

Public Health Inquiry Center
Frequently Asked Questions – Novel H1N1 Flu

Table of Contents

What is Novel H1N1 Flu?.....	2
Transmission, Signs and Symptoms	3
Prevention & Treatment.....	5
Contamination & Cleaning	9
Exposures Not Thought to Spread Novel H1N1 Flu	11
Diagnosis/Testing	12
Vaccine	14
Anti-Viral Medications	25
Facemasks and Respirators	28
Special Populations.....	29
Children.....	29
Babies.....	31
Pregnant Women.....	33
People with Diabetes.....	38
People with Cardiovascular or Heart Disease.....	40
Adults with HIV	41
People with other health conditions	44
Immigrants	45
People without Insurance	46
Businesses/Employers.....	47
Animals/Pets	54
Canine Influenza (added 8.20).....	55
Medical Offices and Outpatient Facilities	58
Schools.....	71
Colleges/ Universities	79
Travel	86
Preparedness	90
Miscellaneous	92

Public Health Inquiry Center
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What is Novel H1N1 Flu?

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What is novel H1N1?

Novel H1N1 is a new influenza virus causing illness in people. This new virus was first detected in people in the United States in April 2009. This virus is spreading from person-to-person worldwide, probably in much the same way that regular seasonal influenza viruses spread. On June 11, 2009, the World Health Organization (WHO) signaled that a pandemic of novel H1N1 flu was underway.

Why is novel H1N1 virus sometimes called “swine flu”?

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. It has two genes from flu viruses that normally circulate in pigs in Europe and Asia and genes from flu viruses that normally circulate in birds and humans.

Can a person get the novel H1N1 flu and the regular flu at the same time?

Yes. People can be infected with more than one strain of influenza at the same time.

Transmission, Signs and Symptoms

What are the symptoms of seasonal influenza or novel H1N1 influenza?

The symptoms of seasonal and novel H1N1 influenza include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people may also have vomiting and diarrhea. Some people may be infected with the flu, including novel H1N1, and have respiratory symptoms without a fever.

Who is at higher risk of influenza-related complications?

Children and young people up to age 24; pregnant women; and people of any age with underlying medical conditions are at higher risk for complications. Underlying medical conditions include lung diseases such as asthma, diabetes, weakened immune systems (such as from chemotherapy or AIDS), heart disease and neurodevelopmental problems (such as cerebral palsy).

Is the novel H1N1 easier to get than the seasonal flu?

Yes. Most people have no immunity to this new virus. Also, there is some scientific evidence that it is more easily spread among people than seasonal flu.

If a person has both the novel H1N1 and the seasonal flu, which one will be transmitted? (updated 9.03.09)

Either one or both could be spread to others.

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Are there human infections with novel H1N1 virus in the U.S.?

Yes. Human infections with the new NOVEL H1N1 virus are ongoing in the United States.

Is novel H1N1 virus contagious?

Yes, it is spread from human to human.

How does novel H1N1 virus spread?

Novel H1N1 virus is believed to spread mainly through coughing or sneezing by infected people. Sometimes people may become infected by touching a surface or object contaminated with nasal discharges or by sneezes or coughs and then touching their mouth or nose.

How severe is illness associated with novel H1N1 flu virus?

Illness with the novel 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 have occurred.

About 70 percent of people who have been hospitalized with this novel H1N1 virus have had one or more underlying medical conditions previously recognized as increasing the risk for complications from flu. This includes pregnancy, diabetes, heart disease, asthma and kidney disease.

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

Right now it appears that novel H1N1 is similar to seasonal flu in severity and infection rates. There is one exception: few cases and few deaths have been reported in people 65 years of age and older, which is different from seasonal flu. However, those 65 and older with underlying medical conditions who do get infected with novel H1N1 are still at high risks for complications and should seek medical care if they develop flu-like symptoms.

Each year, in the United States, seasonal influenza is associated with on average 36,000 deaths and over 200,000 hospitalizations. Of those hospitalized, 20,000 are children younger than 5 years old. With seasonal flu, over 90% of deaths and about 60 percent of hospitalization occur in people older than 65.

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

People infected with novel H1N1 flu 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.

Who is most at "Risk" for the novel H1N1 Flu (added 8.18)

The greatest number of cases of novel H1N1 flu have occurred in people younger than 25 years of age. Compared to seasonal flu, there are fewer cases and fewer hospitalizations and deaths in people older than 64 years old. Pregnancy and other high risk medical conditions are associated with increased risk of complications. These high risk conditions include asthma, diabetes, suppressed immune systems, heart disease, kidney disease, neurocognitive and neuromuscular disorders (such as cerebral palsy) and pregnancy.

Prevention & Treatment

What can individuals do to protect themselves against novel H1N1 when taking communion or when it comes to sharing food or drinks?

(updated 9.03.09)

VDH is unaware of any historical disease outbreaks specifically related to Holy Communion. However, sharing drinks has been associated with an increased risk for becoming infected with influenza in at least one survey.

In order to help minimize transmission of the novel H1N1, VDH recommends that individual communion cups be used whenever possible.

Also, individuals who are ill should stay home and away from others.

Are there any specific recommendations about food sharing that will help to reduce the transmission of the virus?

In general, sharing of food, utensils, plates, cups, etc. is not recommended as it may spread viruses. After each use, all utensils and dishware should be washed thoroughly, using soap.

Has there been an indication of whether or not one or two doses will be necessary?

There has been no formal decision on this yet.

There have been recent news reports regarding the availability of the novel H1N1 vaccine; could you offer some clarification on this?

The novel H1N1 vaccine is expected to be available by mid-October. 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. <http://www.flu.gov/faq/vaccines/2001.html>

What are the signs that my flu-like symptoms have gotten more severe? (updated 9.03.09)

Symptoms of the novel H1N1 virus vary from mild to severe. Common symptoms include; fever, headache, muscle aches, chills, fatigue, dry cough, runny nose nausea, vomiting, and diarrhea.

Some symptoms of more severe illness can include:

Adult:

- trouble breathing or short of breath
- pain or pressure in the chest or belly
- sudden dizziness
- confusion

- *severe* vomiting or vomiting that will not stop

Child:

- fast breathing or trouble breathing
- bluish skin color
- not interacting with others
- irritable to the point that they are not consolable
- fever with a rash

Will Virginia be implementing quarantine orders for novel H1N1? (updated 9.03.09)

We do not anticipate using an isolation and quarantine order in the near future.

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What can I do to protect myself from getting sick?

The best protection is offered by vaccinations. A novel H1N1 vaccine is expected to be released by mid-October. Seasonal flu vaccine is available now and is recommended for anyone who would like to protect themselves from seasonal flu.

There are also everyday actions that can help protect you from influenza (both novel H1N1 and seasonal):

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.) Keep away from others as much as possible to keep from making others sick.
- Follow public health advice regarding school closures, avoiding crowds and other social distancing measures.
- Be prepared in case you get sick and need to stay home for a week or so; a supply of over-the-counter medicines, alcohol-based hand rubs, tissues and other related items could be useful and help avoid the need to make trips out in public while you are sick and contagious.

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

Always cover your coughs and sneezes – use your sleeve, elbow, tissue or handkerchief. Do not sneeze or cough into your hands. Put your used tissue in the waste basket. Then, clean your hands, and do so every time you cough or sneeze.

If I have a family member at home who is sick with novel H1N1 flu, should I go to work?

Employees who are well but who have an ill family member at home with novel H1N1 flu can go to work as usual. These employees should monitor their health every day, and take everyday precautions including washing their hands often with soap and water, especially after they cough or sneeze. Alcohol-based hand cleaners are also effective. If they become ill, they should notify their supervisor and 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 illness.

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

Washing your hands often will help protect you from germs. Wash with soap and water or clean with alcohol-based hand cleaner. CDC recommends that when you wash your hands -- with soap and warm water -- that you wash for 15 to 20 seconds. When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used. You can find them in most supermarkets and drugstores. If using gel, rub your hands until the gel is dry. The gel doesn't need water to work; the alcohol in it kills the germs on your hands.

What should I do if I get sick?

If you live in areas where people have been identified with novel H1N1 flu and become ill with influenza-like symptoms, including fever, body aches, runny or stuffy nose, sore throat, nausea, or vomiting or diarrhea, you should stay home and avoid contact with other people. CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.) Stay away from others as much as possible to keep from making others sick. Staying at home means that you should not leave your home except to seek medical care. This means avoiding normal activities, including work, school, travel, shopping, social events, and public gatherings.

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

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

In children, emergency warning signs that need urgent medical attention include:

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Severe or persistent vomiting
- Not waking up or not interacting

- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough

In adults, emergency warning signs that need urgent medical attention include:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms improve but then return with fever and worse cough

Are there medicines to treat novel H1N1 infection?

Yes. CDC recommends the use of oseltamivir or zanamivir for the treatment and/or prevention of infection with novel 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.

What is CDC's recommendation regarding "swine flu parties"?

"Swine flu parties" are gatherings during which people have close contact with a person who has novel H1N1 flu in order to become infected with the virus. The intent of these parties is for a person to become infected with what for many people has been a mild disease, in the hope of having natural immunity to novel H1N1 flu virus that might circulate later and cause more severe disease.

CDC does not recommend "swine flu parties" as a way to protect against novel H1N1 flu in the future. While the disease seen in the current novel H1N1 flu outbreak has been mild for many people, it has been severe and even fatal for others. There is no way to predict with certainty what the outcome will be for an individual or, equally important, for others to whom the intentionally infected person may spread the virus.

Contamination & Cleaning

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How long can influenza virus remain viable on objects (such as books and doorknobs)?

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.

What kills influenza virus?

Influenza virus is destroyed by heat (167-212°F [75-100°C]). In addition, several chemical germicides, including chlorine, hydrogen peroxide, detergents (soap), iodophors (iodine-based antiseptics), and alcohol are effective against human influenza viruses if used in proper concentration for a sufficient length of time. For example, wipes or gels with alcohol in them can be used to clean hands. The gels should be rubbed into hands until they are dry.

What if soap and water are not available and alcohol-based products are not allowed in my facility?

Though the scientific evidence is not as extensive as that on hand washing and alcohol-based sanitizers, other hand sanitizers that do not contain alcohol may be useful for killing flu germs on hands.

What surfaces are most likely to be sources of contamination?

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, for example, and then touches their own eyes, mouth or nose before washing their hands.

How should waste disposal be handled to prevent the spread of influenza virus?

To prevent the spread of influenza virus, it is recommended that tissues and other disposable items used by an infected person be thrown in the trash. Additionally, persons should wash their hands with soap and water after touching used tissues and similar waste.

What household cleaning should be done to prevent the spread of influenza virus?

To prevent the spread of influenza virus it is important to keep surfaces (especially bedside tables, surfaces in the bathroom, kitchen counters and toys for children) clean by wiping them down with a household disinfectant according to directions on the product label.

How should linens, eating utensils and dishes of persons infected with influenza virus be handled?

Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but importantly these items should not be shared without washing thoroughly first. Linens (such as bed sheets and towels) should be washed by using household laundry soap and tumbled dry on a hot setting. Individuals should avoid “hugging” laundry prior to washing it to prevent contaminating themselves. Individuals should wash their hands with soap and water or alcohol-based hand rub immediately after handling dirty laundry.

Eating utensils should be washed either in a dishwasher or by hand with water and soap.

Exposures Not Thought to Spread Novel H1N1 Flu

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

No. Novel 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.

Is there a risk from drinking water?

Tap water that has been treated by conventional disinfection processes does not likely pose a risk for transmission of influenza viruses. Current drinking water treatment regulations provide a high degree of protection from viruses. No research has been completed on the susceptibility of novel H1N1 flu virus to conventional drinking water treatment processes. However, recent studies have demonstrated that free chlorine levels typically used in drinking water treatment are adequate to inactivate highly pathogenic H5N1 avian influenza. It is likely that other influenza viruses such as novel H1N1 would also be similarly inactivated by chlorination. To date, there have been no documented human cases of influenza caused by exposure to influenza-contaminated drinking water.

Can novel H1N1 flu virus be spread through water in swimming pools, spas, water parks, interactive fountains, and other treated recreational water venues?

Influenza viruses infect the human upper respiratory tract. There has never been a documented case of influenza virus infection associated with water exposure. Recreational water that has been treated at CDC recommended disinfectant levels does not likely pose a risk for transmission of influenza viruses.

Can novel H1N1 influenza virus be spread at recreational water venues outside of the water?

Yes, recreational water venues are no different than any other group setting. The spread of this novel H1N1 flu is thought to be happening in the same way that seasonal flu spreads. Flu viruses are spread mainly 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.

Diagnosis/Testing

How long does it take before a suspected novel H1N1 case is confirmed?

Rapid flu tests which may be used in a medical office have not proven to be reliable in detecting the novel H1N1 virus. More information about this is available at http://www.cdc.gov/h1n1flu/guidance/rapid_testing.htm. Specific specialized testing for novel H1N1 virus (usually a “PCR” test) is offered to medical providers. Results may take several days. VDH conducts sample PCR flu testing for surveillance purposes to characterize circulating viral strains in Virginia and assist in outbreak investigations. This testing is not available for diagnosing individual patients.

How can human infections with novel H1N1 influenza be diagnosed?

Most people with novel H1N1 influenza will not need specific testing. Because specific treatment for novel H1N1 influenza should be started soon (within 48 hours) after flu symptoms begin and because accurate, reliable testing is not generally available within that time frame, people who should be given antiviral therapy (those with severe illness or with medical conditions that put them at high risk for complications from influenza) will usually start treatment without testing. Your medical provider may decide to do a special test for novel H1N1 to help guide them in your care, but most people will be diagnosed based on their symptoms.

Is novel H1N1 testing available from the state laboratory (DCLS)?

Confirmatory testing (by PCR) at the state lab is being limited to public health purposes (i.e., to see if the virus is changing or outbreak investigations). Testing to diagnose individual cases of novel H1N1 is now available through private labs.

There have been reports of test kits being available for home use. How effective are these?

There are no valid products that are available for home or individual use. Consumers should be wary of promotions for products that claim to diagnose, prevent, mitigate, treat or cure novel H1N1 flu. These are fraudulent products and can include, in addition to test kits, food or dietary supplements, drugs, devices or vaccines. Such products cannot prevent the spread of the disease or offer effective treatment. Anyone who has a question regarding medical products or personal protective equipment should contact their health care provider or health department. Reports of suspected fraud should be reported to the Virginia Fusion Center at 1-877-4VA-TIPS.

Are people with what appears to be novel H1N1 being tested for novel H1N1 or are they being treated as if they do have it?

It's up to the physician to assess the patient and decide whether to order a lab test through a private laboratory and/or treat with antivirals (if person is high-risk or has severe illness). Based on the results we are seeing at the state laboratory, if a person has symptoms consistent with

influenza, it's reasonable to assume at this point they have novel H1N1 flu. We haven't seen much/any seasonal influenza circulating recently. This may change as we get closer to the typical flu season, but it's hard to predict. (added 8.20.09)

Vaccine

What is Virginia's novel H1N1 Vaccination Plan?

- Public/Private partnership to assure multiple sites of access by the public to novel H1N1 vaccine with special emphasis on assuring vaccination of priority groups (see below).
- Private providers have the opportunity to vaccinate their usual patients/clients and healthcare workers for whom they are responsible
- Local Health Departments will focus on school immunization programs, vulnerable populations, large immunization clinics and any gaps in vaccination access

What are the novel H1N1 Vaccination priority groups?

- Pregnant women
- Household contacts and caregivers for infants younger than 6 months of age
- Healthcare and emergency medical services personnel (see definition below)
- Persons 6 months through 24 years of age
- Persons 25 through 64 years of age who have medical conditions associated with higher risk of medical complications from influenza. (i.e., chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, cognitive, neurologic/neuromuscular, hematologic, or metabolic disorders (including diabetes mellitus), and immunosuppression (including that caused by medications or HIV))

Who are included as healthcare and emergency medical services personnel?

- All paid and unpaid persons working in health-care settings who have the potential for exposure to patients with influenza, infectious materials, including body substances, contaminated medical supplies and equipment, or contaminated environmental surfaces.
- Includes (but is not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, housekeeping, maintenance, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP.
- Applies to acute-care hospitals, nursing homes, skilled nursing facilities, physicians' offices, urgent care centers, and outpatient clinics, and to persons who provide home health care and emergency medical services. Emergency medical services personnel might include persons in an occupation (e.g., emergency medical technicians and fire fighters) who provide emergency medical care as part of their normal job duties.

What are the different roles that providers/sites can play in this process?

Vaccination sites can:

- Focus on different patient populations according to their site characteristics.
 - Some may be open to the general public (e.g., retail pharmacies)
 - Private healthcare providers may vaccinate:
 - their existing patients,
 - family members of existing patients,
 - healthcare staff, or any combination thereof.

What is required to become a Vaccination Site?

A provider/facility must:

- Agree to the terms and conditions outlined in the Provider Agreement and the Provider Profile which can be found on the upcoming registration website (<http://www.vdh.virginia.gov/H1N1prereg>)
- Have a prescribing official (e.g. M.D., D.O.) and adequate vaccine storage capacity
- Report vaccine doses administered via the Virginia Immunization Information System (VIIS). If you wish to use your existing electronic medical record instead of VIIS, you may call VDH at (804) 864-8060 to discuss options for exporting your data into VIIS (your data will need to conform to VIIS standards for this to be a viable option).

What steps are required to register as a novel H1N1 Vaccination Site?

Vaccination providers/sites are expected to:

- Sign a novel H1N1 Vaccine Provider Agreement
- Complete a novel H1N1 Vaccine Provider Profile (focuses on your patient demographics and shipping information)
- Sign the VIIS Enrollment Packet forms (if you are already a VIIS user or are using electronic transfer of information into VIIS, you will not need to complete these forms). These forms will be available on the aforementioned website.
 - Additionally, VIIS training will be required prior to using VIIS and will be accessible on the same website. Training consists of completion of a 15-minute online module or participation in one of many webinars.
 - Providers without internet access should contact Virginia Department of Health (VDH) at 804-864-8055.

When will the registration website with the required documents be available?

- Expected availability is September 18, 2009 at:
<http://www.vdh.virginia.gov/H1N1prereg> .

How will I order vaccine?

- Registered providers will be notified via email when vaccine is ready to be ordered.
 - The vaccine order form will be available on the website prior to vaccine distribution.

What are the advantages to me from using VIIS?

- Pre-populated data on many patients
- Documents novel H1N1 vaccine doses administered
- Allows automated sending of reminder notices to patients due for vaccination
- Provides definitive immunization records on your patients
- Allows visualization of your patient's vaccination history, including vaccines that your patient received from other participating providers
- Provides auto-populated patient immunization forms for school and day care enrollment

What timeframe is acceptable between vaccine administration and data entry into VIIS?

- Five days. Paper forms will be available online for providers who want to delay entry into VIIS.

How will vaccine be allocated and distributed?

- Vaccine will be shipped directly to vaccination sites from a national vaccine distributor.
- Providers will also receive ancillary clinical supplies directly from the distributor.
- VDH expects regular shipments of vaccine. Ultimately, there should be an adequate supply of vaccine for all persons requesting vaccination. If a limited shipment is received initially, VDH will direct vaccine to those providers most likely to vaccinate persons in the priority groups.

How will the vaccine be packaged?

- Vaccine is being produced by five manufacturers
- Will be available in both preservative-free and preservative-containing formulations
- The injectable preservative-containing formulation will be available in multi-dose vials
- Preservative-free formulations will be available in single-dose pre-loaded syringes and as an attenuated live-virus vaccine administered intra-nasally (i.e., Flumist).

What ancillary clinic supplies will be provided?

- A national distributor will provide needles, syringes, alcohol swabs, sharps-containers and personal immunization record cards.
- Vaccination sites will automatically receive these supplies (no additional order is necessary). The amount of supplies will correspond to the amount of vaccine shipped to each provider.
- Providers will receive vaccine and ancillary supplies in separate shipments, not necessarily on the same day.

How many doses of novel H1N1 vaccine will be required for a patient to be protected?

- The final recommendation on the number of doses required will not be available until clinical trials have been completed in late-September.

Will providers be able to charge for the vaccine and its administration?

- Providers cannot charge for the vaccine but they may charge a fee for the administration of the vaccine to the patient, the patient's health insurance plan or another third-party payor.
- The Virginia Department of Medical Assistance Services (DMAS) and its managed-care organizations will cover the cost of administering H1N1 vaccine at \$11/dose (Medicaid) and \$19.96/dose (Medicare). The process used by providers for reimbursement will not change. Providers with questions should contact the DMAS Helpline (in-state: 1-800-552-8627 or out of state: 804-786-6273).

Will private providers be required to administer vaccine to individuals who are not currently their patients?

- Private providers are not required to vaccinate individuals who are not their patients. Providers should refer these individuals to the local health department or to another facility where vaccine is available.

Are there special vaccine storage and handling requirements for the novel H1N1 vaccine?

- The storage and handling requirements for novel H1N1 vaccine are similar to those for the seasonal influenza vaccine. Complete storage and handling information can be found at <http://www.cdc.gov/vaccines/recs/default.htm#storage>.

What must vaccine providers, particularly those caring for children, do to legally provide vaccine to non-established patients (e.g., parents of a child who is a patient of the practice)?

- A provider must follow current standards of practice including assessment and consent and meet the protocols and procedures of the regulatory board relevant to the provider. A physical examination may not be needed. For more information see Virginia Code § 54.1-3303.

What is the liability protection for providers who vaccinate with novel H1N1 vaccine or use Tamiflu or Relenza for novel H1N1 treatment/prophylaxis?

- Protection comes in two basic legal forms: (a) immunity, and (b) liability insurance.
 - Immunity conferred by statute may state that cause of action cannot be maintained against a provider.
 - Immunity is available under the Federal Public Readiness and Emergency Preparedness Act (PREP) for novel H1N1 vaccinators (<http://www.hhs.gov/disasters/emergency/manmadedisasters/bioterrorism/medication-vaccine-qa.html>). Additional protections could become available under Virginia law if a state declaration of emergency is issued (none currently in effect).
 - Liability insurance provides a defense and indemnification for damages in the event of a suit.
 - Liability insurance will likely already exist through the provider's employer

Even if immunity or liability coverage is in effect for vaccinators, what is not covered under these provisions?

- Neither immunity nor liability covers willful misconduct or criminal acts.
- These provisions also do not provide Workers' Compensation coverage. Workers' Compensation coverage is provided by the employer for disease or injury sustained within the course and scope of employment.
- The immunity and liability provisions are also unlikely to cover premises liability.

Does the novel H1N1 influenza vaccine have preservative in it? Some doses of the novel H1N1 vaccine will have the preservative thimerosal in it. Thimerosal is a mercury-based preservative that has been used for decades in the United States in multi-dose vials (vials containing more than one dose) of some vaccines to prevent the growth of microorganisms, such as bacteria and fungi, which may contaminate them.

There is no evidence that thimerosal is harmful to a pregnant woman or a fetus. However, because some women are concerned about exposure to preservatives during pregnancy, manufacturers will produce single-dose units (preservative free) of the novel H1N1 influenza vaccine for pregnant women and small children. In addition, the live-attenuated version of the vaccine, which is administered intranasally (through the nose), is produced in single-units and will not contain thimerosal. CDC recommends that pregnant women may receive influenza vaccine with or without thimerosal.

For more information on thimerosal: http://www.cdc.gov/h1n1flu/vaccination/thimerosal_qa.htm

Who can and can not get the Nasal spray vaccine?

Basic: Nasal spray vaccine is FDA-licensed for use only for persons aged 2--49 years, who are not pregnant, that do not have influenza complicating factors (e.g. asthma). It should not be given to persons living with someone with a severely compromised immune system. In clinical studies, transmission of vaccine viruses to close contacts has occurred only rarely.)

In addition, FDA has indicated that the safety of the intranasal spray vaccine has not been established in persons with underlying medical conditions that confer a higher risk for influenza complications (example asthma and conditions causing wheezing).

Children aged 6--23 months, and those aged 2--4 years who have evidence of asthma wheezing or who have medical conditions that put them at higher risk for influenza complications should receive the injection flu vaccine.

FluMist **can not** be administered to family members or close contacts of immunosuppressed persons requiring a protected environment (e.g., hematopoietic stem cell transplant recipient) but can be administered to family members or close contacts of persons at high risk but not severely immunosuppressed.

Does the flu vaccine work right away?

No. It takes about two weeks after vaccination for antibodies to develop in the body and provide protection against influenza virus infection. In the meantime, you are still at risk for getting the flu so use good hand hygiene and other methods to reduce your risk of infection.

Can I get the flu from the flu vaccine?

No. You can not get the flu from the flu vaccine. The viruses in inactivated (injection) influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Live influenza vaccine viruses rarely spread from person to person. Even if they do, they are not likely to cause illness. Nasal spray vaccine is made from weakened virus and does not cause influenza in otherwise healthy individuals who do not have a severely compromised immune system.

Should people use antiviral drugs before or after receiving the live attenuated influenza vaccine (LAIV) called FluMist®?

LAIV is one of two types of flu vaccine. It is given as a nasal spray and contains weakened, live virus. Flu antiviral drugs taken from 48 hours before through 2 weeks after getting LAIV can lower or prevent the vaccinated person from responding to the vaccine and the person may not get immune protection from the vaccine. Antiviral drugs can be taken with the inactivated (i.e. killed) flu vaccine.

Where can I get a seasonal flu shot?

The American Lung Association has an online Flu Clinic locator
<http://www.flucliniclocator.org/>

How long will the flu vaccine be effective and how effective will it be? Can the seasonal vaccine and the novel H1N1 vaccine be administered at the same time?

Seasonal Flu Vaccine

The seasonal flu vaccine *will not* protect against the novel H1N1 virus.

The seasonal flu vaccine is effective against other circulating strains of the flu virus and prevents influenza in about 70%-90% of healthy persons younger than age 65 years. Among elderly persons living outside chronic-care facilities (such as nursing homes) and those persons with long-term (chronic) medical conditions (such as asthma, diabetes, or heart disease), the flu shot is 30%-70% effective in preventing hospitalization for pneumonia and influenza. Among elderly nursing home residents, the flu shot is most effective in preventing severe illness, secondary complications, and deaths related to the flu. In this population, the shot can be 50%-60% effective in preventing hospitalization or pneumonia and 80% effective in preventing death from the flu.

All persons currently recommended for seasonal influenza vaccine administration should receive the seasonal vaccine now.

Novel H1N1 Vaccine

The novel H1N1 vaccine is expected to be available by mid-October 2009. The number of doses of vaccine required for immunization against novel H1N1 has not been established.

Simultaneous administration of inactivated vaccines against seasonal and novel H1N1 viruses is ok as long as different body sites are used. However, simultaneous administration of the live, attenuated vaccine against seasonal and novel H1N1 virus is not recommended.

While the seasonal flu vaccine remains effective throughout the flu season, studies are still underway to determine how long the novel H1N1 vaccine will be effective.

Regular updates on these vaccines will be available on the VDH website and at
<http://www.cdc.gov/flu>

Will the novel H1N1 vaccine be free to anyone who would like to get one? If not, what is the general cost? (updated 9.03.9)

There will be a charge for vaccine administration in most cases. Many health insurance companies will cover this cost.

Has FEMA deputized citizens to help administer vaccines?

No. The Virginia Fusion Center has received information from the FBI that this information is NOT credible.

Should you need further information, please contact **Virginia Department of Emergency Management**

www.vaemergency.com

How many novel H1N1 influenza vaccine shots will be needed?

Final guidance on this has not yet been released.

How many doses of the novel H1N1 vaccine is the CDC expecting?

(CDC Talking Points added 9.3.09)

Currently, the CDC is expecting approximately 45 million doses to be available for shipment by mid-October.

Is there a list of providers who administer the flu shots available on line?

Currently there is no list. The possibility of providing such a list is being evaluated.

Will every local health department administer the vaccine?

Currently this is the expectation. Please feel free to contact your local health department for verification and specific details.

Is there a link between Guillian Barre Syndrome (GBS) and taking the novel H1N1 vaccine? (updated 9.03.09)

The risk is estimated by the CDC to be no more than 1 case of GBS per 1 million persons vaccinated. GBS has a number of different causes, and GBS can occur in a person who has never received an influenza vaccine. The potential benefits of receiving the influenza vaccine far outweigh the very low risk of vaccine-associated GBS. In 1976, an earlier type of swine flu vaccine was associated with cases of a severe paralytic illness called Guillain-Barre Syndrome (GBS) at a rate of approximately 1 case of GBS per 100,000 persons vaccinated. Some studies done since 1976 have shown a small risk of GBS in persons who received the seasonal influenza vaccine. This risk is estimated to be no more than 1 case of GBS per 1 million persons vaccinated. Since then, flu vaccines have not been clearly linked to GBS. GBS has a number of different causes, and GBS can occur in a person who has never received an influenza vaccine. The potential benefits of influenza vaccination in preventing serious illness, hospitalization, and death substantially outweigh these estimates of risk for vaccine-associated GBS.

Should the novel H1N1 influenza vaccine be given to someone who has had an influenza-like illness since between April and now? Do I need a test to know if I need the vaccine or not?

Yes. Vaccination is recommended in such instances.

What are the possible side effects of the novel H1N1 influenza vaccine?

The side effects from novel H1N1 influenza vaccine are expected to be similar to those from seasonal flu vaccines.

The most common side effects following vaccination are expected to be mild, such as soreness, redness, tenderness or swelling where the shot was given. Some people might experience headache, muscle aches, fever, nausea and fainting.

If these problems occur, they usually begin soon after the shot and may last as long as 1-2 days. Like any medicines, vaccines can cause serious problems like severe allergic reactions. However life-threatening allergic reactions to vaccines are very rare. Anyone who has a severe (life-threatening) allergy to eggs or to any other substance in the vaccine should not get the vaccine. People should always inform their immunization provider if they have any severe allergies, if they've ever had a severe allergic reaction following flu vaccination, or if they have ever had GBS.

How many sites can a jurisdiction designate to receive vaccine?

There will be a maximum of approximately 90,000 sites to which vaccine can be shipped via centralized distribution. CDC is developing a formula to determine the maximum number of sites within each project area and it will be shared as soon as possible.

http://www.cdc.gov/NOVEL_H1N1flu/qa.htm

How will a person know when and where the vaccine will be available?

VDH will provide updates as information becomes available.

<http://www.flu.gov/faq/vaccines/>

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

The CDC guidance is not yet available on this.

What are the requirements for churches and other non traditional providers to become a host site for vaccinations?

If the church has a MD or DO who will order the medication and the means to follow through with all the responsibilities of being a providing site (ie: storing, administering, recording and reporting), then they can pre-register as a provider on the VDH Web site at www.vdh.gov

Will providers who pre-register sites or sign the novel H1N1 provider agreement be *required* to administer the vaccine to anyone in the general public (in appropriate categories), or will they be able to focus on their own patient population?

No. They will be able to focus on their own patient population if that is what they wish to do. http://www.cdc.gov/novel_H1N1flu/vaccination/public/vaccination_qa_pub.htm

What are the plans for developing novel H1N1 vaccine?

A novel H1N1 vaccine is currently being readied for release.

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

No.

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

There will be vaccines available for anyone who wishes it. At first, the CDC will be focusing on five groups to assure they have the opportunity to get the vaccine quickly. The five groups are: pregnant women, people who live with or care for children younger than 6 months and 24 years old, people ages 25 to 64, people who have underlining conditions and health care workers.

Where will the vaccine be available?

Virginia 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.

Will vaccination against the novel H1N1 influenza be mandatory?

No. It will be voluntary just as vaccination against seasonal flu is voluntary..

How do I go about requesting a religious or moral exemption to vaccines? (added 8.18)

Neither the novel H1N1 vaccine nor the seasonal influenza vaccine are mandatory, so you do not need an exemption.

Will vaccine be adjuvanted (A vaccine adjuvant is A substance added to a vaccine to improve the immune response so that less vaccine is needed.)?

We are awaiting further information about this.

How will the novel H1N1 influenza vaccines be monitored for safety?

There are two systems in place to report adverse reactions and the safety of the novel H1N1 vaccine after it is released to the public. These are the Vaccine Adverse Event Report System (VAERS) and the Vaccine Safety Datalink (VSD) Project. Both providers and patients can report an adverse reaction on VAERS.

- **Vaccine Adverse Event Report System (VAERS)**

VAERS is a national program managed by the CDC and FDA to monitor the safety of all vaccines licensed in the United States. Healthcare providers are encouraged to voluntarily report possible adverse events of concern after vaccination, even if they are not certain that the vaccine caused the event. Anyone can file a VAERS report. Generally, VAERS cannot determine if an adverse event was caused by a vaccine but can help determine if further investigations are needed. FDA and CDC use VAERS data to help identify potential clinically serious vaccine adverse events or health outcomes. If concerns are identified in VAERS, usually further investigation is needed. One important system used to further evaluate concerns identified in VAERS is the Vaccine Safety Datalink (VSD) Project. More information about VAERS is available at <http://vaers.hhs.gov/>.

- **Vaccine Safety Datalink (VSD) Project**

The VSD Project is a vaccine safety system used to both identify and confirm adverse outcomes after immunization. This project is a collaboration between CDC and eight large managed care organizations (MCOs), in which comprehensive medical information is collected on approximately 9 million people. The VSD project monitors their data weekly for certain adverse events that could be associated with newly licensed vaccines. VSD conducts studies of vaccine safety adverse events and health outcomes that may arise with any vaccine.

Will the benefits of the novel influenza vaccines outweigh the risks? Is this something I should talk to my healthcare provider about?

CDC and FDA believe that the benefits of vaccination with the novel H1N1 influenza vaccine will far outweigh the risks. Vaccination is the most effective way to prevent influenza infection. 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 available in the fall for the novel H1N1 influenza virus. CDC is working continuously to provide the public with the most current information about 2009 H1N1 influenza and the 2009 H1N1 influenza vaccine and its safety.

Will the vaccine be administered under EUA (Emergency Use Authorization)?

This has not been determined yet.

Is there a shortage of vaccine?

No. It is anticipated that there will be plenty of vaccine for anyone who would like to protect themselves against novel H1N1. <http://www.flu.gov/faq/vaccines/1100.html>

If I have an egg allergy is it safe to get the vaccine?

You should not get novel H1N1 flu vaccine if you have a severe (life-threatening) allergy to eggs or to any other substance in the vaccine.

<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf>

Anti-Viral Medications

(09.08.09 <http://www.flu.gov/vaccine/antiviralfaq.html>)

What are influenza antiviral drugs?

Influenza antiviral drugs are prescription drugs (pills, liquid, or inhaler) that decrease the ability of flu viruses to reproduce. While getting a flu vaccine each year is the first and most important step in protecting against flu, antiviral drugs are a second line of defense in the prevention and treatment of flu.

Which influenza antiviral drugs should be used for treatment this season?

At this time, treatment with oseltamivir (trade name Tamiflu®) or zanamivir (trade name Relenza®) is recommended for all people with suspected or confirmed influenza who require hospitalization.

What are the treatment benefits of influenza antiviral drugs?

For treatment, antiviral drugs should be started within 2 days after becoming sick. When used this way, these drugs can reduce the severity of flu symptoms and shorten the time you are sick by 1 or 2 days. They may also prevent serious flu complications. Antiviral drugs may be especially important for people who are very sick (hospitalized) or people who are sick with the flu and who are at increased risk of serious flu complications, such as pregnant women, young children and those with chronic health conditions.

How effective are antiviral drugs at preventing the flu?

When used to prevent the flu, antiviral drugs are about 70% to 90% effective against susceptible viruses (i.e., viruses that are not resistant to the antiviral medication). It's important to remember that flu antiviral drugs are not a substitute for getting a flu vaccine.

How long should patients receive treatment with antiviral drugs?

The recommended duration of treatment is five days. However, hospitalized patients with severe infections might require longer treatment courses.

Should antiviral agents be used for post exposure chemoprophylaxis in healthy individuals?

Antiviral agents are discouraged for prevention of illness in healthy children or adults based on potential exposure in community, school, camp or other settings. In addition, there are no safety

data regarding long term or frequent use of antiviral agents in children, and limited data for healthy adults.

Which antiviral drugs should health care providers prescribe for chemoprophylaxis of novel H1N1?

For antiviral chemoprophylaxis of novel H1N1 influenza virus infection, either oseltamivir or zanamivir are recommended. Currently, circulating novel H1N1 viruses are susceptible to oseltamivir and zanamivir, but resistant to amantadine

What is the recommended duration for antiviral chemoprophylaxis if used following exposure to someone with influenza?

Duration of antiviral chemoprophylaxis *post-exposure* is 10 days after the last known exposure.

What side effects can occur with influenza antiviral drugs?

Side effects differ for each drug. If an antiviral drug has been prescribed for you, ask your doctor to explain how to use the drug and any possible side effects. Health care professionals prescribing flu antiviral drugs should alert patients about adverse events that can occur. For more information about side effects, see [Antiviral Drugs: Summary of Side Effects](#).

Can antiviral drugs be helpful for people unable to take the flu vaccine?

Yes.

Should people use antiviral drugs before or after receiving the live attenuated influenza vaccine (LAIV) called FluMist®?

LAIV is one of two types of flu vaccine. It is given as a nasal spray and contains weakened, live virus. Antiviral drugs can be taken with the inactivated (i.e. killed) flu vaccine.

Who should receive antiviral drugs for prevention of influenza?

Antiviral chemoprophylaxis generally should be reserved for people at higher risk for influenza-related complications who have had contact with someone likely to have been infected with influenza. As an alternative to chemoprophylaxis, clinicians can also choose to counsel people at higher risk for influenza-related complications about the early signs and symptoms of influenza and advise them to immediately contact a health care provider for evaluation and possible early treatment if clinical signs or symptoms develop.

August 27, 2009 Source: http://www.cdc.gov/novel_H1N1flu/qa.htm

How many days should you take the anti-virals?

These are prescription medicines and your doctor will advise you. Usually the treatment is for five days.

Source: <http://www.cdc.gov/novel H1N1flu/antiviral.htm>

What kinds of medications are available?

Antiviral drugs are prescription medicines (pills, liquid or an inhaler) with activity against influenza viruses, including novel H1N1 influenza viruses. Antiviral drugs can be used to treat novel H1N1 flu or to prevent infection with the novel H1N1 flu viruses. These medications must be prescribed by a health care professional. Influenza antiviral drugs only work against influenza viruses -- they will not help treat or prevent symptoms caused by infection from other viruses that can cause symptoms similar to the flu.

Laboratory testing on these novel H1N1 virus so far indicate that they are susceptible (sensitive) to oseltamivir and zanamivir.

What are the benefits of antiviral drugs?

Antiviral medications are recommended for those people at higher risk for complications from influenza, those with serious influenza illness (example, those requiring hospitalization) and those with other special needs identified by their doctor. Antiviral medications can decrease the severity of influenza illness and may also prevent serious complications.

Influenza antiviral drugs work best when started within 48 hours of becoming sick, but should still be considered after 48 hours of symptom onset. In some situations, antiviral medications are used to prevent novel H1N1 to people exposed to the disease.

Most people with novel H1N1 have a mild infection and do not require the use of antiviral medications.

Facemasks and Respirators

Source: <http://www.cdc.gov/novel H1N1flu/masks.htm>

Are the use of facemasks and respirators recommended?

In community and home settings, the use of facemasks and respirators generally are not recommended. However, for certain circumstances, a facemask or respirator may be considered, specifically for persons at increased risk of severe illness from influenza.

Respirators or facemasks are generally not recommended for workers in non-healthcare occupational settings.

In the occupational healthcare setting, respiratory protection is recommended. For specific information go to <http://www.cdc.gov/h1n1flu/masks.htm>

What is the difference between a facemask and a respirator?

Facemasks do not seal tightly to the face and are used to block large droplets from coming into contact with the wearer's mouth or nose. Most respirators (e.g. N95) are designed to seal tightly to the wearer's face and filter out very small particles that can be breathed in by the user.

Scientists are still learning about the effectiveness of facemasks and respirators in preventing novel H1N1 as well as seasonal influenza. However, the use of a facemask or respirator is likely to be of most benefit if used as early as possible when exposed to an ill person and when the facemask or respirator is used consistently.

Special Populations

Children

How safe is the novel H1N1 vaccine for children?

The development process for the novel H1N1 vaccine is very similar to that of the seasonal flu vaccine, which is safe for use in children. Studies regarding the safety of the novel H1N1 vaccine are currently underway and data is not yet available. We are awaiting the final data from these studies and will provide updates as soon as they become available.

Source: http://www.cdc.gov/novel_H1N1flu/talkingtokids.htm

My children are very worried about the novel H1N1 flu. What can I do for them?

- Keep activities as consistent and normal as possible even if your normal routine changes (due to daycare or school closures).
- Ask your children what they have heard about novel H1N1 flu. Answer questions openly and honestly, at a level they can understand. Be concrete and do not avoid difficult questions. (See [Talking With Children About Flu](http://www.nasponline.org/resources/Talking_With_Children_About_Flu_FINAL.pdf) [http://www.nasponline.org/resources/Talking_With_Children_About_Flu_FINAL.pdf] for more information on talking tips).
- Allow your children to express their feelings and concerns. Let them know it is okay to be afraid or mad. Ask questions so you can help them identify and cope with their feelings.
- Children always need to feel safe and loved. When they are uncertain about situations and afraid, they may need even more affection and attention.
- Limit exposure to media and adult conversations about novel H1N1 flu . If your children are watching T.V., try to watch with them or make sure you are available to answer questions about what they have heard.
- As appropriate, encourage healthy behaviors: eating well, sleeping well, playing outside.
- Use their questions as an opportunity to let them know what they can do to avoid getting novel H1N1 flu.

How can my child avoid getting the novel H1N1 flu?

- Wash hands frequently with soap and water for 20 seconds (long enough for children to sing the “Happy Birthday” song twice). Wash up before eating (including snacks) and after using the bathroom. Be sure to set a good example by doing this yourself.
- Cough and sneeze into their sleeve or a tissue. (If a tissue is used, throw the tissue away immediately).
- Be sure to set a good example by doing this yourself.
- Stay at least six feet away from people who are sick.
- Stay home from school if sick, and stay away from sick people until they are better.

My child is in a high risk category. What should I do if novel H1N1 is confirmed in my child's school this fall, considering he is in a higher risk category? (added 8.18)

Have your child vaccinated against seasonal flu now and against novel H1N1 influenza when that vaccine becomes available. Talk to your child's doctor about arranging for antiviral medications if they develop flu-like symptoms. Make arrangements and plans now on how you will care for your child at home if they become ill. Make sure your child's school has up-to-date contact information so someone can pick them up at school if they become ill. Stay up-to-date with your school's plans to address the challenges of novel H1N1, including any vaccination opportunities to be offered at the school. To protect them from getting the flu do the following:

- Encourage your child to wash his or her hands for 20 seconds with soap and water or use an alcohol-based hand rub often.
- Encourage your child to stay away from people who are sick.
- Teach your children not to eat or drink from someone else's cup, straw, plate, or dish.
- Encourage your child to be careful about what they touch. They should wash their hands after touching things used by many other people.
- Clean surfaces and objects that your child frequently touches with cleaning agents that are usually used.
- When there is flu in your community, consider your child's risk of exposure if they attend public gatherings. In communities with a lot of flu, people who are at risk of complications from flu should consider staying away from public gatherings.
- Talk to your doctor and child's school to develop a plan on how to handle your child's special needs.

Babies

Source: http://www.cdc.gov/novel_H1N1flu/infantfeeding.htm

What can I do to protect my baby?

Take everyday precautions such as washing your hands with plain soap and water or using an alcohol-based hand rub before feeding your baby. More tips on good health habits for preventing sickness from the flu virus can be found at this website:

<http://www.cdc.gov/flu/protect/habits.htm>. In addition, try not to cough or sneeze in the baby's face while feeding your baby, or any other time you and your baby are close. If possible, only family members who are not sick should care for infants. If you are sick and there is no one else to care for your baby, wear a facemask, if available and tolerable, and cover your mouth and nose with a tissue when coughing or sneezing. For more information, see the Interim Recommendations for Facemask and Respirator Use.

Is it ok for me to feed my baby if I am sick?

Infants are thought to be at higher risk for severe illness from novel H1N1 infection and very little is known about prevention of novel H1N1 flu infection in infants. If you are breastfeeding or giving your baby infant formula, a cautious approach would be to protect your baby from exposure to the flu virus in the following ways:

- Ask for help from someone who is not sick to feed and care for your baby, if possible.
- If there is no one else who can take care of your baby while you are sick, try to wear a face mask at all times when you are feeding or caring for your baby. You should also be very careful about washing your hands and taking everyday precautions to prevent your baby from getting flu (<http://www.cdc.gov/flu/protect/habits.htm>). Using a cloth blanket between you and your baby during feedings might also help.
- If you are breastfeeding, someone who is not sick can give your baby your expressed milk. Ideally babies less than about 6 months of age should get their feedings from breast milk. It is OK to take medicines to treat the flu while you are breastfeeding.

Does breastfeeding protect babies from this new flu virus?

There are many ways that breastfeeding and breast milk protect babies' health. Flu can be very serious in young babies. Babies who are not breastfed get sick from infections like the flu more often and more severely than babies who are breastfed.

Since this is a new virus, we don't know yet about specific protection against it. Mothers pass on protective antibodies to their baby during breastfeeding. Antibodies are a type of protein made by the immune system in the body. Antibodies help fight off infection.

If you are sick with flu and are breastfeeding, someone who is not sick can give your baby your expressed milk.

Should I stop breastfeeding my baby if I think I have come in contact with the flu?

No. Because mothers make antibodies to fight diseases they come in contact with, their milk is custom-made to fight the diseases their babies are exposed to as well. This is really important in young babies when their immune system is still developing. It is OK to take medicines to prevent the flu while you are breastfeeding. You should make sure you wash your hands often and take everyday precautions (<http://www.cdc.gov/flu/protect/habits.htm>). However, if you develop symptoms of the flu such as fever, cough, or sore throat, you should ask someone who is not sick to care for your baby. If you become sick, someone who is not sick can give your baby your expressed milk.

Is it okay to take medicine to treat or prevent novel H1N1 flu while breastfeeding?

Yes. Mothers who are breastfeeding and taking medicine to treat flu because they are sick should express their breast milk for bottle feedings, which can be given to your baby by someone who is not sick. Mothers who are breastfeeding and are taking medicines to prevent the flu because they have been exposed to the virus should continue to feed their baby at the breast as long as they do not have symptoms of the flu such as fever, cough, or sore throat.

If my baby is sick, is it okay to breastfeed?

Yes. One of the best things you can do for your sick baby is keep breastfeeding.

Do not stop breastfeeding if your baby is sick. Give your baby many chances to breastfeed throughout the illness. Babies who are sick need more fluids than when they are well. The fluid babies get from breast milk is better than anything else, even better than water, juice, or Pedialyte® because it also helps protect your baby's immune system.

If your baby is too sick to breastfeed, let your baby's doctor know right away. He or she can drink your milk from a cup, bottle, syringe, or eye-dropper.

Pregnant Women

If I have a mother with H1N1, when she gives birth, will the baby have the virus?

Unfortunately, there is not a lot of information available about mother-to-child transmission of novel influenza H1N1. Because the risk for transmission of novel H1N1 flu from mother to fetus is unknown, the newborn should be considered to be potentially infected if delivery occurs during the 2 days before through 7 days after illness onset in the mother. Infection control procedures developed for novel H1N1 flu should be used for the newborn throughout the hospital stay (http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm).

What is the treatment of choice for pregnant women with suspected or confirmed novel H1N1 infection?

Oseltamivir and zanamivir are "Pregnancy Category C" medications, indicating that no clinical studies have been conducted to assess the safety of these medications for pregnant women. Pregnancy should not be considered a contraindication to oseltamivir or zanamivir use. Because of its systemic activity, oseltamivir is preferred for treatment of pregnant women.

Source: http://www.cdc.gov/NOVEL_H1N1flu/vaccination/pregnant_qa.htm September 1, 2009, 10:00 AM ET

If a pregnant woman delivers before receiving her second dose of vaccine, should she still receive the second dose?

A. Yes. In addition to protecting her from infection, infants less than 6 months old will not be able to be vaccinated so it is recommended that everyone who lives with or provides care for infants less than 6 months of age receive both the seasonal influenza vaccine and novel H1N1 influenza vaccine to provide protection for the infant.

Why does CDC recommend that pregnant women receive the novel H1N1 influenza vaccine?

It is important for a pregnant woman to receive the novel H1N1 influenza vaccine as well as a seasonal influenza vaccine. A pregnant woman who gets any type of flu is at risk for serious complications and hospitalization. When compared to the general population, a greater proportion of pregnant women infected with the novel H1N1 influenza virus have been hospitalized. In addition, severe illness and death has occurred in pregnant women as well as fetal loss. Six percent of confirmed fatal novel H1N1 flu cases thus far have been in pregnant women while only about 1% of the general population is pregnant. While hand washing, staying

away from ill people, and other steps can help to protect pregnant women from influenza, vaccination is the single best way to protect against the flu.

Is there a particular kind of flu vaccine that pregnant women should get? Are there flu vaccines that pregnant women should not get?

There are two type of flu vaccine. Pregnant women should get the "flu shot"— an inactivated vaccine (containing fragments of killed influenza virus) that is given with a needle, usually in the arm. The flu shot is approved for use in pregnant women.

The other type of flu vaccine — nasal-spray flu vaccine (sometimes called LAIV for “live attenuated influenza vaccine)—is not currently approved for use in pregnant women. This vaccine is made with live, weakened flu viruses that do not cause the flu). LAIV (FluMist®) is approved for use in healthy* people 2-49 years of age who are not pregnant.

Is the novel H1N1 influenza vaccine safe for pregnant women?

Influenza vaccines have not been shown to cause harm to a pregnant women or her baby. The seasonal flu shot (injection) is proven as safe and already recommended for pregnant women. The novel H1N1 influenza vaccine will be made using the same processes and facilities that are used to make seasonal influenza vaccines. Clinical trials are underway to evaluate the safety of the novel H1N1 vaccine.

What safety studies have been done on the novel H1N1 influenza vaccine and have any been done in pregnant women?

A number of clinical trials which test novel H1N1 influenza vaccine in healthy children and adults are underway. These studies are being conducted by the National Institutes of Allergies and Infectious Diseases (NIAID). Studies of novel H1N1 influenza vaccine in pregnant women are expected to begin in September.

Can the 2009 NOVEL H1N1 influenza vaccine be given at any time during pregnancy?

Yes.

Can the family members of a pregnant woman receive the nasal spray vaccine?

Yes.

Can a pregnant healthcare worker administer the live nasal influenza vaccine?

Yes. No special precautions are (such as gloves) are necessary. Hands should be washed or cleaned with waterless hand sanitizer before and after administering the vaccine or having any direct contact with patients in a health care setting.

If I'm pregnant, is it safe to get the seasonal flu vaccine and novel H1N1 vaccine at the same time?

Simultaneous administration of inactivated vaccines (injectable form) against seasonal and novel H1N1 viruses is permissible if different anatomic sites are used. However, simultaneous administration of live, attenuated (nasal spray form) vaccines against seasonal and novel H1N1 virus is not recommended.

I'm considering natural childbirth. Is the vaccine natural?

If the definition of "natural vaccine" means it is not made from manipulation of genes, the vaccine should be considered natural, because a vaccine usually contains either killed influenza viruses (called inactivated influenza vaccine) or weakened influenza viruses (called live attenuated influenza vaccine). The purpose of an influenza vaccine is to stimulate a person's immune system to produce an immune response (antibodies) to the influenza virus. Later, if the influenza virus enters a vaccinated person, these antibodies kill the virus and prevent the person from being infected.

If I'm trying/planning to get pregnant, should I get novel H1N1 vaccine?

Yes.

Source: http://www.cdc.gov/novel_H1N1flu/guidance/pregnant.htm and http://www.cdc.gov/novel_H1N1flu/clinician_pregnant.htm

What if I get this new virus and I am pregnant?

You should contact your physician immediately. Early treatment (within 48 hours of developing symptoms) with influenza antiviral medications is recommended for pregnant women with suspected influenza illness.

What can I do to protect myself, my baby and my family?

- Cover your nose and mouth with a tissue when you cough or sneeze, or sneeze into your sleeve. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and warm water, especially after you cough or sneeze. Alcohol-based gel hand cleaners are also good to use.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people. (If you are pregnant and you live or have close contact with someone who has novel H1N1 flu, talk to your doctor about medicines to prevent flu.)
- Have a plan to care for sick family members.
- Stock up on household, health, and emergency supplies, such as water, Tylenol®, non-perishable foods.

Should I get the flu vaccine if I am pregnant?

Yes. You should get the seasonal flu immunization now and the novel H1N1 vaccine when it becomes available in mid-October unless you have contraindications to flu vaccination.

What should I do if I get sick?

- If you get sick with flu-like symptoms, stay home and limit contact with others. Be sure to call your doctor. Early treatment with influenza antiviral medications is recommended for pregnant women with suspected influenza illness. Like regular flu, novel H1N1 flu may make other medical problems worse.
- If you are alone at any time, have someone check in with you often if you are feeling ill. This is always a good idea.
- If you have close contact with someone who has novel H1N1 flu or is being treated for exposure to novel H1N1 flu, contact your doctor to discuss whether you need treatment to reduce your chances of getting the flu.

How is novel H1N1 flu treated?

General measures such as rest, fluids and a fever reducer such as Tylenol. People at increased risk for complications should contact their doctor to see if additional medicines are recommended.

When should I get emergency medical care?

If you are pregnant, call your doctor if you think you have symptoms of influenza. Early treatment with influenza antiviral medications is recommended for pregnant women with suspected influenza illness.

If you have any of these signs, seek emergency medical care right away:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Decreased or no movement of your baby
- A high fever that is not responding to Tylenol®

Is it ok for me to feed my baby if I am sick?

Infants are thought to be at higher risk for severe illness from novel H1N1 infection and very little is known about prevention of novel H1N1 flu infection in infants. If you are breastfeeding or giving your baby infant formula, a cautious approach would be to protect your baby from exposure to the flu virus in the following ways:

- Ask for help from someone who is not sick to feed and care for your baby, if possible.
- If there is no one else who can take care of your baby while you are sick, try to wear a face mask at all times when you are feeding or caring for your baby. You should also be very careful about washing your hands and taking everyday precautions to prevent your baby from getting flu (<http://www.cdc.gov/flu/protect/habits.htm>). Using a cloth blanket between you and your baby during feedings might also help.
- If you are breastfeeding, someone who is not sick can give your baby your expressed milk. Ideally babies less than about 6 months of age should get their feedings from breast milk. It is OK to take medicines to treat the flu while you are breastfeeding.

Is it OK to breastfeed my baby if I am sick?

- A mother's milk is made to fight diseases in her baby. This is really important in young babies when their immune system is still growing.
- Do not stop breastfeeding if you are ill. Breastfeed early and often. Limit formula feeds if you can. This will help protect your baby from infection.
- Be careful not to cough or sneeze in the baby's face, wash your hands often with soap and water.
- Your doctor might ask you to wear a mask to keep from spreading this new virus to your baby.
- If you are too sick to breastfeed, pump and have someone give the expressed milk to your baby.

Is it OK to take medicine to treat or prevent novel H1N1 flu while breastfeeding?

Yes. Let your doctor know you are breastfeeding and discuss any over-the-counter medications with your doctor. Mothers who are breastfeeding can continue to nurse their babies while being treated for the flu.

People with Diabetes

Content Source: National Center for Chronic Disease Prevention and Health Promotion Division of Diabetes
Translation (http://www.cdc.gov/diabetes/news/docs/swine_flu.htm)

How does diabetes affect how I respond to a cold or flu?

Being sick by itself can raise your blood glucose. Moreover, illness can prevent you from eating properly, which further affects blood glucose.

In addition, diabetes can make the immune system more vulnerable to severe cases of the flu. People with diabetes who come down with the flu may become very sick and may even have to go to a hospital. You can help keep yourself from getting the flu by getting a flu shot every year. Everyone with diabetes—even pregnant women—should get a seasonal flu vaccination now and a novel H1N1 vaccination when vaccine becomes available in mid-October.

What should I do when I am sick?

- Stay home from work or school and limit contact with others to keep from infecting them.
- Talk with your doctor about any needed changes in your diabetes pills or insulin, any need for changes in the frequency of your blood glucose checks, and recommendations.
- Ask your doctor if you should be given antiviral medication.
- Ask your doctor if he or she wants you to check your weight or temperature daily and report to his or her office.
- Ask your doctor for symptoms that would indicate that you should go to the emergency room or to their office.

What else can I do to prepare?

One of the first steps in planning for a pandemic or other public health emergency is making sure you and your family, including pets, has a two-week supply of food, water and medication. It may be very difficult to get to a store or the stores may be out of supplies, so it will be important for you to have extra supplies on hand.

Visit the [Emergency Supplies Kit](#) for more information.

Read additional information to aid in the protection against the spread of Pandemic Influenza at <http://pandemicflu.gov/plan/individual/familyguide.html>.

The American Red Cross and CDC have teamed up. Please visit the following website for information. http://www.redcross.org/preparedness/cdc_english/home.asp*

After an emergency, it can be difficult to find running water. However, it is still important to wash your hands to avoid illness or infection, especially when testing your blood glucose or treating a wound.

See the following for more information:

- [Clean Hands Save Lives: Emergency Situations](#)
- [Hand Hygiene After a Disaster](#)

People with Cardiovascular or Heart Disease

May 2, 2009 10:32 PM ET Source: <http://www.cdc.gov/novel H1N1flu/heart.htm>

I have cardiovascular disease. What should I do to prepare for novel H1N1?

Get your seasonal flu vaccination now and plan to get your novel H1N1 vaccination when that vaccine becomes available.

Maintain a two week supply of your medications.

Do not stop taking your medications without first consulting your health care provider, especially in the event of influenza or a respiratory infection.

People with heart failure should be alert to changes in their breathing and should promptly report changes to their health care provider.

It is especially important to wash your hands often with soap and water and follow other basic hygiene to avoid infection.

Adults with HIV

August 5, 2009, 5:00 PM ET Source: http://www.cdc.gov/novel_H1N1flu/hiv_flu.htm

Are people with HIV/AIDS at greater risk than other people of infection with novel H1N1 flu?

At the present time, we have no information about the risk of the novel H1N1 flu in people with HIV/AIDS. In the past, people with HIV/AIDS have not appeared to be at any greater risk than the general population for infection with routine seasonal influenza. However, HIV-infected adults and adolescents, and especially persons with low CD4 cell counts or AIDS, can experience more severe complications of seasonal influenza. It is therefore possible that HIV-infected adults and adolescents are also at higher risk for complications from infection with the novel H1N1 flu virus.

What can people with HIV/AIDS do to protect themselves from novel H1N1 flu?

HIV-infected patients should take precautions to protect themselves from novel H1N1 flu.

1. Get your seasonal flu vaccination now and plan to get vaccinated against novel H1N1 when the vaccine becomes available.
2. Talk to your medical provider now about whether or not you will need antiviral medication if you become ill with influenza and how you will obtain it if needed.
3. Wash your hands often (or using an alcohol-based hand sanitizer* if soap and water aren't available)
4. Avoid touching your eyes, nose or mouth with your hands – germs spread this way
5. Try to avoid close contact with sick people
6. Review CDC's interim recommendations for facemask and respirator use

HIV-infected persons should maintain a healthy lifestyle; eat right, get enough sleep, and reduce stress as much as possible. Staying healthy reduces your risk of getting infected by influenza and other infections. Staying healthy also helps your immune system fight off a flu infection should it occur.

If you are currently taking antiretrovirals or antimicrobial prophylaxis against opportunistic infections, you should adhere to your prescribed treatment and follow the advice of your health care provider in order to maximize the health of your immune system.

What are the signs and symptoms of novel H1N1 influenza?

Signs and symptoms of infection with the novel H1N1 influenza are generally the same as for seasonal influenza: fever, cough, sore throat, runny or stuffy nose, headache, body aches (muscle

aches or joint pain), chills and fatigue. Some people have reported diarrhea and vomiting associated with novel H1N1 flu.

What should people with HIV/AIDS do if they think they may have novel H1N1 flu?

HIV-infected people should do the same things as they would do for routine seasonal flu – contact your health care provider and follow his or her instructions. He or she will determine if laboratory testing or treatment is needed.

If you are sick, stay home and keep away from others as much as possible. This is to keep from making others sick. If you have novel H1N1 flu, you should stay at home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.)

If you need to go to a doctor's office, to an emergency room, or to any other healthcare facility to be evaluated, cover your mouth and nose with a facemask if a facemask is available and tolerable, or cover your mouth and nose with a tissue when coughing or sneezing. Let the office staff know you are there because you think you might have novel H1N1 flu.

Is there treatment against novel H1N1 flu for people with HIV/AIDS?

Yes. The novel H1N1 flu virus is sensitive to two antiviral drugs: zanamivir and oseltamivir. Treatment is most effective if started within 48 hours of symptom onset.

When should people with HIV/AIDS be prescribed antiviral medications for the prevention (also called "chemoprophylaxis") of novel H1N1 flu?

HIV-infected adults and adolescents who are close contacts of persons with novel H1N1 flu may need antiviral chemoprophylaxis. Contact your medical provider and discuss their recommendations.

Are the medicines used to treat and prevent infection with the novel H1N1 flu virus safe for people with HIV/AIDS?

There is not a lot of information on the interaction between anti-flu medications and HIV antiretrovirals. No adverse effects have been reported among HIV-infected adults and adolescents who received oseltamivir or zanamivir. There are no known major drug interactions between oseltamivir or zanamivir with currently available antiretroviral medications used to treat HIV infection. If you are prescribed oseltamivir or zanamivir and think you might be having a reaction to the drug, contact your health care provider. Healthcare providers should observe patients for possible adverse drug reactions to anti-influenza agents, especially patients with neurologic problems or decreased kidney function.

How else should people with HIV/AIDS prepare?

Stay informed. Health officials will provide additional information as it becomes available on the [CDC](#) and [VDH](#) websites.

Consult your doctor and make sure all your vaccinations are up-to-date, including [vaccination against seasonal influenza](#) and vaccination against bacterial pneumonia caused by the *Streptococcus pneumoniae*. Bacterial pneumonia from *Streptococcus pneumoniae* can be a problem for people with HIV/AIDS and can also cause complications for people who have the flu. The vaccine against *Streptococcus pneumoniae* is different than the vaccine from the influenza vaccine.

Follow local public health advice regarding school closures, avoiding crowds and other social distancing measures based on illness in specific communities.

If you haven't developed a family emergency plan yet, consider developing one now as a precaution. In particular, make sure to keep your antiretroviral prescriptions and other prescriptions filled and up-to-date and to take all of your antiretrovirals as prescribed.

See additional information on [planning](#).

People with other health conditions

I have asthma should I get the Novel H1N1 vaccine?

Everyone with asthma who is aged 6 months to 64 years should get the 2009 H1N1 flu shot when it becomes available, unless they have contraindications for vaccination.

I have asthma can I get the nasal spray (FluMist) vaccine?

Persons with asthma *should not* use the inhaled "FluMist®" vaccine. Persons with asthma older than 6 months can get the injection H1N1 vaccine.

August 31, 2009 Source: Office of www.vdh.virginia.gov

I had my spleen removed but am otherwise healthy. Am I considered to be in the "high-risk" group of people from flu complications?

A person without a spleen is not considered to be in the group at high risk of complications from flu unless the removal of their spleen has compromised the immune system.

Immigrants

Are there residency requirements for a person to receive the vaccine?

No.

Should I be concerned about seeking medical assistance if my immigration status is in question?

You should seek medical assistance regardless of your immigration status.

People without Insurance

I don't have insurance. I have no doctor, what are my options?

I have a list of providers who may be able to see you. If you will give me your zip code I can offer some suggestions.

Businesses/Employers

We are a non-traditional setting looking to set up a vaccination clinic. How should we go about doing that? For example, a workplace that wants to vaccinate patients? Would the workplace screen for the priority groups?

If your site would like to become a novel H1N1 vaccination site, it needs to be made appropriate for vaccine storage and handling procedures. The site must also have a prescriber's (MD or DO) standing orders for influenza vaccine administration and licensed vaccine administrators. There will be a Provider Agreement whose terms and conditions of vaccine use and accountability (likely available Sept-Oct) your site would be required to meet, including a possible requirement to administer the vaccine to priority groups. For a vaccination clinic checklist see: <http://www.immunize.org/catg.d/p3046.pdf>

Worksites without individuals in direct patient-care settings or other high risk groups may not be prioritized for vaccine. Individuals in non-traditional settings would need to self-identify as being in a priority group.

August 5, 2009, 5:00 PM ET Source: <http://www.cdc.gov/novel H1N1flu/guidance/workplace.htm>

What can employers do to protect employees?

- Encourage sick workers to stay home and away from the workplace, and provide flexible leave policies.
- Encourage infection control practices in the workplace by displaying posters that address and remind workers about proper hand washing, respiratory hygiene, and cough etiquette. These posters can be found on the [Germ Stopper: Posters and Other Materials page](#).
- Provide written guidance (email, etc.) on novel H1N1 flu appropriate for the language and literacy levels of everyone in the workplace. Employers should work closely with local and state public health officials to ensure they are providing the most appropriate and up-to-date information (e.g., the [CDC novel H1N1 Flu website](#)).
- Provide sufficient facilities for hand washing and alcohol-based (at least 60%) [hand sanitizers](#) (or wipes) in common workplace areas such as lobbies, corridors, and restrooms.
- Provide tissues, disinfectants, and disposable towels for employees to clean their work surfaces, as well as appropriate disposal receptacles for use by employees.
- One study showed that influenza virus can survive on environmental surfaces and can infect a person for up to 2-8 hours after being deposited on the surface. To reduce the chance of spread of the novel H1N1 virus, disinfect commonly-touched hard surfaces in the workplace, such as work stations, counter tops, door knobs, and bathroom surfaces by wiping them down with a household disinfectant according to directions on the product label.

What can employees do to reduce the spread of novel H1N1 flu in the workplace?

- Get a novel H1N1 vaccination when vaccine becomes available.

- Stay home if you are sick. If you have symptoms of influenza-like illness, stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities (your fever should be gone without the use of a fever-reducing medicine).
- Employees who are well but who have an ill family member at home with novel H1N1 flu can go to work as usual..
- Cover your nose and mouth with your sleeve or a tissue when you cough or sneeze. Throw tissues in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand sanitizers* can be used if soap and water are not available.
- Avoid touching your eyes, nose, or mouth. Germs spread this way.
- Avoid close contact with sick people. If an employee suspects that they have been exposed to a sick person with novel H1N1 influenza they may continue to go to work as usual. These employees should monitor their health every day and should notify their supervisor and stay home if they become ill.

What should I do when an employee comes to work with influenza-like illness symptoms in a community where novel H1N1 virus is circulating?

- Notify appropriate health center or first aid personnel.
- Place the employee in a room by him- or herself.
- If the employee needs to go into a common area, he or she should cover coughs/sneezes with their sleeve or a tissue or wear a facemask if available and tolerable.
- Notify the employee’s supervisor or employer.
- Send the employee home as soon as possible.
- Call for emergency medical services if the ill person develops any of the emergency warning signs. See What to Do If You Get Flu-Like Symptoms to review emergency warning signs and for more information on what employees should do if they become sick.
- Ensure the ill employee stays home for at least 24 hours after his/her fever is gone except to get medical care or for other necessities (his/her fever should be gone without the use of a fever-reducing medicine).
- For recommendations on facemask and respirator use for the person assisting the ill employee see Interim Recommendations for Facemask and Respirator Use to Reduce Novel Influenza A (NOVEL H1N1) Virus Transmission.

What should employers advise employees about suspected sick individuals?

(updated 8.24)

- Advise workers to be alert to any signs of fever and any other signs of influenza-like illness⁶ before reporting to work each day, and notify their supervisor and stay home if they are ill. Employees who are ill should not travel while they are ill.
- Advise employees to check with their health care provider about any special care they might need if they are pregnant or have a chronic health condition such as diabetes, heart disease, asthma, or emphysema.

What should I do for an employee with confirmed novel H1N1 flu while he or she is on travel status?

- Notify his or her supervisor or employer if an employee becomes ill on travel or temporary assignment.
- If outside the U.S., contact medical provider or overseas medical assistance companies to assist in finding an appropriate medical provider in that country, if needed. A U.S. consular officer can help locate medical services. Take note that U.S. embassies, consulates, and military facilities do not have the legal authority, capability, and resources to evacuate or to give medications, vaccines, or medical care to private U.S. citizens overseas.
- See [Novel H1N1 Flu and Travel](#) for more information for travelers.

One of my employees is pregnant. What precautions should she take?

Pregnant women are known to be at higher risk for seasonal influenza complications. They might also be at higher risk for novel H1N1 influenza complications. Pregnant women with flu-like symptoms should contact their health care provider. For more information, please visit [What Pregnant Women Should Know About NOVEL H1N1 Virus](#).

What can businesses do to anticipate and respond to the impact of novel H1N1 flu on operations?

- Encourage your employees to get their seasonal flu vaccine now and their novel H1N1 vaccine when it becomes available.
- Identify a workplace coordinator who will be responsible for dealing with novel H1N1 flu issues and impact at the workplace
- Determine who will be responsible for responding to ill individuals in the workplace
- Share your plans with employees and clearly communicate expectations.
- Review [interim recommendations for facemask and respirator use in non-health care settings](#).
- Identify essential employees, essential business functions, and other critical inputs (e.g. raw materials, suppliers, subcontractor services/products, and logistics) required to maintain business operations by location and function should there be disruptions during the novel H1N1 flu outbreak.
- Implement business continuity plans if there is significant absenteeism in the workplace during this outbreak.
- Review your plan with regard to increases or decreases in demand for your products and/or services during the outbreak (e.g., the need for hygiene supplies).
- Review the [CDC travel-related websites](#) for up-to-date information and communicate these recommendations to employees who may have upcoming business-related travel.
- Establish an emergency communications plan. This plan includes identification of key contacts (with back-ups), chain of communications (including suppliers and customers), and processes for tracking and communicating business and employee status.
- Develop platforms (e.g., hotlines, dedicated websites) for communicating novel H1N1 flu status and actions to employees, vendors, suppliers, and customers inside and outside the worksite in a consistent and timely way, including redundancies in the emergency contact system.

What actions can employers take now regarding the influenza season and the novel H1N1 virus? (updated 8.24)

- Review or establish a flexible influenza pandemic plan and involve your employees in developing and reviewing your plan;
- Conduct a focused discussion or exercise using your plan, to find out ahead of time whether the plan has gaps or problems that need to be corrected before flu season;
- Have an understanding of your organization's normal seasonal absenteeism rates and know how to monitor your personnel for any unusual increases in absenteeism through the fall and winter.
- Engage state and local health department to confirm channels of communication and methods for dissemination of local outbreak information;
- Allow sick workers to stay home without fear of losing their jobs;
- Develop other flexible leave policies to allow workers to stay home to care for sick family members or for children if schools dismiss students or child care programs close;
- Share your influenza pandemic plan with employees and explain what human resources policies, workplace and leave flexibilities, and pay and benefits will be available to them;
- Share best practices with other businesses in your communities (especially those in your supply chain), chambers of commerce, and associations to improve community response efforts; and

Add a “widget” or “button” to your company Web page or employee Web sites so employees can access the latest information on influenza: www.cdc.gov/widgets/ and www.cdc.gov/SocialMedia/Campaigns/NOVEL_H1N1/buttons.html

What can businesses do to anticipate and respond to the impact of novel H1N1 on employees?

- Examine policies for leave and employee compensation and review with managers, supervisors, and employees so they are up-to-date on sick leave policies, leave donation, and employee assistance services that are covered under the different employee-sponsored health plans. Leave policies should be flexible and non-punitive.
- Plan for the possibility of unscheduled leave that encourages employees who are sick to stay at home to care for themselves and others who are ill with the flu or children dismissed from school.
- Establish policies for flexible worksite (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), if needed.
- Communicate policies for employee access to, and availability of, health care, mental health, and social services including corporate and community resources.

How can we ensure that there will be novel H1N1 vaccines available for all of our employees and their dependents?

The Department of Health will be authorizing vaccination sites throughout the state. Sites will include hospitals, pharmacies, private physicians etc. Access to vaccination services should be readily available to persons statewide.

How long should workers stay home who have influenza-like symptoms? (added 8.24)

Workers who have symptoms of influenza-like illness are recommended to stay home and not come to work until at least 24 hours after their fever has resolved, without the use of fever-reducing medications such as acetaminophen (Tylenol).

Should sick persons be asked to go home? (added 8.24)

Sick employees at work should be asked to go home to decrease the spread of disease to others. They should be promptly separated from other workers and be advised to stay away from work until at least 24 hours after they are free of fever (100° F or greater), or signs of a fever, without the use of fever-reducing medications.

What happens when employees become ill with symptoms of an influenza-like illness during the day? (added 8.24)

- Those who become ill with symptoms of an influenza-like illness during the work day should be:
 - Separated from other workers and asked to go home promptly.;
 - When possible and if they can tolerate it, workers with influenza-like illness should be given a surgical mask to wear before they go home if they cannot be placed in an area away from others.
- If an employee becomes ill at work, inform fellow employees of their possible exposure in the workplace to influenza-like illness but maintain confidentiality as required by the Americans with Disabilities Act (ADA). For more information on privacy issues, please refer to:
http://www.flu.gov/faq/workplace_questions/equal_employment/index.html#PrivacyIssues. Employees exposed to a sick co-worker should monitor themselves for symptoms of influenza-like illness and stay home if they are sick.

Should employees be vaccinated? (added 8.24)

- Yes, unless they have medical contraindications, employees should be encouraged to receive their seasonal influenza vaccinations now and their novel H1N1 vaccinations when vaccine becomes available.

- Offer opportunities at your worksite for influenza vaccination. Consider granting employees time off from work to get vaccinated if not offered at the worksite.
- Review the health benefits you offer employees and work with insurers to explore if they can cover the costs of influenza vaccination.

What measures should be taken to protect employees who are at higher risk for complications from influenza?

- People at higher risk for complications from influenza include pregnant women; children under 5 years of age; adults and children who have chronic lung disease (such as asthma), heart disease, diabetes, diseases that suppress the immune system and other chronic medical conditions; and those who are 65 years or older.
- Inform employees that some people are at higher risk of complications from influenza and that if they are at higher risk for complications, they should talk now to their health care provider for possible arrangements to receive antiviral medication if they become ill. Early treatment with antiviral medications is very important for people at high risk because it can prevent hospitalizations and deaths.
- Encourage employees recommended for seasonal influenza vaccine and novel H1N1 vaccines to get vaccinated now with seasonal flu vaccine and with novel H1N1 vaccine when it becomes available.
- See http://www.cdc.gov/novel_H1N1flu/qa.htm for more information.

What should employers advise employees to do when traveling regarding the novel H1N1 virus? (added 8.24)

- Advise workers to check themselves for fever and any other signs of influenza-like illness before starting travel and notify their supervisor and stay home if they are ill.
- Advise employees who will be traveling or on temporary assignment about precautions they may need to take to protect their health and who to call if they become ill.
- Employees who become ill while traveling and are at increased risk of complications from influenza and others concerned about their illness should promptly call a health care provider for advice.
- Ensure employees who become ill while traveling or on temporary assignment understand that they should notify their supervisor.
- If outside the United States, ill employees should follow your company's policy for obtaining medical care or contact a health care provider or overseas medical assistance company to assist them with finding an appropriate health care provider in that country, if

needed. A U.S. consular officer can help locate health care services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, and resources to evacuate or give medications, vaccines, or medical care to private U.S. citizens overseas.

Consider canceling non-essential business travel and advising employees about possible disruptions while traveling overseas

- See CDC's Travel Website (http://wwwn.cdc.gov/travel/content/novel-novel_H1N1-flu.aspx) for more information for travelers.
- If the severity of the outbreak worldwide increases in the fall or winter, public health officials may recommend social distancing strategies which include canceling non-essential travel and travel restrictions may be enacted by some countries which may limit the ability of employees to return home if they become ill while on travel status.
- If influenza severity increases, travelers should also be prepared for travel delays, health screenings, and other activities targeted towards travelers. Provide information to travelers about contingency plans and how their travel can be rebooked for these possible delays.

Should employers screen employees who come to work? (added 8.24)

No.

What is social distancing? (added 8.24)

Social distancing is a tool to decrease the spread of infectious airborne diseases such as influenza. For novel H1N1, it is believed that staying 6 feet apart or further decreases the risk of spread from a person sick with novel H1N1 to a healthy person. Social distancing can include such actions as setting up a workplace with desks at least 6 feet apart, keeping at least 6 feet from a sick family member when possible, etc.

Animals/Pets

August 5, 2009 5:00 PM ET Source: http://www.cdc.gov/NOVEL_H1N1flu/guidelines_pig_workers.htm

Can people get the flu virus from pigs?

As of June 26, 2009, the novel influenza novel H1N1 virus has not been found in any pigs within the United States, but has been detected in pigs on a farm in Alberta, Canada.

What are the signs of flu in pigs?

Signs of flu in pigs can include any of the following:

- sudden onset of fever
- lethargy, lack of alertness
- going off feed (poor appetite)
- coughing (barking)
- discharge from the nose or eyes, eye redness or inflammation
- sneezing
- breathing difficulties

If a pig is showing these signs, even mildly, you should call your veterinarian. Do not allow sick pigs to enter your farm or facility and do not move sick pigs off your property.

How can the flu virus be prevented from spreading from pigs to humans?

If possible, people should avoid getting close (within 6 feet) to pigs known or suspected to be infected and/or their environment. However, if you must come in contact with pigs known or suspected to be infected, or their environment, you should use appropriate protective measures and practice good personal hygiene.

When entering barns or areas where sick pigs are present, wear protective clothing. This can include disposable coveralls or barn clothes that are laundered after each use and shoes or boots that can be disinfected. This will limit your chances of getting flu from the pigs and from spreading flu virus to other people or pigs. Barn clothes should ideally be laundered at the barn. If clothes must be taken home they should be placed in a plastic bag and laundered separately from non-work family clothing. When working around sick pigs, you should avoid touching or rubbing your eyes, nose, and mouth. Ideally, you should wear goggles and a disposable NIOSH-certified N-95 (or greater) filtering facepiece respirator. Disposable gloves or gloves that can be disinfected after use should be worn. Disposable gloves should be taken off by turning them inside out over the hand and placed in the trash after use.

Hands should be washed after contact with animals or their environments, equipment and surfaces that are possibly contaminated, and after removing gloves and/or contaminated clothing.

Hands should be washed thoroughly for 20 seconds with soap and running water after gloves are removed. Use alcohol-based gel hand cleaners if soap and water are not available.

Commonly used disinfectants, such as quaternary ammonium compounds and 10% bleach solutions, will kill flu viruses. Equipment and surfaces that have been in contact with sick pigs should be thoroughly cleaned and disinfected with products registered for use against flu viruses. More information on disinfectant use can be found at: <http://www.epa.gov/oppad001/influenza-disinfectants.html>.

Canine Influenza (added 8.20)

Virginia Department of Agriculture and Consumer Services (VDACS) in cooperation with the North Carolina Veterinary Public Health Program (NC DHHS), the Veterinary Division Of the North Carolina Department of Agriculture and Consumer Services (NCDA&CS) and the College of Veterinary Medicine, North Carolina State University. 8.18.09

Is this a new disease?

Yes, in a sense it is. While the disease has only recently been identified in the canine population, it has the same genetic characteristics as an influenza virus found in horses. Because it is a “new” virus to dogs, they will not have immunity to the influenza virus. The virus that causes "dog flu" is different from the ones associated with human flu or avian flu.

Where did it come from?

At this time, the exact origin is unknown. While originally seen in racing greyhounds in Florida, the virus has the same genetic characteristics as the influenza virus seen in horses.

Is canine flu really just kennel cough?

No, it is not. The most common cause of kennel cough is caused by a bacterium, Bordetella bronchiseptica. Canine influenza is caused by an influenza virus.

Is it easily transmitted between dogs?

Yes, it appears that the virus is easily transmitted from dog-to-dog. The virus may be shed for 10 days after the onset of signs. Because the disease is new, it is unknown how widespread it is in the United States.

What are the signs of disease?

It is currently thought that about 80% of the dogs with the disease will develop a mild illness with signs including cough, low grade fever and nasal discharge. A smaller percentage of dogs are likely to develop a more serious illness with signs including pneumonia and a high grade

fever. A small percentage of dogs that develop severe pneumonia and other clinical complications may die from the disease.

Is there a vaccine available to prevent the disease?

There is a vaccine that has been developed for use in dogs. You may want to ask your veterinarian about whether use of this vaccine would be recommended for your dog.

Does it cause disease in people or in other animals?

No. Transmission of the canine influenza virus from dogs to people or to other species of animals has not been shown. A similar virus has been in the horse population for over 40 years and there is no evidence that the influenza virus in horses has been transmitted to people during that time. It is not related to the novel strain of influenza (NOVEL H1N1) that is currently in circulation in people.

Other than vaccination what can be done to prevent the disease?

If canine influenza is diagnosed in your area, it would be wise to avoid unnecessary contact between your pet and other dogs. You and your dog should avoid contact with dogs showing signs of a respiratory illness.

What tests are available to diagnose the disease?

You should consult with your veterinarian if your pet develops a respiratory illness. Several laboratory tests are available to your veterinarian. If your veterinarian has questions about testing, he can contact his nearest Virginia Department of Agriculture and Consumer Services laboratory or the Cornell Animal Health Diagnostic Center (<http://www.diaglab.vet.cornell.edu/issues/civ.asp>.)

What steps should be taken to contain the disease if a dog is diagnosed with the disease?

If an animal has a respiratory illness with signs of disease compatible with the flu, it should be confined and kept away from other animals until at least 10 days after the onset of clinical signs of disease. People handling the animal should be aware that they should wash their hands and change clothes before having contact with other dogs. While it has not been scientifically proven at this time, the virus is likely killed by routine disinfectants or a dilute bleach solution (diluted 1 part household bleach to 10 parts if water). .

Where can I go for more information?

Additional Resources:

<http://doginfluenza.com>

<http://www.cdc.gov/flu/canine/>

<http://www.aphis.usda.gov/newsroom/content/2009/06/caninevacc.shtml>

Where can my veterinarian report cases?

The Virginia Veterinary Medical Association is collecting data regarding number of confirmed cases regionally throughout the Commonwealth. The VVMA is asking veterinarians to report cases via VAVVMA@aol.com. Your veterinarian should contact the VVMA for more information concerning the type of information this organization is requesting accompany a report.

Medical Offices and Outpatient Facilities

As a HealthCare Facility in preparation for H1N1, what recommendations and/or resources do you have for planning for scarce resources during the peak such as respirators, supplies, etc.?

Answer (Provided by a SME)

- 1) There is a planning guide for facilities to use in developing their own plan for how to respond to resource scarcities during any type of disaster.
- 2) There is also a report from the Human Resource perspective with a series of consensus statements from HR managers at healthcare facilities around the Commonwealth on how to prepare for the types of HR issues that a healthcare facility may encounter during a Pandemic Influenza outbreak.
- 3) There is a document from the Virginia Pandemic Flu Plan- the healthcare section and includes some "best practice" examples of pandemic influenza plans.
- 4) If you represent a healthcare facility (longterm care facility, hospital, free clinic, community health center), I encourage you to register your facility, if it is not already registered, and register yourself for access to the site. Attachment 4 is a guide for registration on the website. If you have further questions about registering at vhha-mci.org please call Erin Shrader at VHHA- 804-965-1383.

All of these documents and more information is available at the Virginia Healthcare Facility emergency preparedness website at <https://www.vhha-mci.org>.

Can Nurse Practitioners be administration sites independent of MDs and DOs?

No. Though nurse practitioners are prescribing providers, under the Code of Virginia, however they can only do so if it is within the protocol of a supervising physician. The novel H1N1 vaccine, like all vaccines, must be administered under the authority of a licensed physician (M.D. or D.O).

Can one provider sign a vaccinator or pre-registration agreement on behalf of a practice that involves several providers? Yes, one provider can sign on behalf of a practice, pharmacy, etc. This should be done with the understanding that the signing provider is responsible for making sure that all vaccinators in their organization are educated about the terms of the agreement

(September 11, 2009, 6:00 PM ET, source: <http://www.cdc.gov/h1n1flu/reportingqa.htm>)

Reporting of Influenza and Pneumonia-Associated Hospitalizations and Deaths for the 2009-2010 Season

How are influenza hospitalizations and deaths going to be tracked and reported this season?

CDC has asked states to report either laboratory confirmed hospitalizations and deaths or syndromic cases, i.e. cases of presumed influenza and/or pneumonia based on ICD-9 coded hospitalizations or death reports each week. These will be reports of all influenza and pneumonia-related hospitalizations and deaths, not just those due to 2009 novel H1N1.

Is reporting hospitalizations and deaths associated with flu new?

VDH has tracked pediatric influenza deaths previously as have other states.

Since August 30, 2009, CDC and states have modified their surveillance for flu-related hospitalizations and deaths, and are now tracking all influenza and pneumonia-associated hospitalizations and deaths and not just those due to novel H1N1. CDC believes this system will provide a fuller picture of the burden of serious flu illness and deaths during this pandemic.

Weekly numbers for the 2009-2010 influenza season are published in *FluView*.

Exactly how are states reporting influenza and pneumonia-associated hospitalizations and deaths to CDC?

CDC has developed a web-based data application with which states can submit their influenza and pneumonia-associated hospitalization and death reports. Using this online system, data from each state is due by midnight each Tuesday and compiled and analyzed by CDC for publication the following Friday of the same week. Data from each reporting week runs from Sunday to Saturday, which is consistent with the Morbidity and Mortality Weekly Report (MMWR). So, data from Sunday through Saturday is reported to CDC on the Tuesday of the next week and reported in the *FluView* report three days later, on Friday.

Will tracking of 2009 novel H1N1 hospitalizations and deaths after August 30 be the same as it was in the spring and summer?

No, tracking of 2009 novel H1N1 hospitalizations and deaths will not be the same after August 30, 2009. In an effort to add additional structure to the national 2009 novel H1N1 reporting, new case definitions for influenza-associated hospitalizations and deaths were implemented on August 30, 2009. The new definitions allow states to report to CDC hospitalizations and deaths (either confirmed OR probable) resulting from all types of influenza, not just those from 2009 novel H1N1 flu. This is a broader set of data than states were previously reporting as it now includes 1) laboratory-confirmed influenza for all types of influenza, and 2) pneumonia and influenza cases identified from hospital records, most of which will not be laboratory confirmed.

Why was the definition of what states should report broadened?

The definition of what states should report was broadened to include all laboratory-confirmed influenza and influenza and pneumonia syndrome for three reasons:

1. CDC believes that regular seasonal influenza viruses will co-circulate with 2009 novel H1N1 influenza and capturing all laboratory-confirmed influenza will provide a fuller picture of the burden of all flu during the pandemic.

2. There are too many cases of flu to test and confirm so laboratory-confirmed data is a vast underestimate of the true number of cases and this bias would be exacerbated over the course of the pandemic as more and more people become ill.
3. Influenza and pneumonia syndrome is a diagnostic code used by all hospitals. Capturing this number will reflect a fuller picture of influenza and influenza-related serious illness and deaths in the United States during the pandemic. Influenza and pneumonia syndrome hospitalizations and deaths may be an overestimate of actual number of flu-related hospitalizations and deaths, but CDC believes influenza and pneumonia syndromic reports are likely to be a more sensitive measure of flu-associated hospitalizations and deaths than laboratory confirmed reports during this pandemic.

However, the syndromic reports of all hospitalizations and deaths recorded as either influenza or pneumonia will mean that the case counts are less specific than before and will include cases that are not related to influenza infection.

Do the numbers reported now include 2009 novel H1N1 cases in the spring and summer?

No. The number of reported hospitalizations and deaths was “re-set” to zero on August 30. The report of the first week of data for the newly defined system will appear in the September 11, 2009 FluView.

Why is CDC re-setting reported hospitalizations and deaths numbers for the 2009-10 influenza season?

At the request of the states, and in preparation for what is expected to be an early 2009-2010 flu season, CDC began a new reporting season for flu-associated hospitalizations and deaths on August 30, 2009. The counts of the new reporting season appear on <http://www.cdc.gov/h1n1flu/>.

When will the rest of CDC’s surveillance systems be “re-set”?

CDC’s regular flu surveillance systems (not including the hospitalizations and deaths reporting system) are long-standing systems that run year-round. These regular reporting systems “re-set” each October (during Morbidity and Mortality Weekly Report (MMWR) Week 40 – October 4-10, 2009) in anticipation of a new flu season. CDC’s standard influenza surveillance, which includes viral surveillance, sentinel physician surveillance for influenza-like illness (ILI), deaths from the 122 Cities Mortality Monitoring System, and the number of laboratory-confirmed deaths from influenza among children, will all re-set starting with MMWR Week 40 as usual.

Does this mean the 2009-10 flu season has begun?

An increase in influenza activity has already been detected in early September in some parts of the country. It’s uncertain at this time whether this signals an early start to the flu season. Typically, CDC determines that the influenza season has begun once influenza-like illness activity has been above baseline for three consecutive weeks.

If states are reporting aggregate influenza hospitalizations and deaths, how will you tell what percentage of cases is due to 2009 novel H1N1 and what percentage is due seasonal influenza viruses?

Due to CDC's new case definitions, there will be no definitive way to differentiate between hospitalizations and deaths due to seasonal influenza versus those due to 2009 novel H1N1 influenza from aggregate reporting. And some deaths that are not due to influenza specifically will be included. However, information on the proportion of influenza viruses that are 2009 novel H1N1 versus seasonal influenza will continue to be reported in FluView from the virologic surveillance system. (For example, as of August 29, 2009, 97% of all subtyped influenza A viruses being reported to CDC were 2009 novel H1N1 viruses.)

Will states be reporting confirmed cases?

In the surveillance guidance provided to states, CDC has asked states to report either laboratory confirmed hospitalizations and deaths or syndromic cases, i.e. cases of presumed influenza and/or pneumonia based on ICD-9 coded hospitalizations or death reports.

What does this mean?

Laboratory confirmed influenza hospitalizations and deaths are those that were confirmed as attributed to influenza infection by a laboratory test. Syndromic influenza-associated hospitalizations and deaths are those caused by suspected or probable influenza or pneumonia.

So different states will be reporting according to different criteria?

Yes, the new definition of influenza-related hospitalizations and deaths will allow some states to report confirmed cases, and others to report suspected/probable cases based on surveillance systems available in individual states.

Why does it seem like the numbers of weekly hospitalizations and deaths are going up?

The reported numbers for the first week of data using the new case definitions are higher than the average weekly numbers that were being posted for 2009 novel H1N1 counts because what is being counted is different and how it is being counted is different.

1. CDC is counting all laboratory-confirmed influenza (seasonal and 2009 novel H1N1) reported by states. CDC expects co-circulation of seasonal influenza viruses with 2009 novel H1N1 and this change in reporting will capture a fuller picture of the burden of influenza during the pandemic.
2. Some states are now reporting influenza and pneumonia syndrome, which is the standard diagnostic code used by hospitals. This is a broader category than laboratory-confirmed influenza and may elevate the numbers somewhat.

How accurate a representation are these numbers?

Laboratory-confirmed data is thought to be an underestimation of the true number of cases because most people will not be tested for influenza. However, influenza and pneumonia syndrome hospitalizations and deaths may be an overestimate of actual number of flu-related hospitalizations and deaths because that diagnostic category includes other illnesses. CDC believes influenza and pneumonia syndromic reports are likely to be a more sensitive measure of flu-associated hospitalizations and deaths than laboratory confirmed reports during this pandemic.

This is a new surveillance system that will be used to monitor **trends** in hospitalizations and deaths. The numbers generated by this system will be cross-checked periodically against modeling studies to estimate accuracy.

Will the old 2009 novel H1N1 counts prior to August 30, 2009 remain available?

Yes, the cumulative number of 2009 novel H1N1-related hospitalizations and deaths reported to CDC from April through August 2009 will be archived and available for future reference.

Regular Surveillance Systems

What does regular influenza surveillance consist of?

Regular surveillance includes:

1. Viral surveillance, which monitors
 - The percentage of specimens tested for influenza that are positive for influenza;
 - The types and subtypes of influenza viruses circulating;
 - Resistance to influenza antiviral medications, and
 - The emergence of new strains
2. Sentinel physician surveillance for influenza-like illness (ILI), which monitors the percentage of doctor visits for symptoms that could be the flu.
3. Hospitalization surveillance, which tracks numbers of hospitalizations with laboratory-confirmed flu infections among adults and children.
4. Summary of the geographic spread of flu, which tracks the number of states affected by flu and the degree to which they are affected.
5. Deaths from 122 Cities that report the total number of deaths and the percentage of those that are coded as influenza or pneumonia.
6. The number of laboratory-confirmed deaths from influenza among children.

How is CDC's traditional flu surveillance system reported?

CDC's flu surveillance is reported in a weekly publication called *FluView*. The Epidemiology and Prevention Branch in the Influenza Division at CDC collects, compiles and analyzes information on flu activity in the U.S. year-round to produce and publish *FluView* every Friday. Usually *FluView* is published from October through mid-May, but in response to the ongoing novel H1N1 flu spread, weekly publication of *FluView* continued over the summer months.

Why is FluView dated a week earlier than the date it is posted?

Flu surveillance data collection is based on a reporting week that starts on Sunday and ends on Saturday of each week. Each surveillance participant is requested to summarize weekly data and submit it to CDC by Tuesday afternoon of the following week. Those data are then downloaded, compiled, and analyzed at CDC and posted on the web on Friday, 3 days later.

For more information about CDC's surveillance systems, see [Overview of Influenza Surveillance in the United States](http://www.cdc.gov/flu/weekly/fluactivity.htm) at <http://www.cdc.gov/flu/weekly/fluactivity.htm>.

2009 novel H1N1 Individual Case Counts

Why did CDC stop reporting confirmed and probable 2009 novel H1N1 flu cases?

Individual case counts were kept early during the 2009 novel H1N1 outbreak when the 2009 novel H1N1 virus first emerged. As the outbreak expanded and became more widespread, individual case counts become increasingly impractical and not representative of the true extent of the outbreak. This is because only a small proportion of persons with respiratory illness are actually tested and confirmed for influenza (including 2009 novel H1N1) so the true benefit of keeping track of these numbers is questionable. In addition, the extensive spread of 2009 novel H1N1 flu within the United States made it extremely resource-intensive for states to count individual cases. On July 24, 2009, CDC discontinued reporting of individual cases of 2009 novel H1N1, but continued to track hospitalizations and deaths.

When should health care providers start treatment with antiviral drugs?

Once the decision to administer antiviral treatment is made, treatment with zanamivir or oseltamivir should be initiated as soon as possible after the onset of symptoms. Evidence for benefits from antiviral treatment in studies of seasonal influenza is strongest when treatment is started within 48 hours of illness onset. However, some studies of oseltamivir treatment of hospitalized patients with seasonal influenza have indicated benefit, including reductions in mortality or duration of hospitalization even for patients whose treatment was started more than 48 hours after illness onset. When treatment is indicated, health care providers generally should not wait for laboratory confirmation of influenza to begin treatment with antiviral drugs because laboratory testing can delay treatment and because a negative rapid test for influenza does not rule out influenza. The sensitivity of rapid influenza diagnostic tests can range from 10-70% for novel H1N1 virus.

What actions should health care providers take when waiting for influenza test results?

When treatment is indicated, health care providers should consider empiric treatment while influenza test results are pending, if the clinicians decided to test, especially if there will be a significant delay before testing can be performed. Once the decision to administer antiviral treatment is made, treatment with oseltamivir or zanamivir should be initiated as soon as possible after the onset of symptoms.

What can health care providers do to reduce delays in antiviral treatment?

Clinicians can take several actions to reduce delays in antiviral treatment initiation. These include:

1. Informing people at higher risk for influenza complications of the signs and symptoms of influenza and the need for them to get treated early.
2. Ensuring quick access to telephone consultation and clinical evaluation for these patients as well as patients who report severe illness.
3. Considering empiric treatment of patients at higher risk for influenza complications based on telephone contact if hospitalization is not indicated and if this will substantially reduce delay before treatment is initiated.

When should clinicians prescribe antiviral drugs for prevention of influenza?

Pre-exposure antiviral chemoprophylaxis should be used in limited circumstances. People at ongoing occupational risk for exposure (health care personnel, public health workers, or first responders), especially those at higher risk for complications of influenza, should follow guidelines for personal protective equipment use. Health care workers at high risk of influenza-related complications who cannot minimize exposure may consider temporary reassignment. An acceptable strategy is also to have exposed high-risk individuals self-monitor for symptoms and be provided with antiviral medication if they become symptomatic. This strategy can minimize the need for prolonged antiviral therapy and decrease the risk of developing antiviral resistance.

Will providers be able to charge self-paying patients with the administration of the vaccine? (updated 9.10)

Yes, Providers will be able to charge self-paying patients the vaccine administration fee. If patients are unable to pay the administration fee, they should be referred to their local health department.

Where can we pre-register online? And if we can't register online, how do we pre-register?
www.vdh.virginia.gov

Vaccination sites can pre-register at http://www.vdh.virginia.gov/NOVEL_H1N1prereg

Providers should carefully read the instructions on the page and complete the form.

Is there a deadline for pre-registration?

At this time, there is no deadline for the pre-registration process.

Our novel H1N1 vaccination site is located outside of Virginia, for example, in Washington, D.C. or in Maryland, although we vaccinate Virginia residents. Do we pre-register with the Virginia Department of Health?

No. Sites should register with the Health Department in their respective state or district. The novel H1N1 vaccine is being provided to the states and territories by the federal government based on each state/territory's population.

Our physicians or "prescribers" are licensed to practice medicine in a state outside of Virginia, but their vaccination site is physically in Virginia. Do we pre-register with Virginia?

Yes, if the vaccination site is located in the Commonwealth of Virginia, the site should pre-register with Virginia. The physicians must have a valid medical license, but the *Code of Virginia* does not require that the medical license be issued by Virginia.

If we participate with the novel H1N1 vaccine, will this place our name on a listing for the general public to know which sites are novel H1N1 vaccination sites?

The Virginia Department of Health does not currently require that novel H1N1 vaccine provider sites be made available to the general public. Providers can self-identify themselves as influenza vaccination sites through the American Lung Association, at <http://www.flucliniclocator.org/>

We are a system of retail pharmacies/ grocery store pharmacies/hospital system in Virginia, with multiple sites that will be administering the vaccination. We would like to register as one site, and have the vaccine shipped to a central receiving site in order to re-distribute the vaccine ourselves. Can we do this?

Systems that have a central receiving site, with satellite sites must be able to report doses administered data for satellites. This can be achieved by either having the sites pre-register separately and get on VIIS, or the central site collecting doses administered data for all sites and reporting back.

We recommend that each site pre-register separately, so each site can initiate discussions regarding enrollment in the immunization registry (VIIS) that will be used for reporting of NOVEL H1N1 dose administration data. Down the line, one central receiving site may likely be designated for receipt of the vaccine while all sites still need to report doses administered data using VIIS. If the system signs up as one entity, reports will not be available for individual sites.

If sites want to function within a centralized distribution system, they would need to ensure the feasibility of cold chain management and also be willing to re-distribute ancillary supplies, including needles, syringes, alcohol swabs, Sharps containers, etc.

If a hospital plans to administer the vaccine to its staff through Employee Health and also to the public, in the Emergency Department or in a separate clinic, does the hospital need to register twice?

Only one registration is needed per hospital.

Is there any liability involved in administering the vaccine?

Routine medical malpractice/liability insurance is recommended for those who are administering vaccines. Under authority from the Public Readiness and Emergency Preparedness (PREP) Act, the Health and Human Services (HHS) Secretary has issued a declaration that gives providers immunity from tort liability (except for willful misconduct) from claims of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined by the Secretary to constitute a present, or credible risk of a future public health emergency to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures such as the novel H1N1 influenza vaccine. More information is available at www.hhs.gov/disasters/discussion/planners/prepact/index.html

We encourage non-traditional sites/providers to discuss vaccination with your local health department or with a community vaccinator group.

How do community vaccinators (e.g., Maxim, Intravene) register if they are planning to administer vaccine at a specific site?

Community vaccinators should register as vaccination sites if they plan to store the vaccine and staff their clinic. Each site must report their vaccine administration data to the local health department. Minimum data requirements include age group, 1st or 2nd dose, date of vaccination, and state.

Is there a preference as to the point of contact, e.g., pharmacy person, employee health, nurse or physician?

The novel H1N1 point of contact should be identified internally, by your site. This person will serve as the key communication person for the site and will receive email updates from VDH, regarding vaccine handling and storage.

http://www.cdc.gov/NOVEL_H1N1flu/vaccination/statelocal/centralized_distribution_qa.htm

August 31, 2009, 10:15 AM ET

Who will distribute the novel H1N1 vaccine to registered providers?

Novel H1N1 vaccine will be distributed by CDC's contractor for centralized distribution, McKesson Specialty.

What is the process for the distribution of the novel H1N1 vaccine?

Novel H1N1 vaccine distribution will be a health department managed process similar to the process for the Vaccines for Children (VFC) Program. The distribution process for novel H1N1 vaccine builds on the existing mechanism for shipping vaccine to VFC providers. Vaccine orders will be submitted by Project Area health departments on behalf of vaccine providers. These orders will be transmitted to CDC and will be processed and forwarded to McKesson. McKesson, in turn will ship vaccine directly to the end user. The centralized distribution contract for the VFC program has been supplemented to provide for novel H1N1 vaccine distribution and distribution of ancillary supply kits.

How will vaccine be allocated among project areas (the CDC Public Health Emergency Preparedness grantees)?

It is anticipated that vaccine will be allocated to each project area in proportion to its population (pro rata).

How will vaccine be shipped to project areas?

Vaccine will be shipped by CDC's contractor for centralized distribution, McKesson Specialty, to hospitals, clinics, doctor's offices, health departments, and other providers of vaccines that have been designated as vaccine-receiving sites by the Project Area (the project areas include all 50 states, the District of Columbia, 8 US Territories and freely associated states, and 3 large metropolitan health departments).

What kind of providers can be designated as vaccine recipients?

Providers that have the capability to receive, store and administer vaccine, including but not

limited to provider offices, occupational health clinics, hospitals, local health departments, community vaccinators and pharmacies.

How long will it take for vaccine to arrive once I place my order?

The shipping timelines for novel H1N1 vaccine are currently being established between CDC and McKesson. Information will be provided to state planners as soon as it is available.

What should project areas expect with respect to frequency of vaccine shipments?

Vaccine will be shipped as it becomes available, taking into account state allocations and orders. The process will be modeled after that utilized by immunization programs to order seasonal influenza vaccine off the federal contract, except for the shipment timeline, which is not yet finalized. Details about CDC's ordering/allocation process for seasonal influenza are described in the all-grantee message sent to immunization program grantees on 8/11/2009 (Grantee message for allocation).

What ancillary supplies will be provided by the federal government?

Syringes and needles, alcohol swabs and sharps containers.

Can vaccine be sent to one address and ancillary supply kits to another address?

Because of logistical considerations, vaccine and ancillary supply kit orders cannot be shipped to different addresses.

What is the size of storage volume for each product type?

CDC will communicate the corresponding storage volume of 100 dose increments of each product type as soon as that information becomes available.

Where can healthcare providers obtain novel H1N1 influenza vaccine?

The CDC will be distributing the novel H1N1 influenza vaccine to each state. If healthcare providers want to provide novel H1N1 vaccine directly to their patients, they can contact their local health department to obtain novel H1N1 vaccine. , **To pre-register** as a potential vaccinator in Virginia, **please visit** http://www.vdh.virginia.gov/NOVEL_H1N1prereg and submit the completed pre-registration form electronically.

How will healthcare providers obtain other supplies necessary for vaccination?

The vaccine will be distributed with a kit which will contain needles, syringes, sharps containers and alcohol swabs.

Source: http://www.cdc.gov/novel_H1N1flu/10steps.htm

I work in a medical office. What should we be doing in order to be able to respond to the novel H1N1 virus?

It is critical to assure that medical offices and other outpatient facilities (e.g., outpatient/ambulatory clinics, outpatient surgery centers, urgent care centers, physical therapy/rehabilitation offices or clinics) that provide routine, episodic, and/or chronic healthcare services can manage an increased demand for services in the midst of a novel H1N1 influenza

outbreak. Ensuring a sustainable community healthcare response will be important for a likely recurrence of novel H1N1 flu in the fall. See [CDC's novel H1N1 website](#) for up-to-date information.

1. Develop a Business Continuity Plan – Novel H1N1 flu outbreaks will impact your organization, employees, suppliers of critical materiel, and your family. Identify your office/clinic's essential functions and the individuals who perform them. Make sure you have trained enough people to properly work in these essential functions and allow for potential absenteeism. Develop a plan that will sustain your core business activities for several weeks. Make sure you have alternate plans for critical supplies in case there is disruption in your supply chains. For information about planning see: <http://www.ready.gov/business/plan/index.html>.

2. Inform employees about your plan for coping with additional surge during pandemic – Provide clear and frequent communication to ensure that your staff are aware and understand the plan. Explain any policies and procedures that will be used to protect staff and your patients, and to manage a surge of patients. Improve the resiliency of your staff by advising that employees have a pandemic family plan or personal plans.

3. Plan to operate your facility if there is significant staff absenteeism – Are you ready for 20 to 40% of your employees not being able to come to work? Cross training your staff is key to resilience here. What else can be done to assure continuity of operations with reduced staff?

4. Protect your workplace by asking sick employees to stay home – Be sure to ask sick staff to stay home. All personnel should self monitor daily for signs and symptoms of febrile respiratory illness. Staff who develop these symptoms should be instructed not to report to work, or if at work, should cease patient care activities and notify their supervisor. Be sure to align your sick leave policies so ill staff can stay home. See [What to Do If You Get Flu-Like Symptoms](#) for more information.

5. Plan for a surge of patients and increased demands for your services – Consider using your telephone system to deliver messages to incoming callers about when to seek medical care at your facility, when to seek emergency care, and where to go for information about caring for a person with flu at home (see [Interim Guidance for NOVEL H1N1 Flu \(Swine Flu\): Taking Care of a Sick Person in Your Home](#)). Consider extending your hours of operation to include telephone triage of patients during a community outbreak.

6. Care for patients with novel H1N1 flu in your facility – Make plans to screen patients for signs and symptoms of febrile respiratory illness at entry to the facility. If feasible, use separate waiting and exam rooms for possible novel H1N1 flu patients; plan to offer surgical masks to symptomatic patients who are able to wear them (adult and pediatric sizes should be available), provide facial tissues, receptacles for their disposal, and provide hand hygiene products in waiting areas and examination rooms. For information on caring for patients see: [Interim](#)

Guidance for Clinicians on Identifying and Caring for Patients with Swine-origin Influenza A (NOVEL H1N1) Virus Infection.

7. Take steps to protect the health of your workforce during an outbreak of novel H1N1 – All healthcare personnel who come in close contact with patients who may have novel H1N1 flu should take precautions to include use of respiratory and eye protection for all patient care activities (see: Healthcare Workplaces Classified as Very High or High Exposure Risk for Pandemic Influenza). For information on the use of infection control measures including use of personal protective equipment for staff, see Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A (NOVEL H1N1) Virus Infection in a Healthcare Setting. Plan now to stockpile sufficient PPE for your staff. (see: Proposed Guidance on Workplace Stockpiling of Respirators and Facemasks for Pandemic Influenza).

8. Provide immunization against seasonal flu at no cost to your staff – In the fall there may be several influenza strains circulating at the same time. Although seasonal flu immunization will not provide protection to novel H1N1 influenza, annual influenza vaccination is recommended for health care professionals and will likely protect against seasonal influenza strains. See: Influenza Vaccination of Health-Care Personnel.

9. Make sure you know about the pandemic planning and response activities of the hospitals, outpatient facilities and local public health in your community – Actively seek information from and coordinate with key medical, clinical facilities and public health departments in your community to learn about how they will manage patients during a pandemic. Medical offices, emergency rooms, urgent care centers and hospitals in communities with outbreaks will likely have difficulty managing a large influx of patients; a coordinated community response is important to manage surge and assure optimal patient care. Develop a plan to manage your patients who do not need to seek emergency services.

10. Plan now so you will know where to turn to for reliable, up-to-date information in your local community – Staff in healthcare settings should monitor the CDC NOVEL H1N1 Flu website and local and State health department websites for the latest information. See these websites for contact information for local health departments and State health departments.

Be prepared for a range of situations. The true impact of novel H1N1 flu outbreaks in the coming months will not be known until it happens. Be prepared for a possibility that your facility will have significant increased demand for services and the possibility that the fall outbreak may have greater impact than the outbreak in the spring, 2009. For more information see the **Medical Offices and Clinics Pandemic Influenza Planning Checklist**. Also sign up to receive regular updates about novel H1N1 influenza, emerging infectious diseases, and other emergency preparedness and response information by going to www.emergency.cdc.gov/clinregistry .

How do we register our office as a vaccination site for the novel H1N1 vaccine? (added 8.18)

Physician offices and immunization partners can pre-register as an NOVEL H1N1 Influenza Vaccination site now by visiting the VDH website at www.vdh.virginia.gov and clicking on the link on the homepage that says: Medical Professionals: Pre-Register to administer NOVEL H1N1 vaccine. This link will take you to a screen with prompts for additional information. (VDH website)

When will physician offices be able to pre-register as administration sites for the novel H1N1 vaccine? (added 8.18)

Physician offices and immunization partners can pre-register as a novel H1N1 Influenza Vaccination site now by visiting the VDH website at www.vdh.virginia.gov and clicking on the link on the homepage that says: Medical Professionals: Pre-Register to administer NOVEL H1N1 vaccine

How are clinicians supposed to report cases of novel H1N1? (added 8.19)

Providers should report as they normally would according to the Virginia Reportable Disease List (see http://www.vdh.state.va.us/epidemiology/Disease_List.htm). With this system, influenza-associated deaths in children aged less than 18 years should be reported rapidly (i.e., within 24 hours of being suspected or confirmed) to the local health department. Also with this system, directors of laboratories, physicians, and directors of medical care facilities are required to report influenza cases to their local health department.

Schools

Is it possible that schools will close at any time during this flu season?

Yes. Although school closure has not been found to be very effective in slowing down an outbreak of influenza, some school districts could decide to close, for instance, if high levels of absenteeism among students and staff make it impractical to continue classes. Special schools that serve a high number of students with underlying medical conditions (ex. Pregnant teens, students with neurodevelopmental disorders such as cerebral palsy) that put them at increased risk for complications if they become ill with influenza could also consider closure in some situations.

Can schools offer the novel H1N1 vaccine for free?

Yes, vaccine must be offered for free with regard to school vaccination programs. A private entity cannot go into schools, administer the vaccine and charge for children.

Additional guidance regarding school vaccine clinic information is available on the CDC website.

<http://www.flu.gov/professional/school/childguidance.html>

Are there any specific recommendations for early childhood programs for the upcoming influenza season?

Yes. Early childhood providers should examine and revise, as necessary, their current crisis or pandemic plans and procedures; develop contingency plans to cover key positions when staff are absent from work; update contact information for families and staff; and share their plans with families, staff, and the community. Early childhood providers should review and revise, if necessary, their sick leave policies to remove barriers to staff staying home while ill or to care for an ill family member. A doctor's note should not be required for children or staff to validate their illness or to return to the early childhood setting.

Early childhood providers should frequently remind children, their families, and staff about the importance of staying home when ill; early treatment for people at higher risk for flu complications; hand hygiene; and respiratory etiquette. Educational materials (for example, posters) to enhance compliance with recommendations should be visible in the child care setting. Examples of these materials are available at http://www.cdc.gov/novel_H1N1flu/flyers.htm.

The recommendations that follow are divided into two groups: 1) recommendations to use now, during the 2009–2010 flu season, assuming that the severity of influenza in the fall and winter will be of similar severity to that seen during spring and summer 2009, and 2) recommendations to consider adding if a more severe flu season occurs.

As the Director for childcare facility, are there any specific precautions or prevention strategies that my facility should undertake?

Children less than 5 years of age are at increased risk of complications from influenza (flu); the risk is greater among children less than 2 years old. **Importantly, infants less than 6 months of age represent a particularly vulnerable group because they are too young to receive the seasonal or novel H1N1 influenza vaccine; as a result, individuals responsible for caring for these children should be vaccinated now against seasonal flu and against novel H1N1 when vaccine becomes available in mid-October.** Influenza vaccination is the primary means of preventing flu. Additionally, infection control measures are recommended to reduce the spread of flu. However, early childhood settings present unique challenges for infection control due to the highly vulnerable population, close interpersonal contact, shared toys and other objects, and limited ability of young children to understand or practice good respiratory etiquette and hand hygiene. Thus, parents, early childhood providers, and public health officials should be aware that, even under the best of circumstances, transmission of infectious diseases such as flu cannot be completely prevented in early childhood or other settings. No policy can keep everyone who is potentially infectious out of these settings.

- **Get vaccinated against the flu:** The best way to protect against the flu – seasonal or novel H1N1 – is to get vaccinated. Anyone caring for young children should be vaccinated with the seasonal flu vaccine and the novel H1N1 vaccine.
- **Stay home when sick:** Children and caregivers with flu-like illness should remain at home and away from others until at least 24 hours after they are free of fever (100° F [37.8° C] or greater when measured orally), or signs of a fever, without the use of fever-reducing medications. Symptoms of 2009 NOVEL H1N1 flu virus can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, and fatigue, and sometimes diarrhea and vomiting. To the extent possible, sick individuals should stay at home and avoid contact with others until they have been without fever for 24 hours, except when necessary to seek medical care. Epidemiologic data collected during spring 2009 found that most people with 2009 NOVEL H1N1 flu who were not hospitalized had a fever that lasted 2 to 4 days; this would result in an exclusion period of 3 to 5 days after onset of symptoms in most cases. CDC recommends this exclusion period whether or not antiviral medications are used. **Early childhood programs, parents, or state and local health officials may elect to require longer periods of exclusion.** Parental or community concerns and preferences also should be considered – and local health departments should be consulted – when evaluating if a more stringent exclusion policy is appropriate.
- **Conduct daily health checks:** An example of how to perform daily health checks can be found at: <http://www.bmcc.edu/Headstart/Trngds/Diseases/pg91-108.htm>. An early childhood program's health consultant may provide additional assistance. Visit <http://nrckids.org> for more information on health consultants or contact your State Child Care Administrator or local child care resource and referral agency to find out if there are early childhood health consultants in your state or local area.
- **Separate ill children and staff:** Children and staff who develop symptoms of flu-like illness while at the early childhood program should promptly be separated from others, until they can be sent home. While this may be challenging for some home-based providers, they should provide a space where the child can be comfortable and supervised at all times. Staff

members who develop illness while at work should wear a surgical mask when near other persons when possible and if they can tolerate it. Early childhood providers who care for persons with known, probable, or suspected influenza or flu-like illness should use appropriate personal protective equipment. Visit <http://www.cdc.gov/novel/H1N1flu/masks.htm> for information on personal protective equipment and how to recommend it to employees.

- Encourage hand hygiene and respiratory etiquette: Encourage hand washing with soap and water; keep hands away from nose, mouth, and eyes; and cover noses and mouths with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available). For children with emerging self-care skills, parents and caregivers should closely monitor their respiratory etiquette and hand hygiene and remind children not to share cups or eating utensils. Visit: www.cdc.gov/cleanhands for more information on hand hygiene and <http://www.cdc.gov/flu/protect/covercough.htm> for more information on respiratory etiquette.
- Perform routine environmental cleaning: Areas and items that are visibly soiled should be cleaned immediately, and all areas should be regularly cleaned, using specific focus on items that are more likely to have frequent contact with the hands, mouths, and bodily fluids of young children (for example, toys and play areas). CDC does not believe any additional disinfection of environmental surfaces beyond routine cleaning is required. Visit <http://nrckids.org> for more information on cleaning in early childhood settings.
- Encourage early treatment for children and staff at high risk for flu complications: Parents and staff should be encouraged to talk with their health care provider to determine if they or a member of their family are at high risk for flu complications. Staff at high risk for flu complications and parents of children under age 5 who become ill with flu-like illness should call their health care provider as soon as possible to determine if they need antiviral treatment. Early treatment (within 48 hours of the onset of illness) with antiviral medications can decrease the risk of severe illness from influenza.
- Consider selective early childhood program closures:

If flu transmission is high, some communities or early childhood programs may consider temporary closures with the goal of decreasing the spread of flu among children less than 5 years of age. The decision to selectively close should be made locally in partnership with public health officials and should balance the risks of keeping the children in early childhood programs with the social and economic disruption that can result from closing these programs.

- Permit high-risk staff to stay home:

If flu severity increases, people at high risk of flu complications may consider staying home from work or school while a lot of flu is circulating in their community. Such people should make this decision after consulting with their doctor. Early childhood providers should review their leave policies to remove barriers to staff staying home if necessary.

- Encourage children with ill household members to stay home

If flu severity increases, children who live with people with flu-like illness should remain home for 5 days from the day the first household member gets sick.

- Extend the time that ill people stay home:

If flu severity increases, people with flu-like illness should stay home for at least 7 days after the onset of their symptoms, even if they have no more symptoms. If people are still sick after 7 days, they should stay home until at least 24 hours after they have no symptoms.

- Increase social distances between children:

Try to find innovative ways to increase the distances between people or to separate children into small groups for example, groups with 6 or fewer children (without allowing the children to mix between groups).

Should schools pre-register in order to administer the vaccine?

They may do so to become novel H1N1 vaccination sites. Schools should consult with their local health department if they are considering becoming a vaccination site.

August 7, 2009 9:00 AM ET Source: <http://www.cdc.gov/novel/H1N1flu/schools/toolkit/actionsteps.htm>

What steps can be taken by schools to prevent the spread of flu?

Encourage students, parents, staff, and faculty to be vaccinated with both seasonal and novel H1N1 vaccine.

Educate and encourage students and staff to cover their mouth and nose with their sleeve or a tissue when they cough or sneeze. Also, provide them with easy access to tissues and running water and soap or alcohol-based hand cleaners.

Remind teachers, staff, and students to practice good hand hygiene and provide the time and supplies for them to wash their hands as often as necessary.

Send sick students, teachers, and staff home and advise them and their families that sick people should stay at home until at least 24 hours after they no longer have a fever or signs of a fever (without the use of fever-reducing medicine).

Clean surfaces and items that are more likely to have frequent hand contact such as desks, door knobs, keyboards, or pens, with cleaning agents that are usually used in these areas.

Move students, teachers, and staff to a separate room if they become sick at school 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.

Have Personal Protective Equipment (PPE) such as masks available and ensure the equipment is worn by school nurses and other staff caring for sick people at school.

Encourage early medical evaluation for sick students and staff at higher risk of complications from flu. People at high risk of flu complications who get sick will benefit from early treatment with antiviral medicines.

Stay in regular communication with local public health officials.

I am a school teacher. What can I do to prevent the spread of flu among my students?

August 7, 2009 9:00 AM ET Source: http://www.cdc.gov/novel_H1N1flu/schools/toolkit/teacherfactsheet.htm

Educate and encourage students to cover their mouth and nose with a tissue when they cough or sneeze. Also, provide them with easy access to tissues. Remind them to cover coughs or sneezes using their elbow instead of their hand when a tissue is not available.

Remind students to practice good hand hygiene and provide the time and supplies (easy access to running water and soap or alcohol-based hand cleaners) for them to wash their hands as often as necessary.

Be a good role model by practicing good hand hygiene and covering your mouth and nose when coughing or sneezing.

Keep an eye out for sick students and send them to the school health office for further evaluation. Sick people should stay at home until at least 24 hours after they no longer have a fever or signs of a fever (without the use of fever-reducing medicine).

Clean surfaces and items that are more likely to have frequent hand contact such as desks, door knobs, keyboards, or pens, with cleaning agents that are usually used in these areas.

Teachers should also stay home when sick. Stay home until at least 24 hours after you no longer have a fever or signs of a fever (without the use of fever-reducing medicine).

If you are pregnant, have asthma, diabetes, or other conditions that put you at higher risk for complications from the flu, you should **speak with your doctor as soon as possible** if you develop symptoms of flu-like illness. People at high risk of flu complications who develop flu can benefit from early treatment with antiviral medicines.

If you have children, plan ahead for child care if your child gets sick or his or her school is dismissed.

Be prepared in case the flu becomes more severe.

Develop options for how school work can be continued at home (e.g., homework packets, Web-based lessons, phone calls), if school is dismissed or your students are home because someone in their household is sick.

Find ways to increase social distances (the space between people) in your classroom. For example, you might rearrange desks so that there is more space between students, consider cancelling classes that bring students together from different rooms, or postpone class trips.

My child is sick with the flu and has to stay home from school. What should I do?

August 7, 2009 9:00 AM ET Source: http://www.cdc.gov/novel_H1N1flu/schools/toolkit/parentfactsheet.htm

Arrange for age-appropriate child care and assure your child stays home and does not expose others unnecessarily to their illness. Arrange to monitor your child's condition in case they develop more severe illness.

Have appropriate food, drinks, and medication available for your child.

Talk with your doctor if your child is at risk for complications from flu infection to see if antiviral medications or a visit to the doctor's office is recommended.

Be prepared to support home learning activities if the school makes them available. Your child's school may offer web-based lessons, instructional phone calls, and other types of distance learning. Have school materials, such as text books, workbooks, and homework packets available at home.

Have activities for your children to do while at home. Pull together games, books, DVDs and other items to keep your family entertained.

Find out if your employer will allow you to stay at home to care for sick household members or children dismissed from school. Ask if you can work from home. If this is not possible, find other ways to care for your children at home.

If school is dismissed, monitor the school's website, local news, and other sources for information about returning to school.

What do I need to know in order to care for my sick child at home?

Stay home if you or your child is sick until at least 24 hours after there is no longer a fever or signs of a fever (without the use of a fever-reducing medicine). Keeping sick students at home means that they keep their viruses to themselves rather than sharing them with others. Stay home even if taking antiviral medicines.

Cover coughs and sneezes. Clean hands with soap and water or an alcohol-based hand rub often and especially after coughing or sneezing.

Keep sick household members in a separate room (a sick room) in the house as much as possible to limit contact with household members who are not sick. Consider designating a single person as the main caregiver for the sick person.

Monitor the health of the sick child and any other household members by checking for fever and other symptoms of flu. A fever is a temperature taken with a thermometer that is equal to or greater than 100 degrees Fahrenheit (37.8 degrees Celsius). If you are not able to measure a temperature, the sick person might have a fever if he or she feels warm, has a flushed appearance, or is sweating or shivering.

Watch for emergency warning signs that need urgent medical attention. These warning signs include:

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Not urinating or no tears when crying
- Severe or persistent vomiting
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Flu-like symptoms improve but then return with fever and worse cough

Check with your doctor about any special care needed for household members who may be at higher risk for complications from flu. This includes children under the age of 5 years, pregnant women, people of any age who have chronic medical conditions (such as asthma, diabetes, or heart disease), and people age 65 years and older.

Have the sick household member wear a facemask – if available and tolerable – when sharing common spaces with other household members to help prevent spreading the virus to others. This is especially important if other household members are at high risk for complications from flu.

Ask your doctor about antiviral medicines or fever-reducing medicines for sick household members. Do not give aspirin to children or teenagers; it can cause a rare but serious illness called Reye's syndrome.

Make sure sick household members get plenty of rest and drink clear fluids (such as water, broth, sports drinks, electrolyte beverages for infants) to keep from being dehydrated.

What can I do to protect my child and family from the flu during the upcoming school year?

August 7, 2009 9:00 AM ET Source: <http://www.cdc.gov/novel H1N1 flu/schools/toolkit/parentfactsheet2.htm>

The Centers for Disease Control and Prevention (CDC) recommends 4 main ways you and your family may keep from getting sick with the flu at school and at home:

Practice good hand hygiene by washing your hands often with soap and water, especially after coughing or sneezing. Alcohol-based hand cleaners are also effective.

Cover your mouth and nose with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your elbow or shoulder; not into your hands.

Stay home if you or your child is sick for at least 24 hours after there is no longer a fever or signs of a fever (without the use of fever-reducing medicine). Keeping sick students at home means that they keep their viruses to themselves rather than sharing them with others.

Get your family vaccinated for seasonal flu and novel H1N1 flu when vaccines are available.

Follow these steps to prepare for the flu during the 2009-2010 school year:

Plan for child care at home if your child gets sick or their school is dismissed.

Plan to monitor the health of the sick child and any other children in the household by checking for fever and other symptoms of flu.

Identify if you have children who are at higher risk of serious disease from the flu and talk to your healthcare provider about a plan to protect them during the flu season. Children at high risk of serious disease from the flu include: children under 5 years of age and those children with chronic medical conditions, such as asthma and diabetes.

Identify a separate room in the house for the care of sick family members.

Update emergency contact lists.

Collect games, books, DVDs and other items to keep your family entertained if schools are dismissed or your child is sick and must stay home.

Talk to your school administrators about their pandemic or emergency plan.

Who should parents and/or daycare centers contact about an outbreak? (added 8.20)

Outbreaks in any setting should be reported to the local health department.

My child’s school does not allow alcohol based sanitizers in the class room. What should we do? (added 8.20)

Focus on what your child *can do* to avoid getting novel H1N1 flu:

- Wash hands frequently with soap and water for 20 seconds (long enough for children to sing the “Happy Birthday” song twice). Be sure to set a good example by doing this yourself.
- Cough and sneeze into a tissue or their elbow (If a tissue is used, throw the tissue away immediately).
- Be sure to set a good example by doing this yourself.
- Stay at least six feet away from people who are sick.
- Stay home from school if sick, and stay away from sick people until they are better.

<http://cdc.gov/novel H1N1flu/talkingtokids.htm>

Colleges/ Universities

Do college and university health departments report the numbers of influenza-like illness to VDH? If so, will that information be made public?

Campuses should report any outbreaks of illness to their local health department, but do not report the number of individual cases among all their students. Physician directors of student health centers are required to report the number of the influenza cases that are seen in the health center each week. These reports are given to the local health department. As not all students are treated at student health centers, these reports are not expected to reflect the total number of cases on campus. Summary information such as this could be made public if there was a public health need to do so.

My child attends a college or university in Virginia. If my child has flu-like symptoms, should he or she come home? (updated 9.03.09)

The general recommendation is for students and faculty who experience flu-like symptoms to isolate themselves in their dorm rooms or homes, and to avoid attending classes or coming to campus, if they live off-campus.

August 24, 2009 5:00 PM ET Source: <http://www.flu.gov/plan/school/higheredguidance.html>

Are there any special considerations for colleges and universities?

If a large number of influenza like illnesses occurs among students, faculty, or staff or in the community, institutions officials should contact their local health department. CDC is not currently recommending that institutions cancel or dismiss classes or other large gatherings.

Because the spread of novel H1N1 within a health professions school may pose special concerns, school administrators should contact their local health department if they suspect cases of influenza are present on their campuses.

Students, faculty or staff who live either on or off campus and who have influenza like illness should stay away from classes and limit contact with others, except to seek medical care, for at least 24 hours after they no longer have a fever, without the use of fever-reducing medicines.

If possible, persons with influenza like illness who wish to seek medical care should contact their health care provider by telephone before seeking care. Institutions should assure that all students, faculty and staff receive messages about what they should do if they become ill with influenza like illness.

Review and revise, as needed, policies, such as student absenteeism policies and sick leave policies for faculty and staff, that may make it difficult for students, faculty, and staff to stay home when they are ill or need to care for an ill family member,. Do not require a doctor's note to confirm illness or recovery. Doctor's offices may be very busy and may not be able to provide such documentation in a timely way.

If possible, residential students with flu-like illness who live relatively close to the campus should return to their home to keep from making others sick. These students should be instructed to do so in a way that limits contact with others as much as possible. For example, travel by private car or taxi would be preferable over use of public transportation.

Students with a private room should remain in their room and receive care and meals from a single person. Students can establish a "flu buddy scheme" in which students pair up to care for each other if one or the other becomes ill. Additionally, staff can make daily contact by e-mail, text messaging, phone calls, or other methods with each student who is in self-isolation.

If close contact with others cannot be avoided, the ill student should be asked to wear a surgical mask during the period of contact. Examples of close contact include kissing, sharing eating or drinking utensils, or having any other contact between persons likely to result in exposure to respiratory droplets.

For those who cannot leave campus, and who do not have a private room, institutes of higher education may consider providing temporary, alternate housing for ill students until 24 hours after they are free of fever.

Instruct students with flu-like illness to promptly seek medical attention if they have a medical condition that puts them at increased risk of severe illness from flu, are concerned about their

illness, or develop severe symptoms such as increased fever, shortness of breath, chest pain or pressure, or rapid breathing.

Promote self-isolation at home by non-resident students, faculty, and staff

- Non-residential students, faculty, and staff with flu-like illness should be asked to self-isolate at home or at a friend's or family member's home until at least 24 hours after they are free of fever, or signs of a fever, without the use of fever-reducing medicines.
- Review, and revise if needed, sick leave policies to remove barriers to faculty and staff staying home when they are ill or caring for an ill family member. For students, consider altering policies on missed classes and examinations and late assignments so that students' academic concerns do not prevent them from staying home when ill or prompt them to return to class or take examinations while still symptomatic and potentially infectious.
- Do not require a doctor's note for students, faculty, or staff to validate their illness or to return to work, as doctor's offices and medical facilities may be extremely busy and may not be able to provide such documentation in a timely way.
- Distance learning or web-based learning may help students maintain self-isolation.
- Visit http://www.cdc.gov/novel_H1N1flu/guidance/exclusion.htm for more information on staying home while sick.

Considerations for high-risk students and staff

- People at high risk for flu complications who become ill with flu-like illness should speak with their health care provider as soon as possible. Early treatment with antiviral medications often can prevent hospitalizations and deaths. Groups that are at higher risk of complications from flu if they get sick include: children younger than age 5; people age 65 or older; children and adolescents (younger than age 18) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye's syndrome after flu virus infection; pregnant women; adults and children who have asthma, other chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders such as diabetes; and adults and children with immunosuppression (including immunosuppression caused by medications or by HIV). People age 65 and older, however, appear to be at lower risk of 2009 NOVEL H1N1 infection compared to younger people. But, if older adults do get sick from flu, they are at increased risk of having a severe illness.

- One of the best ways to protect against the flu is to get vaccinated against the flu. People under age 25 are one of the key groups recommended by CDC’s Advisory Committee on Immunization Practices (ACIP) to be among the first to receive the novel H1N1 flu vaccine. For more information, visit http://www.cdc.gov/novel_H1N1flu/vaccination.
- Communicate with local health officials to determine where vaccine will be administered and to discuss the possibility of a vaccination clinic at the college or university.

Discourage campus visits by ill persons: Use a variety of communication methods such as e-mail, posters, flyers, and media coverage to discourage people with flu-like illness from visiting the campus or attending events such as football games or concerts until they have been free of fever for at least 24 hours.

Encourage hand hygiene and respiratory etiquette of both people who are well and those that have any symptoms of flu: Emphasize the importance of the basic foundations of flu prevention: stay home when sick, wash hands frequently with soap and water when possible, and cover noses and mouths with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available).

Routine cleaning

- Establish regular schedules for frequent cleaning of high-touch surfaces (for example, bathrooms, doorknobs, elevator buttons, and tables).
- Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by students before each use.
- Encourage students to frequently clean their living quarters, including high-touch surfaces.

Considerations for specific student populations

- Review policies for study abroad programs, including accessing health services abroad and reporting illness to the university or college.
- Communicate plans, policies, and strategies to partner K-12 schools regarding “early/middle college” students, prospective student tours, and other K-12 students regularly on campus.

- Determine if special communication strategies are needed to meet the needs of students with disabilities.
- Remind health-care profession students to follow infection control guidance for health-care workers. Visit <http://www.cdc.gov/novel H1N1flu/clinicians> for guidance for health care settings.

Permit high-risk students, faculty, and staff to stay home when flu is spreading in the community

- If flu severity increases, people at high risk of flu complications may consider staying home while a lot of flu is circulating in their community. Such people should make this decision after consulting with their doctor.
- Colleges and universities should plan now for ways to continue educating students who stay home through distance learning methods. Colleges and universities should also examine policy accommodations that might be necessary such as allowing high-risk students to withdraw for the semester, tailoring sick leave policies to address the needs of faculty and staff, or modifying work responsibilities and locations.

Increase social distances:

- Explore innovative ways to increase the distances between students (for example, moving desks apart or using distance learning methods). Ideally, there should be at least 6 feet between people at most times.
- Consider whether to suspend or modify public events such as films, sporting events, or commencement ceremonies.

Extend the self-isolation period: If flu severity increases, people with flu-like illness should stay home for at least 7 days after the onset of their symptoms, even if they have no more symptoms. If people are still sick after 7 days, they should stay home until 24 hours after they have no symptoms. See information above for self-isolation in different types of housing.

Consider suspending classes

- Colleges and universities and health officials should work closely to balance the risks of flu in their community with the disruption that suspending classes will cause in both education and the wider community.
- Use multiple channels to communicate a clear message about the reasons for suspending classes and the implications for students, faculty, staff, and the community.
- **Reactive class suspension** might be needed when colleges and universities cannot maintain normal functioning.
- Colleges and universities with only **nonresidential students** should consider whether they can allow faculty and staff to continue use of their facilities while classes are not being held. This may allow faculty to develop lessons and materials and engage in other essential activities.
- Colleges and universities with **residential students** should plan for ways to continue essential services such as meals, custodial services, security, and other basic operations for students who remain on campus. When possible, dismiss students who can get home – or to the home of a relative, friend of the family, or host family – by private car or taxi. International students and others without easy access to alternative housing should stay on campus, but increase the distance between people as much as possible.
- The length of time classes should be suspended will vary depending on the goal of class suspension as well as the severity and extent of illness. IHEs that suspend classes should do so for at least five to seven calendar days. Before the end of this period, the IHE, in collaboration with public health officials, should reassess the epidemiology of the disease and the benefits and consequences of continuing the suspension or resuming classes.

What about large gatherings on the campus of a college or university?

Institutions should encourage persons with influenza like illness to stay home and away from large gatherings. Persons who are sick should be instructed to limit their contact with other people as much as possible and to stay home for at least 24 hours after their fever is gone except to get medical care or for other necessities (their fever should be gone without the use of a fever-reducing medicine).

In addition, they should be reminded to use appropriate respiratory and hand hygiene. (See NOVEL H1N1 Flu and You). Gatherings may include graduations and commencement

activities, concerts, sporting events, and other gatherings where close contact is likely among a large number of attendees.

Large public gatherings offer a good opportunity for officials and event organizers to deliver key educational messages about measures attendees can take to help protect themselves and their family members from novel H1N1 infection, including active promotion of good hygiene practices. (See [NOVEL H1N1 Flu and You](#))

Institutions should consider the following in preparation for possible outbreaks of novel H1N1:

- Establishing a relationship with their state and local health departments.
- Keeping informed regarding the evolving situation through regular visits to the [CDC's NOVEL H1N1 Flu web site](#).
- Developing educational messages in a variety of formats regarding the illness and how to reduce the spread of influenza. (See [NOVEL H1N1 Flu and You](#)).
- Alternative educational delivery such as distance learning, web-based learning, or other ways to increase social distancing.
- Planning for assistance for students with ILI, including provision for meals, medications, and other care.
- Developing contingency plans for how to reduce exposure of non-ill students, staff and faculty to ill students, staff and faculty.

Travel

July 9, 2009 Source: [http://wwwn.cdc.gov/travel/content/outbreak-notice/novel-novel H1N1-flu-global-situation.aspx](http://wwwn.cdc.gov/travel/content/outbreak-notice/novel-novel-H1N1-flu-global-situation.aspx)

I am planning a trip but am concerned about the novel H1N1 flu. Should I cancel my travel plans?

Healthy people may make travel plans as they normally would and take common sense precautions to protect their health during travel.

CDC recommends that travelers at high risk for complications from any form of flu discuss their travel plans with their doctor. Together, they should look carefully at the novel H1N1 flu situation in their destination and the available health-care options in the area. They should discuss their specific health situations and possible increased risk of traveling to the area affected by novel H1N1 flu.

Travelers at high risk for complications include:

- Children less than 5 years of age
- Persons aged 65 years or older
- Children and adolescents (less than 18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection
- Pregnant women
- Adults and children who have chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders
- Adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV)

Are there any special preparations that I should take before my trip?

If you are planning travel to an area where cases of novel H1N1 flu are being reported, the following recommendations will help you reduce your risk of infection and stay healthy.

Stay informed. Check updates from the sources listed in the “Current Situation” section above. (See [CDC's NOVEL H1N1 flu page](#))

Be sure you are up-to-date with all your routine vaccinations, including seasonal influenza vaccine, when available.

Find out about the other health risks and travel recommendations for your destination.

Pack a travel health kit that contains basic first aid and medical supplies.

Identify the health-care resources in the area(s) you will be visiting.

Find out if your health insurance plan will cover medical care during your trip; many insurance companies do NOT cover these costs.

- CDC recommends purchasing additional insurance that covers medical care costs during international travel and medical evacuation.
- For more information, see [Medical Information for Americans Traveling Abroad](#) from the U.S. Department of State.
- Remember that U.S. embassies, consulates and military facilities do not evacuate or give medications, vaccines, or medical care to private U.S. citizens during international travel.

Do not travel if you are sick.

If you have flu-like symptoms, you should stay home and avoid travel for 7 days after you get sick or for at least 24 hours after you stop having symptoms, whichever is longer. This is to keep others from getting the virus.

- Symptoms of novel H1N1 flu virus are similar to the symptoms of seasonal flu and include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue.
- Some people also have diarrhea and vomiting.

Are there any special precautions that I should take during my trip?

- Follow local guidelines
- Pay attention to announcements from the local government and monitor the local health and security situation.
- Follow any movement restrictions and prevention recommendations.
- Be aware that some countries are checking the health of arriving and/or exiting passengers and screening them for illness due to novel H1N1 flu to prevent others from getting sick. For more information, see the [Possible International Travel Delays Due to Novel H1N1 Flu Screening Procedures](#) announcement.
- Practice healthy habits to help stop the spread of novel H1N1 flu
 1. Wash your hands often with soap and running water, especially after coughing or sneezing. Use alcohol-based hand gels (containing at least 60% alcohol) when soap is not available and hands are not visibly dirty.
 2. Cover your mouth and nose with your sleeve or a tissue when you cough or sneeze, and put your used tissue in the trash. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
 3. Avoid close contact with sick people.

What should I do if I start to feel sick during my trip?

It is expected that most people will recover without needing medical care.

If you have severe illness or you are at high risk for flu complications, seek medical care.

A U.S. consular officer can help you find local medical care in a foreign country. To contact the U.S. embassy or consulate in the country you are visiting, call Overseas Citizens Services at:

- 1-888-407-4747 if calling from the U.S. or Canada,
- 00-1-202-501-4444 if calling from other countries, or
- Visit [Websites of U.S. Embassies, Consulates, and Diplomatic Mission](#) to find the contact information for the local U.S. Embassy of the country you are visiting.

Avoid further travel for 7 days after your symptoms begin or until you have been symptom-free for 24 hours, whichever is longer.

Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.

Wash your hands often with soap and running water, especially after you cough or sneeze. Alcohol-based hand gels are also effective.

Avoid touching your eyes, nose or mouth.

Follow all local health recommendations. For example, if you are sick, you may be asked to put on a surgical mask to protect others or to stay in your home or hotel to prevent the spread of novel H1N1 flu.

For more information about what to do if you become sick while you are traveling outside the United States, visit [Your Survival Guide for Safe and Healthy Travel](#).

Are there any special precautions that I should take after my trip is over?

Closely monitor your health for 7 days.

If you become ill with fever and other symptoms of novel H1N1 flu such as a cough, sore throat, and possibly vomiting and diarrhea, see the information in the section above titled "[What to do if you get sick](#)" and the [What to Do If You Get Flu-Like Symptoms](#) page on the [CDC NOVEL H1N1 Flu website](#).

Are there any travel restrictions or special travel recommendations due to novel H1N1 flu? (added 8.18)

The World Health Organization (WHO) is not recommending travel restrictions related to the outbreak of the influenza A(NOVEL H1N1) virus. Limiting travel and imposing travel restrictions would have very little effect on stopping the virus from spreading, but would be highly disruptive to the global community. Influenza A(NOVEL H1N1) has already been

confirmed in many parts of the world. The global response now focuses on minimizing the impact of the virus through the rapid identification of cases, and providing patients with appropriate medical care, rather than on stopping its spread internationally.

Although identifying signs and symptoms of influenza in travelers can help track the path of the outbreak, it will not reduce the spread of influenza, as the virus can be transmitted from person to person before the onset of symptoms.

Scientific research based on mathematical modeling shows that restricting travel would be of limited or no benefit in stopping the spread of disease. Historical records of previous influenza pandemics, as well as experience with SARS, validate this.

Travelers are responsible for hospital and other medical expenses incurred during their trip. Visit [Country Specific Information - Medical Insurance](#) (U.S. Department of State) to learn more.

It is a good idea to know beforehand the signs and symptoms of illness and always practice good hand hygiene.

Check your health insurance plan to see if they will cover your health needs abroad.

Think about purchasing additional health insurance for your trip if your health insurance does not cover you while you are traveling. (WHO Website)

Where and when can we get the novel H1N1 flu vaccines before we travel? (added 8.18)

The CDC currently anticipates that the vaccine for novel H1N1 influenza will be available in mid-October. Travel alone does not constitute recommendation for getting the novel H1N1 vaccine. CDC's Advisory Committee on Immunization Practices (ACIP) has recommended that certain groups of the population receive the novel H1N1 vaccine when it first becomes available. These key populations include pregnant women, people who live with or care for children younger than 6 months of age, healthcare and emergency 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 novel H1N1 because of chronic health disorders or compromised immune systems. Medical conditions associated with increased risk of complications from this novel H1N1 include asthma, diabetes, suppressed immune systems, heart disease, kidney disease, neurocognitive and neuromuscular disorders and pregnancy. (CDC website)

Preparedness

Will VDH declare a public health emergency for novel H1N1?

The Health Commissioner declared a public health emergency early this spring so that VDH could have increased access to contact information for licensed medical providers in the state of Virginia. This allowed facilitated communication with the providers.

What is Virginia doing?

We are informing how all persons can protect themselves, their family and their community by staying informed, receiving a seasonal flu vaccine (and novel H1N1 vaccine if it becomes available), washing their hands often with soap and water, covering their nose and mouth when coughing or sneezing, and staying home from school or work if they become sick. The Virginia Department of Health (VDH) is also monitoring influenza like activity throughout the state and is collecting information about persons with severe illnesses and deaths from influenza or pneumonia. We are working closely with the healthcare community to keep them informed and abreast of the most up-to-date information about patient care. VDH is also working with the Department of Education to reach out to colleges, universities and K-12 schools to provide guidance to the facilities as well as the parents. We are working with other government agencies, local community leaders, businesses, and other organizations to make preparations for the fall.

Why was a public health emergency declared in Virginia?

A declaration of a public health emergency enables the state health commissioner to communicate more efficiently and effectively with health care providers by accessing a data base of licensed health care professionals maintained by the Virginia Department of Health Professions. This declaration does not mean that the situation in Virginia has become more severe. A change in state legislation this summer now allows the Commissioner to have access to this database without the need to declare a public health emergency.

Does Virginia have a plan?

The state pandemic flu response plan has been activated including an Incident Command Structure and Emergency Coordination Center at VDH. The plan has been tested and exercised six times since August 2006. Local health districts are activating their local response plans and coordinating with local and regional governments.

Does Virginia have antivirals?

Virginia has a sufficient amount of anti-viral medications on hand to protect public health.

Why is Virginia ordering more antivirals from a national stockpile?

“Stockpiles” are extra quantities of medicine that will be available if there were shortages and people were unable to get their prescriptions filled at their local pharmacies. Virginia already had a large stockpile on hand, and all states are getting additional supplies from the national stockpile. We will have about one million courses available, in addition to all that health care providers normally have on hand.

Why has the government stopped counting every novel H1N1 flu case?

The case counts of novel H1N1 flu that were reported and updated weekly on the CDC website were based on reports of laboratory confirmed cases of influenza submitted by states. However, the number of cases of novel H1N1 flu infection continues to increase and most cases, particularly those that do not require hospitalization or those who do not seek medical care, are not tested. Therefore, the number of reported cases that are lab confirmed is an underestimation of the total number of illnesses. In addition, counting individual cases requires important resources that are needed to help with other aspects of novel H1N1 prevention and preparedness.

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

Miscellaneous

Would you please tell me the number of novel H1N1 deaths in VA?

Source: (http://cdc.gov/novel_H1N1flu/update.htm)

As of September 16, 2009, there have been 4 reported novel H1N1 deaths in Virginia. (updated 9.16)

August 31, 2009 Source: Office of www.vdh.virginia.gov

Is the government overreacting to this?

No. The reaction from the government is appropriate and necessary to reduce infections due to the novel H1N1 virus in the country in the coming influenza season (fall and winter). When it comes to the flu season, co-infection with the novel H1N1 virus and the seasonal flu virus is possible and the severity of the co-infection is less clear at this moment.

This novel H1N1 virus is a novel strain that has not been previously identified in human populations, thus our knowledge and experience with this virus is still very limited. While we have more to learn about this virus, we have known that children and young adults are more vulnerable to the virus, which is different from what we know about the seasonal influenza virus. In addition, infections due to this novel virus continued to be reported in the non-flu season (i.e., summer time).

On June 11, 2009, the WHO signaled a global pandemic of novel H1N1 after this virus had spread to more than 70 countries. Since then, the novel H1N1 virus has continued to spread, with the number of countries reporting cases of novel H1N1 nearly doubling. Given the ongoing novel H1N1 activity to date, CDC anticipates that there will be more cases, more hospitalizations and more deaths associated with this pandemic in the United States in the fall and winter. The novel H1N1 virus, in conjunction with regular seasonal influenza viruses, poses the potential to cause significant illness with associated hospitalizations and deaths during the U.S. influenza season. So the reaction from the government is appropriate and necessary, not overreacting.

Does VDH have speakers who can provide up to date information on the novel H1N1 Flu and recommended practices for businesses in the private sector? (added 8.18)

We are developing a speaker's bureau that will provide presentations to businesses and community groups. Presentations may also be available from your local health department. Guidance documents, podcasts and other resources developed by CDC to help prevent the further spread of this new virus are available at http://cdc.gov/novel_H1N1flu/business/. If you'd like to have a speaker address your group, please provide me with the following information so that we can have someone get back to you:

Contact name:

Contact phone number:

Organization name:

County or City:

Potential meeting dates/times:

Audience (number, who are they):

What type of information about novel H1N1 are they interested in: