to be used with the seasonal flu vaccine. Any immunity from a 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.*

Q: My child is under age 10. How many doses of H1N1 vaccine will be needed?
A: Children 6 months through 9 years of age will need 2 doses of H1N1 vaccine. The second dose of H1N1 vaccine must be given ***at least*** 28 days (or later) after the first dose. It can be a different type of dose (i.e. injectable or intranasal) from the first dose, and can come from a different drug company. We are not able to hold doses of vaccine back for individuals. Because we must distribute the vaccine on a first come, first served basis to eligible people, we are also not able to guarantee that a second dose will be available. We are not able to have an "active recall" program, - that is, you will not receive a call to tell you that it is time for your child's second dose. Since this is the first season that children have received the vaccine, all children up through age 9 need 2 vaccines, one month apart, to get complete immunity. Children who are10 years and older only need 1 dose of H1N1 influenza vaccine.

Q: What will be the recommended time between the first and second vaccine dose for children 9 years of age and under?
A: CDC recommends that the two doses of 2009 H1N1 vaccine be separated by at least 21 days, but preferably 4 weeks.

Q: When can my child receive the H1N1 vaccine after getting a seasonal vaccine?
A: There is not a minimum waiting period to receive H1N1 vaccine after getting a seasonal flu vaccine, or vice versa. However, if you choose to receive both the H1N1 and the seasonal flu vaccine in the intranasal form, you must separate them by one month.

Q: I want my child to receive the H1N1 vaccine. What should I do if he is sick on the day of the clinic?
A: If your child has not had a fever for at least 24 hours without fever reducing medicine, but has symptoms like a stuffy nose, or a cough, it is okay for him to receive the injectable H1N1 vaccine. He must also be free of anti-viral medications for 48 hours in order to receive the intranasal H1N1 vaccine. The nurse at the clinic will do the final screening, and discuss with you at that time whether or not you child may receive the vaccine.

Q: How long can influenza virus remain viable on objects (such as books and doorknobs)?
A: Studies have shown that influenza virus can survive on environmental surfaces and can infect a person for 2 to 8 hours after being deposited on the surface.

Q: What surfaces are most likely to be sources of contamination?
A: Germs can be spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth. Droplets from a cough or sneeze of an infected person move through the air. Germs can be spread when a person touches respiratory droplets from another person on a surface like a desk and then touches their own eyes, mouth or nose before washing their hands.

Q: Can individuals receive seasonal and H1N1 vaccine at the same time?
A: There are separate vaccinations for seasonal influenza and for novel H1N1 influenza. Individuals can receive both the seasonal and H1N1 vaccine at the same time either as two shots given at separate sites on the body, or as one flu shot with one flu nasal spray. Two nasal spray vaccines cannot be given at the same time.

Q: Why couldn't both vaccines be included into one shot?
A: Manufacturers had already begun manufacturing the seasonal flu vaccine before development of the H1N1 vaccine. The H1N1 is just another strain that emerged too late to be contained within the seasonal flu vaccine.

Q: Is the H1N1 vaccine safe, even for children?
A: CDC's Advisory Committee on Immunization Practices (ACIP) recommends that all children between 6 months and 18 years of age get the novel H1N1 vaccine. This is because there have been many cases of novel H1N1 influenza (flu) in children. They are also in close contact with each other in school and day care settings, which increases the likelihood of spreading the disease.

As they do each year with "seasonal" flu vaccine, the federal government is taking precautions to ensure that the vaccine is safe. The H1N1 flu vaccine has undergone clinical trials. That's done to ensure its safety and efficacy for both children and adults, including pregnant women. As with seasonal flu vaccine, the federal Food and Drug Administration (FDA) has required the same process for release of H1N1 flu vaccine.

Q: Will the benefits of the 2009 H1N1 influenza vaccines outweigh the risks? Is this something I should talk to my healthcare provider about?
A: CDC and FDA believe that the benefits of vaccination with the 2009 H1N1 influenza vaccine will far outweigh the risks. Vaccination is the best way to prevent influenza infection and its complications. This is the reason that CDC, national health organizations, and healthcare providers intensively promote vaccination for seasonal influenza, and the reason why so much work is being done to have a vaccine for the 2009 H1N1 influenza virus.

Influenza vaccines do not protect against other viruses that cause respiratory illnesses. Even after you are vaccinated, it is still important to wash your hands well and often, to cover your coughs and sneezes, and to stay home if you are sick.

CDC and FDA encourage you to ask your healthcare provider any questions you may have about the 2009 H1N1 influenza vaccine. Your healthcare provider is an excellent source for information on the benefits and risks of vaccination for protection against 2009 H1N1 influenza for you, your children, and other family members.

Q: Are there any side effects to the 2009 H1N1 influenza vaccine?
A: The side effects from 2009 H1N1 flu shots are expected to be like those from seasonal flu shots. The most common side effects after flu shots are mild, such as being sore and tender, red and swollen where the shot was given. Some people might have headache, muscle aches, fever, and nausea or feel tired. If these problems happen, they usually begin soon after the shot and may last as long as 1-2 days. Some people may faint after getting any shot.

Sometimes, flu shots can cause serious problems like severe allergic reactions. But, life-threatening allergic reactions to vaccines are very rare**.** A person who has a severe (life-threatening) allergy to eggs or to anything else in the vaccine should not get the shot.

Q: Can you get H1N1 flu from the vaccine?
A: No. The virus in your H1N1 flu shot will be inactivated (killed), so it cannot cause the disease. If you get the vaccine in nasal spray form ("FluMist"), the virus will be alive but weakened, so it can't grow in the lungs and cause illness. It's easy to get the impression that you may have gotten the flu in the past after getting your flu shot. Flu vaccinations are usually done at the same time of year when colds and other viruses are circulating, so it's easy to mistake something else for the flu. Some people also get a mild fever for a short time immediately after getting a flu shot. None of this means you have gotten the flu from the vaccine. Repeated studies have shown that the live nasal vaccine will not cause illness.

Q: Do influenza vaccines contain adjuvants?
A: No. None of the 2009 H1N1 and seasonal influenza vaccines that will be available contain an adjuvant. An adjuvant is an additive that helps the body respond better to the vaccine. Its purpose is to increase the effectiveness of the vaccine by stimulating the immune system and "boosting" the body's natural immune response.

Q: Does the H1N1 influenza vaccine contain preservatives like Thimerosal?
A: The 2009 H1N1 influenza vaccine is being manufactured in several formulations that include both preservative containing and preservative free. Thimerosal is a mercury-based preservative that is used in some influenza vaccines to keep them free from contamination. Any vaccine that comes in a multi-dose vial contains a preservative; vaccine that comes in single doses will not contain a preservative. However, some vaccine will be packaged in

single-dose syringes or nasal sprayers. Vaccine packaged in that way will not need a preservative. Thimerosal has been used since the 1930s to prevent contamination of a vaccine and other medical products. Current scientific research reviewed by the Minnesota Department of Health and national health organizations shows no evidence of harm caused by small amounts of thimerosal in vaccines, beyond possible minor reactions like redness and swelling at the injection site.

Q: How is the 2009 H1N1 nasal spray vaccine different from the seasonal nasal spray vaccine? **A:** The 2009 H1N1 nasal spray vaccine is being made in the same way as the seasonal nasal spray vaccine, but instead of containing three weakened live flu viruses, it only contains weakened 2009 H1N1 virus.

The recommendations for who can get the 2009 H1N1 nasal spray vaccine are the same as for seasonal nasal spray vaccine. Live Attenuated Influenza Vaccine (LAIV) is recommended for use in healthy people 2 years to 49 years of age who are not pregnant. "Healthy" indicates persons who do not have an underlying medical condition that tends to make them susceptible to flu complications.

Q: Is H1N1 flu really an emergency – or just a false alarm?
A: It appears that H1N1 flu illness is acting like seasonal flu illness, but unlike seasonal flu it is affecting people under 50 years of age, especially children. The concern with H1N1 isn't about how severe it is but that without the vaccination program the disease cannot be controlled. This means that more people may be hospitalized and there may be more deaths.

Q: Why is 2009 H1N1 virus sometimes called “swine flu”?
A: This virus was originally referred to as “swine flu” because laboratory testing showed that many of the genes in this new virus were very similar to influenza viruses that normally occur in pigs (swine) in North America. But further study has shown that this new virus is very different from what normally circulates in North American pigs.

Q: Will I be required to get the vaccine?
A: No, you will not. No one will be required to get the new vaccine. Minnesota law, Minn. Stat. §12.39 says that individuals have a "fundamental right to refuse medical treatment, testing, physical or mental examination, vaccination, participation in experimental procedures and protocols, collection of specimens, and preventive treatment programs." Before receiving the H1N1 flu vaccine, you will get a federally-required fact sheet, called a vaccine information statement (VIS). It covers the risks and benefits of the vaccine.