



2009-2010

INFLUENZA VACCINE FACT SHEET

WHAT IS THE SEASONAL FLU?

Many people confuse influenza (commonly known as the flu) with a cold or a 24-hour virus. But the flu can cause high fever, headaches, body pains, extreme fatigue, sore throat, cough and other symptoms that restrict or limit activity for three to four days or more. Although many flu cases are mild, some people can suffer complications or have a severe case. Even in years of mild flu outbreaks, 36,000 Americans have died and more than 110,000 hospitalized due to complications. The flu season generally peaks from late December through March; however flu can occur throughout the year.

WHO SHOULD CONSIDER GETTING A SEASONAL FLU SHOT?

You should consider getting a flu shot if you:

- would like to avoid the flu
- have chronic medical conditions, such as asthma, diabetes, high blood pressure or heart disease
- are 50 years of age or older
- have contact with people at high risk for complications of the flu
- are a health care provider
- are a woman who will be any stage of pregnancy during the flu shot season
- are or will be the parent of a young child during the flu season
- provide essential community services
- have demanding family or work responsibilities
- have holiday or winter vacation plans
- are around children frequently

YOU SHOULD NOT RECEIVE THE VACCINE IF:

- You are allergic to chicken eggs, thimerosal (often found in contact lens solution) or other mercury compounds, or other vaccine components.
- You have a past history of Guillain-Barré syndrome.
- You are ill with a fever or have an active respiratory infection. (NOTE: persons with any of these conditions will NOT receive a vaccine).

PLEASE NOTE:

You will be asked to wait near the clinic area for 15 - 20 minutes after receiving the vaccine. Please inform the nurse immediately of any symptoms such as hives, rash, swelling of the lips, tongue or mouth, or breathing difficulty. If such a reaction occurs later, seek medical attention immediately.

THE VACCINE:

The Influenza Virus Vaccine 2009-2010 Formula is a non-infectious vaccine effective against two type A and one type B flu viruses. This vaccine will reduce the chances of your getting the flu or lessen the severity of the disease if infection does occur. **An injection of the flu vaccine will NOT give you the flu because the vaccine is made with killed viruses.** This vaccine has been standardized according to the United States Public Health Service requirements for current influenza season.

RISKS AND POSSIBLE SIDE EFFECTS:

There may be local redness, swelling, or soreness at the site of injection lasting one to two days. Take acetaminophen (Tylenol), ibuprophen (Advil) or aspirin if this occurs. Allergic responses may occur if you are allergic to eggs or have had an allergic response to flu vaccine in the past. A possible risk of all vaccines is Guillain-Barré syndrome, a form of paralysis.

Fever, muscle soreness and headaches may occur 6-12 hours after the vaccination and last for one to two days. This most often affects persons who have never had exposure to influenza virus antigens (i.e. young children) but seldom occurs in adults.

COMMON QUESTIONS ABOUT THE FLU SHOT

When is the best time to get a flu shot?

October and November are great times to start giving flu shots, but getting a shot in January or even later can still be beneficial since most influenza activity occurs in January or later in most years. Though it varies, flu season can last as late as May. Those considered high-risk, should be vaccinated as soon as flu vaccine becomes available. It takes two weeks for the vaccine to be effective.

I'm a healthy, working adult. Should I really consider a flu shot?

Yes! A study reported in the New England Journal of Medicine indicates that among healthy, working adults, 18 to 64 years old, vaccination against the flu can decrease the frequency of upper respiratory illness, reduce the number of visits to doctors' offices for upper respiratory illnesses and reduce absenteeism. For most younger, healthier people, flu vaccination can be effective even if given in December or January.

Who should not get a seasonal flu shot?

People who are allergic to chicken eggs, thimerosal or other mercury compounds, or other vaccine components; have ever had Guillain-Barré syndrome; or have a fever or active respiratory infection should not receive a flu shot.

I received a flu shot last year. Do I need another one this year?

Yes. Flu shots only work for a single season since the strains of the virus gradually change over the course of a year.

Can I get the flu from a flu shot?

No! The viruses in the flu shot are inactivated and noninfectious. Therefore, you **CANNOT** get the flu from a flu shot.

Is there anything else I can do to keep from getting the flu?

Yes. Getting enough sleep, regular exercise, eating a balanced diet, drinking adequate amounts of water or juices, and washing your hands throughout the day all help to preserve your natural immunity to infection.

ADDITIONAL INFORMATION

The Inova HealthSource Fight the Flu program also offers flu clinics in a variety of community locations for adults and children. Please encourage your family members and friends to get their flu shot from an Inova HealthSource community flu clinic. A weekly listing of dates, times and Virginia locations at Inova hospitals, libraries, congregations, malls, and senior centers can be found at 1-877-895-5BUG or online at www.inova.org/flu.

2009 H1N1 Influenza Information

As of 8/5/09

What is 2009 H1N1 (swine flu)?

2009 H1N1 (referred to as “swine flu”) is a new influenza virus causing illness in people. 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.

Are there human infections with 2009 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.

Is 2009 H1N1 virus contagious?

CDC has determined that 2009 H1N1 virus is contagious and is spreading from human to human.

How does 2009 H1N1 virus spread?

Spread of 2009 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.

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

The symptoms of 2009 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. Severe illnesses and death has occurred as a result of illness associated with this virus.

How severe is illness associated with 2009 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.

In seasonal flu, certain people are at “high risk” of serious complications. This includes people 65 years and older, children younger than five years old, pregnant women, and people of any age with certain chronic medical conditions. About 70 percent of people who have been hospitalized with this 2009 H1N1 virus have had one or more medical conditions previously recognized as placing people at “high risk” of serious seasonal flu-related complications. This includes pregnancy, diabetes, heart disease, asthma and kidney disease.

One thing that appears to be different from seasonal influenza is that adults older than 64 years do not yet appear to be at increased risk of 2009 H1N1-related complications thus far. CDC laboratory studies have shown that no children and very few adults younger than 60 years old have existing antibody to 2009 H1N1 flu virus; however, about one-third of adults older than 60 may have antibodies against this virus. It is unknown how much, if any, protection may be afforded against 2009 H1N1 flu by any existing antibody.

How does 2009 H1N1 flu compare to seasonal flu in terms of its severity and infection rates?

With seasonal flu, we know that seasons vary in terms of timing, duration and severity. 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.

Information analyzed by CDC supports the conclusion that 2009 H1N1 flu has caused greater disease burden in people younger than 25 years of age than older people. At this time, there are few cases and few deaths reported in people older than 64 years old, which is unusual when compared with seasonal flu. However, pregnancy and other previously recognized high risk medical conditions from seasonal influenza appear to be associated with increased risk of complications from this 2009 H1N1. These underlying conditions include asthma, diabetes, suppressed immune systems, heart disease, kidney disease, neurocognitive and neuromuscular disorders and pregnancy.

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

People infected with seasonal and 2009 H1N1 flu 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 and in people infected with the new H1N1 virus.

What can I do to protect myself from getting sick?

There is no vaccine available right now to protect against 2009 H1N1 virus. However, a 2009 H1N1 vaccine is currently in production and may be ready for the public in the fall. As always, a vaccine will be available to protect against seasonal influenza

Are there medicines to treat 2009 H1N1 infection?

Yes. CDC recommends the use of oseltamivir or zanamivir for the treatment and/or prevention of infection with 2009 H1N1 flu virus. 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. During the current pandemic, the priority use for influenza antiviral drugs is to treat severe influenza illness (for example hospitalized patients) and people who are sick who have a condition that places them at high risk for serious flu-related complications.

Can I get infected with 2009 H1N1 virus from eating or preparing pork?

No. 2009 H1N1 viruses are not spread by food. You cannot get infected with novel H1N1 virus from eating pork or pork products. Eating properly handled and cooked pork products is safe.

Note: Much of the information in this document is based on studies and past experience with seasonal (human) influenza. CDC believes the information applies to 2009 H1N1 (swine) viruses as well, but studies on this virus are ongoing to learn more about its characteristics. This document will be updated as new information becomes available.

2009 H1N1 Influenza Vaccine

As of 8/28/09

What are the plans for developing 2009 H1N1 vaccine?

Vaccines are the most powerful public health tool for control of influenza, and the U.S. government is working closely with manufacturers to take steps in the process to manufacture a 2009 H1N1 vaccine. Working together with scientists in the public and private sector, CDC has isolated the new H1N1 virus and modified the virus so that it can be used to make hundreds of millions of doses of vaccine. Vaccine manufacturers are now using these materials to begin vaccine production. Making vaccine is a multi-step process which takes several months to complete. Candidate vaccines will be tested in clinical trials over the few months.

When is it expected that the 2009 H1N1 vaccine will be available?

The 2009 H1N1 vaccine is expected to be available in the fall. More specific dates cannot be provided at this time as vaccine availability depends on several factors including manufacturing time and time needed to conduct clinical trials.

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.

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. 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.

Who will be recommended to receive the 2009 H1N1 vaccine?

CDC's Advisory Committee on Immunization Practices (ACIP) has recommended that certain groups of the population receive the 2009 H1N1 vaccine when it first becomes available. 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, and people ages of 25 through 64 years of age who are at higher risk for 2009 H1N1 because of chronic health disorders or compromised immune systems.

We do not expect that there will be a shortage of 2009 H1N1 vaccine, but availability and demand can be unpredictable. There is some possibility that initially the vaccine will be available in limited quantities. In this setting, the committee recommended that the following groups receive the vaccine before others: 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, and children 5 through 18 years of age who have chronic medical conditions.

The committee recognized the need to assess supply and demand issues at the local level. The committee further recommended that once the demand for vaccine for these target groups has been met at the local level, programs and providers should begin vaccinating everyone from ages 25 through 64 years. Current studies indicate the risk for infection among persons age 65 or older is less than the risk for younger age groups. Therefore, as vaccine supply and demand for vaccine among younger age groups is being met, programs and providers should offer vaccination to people over the age of 65.

Do those that have been previously vaccinated against the 1976 swine influenza need to get vaccinated against the 2009 H1N1 influenza?

The 1976 swine flu virus and the 2009 H1N1 virus are different enough that it is unlikely a person vaccinated in 1976 will have full protection from the 2009 H1N1. People vaccinated in 1976 should still be given the 2009 H1N1 vaccine.

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.