

# H1N1 Flu FAQ

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**If you have a question that is not on the list please call our H1N1 Influenza Information Line (515-323-5330) or send an email to [rick.kozin@polkcountyiowa.gov](mailto:rick.kozin@polkcountyiowa.gov)**

# **THE H1N1 VIRUS**

## **1. Q: Why are we concerned about the H1N1 virus?**

**A:** It is a novel influenza virus that started making people ill in the spring of 2009. Very few people have any immunity. The spread of the virus has reached the level that the World Health Organization has declared a pandemic.

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## **2. Q: What is pandemic influenza?**

**A:** Pandemic influenza is a strain of influenza that has the ability to spread across the world. Pandemic means that a disease has caused someone to become ill on nearly every continent. Four things must happen before a disease can cause a pandemic:

- 1) It is caused by a germ that no one has had before
- 2) The disease must be able to infect humans
- 3) It must cause illness or death
- 4) It must spread easily from person to person

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## **3. Q: How is the H1N1 virus different than seasonal influenza?**

**A:** It is different in 3 ways

- Clinicians from around the world are reporting a very severe form of the H1N1 virus in young and otherwise healthy people. Young children and older adults and people with chronic health conditions are at greatest risk to get sick from seasonal influenza.
- Certain medical conditions (like asthma and diabetes) increase the risk of severe and fatal illness from H1N1. These are not usually considered “killer” diseases particularly for children and young adults
- Several early studies show a higher risk of hospitalization and death among minority groups and people with lower incomes. In some studies people in these groups are at four to five times greater risk to H1N1 than the general population.

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## **4. Q: How does the flu spread?**

**A:** Flu viruses mainly spread from person to person through coughing or sneezing of people with influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose.

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**5. Q: Who is at risk?**

**A:** Few of us have any immunity so all of us are at risk. But, some are at greater risk to get infected and some of us are at greater risk to get very sick. According to a recent study, pregnant women were four times as likely to get sick as the general population. Seventy percent of people hospitalized in the US had underlying health conditions and 80% of those who have died in the US had underlying health conditions

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**6. Q: Should I be concerned?**

**A:** This is a “novel” and new strain. Few of us have any immunity from previous exposures. Everyone is eligible to be vaccinated. Everyone should get vaccinated.

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**7. Q: Are children more at risk?**

**A:** Young children may be at risk for more serious complications. They may not have typical symptoms, but may have difficulty breathing and low activity. Little is known about how H1N1 may affect children. However, we think the infection may be similar to other flu infections. Typically, flu infections cause mild disease in children, but children under 5 years old are more likely to have serious illness than older children. Although rare, severe respiratory illness (pneumonia) and deaths have been reported with flu infections in children. Flu infections tend to be more severe in children with chronic medical conditions.

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**8. Q: Since this is only a flu virus, are we all overreacting?**

**A:** Historically, we only see pandemic influenza three times every 100 years. We expect people in our community will get sick. Many might be hospitalized. Some may die. We are taking this seriously. But we know that if we follow well established prevention strategies the number of people who get sick will be kept to a minimum.

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**9. Q: How long can an infected person spread this virus to others?**

**A:** People may be contagious from the day before they develop symptoms to up to seven days after they get sick. Children, especially younger children, might be contagious for longer periods of time.

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**10. Q: How long can the virus live on surfaces?**

**A:** The seasonal influenza virus can survive on surfaces for up to 2-8 hours. We do not know exactly how long the H1N1 virus can survive but are comparing it to the seasonal influenza virus.

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**11. Q: What are the signs and symptoms of influenza?**

**A:** Symptoms of the flu include fever (100 degrees Fahrenheit, 37.8 degrees Celsius or greater) and one of the following: cough, sore throat, a runny or stuffy nose, body aches, headache, and feeling very tired. Some people may also vomit or have diarrhea.

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**12. Q: What if the symptoms get worse?**

**A:** If these symptoms improve but then return with fever and worse cough or a child:

- has fast breathing or trouble breathing or
- bluish or gray skin color, is not drinking fluids or
- has severe or persistent vomiting or
- is not waking up or interacting or
- is being so irritable that they do want to be held

an adult has:

has difficulty breathing or shortness of breath or  
pain or pressure in the chest or abdomen or  
sudden dizziness or  
confusion or  
severe or persistent vomiting

Seek immediate medical attention as these are emergency warning signs.

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**13. Q: What is the difference in symptoms in seasonal flu and H1N1?**

**A:** For the most part the symptoms for seasonal influenza and the H1N1 influenza are the same. Most people will have sudden onset of high fever, body aches, sore throat, nonproductive cough, headache, chills, nasal congestion, runny nose, sinus pain and sneezing or some combination of those. Some people with H1N1 patients have presented with some nausea and vomiting as well which seems to be different from seasonal influenza.

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**14. Q: My children are anxious about this new flu. What can I do to help them?**

**A:** Reassure children that health and school officials are working to keep them safe. Let them talk about their fears. Give them some control by teaching simple preventive steps: hand washing, coughing into a tissue, not sharing food or drinks. Make these prevention habits appropriate to their age and understanding. Extra family time and maintaining a normal routine when possible will reduce stress and anxiety for you and your children.

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**15. Q: Will getting the seasonal flu shot increase my risk of catching the H1N1 virus?**

**A:** It has been reported in the Canadian media that research conducted in Canada suggests that getting a seasonal flu vaccine may increase a person's risk for getting 2009 H1N1 influenza. The research has not been published and thus CDC has not had the opportunity to review it formally.

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**16. Q: What is the incubation period for seasonal flu?**

**A:** The typical incubation period for seasonal influenza is 1-4 days with an average of 2 days. Adults shed virus from the day before symptoms begin through 5-10 days after illness onset. The amount of virus shed decreases rapidly 3-5 days after onset. Young children also might shed virus a few days before onset and can be infectious for 10 or more days after that onset.

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**17. Q: What is the incubation period for H1N1 flu?**

**A:** The incubation period for H1N1 is unknown but is probably 1-7 days, though more likely 1-4 days. Persons with H1N1 flu should be considered potentially contagious for up to 7 days after illness onset. Persons who continue to be ill longer than 7 days should be considered potentially contagious until all symptoms have resolved. Children might be contagious for longer periods. **People with any influenza-like illness should stay home for at least 24 hours after their fever is gone without the use of fever-reducing medications.** A fever is having a temperature of 100 degrees Fahrenheit or 37.8 degrees Celsius.

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## **REDUCING YOUR RISK**

**1. Q: What is the best way to stop the pandemic and limit the spread of the virus?**

**A:** Wash your hands frequently and if you are sick, stay home from work or school. You should stay home until you have been free of fever for 24 hours without the use of fever-reducing medications like Tylenol or Motrin. 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. Getting vaccinated is the single, best way to reduce your risk of getting, or spreading, the H1N1 virus.

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**2. Q: How can people reducing their risk of getting sick?**

**A:** Following good hygiene practices (washing their hands frequently, coughing into their elbow or sleeve, etc) can reduce the risk of catching or spreading the virus. If a person does get sick stay home from work or school until they are free of fever for 24 hours. Getting vaccinated is the single, best way to reduce your risk of getting, or spreading, the H1N1 virus.

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**3. Q: What are the best techniques for washing my hands to avoid getting H1N1?**

**A:** Washing your hands often, with soap and warm water, will help protect you from germs. We recommend that when you wash your hands--with soap and warm water—that you wash them for 15-20 seconds (about the time it takes to sing the Happy Birthday song twice). When soap and water are not available, alcohol-based disposable wipes or gel sanitizers may be used. Hand sanitizers wipes or gel must have at least 60% alcohol in it to be effective. You can find them in most supermarkets or drugstores. If using the gel, rub your hands until the gel is dry. If using the gel or wipes you need to have at least 15 seconds of contact time for the alcohol in the product to be effective. It is the alcohol that kills the germs on your hands.

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**4. Q: Should I be concerned about young children using hand sanitizer with high alcohol content?**

**A:** If you are concerned that a child might ingest a large amount of hand sanitizer, you should make sure to monitor its use; however, in general, there is no danger from using hand sanitizer as directed on hands.

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**5. Q: What household cleaning should be done to prevent the spread of the virus?**

**A:** Keep surfaces (bedside tables, bathroom and kitchen surfaces, and toys) clean by wiping them down with a household disinfectant or a solution of water and 10% bleach. Wipe the surface and allow to air dry.

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**6. Q: How should linens, eating utensils and dishes of people who have H1N1 be handled?**

**A:** These items do not need to be cleaned separately from other people's dishes or linens, but they should not be shared without being thoroughly washed. Linens (bed sheets and towels) should be washed in hot water using household laundry soap and tumbled dry on a hot setting. Individuals should avoid "hugging" the laundry prior to washing—carry it in a basket or tub and wash hands immediately after handling. Eating utensils and dishes should be washed either in a dishwasher or by hand with soap and water.

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**7. Q: Are we- and the rest of the world- prepared for a pandemic?**

**A:** We are better prepared today than we were yesterday and will be more prepared tomorrow than we are today. Much of the planning for a pandemic is the responsibility of state and local governments, however it is also important for individuals and private businesses and organizations to take responsibility and develop plans.

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**8. Q: Will my movements be restricted in a pandemic?**

A: People who get sick will be asked to voluntarily restrict their movements (e.g., stay home when they are sick). Depending on the seriousness of the pandemic additional restrictions (mandatory restrictions, limit public gatherings, etc.) may be considered.

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**9. Q: What are “isolation” and “quarantine”?**

A: Isolation and quarantine are strategies to limit the movement of people who may be spreading a contagious disease. A person ill with a disease can be isolated to prevent him/her from exposing others to the disease. A person exposed to the disease, but not ill, may be quarantined in order to prevent exposing others should the person become ill.

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**10. Q. What’s the current policy about using facemasks to prevent getting the H1N1 flu virus?**

A. The effectiveness of using facemasks to prevent the spread of H1N1 is not known. The CDC is not recommending the use of facemasks or respirators (a tightly fitted mask, sometimes called an N95) for use in the general public. No single action like wearing a mask can provide complete protection, but a combination of measures (hand washing, cough etiquette, staying home when sick, and minimizing contact with others when sick) is a better way to decrease the spread of disease.

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**11. Q. If I’m sick with the flu, should I wear a facemask to keep from spreading the illness?**

A. Yes, there are a few instances. At home if a mask is available and tolerable, or use a tissue covering mouth and nose; at work, if you become ill and a mask is available to use while preparing to leave the workplace; during a trip to see your doctor; if you are breastfeeding to protect your infant.

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**12. Q. What if a person has a medical condition that makes him more at risk for getting really sick from H1N1 flu—should he wear a mask?**

A. If a facemask can be tolerated, persons more at risk should consider using them in crowded settings, (if they cannot avoid crowded situations) or if caring for a person in the home with influenza illness. In the workplace, reassignment away from people with flu-like symptoms is preferable to wearing a facemask.

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## **WHAT IF I GET SICK?**

### **1. Q: What should I do if I get sick?**

**A:** If you experience symptoms you should stay home and avoid contact with other people. If you need to seek medical care, call your provider to let them know that you are coming and follow any instructions they give you. Your provider will determine whether flu testing or treatment is needed.

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### **2. Q: What should I do if I think I have the virus?**

**A:** Contact your family physician and follow their recommendations. There are a number of community clinics available for people who do not have a private physician or health insurance. Do not go to the emergency room unless it is an emergency.

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### **3. Q: If I get sick how long will I need to stay home?**

**A:** If a person does get sick they should stay home from work or school until they are free of fever for 24 hours.

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### **4. Q: I think I may have been exposed, or had contact with, someone who has the H1N1 virus. What should I do?**

**A:** Know the signs and symptoms of the virus (Symptoms of the flu include fever (100 degrees Fahrenheit, 37.8 degrees Celsius or greater) and cough, sore throat, a runny or stuffy nose, body aches, headache, and feeling very tired. Some people may also vomit or have diarrhea.)

If you experience symptoms you should stay home and avoid contact with other people. If you need to seek medical care, call your provider to let them know that you are coming and follow any instructions they give you. Your provider will determine whether flu testing or treatment is needed.

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### **5. Q: Is there treatment for H1N1 flu?**

**A:** Yes. There are two different types of antiviral medications that are effective for the treatment of H1N1 flu. Antiviral drugs are prescription medicines 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. For treatment, antiviral drugs work best if started soon after getting sick (within two days of symptoms). Antivirals are only available from a doctor.

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## **6. Q: I have a family member at home with H1N1 flu, should I go to work?**

**A:** Employees who have a family member at home sick with H1N1 flu but are well themselves can go to work. They should monitor their health every day and take every precaution, including washing their hands often with soap and water especially after they cough or sneeze. Alcohol-based cleaners are also effective. If they do become ill, they should stay home. Employees who have an underlying medical condition or who are pregnant should call their health-care provider for advice, because they might need to receive influenza antiviral drugs to prevent getting the illness.

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## **VACCINE**

### **1. Q: What is a Vaccine?**

**A:** A vaccine lets your immune system learn about the disease and fight it off without your body getting sick with it. It contains inactivated (killed virus) flu virus so you cannot get the flu from the vaccine. However, your body's immune system can still read the virus' barcode and trigger your body's defense mechanisms in a controlled way. Vaccines are targeted against particular illnesses: seasonal flu, pneumonia, the H1N1 flu. The vaccine is injected into your arm with a needle (the flu shot). That's why a shot or injection is also called an immunization.

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### **2. Q: What is the difference between a vaccine and an antiviral?**

**A:** Vaccines are usually given to prevent infections. The vaccine lets the immune system learn about the disease and fight it off without the body getting sick. It contains inactivated (killed virus) flu virus so you cannot get the flu from the vaccine. However, your body's immune system can still read the virus' barcode and trigger your body's defense mechanisms in a controlled way.

Antivirals are drugs that can treat people who have already been infected by the virus. They can also be used to prevent infection when given before or shortly after exposure and before illness occurs. The antiviral medication will prevent infection only when given within a certain time frame; antivirals are effective only during the time that the drug is being taken. A vaccine can be given long before exposure to the virus and can provide protection over a long period of time.

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### **3. Q: Can anyone who wants it get the H1N1 vaccine?**

**A:** Yes.

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### **4. Q: Is the influenza vaccine safe if I'm pregnant?**

**A:** The influenza vaccine has been given to pregnant females since the 1950's. Many studies have been done and there has been no evidence that the flu vaccine causes problems with the fetus. More importantly, the vaccine can

help prevent many complications that the influenza virus may cause. Finally, since the new baby will not be able to vaccinated until they are 6 months old, mom needs to be vaccinated.

The CDC and FDC closely monitor the safety of all vaccines licensed in the United States including seasonal influenza in cooperation with state and local health departments, healthcare providers, and other partners. Additional special monitoring is occurring to assure that any rare side effects of the H1N1 vaccine are detected as soon as possible.

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**5. Q: Don't we usually tell pregnant women not to take additional medications?**

**A:** There isn't any evidence that the vaccine will pose any significant health risks to the women. More importantly, pregnant women have been getting sick from the H1N1 flu more frequently, and getting sicker, than anyone else. Finally, since the new baby will not be able to vaccinated until they are 6 months old, mom needs to be vaccinated.

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**6. Q: Is it safe to take antiviral medications if I'm pregnant?**

**A:** There have been very few adverse effects noted in patients who have taken antiviral medications, and no relation between the medication and the adverse events has been established. Since pregnant females are at much higher risk for complications from influenza, it is recommended that pregnant females see their physician at the first sign of any influenza like symptoms and take antiviral medications if prescribed by their physician. A physician may even recommend that a pregnant female take antiviral medications to prevent infection if they have been exposed to a case of influenza.

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**7. Q: Is it okay to breastfeed while I have influenza?**

**A:** Yes, actually breastfeeding is still encouraged. A mother's milk is made to help the baby fight off different illnesses. Breastfeeding is important for a child while their immune system is growing. If you are sick be sure to wash your hands well before holding your baby. Be very careful not to cough or sneeze into the baby's face. If you are coughing or sneezing often you may wish to wear a mask while breastfeeding or pump your milk and have someone else feed your baby with the expressed milk.

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**8. Q: Is it okay to breastfeed while taking medications for H1N1?**

**A:** Yes, mothers are encouraged to continue breast feeding while being treated for influenza or H1N1.

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**9. Q: Will I need to get vaccinated if I am traveling overseas?**

**A:** There is no increased risk of catching the H1N1 by traveling than there is by staying in the US.

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**10. Q: I have heard that getting the H1N1 vaccine can put me at risk for getting Guillain Barre. What is that and what is my risk?**

**A:** Guillain Barre Syndrome (GBS) is a rare neurologic disorder in which the body's immune system attacks the peripheral nervous system, causing tingling, and weakness in the arms and legs. It is treatable, but can also be fatal. Cases were reported in some persons after they received a swine flu vaccination in 1976. Since then, flu shots have not been clearly linked to GBS. However, the CDC has stated that persons who have developed GBS within six weeks of getting a flu shot should not get the H1N1 vaccine.

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**11. Q: Why is the vaccine for H1N1 not in the vaccine for Seasonal Flu?**

**A:** Every January researchers and vaccine manufacturers decide which strains of the flu virus to include in the seasonal flu vaccine. The decision is based on researched estimates of which viruses will circulate in a given year. Production for the seasonal flu vaccine had already started when the new H1N1 flu was identified. Flu manufacturers can only produce one vaccine at a time.

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**12. Q: Will the seasonal flu shot protect me against the H1N1 virus?**

**A:** The seasonal flu shot will not provide any direct protection against the H1N1 new flu. But, with 2 viruses being spread throughout the community, you want your body's defenses operating at full strength. That won't be the case if you catch the flu. Get a flu shot.

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**13. Q: Can I get the H1N1 shot at the same time as the seasonal flu shot?**

**A:** Yes, you can get it when you get your seasonal flu shot. You can also get the H1N1 shot at the same time as getting the seasonal flu mist (and vice versa). You cannot get H1N1 flu mist and seasonal flu mist at the same time.

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**14. Q: If I had H1N1 during the spring, summer, or fall of 2009, could I still get it again and should I be immunized?**

**A:** When you get a virus your immune system mounts a response to fight it off. After that, your body has antibodies that can more easily fight off the same virus if you are exposed again.

However, if your immune system is compromised you may be able to get the same virus again. Sometimes even healthy people, who may have had only a minor exposure, wouldn't have built up their full immunity. Also, if the virus changes or mutates just slightly it may leave you susceptible to getting sick from it again.

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Last Updated 8:00am, January 21, 2010

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Even if you had H1N1 this summer getting the vaccine would help make sure you have built up the needed immunity to prevent illness.

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**15. Q: Does anyone need a second dose of the H1N1 vaccine?**

**A:** The U.S. Food and Drug Administration (FDA) has approved the use of one dose of H1N1 flu vaccine for persons 10 years of age and older. Children will need two vaccinations 28 days apart.

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**16. Q: Is there mercury in the vaccine? Should I be concerned?**

**A:** There are trace amounts of mercury in the vaccine preservative thimerosal. Information from the Centers for Disease Control and Prevention (CDC) states that, as with the seasonal influenza vaccine, the H1N1 vaccine will be available in several forms—single-dose syringes or multi-dose vials. Single-dose syringes will be thimerosal-free, which will address the concerns that some women who are pregnant and some parents with young children have about this additive

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**17. Q: Is H1N1 thimerosal-free or is it available as thimerosal-free?**

**A:**Information from the Centers for Disease Control and Prevention (CDC) states that, as with the seasonal influenza vaccine, the H1N1 vaccine is available in several forms—single-dose syringes or multi-dose vials. Single-dose syringes will be thimerosal-free, which will address the concerns that some women who are pregnant and some parents with young children have about this additive.

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**18. Q: When is the H1N1 Vaccine be available?**

**A:** Polk County Health Department has been receiving about one shipment per week. The shipment amounts and delivery dates have varied. The goals of the H1N1 vaccination campaign are to serve the largest amount of people in the smallest amount of time so that high risk populations are protected as soon as possible, to minimize the severity of illness in our community and to contain the spread of disease in our community.

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**19. Q: Where is the H1N1 vaccine available?**

**A:** The Polk County Health Department is holding regular clinics at Moore Elementary School (52<sup>nd</sup> and Douglas in Des Moines) every Monday through Friday from 11:00 to 6:30 and Saturdays from 10:00 to 2:00. Polk County Health Department has also scheduled additional community clinics to provide more opportunities for people to get vaccinated. Check our web page for the complete schedule ([www.polkcountyiowa.gov/health](http://www.polkcountyiowa.gov/health) )

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**20. Q: Do doctors' offices have H1N1 vaccine or is it only be available through public health?**

**A:** Some doctors offices have partnered with the Polk County Health Department in order to provide H1N1 vaccinations to their patients. Call your doctor to find out. Many physicians, clinics and pharmacies are charging an “administrative fee”. But, they are not allowed to charge more than \$18. It is free at all Polk County Health Department clinics.

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**21. Q: Can I get the flu from the flu shot?**

No, the flu shot contains inactivated (killed virus) flu virus so you cannot get the flu from the vaccine. You may have some soreness of the arm at the injection site, a mild fever, or body aches for up to 2 days after you receive the shot. This is due to your immune system working to help you resist the virus. If you are exposed to the flu before you receive the shot, it is possible that you still feel good when you get the shot but then come down with the flu.

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**22. Q: I don't usually get sick, why should I get the flu shot this year?**

If you are exposed to the flu, you may in turn expose other people you have contact with. By getting the flu shot, even if you don't usually get sick, you will help protect children, elderly, or people with chronic health problems

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**23. Q: Is the vaccine safe considering how quickly it is being produced?**

**A:** The Food and Drug Authority (FDA) has tested the new vaccine and determined it is safe. The vaccines for the influenza A (H1N1) virus are being produced using the same methods and under the same licensure as the seasonal influenza vaccine, which have been proven safe.

Had the H1N1 virus not been discovered this past spring the vaccine manufacturers would have continued to use the same procedures to produce additional seasonal influenza vaccine. Instead, they switched to the new strain as an ice cream manufacturer might switch from the production of vanilla to strawberry.

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**24. Q: Can I get the vaccine if I don't have health insurance?**

**A:** Polk County Health Department won't charge for the vaccination or administration, it is free. Other providers will probably charge an administrative fee up to \$18.84 plus possibly a co-pay.

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**25. Q: How much does it cost to get the vaccine?**

**A:** Polk County Health Department does not charge for the vaccination or administration, it is free. Other providers will probably charge an administrative fee up to \$18.84 plus possibly a co-pay.

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**26. Q: Can I receive the flu mist for H1N1 if I will be around a pregnant female or other immunosuppressed people?**

**A:** The CDC currently takes the position that it is okay to receive the flu mist if you are in close contact to pregnant females or other people with chronic conditions who may be immunocompromised. Clinical studies have shown only rare transmission of the vaccine virus to immunocompromised people. The bigger concern would be if there was contact with a severely immunocompromised person, for example, people with stem cell transplants. If you are concerned you may transmit influenza from the vaccine to someone you have close contact with you can always receive the influenza shot with no risk of transmission.

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**27. Q: How is the H1N1 nasal spray vaccine different from the seasonal nasal spray vaccine?**

**A:** H1N1 nasal spray vaccine is made the same way using the same facilities and processes as the seasonal nasal spray vaccine, called Flu Mist. The only difference is that the seasonal Flu Mist contains 3 weakened live flu viruses, and the H1N1 mist only contains the weakened H1N1 virus. That's why you might have heard it called *monovalent*—meaning just one. Those persons who can get the seasonal nasal spray or Flu Mist are the same persons who are recommended for the H1N1 mist: healthy people 2 years to 49 years of age who are not pregnant.

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**28. Q. Who should not be vaccinated with the H1N1 nasal spray flu vaccine?**

**A.** Certain people should not get the nasal spray seasonal flu vaccine (Flu Mist) and again they should not get the spray version of the H1N1 flu vaccine. The people on this list include: children younger than 2 years of age; pregnant women; people 50 years of age and older; people with pre-existing or chronic medical conditions or compromised immune systems; children younger than 5 with a history of wheezing; children or adolescents on aspirin therapy; people who have had Guillain-Barre' syndrome (GBS), a rare disorder of the nervous system, within 6 weeks of getting a flu vaccine; and people who have a severe allergy to chicken eggs or to nasal spray components.

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**29. Q. Are there any contraindications to giving breastfeeding mothers the H1N1 nasal spray vaccine?**

**A.** Breastfeeding is not a contraindication for the nasal spray flu vaccine or Flu Mist. Women who are breastfeeding can get the nasal spray vaccine for H1N1.

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**30. Q. Can the nasal spray vaccine be given to patients when they are ill?**

**A.** The nasal spray vaccine can be given to people with minor illnesses like diarrhea or mild upper respiratory tract infections with or without fever. However, if nasal congestion is present and delivery of the vaccination to the nasal lining might be limited, delaying the vaccination until congestion is reduced should be considered.

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**31. Q. How many doses of the nasal spray vaccine for H1N1 are needed?**

**A.** In **adults** only **one** dose of the H1N1 vaccine, either the shot or the spray vaccine, is needed for protection. All **children 2 through 9 years of age** getting a H1N1 vaccine will need **two** doses of H1N1 vaccine (either the spray vaccine or the flu shot). Have your child get the first dose as soon as it becomes available. The second dose should be given 28 or more days after the first dose. The first dose *primes the immune system*; the second dose *provides immune protection*. Be sure to follow up to get your child a second dose if he or she is 2 through 9 years of age.

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**32. Q. Can a person get the seasonal flu spray or Flu mist and the H1N1 nasal-spray vaccine at the same time?**

**A.** No. The seasonal nasal spray vaccine or Flu Mist and the H1N1 nasal spray vaccine should not be given at the same time. This is because the nasal spray vaccines might not be as effective if given together. It is okay to receive the H1N1 nasal spray at the same time as the seasonal flu shot because the delivery is different. The H1N1 flu shot can be given at the same time as other injections like the seasonal flu shot or the vaccine for pneumonia. Note: if you have already received the Flu Mist and want to get the H1N1 spray vaccine, it is recommended that you wait 28 days for the next vaccination to be effective.

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**33. Q. Can the nasal spray flu vaccine be used together with influenza antiviral medications?**

**A.** If a person is taking an influenza antiviral drug including Tamiflu or Relenza, the nasal spray flu vaccine *should not be given* until 48 hours after the last dose of the influenza antiviral medication was taken. If a person takes antiviral drugs within two weeks of getting the nasal spray flu vaccine, that person should get revaccinated. This is because antiviral drugs will have killed the vaccine viruses that are used to cause the immune response in the body against those viruses.

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**34. Q. Does the nasal spray flu vaccine contain thimerosal?**

**A.** No, neither the seasonal nor the H1N1 nasal spray flu vaccines contain thimerosal or any other preservative.

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**35. Q. Can the nasal spray flu vaccine give you the flu?**

**A:** We know people have concerns about the nasal spray containing a live virus, but children are immunized every day for chicken pox, measles, mumps, and rubella with vaccines that contain a live virus because we know that they are effective and will not make you sick or contagious. Even though the nasal spray vaccine, unlike the flu shot, contains live viruses, those viruses are attenuated or weakened and cannot cause flu illness. The weakened viruses are cold-adapted, which means they are designed to only cause infection at the cooler temperatures found within the nose. The viruses cannot infect the lungs or other areas where warmer temperatures exist.

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**36. Q: My child got the first dose, do they really need the second?**

**A:** Yes. If your child is under 10 years old they need 2 doses in order to be fully protected from H1N1. They do acquire some immunity from the first dose but it is intended to “prime” their immune system before receiving the second dose, which will provide full immunity. The second dose should be given at least 28 days after the first.

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**37: Q: Do the vaccine shipments contain shots, mist, or both?**

**A:** Yes. Both forms of the vaccine (nasal spray and mist) are available.

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## **OTHER QUESTIONS**

**1. Q: Why have you stopped counting the number of people who get the H1N1 virus?**

**A:** Counting the number of people who had a “confirmed” case of H1N1 was important, in the spring, to help us determine how far the disease had spread. Since it has spread world-wide and been declared a pandemic this number is less important.

It is more important to monitor if the virus has gotten more severe. The State has begun tracking the number of people hospitalized and the number who have died from the H1N1 flu.

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**2. Q: Is there a “master plan” or recommendations such as when to close schools, churches, etc. for Polk County?**

**A:** Our goal is minimize any restriction of people’s movements through closures. We will work with schools, churches, businesses, etc. to determine what steps can be taken to minimize the spread of disease at the location.

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