



2009 Pandemic Influenza (H1N1) Vaccine Q&As

Vaccine Supply and Distribution

1) When will the 2009 novel H1N1 influenza vaccine be available?

Limited amounts of the novel H1N1 vaccine are expected to be available in mid- to late October.

2) How much novel H1N1 influenza vaccine will be available?

Approximately 45 million doses of licensed vaccine are expected to be available by mid-October 2009, and doses will continue to become available through December. The federal government has purchased a total of 195 million doses of the vaccine. The number of vaccines states will receive is based on population. Using that population-based formula, Utah will receive about 1% of the total vaccine supply.

3) Where will the vaccine be available?

Each state is developing a vaccine delivery plan. Vaccine may be available in different places, such as vaccination clinics organized by local health departments, health care provider offices, schools, and other private settings, such as pharmacies and workplaces. Once vaccine becomes available, the public can find flu shot clinics by visiting www.immunize-utah.org.

Vaccine Recommendations

1) Who should get the novel H1N1 vaccine?

At first, the amount of vaccine will probably be limited. The Advisory Committee on Immunization Practices (ACIP) recommends the following groups receive the vaccine first:

- pregnant women
- people who live with or care for children younger than 6 months of age
- health care and emergency medical services personnel with direct patient contact
- all people from 6 months through 24 years of age
- persons aged 25 through 64 years who have health conditions associated with higher risk of medical problems from influenza

Once these groups get vaccinated, vaccination should begin for everyone between the ages of 25 to 64 years. Current studies indicate the risk for infection among persons age 65 or older is less than the risk for younger age groups.

2) If I'm in one of the priority groups, do I have to get the novel H1N1 influenza vaccine?

No. The vaccine program will be voluntary.

3) Who should not receive this vaccine?

People who have a severe (life-threatening) allergy to chicken eggs or to any other ingredient in the vaccine should not be vaccinated.

4) It seems the novel H1N1 influenza isn't as serious as the seasonal influenza. Why should I get vaccinated?

The novel H1N1 influenza virus (sometimes called "swine flu") causes serious health problems in certain groups and may last longer than the seasonal influenza. The following groups appear to be more affected by the H1N1 influenza virus:

- healthy young people from birth through age 24
- pregnant women
- adults 25 to 64 years who have underlying medical conditions.

Seasonal influenza vaccines are very effective in preventing influenza disease. The expectation is that a vaccine against 2009 H1N1 influenza will probably work much like the seasonal influenza vaccines. Vaccination is the best way to prevent influenza infection and its complications.

5) Will the seasonal influenza vaccine also protect against the novel H1N1 influenza?

No. The seasonal influenza vaccine will not protect against the novel H1N1 influenza.

6) Can the seasonal influenza vaccine and the novel H1N1 influenza vaccine be given at the same time?

It is anticipated that the inactivated seasonal influenza and novel H1N1 influenza vaccines may be given on the same day if the vaccines are given at different sites on your body. However, it is not recommended to give the live, weakened vaccines against seasonal and 2009 H1N1 influenza viruses at the same time.

Vaccine Effectiveness, Safety and Side Effects

1) Will the novel H1N1 influenza vaccine be as safe as the seasonal influenza vaccine?

The process for manufacturing the novel H1N1 influenza vaccine is very similar to the one used for making the seasonal flu vaccines, which have a very good safety track record. The Centers for Disease Control and Prevention (CDC) and FDA will be closely monitoring for any signs that the vaccine is causing unexpected adverse events.

2) Will the novel H1N1 influenza vaccine cause influenza?

No. The inactivated vaccine is made from a dead virus and cannot transmit the disease. As with the seasonal nasal spray influenza vaccine, the novel H1N1 nasal spray influenza vaccine will contain live viruses. However, the viruses are weak and cannot cause influenza illness. Often, people who develop influenza after getting the vaccine were exposed to the disease before being vaccinated and mistakenly think the vaccine caused the disease.

3) What are the side effects from the novel H1N1 influenza vaccine?

The influenza vaccine, like any medicine, has a potential to cause problems, such as severe allergic reactions. But, life-threatening allergic reactions, such as difficulty breathing, are very rare and usually occur within a few minutes to a few hours after the vaccine is given.

The most common side effects will probably be similar to those experienced following seasonal influenza vaccine and can include soreness, redness, or swelling where the vaccine was given, fainting (mainly adolescents), headache, muscle aches, fever, and nausea. If side effects do occur, they usually begin soon after the vaccination and last 1-2 days.

4) What signs or symptoms should I look for after vaccination?

After vaccination, look for any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, swelling around the eyes or lips, hives, paleness, weakness, a fast heart beat or dizziness.

If any of these symptoms occur, seek medical attention right away. Tell your health care provider what happened, the date and time it happened, and when the vaccination was given. Ask your health care provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. You can also file this report yourself through the VAERS Web site at www.vaers.hhs.gov. You may call 1-800-822-7967 to receive a copy of the VAERS form. VAERS is not able to provide medical advice.

5) I've heard that the novel H1N1 influenza vaccine may cause Guillain-Barre Syndrome. What is that?

Guillain-Barré Syndrome (GBS) is a rare disease in which the body damages its own nerve cells, causing muscle weakness and sometimes paralysis.

6) Will there be a possibility of Guillain-Barré Syndrome (GBS) following the 2009 H1N1 influenza vaccine?

In 1976, there was a small risk of Guillain-Barré syndrome (GBS) following influenza (swine flu) vaccination (approximately 1 additional case per 100,000 people who received the swine influenza vaccine). Since then, many studies have been done to evaluate if other influenza vaccines were associated with GBS. In most studies, no association was found, but two studies suggested that approximately 1 additional person out of 1 million vaccinated people may be at risk for GBS associated with the seasonal influenza vaccine. FDA and CDC will be closely monitoring reports of serious problems following the 2009 H1N1 influenza vaccines, including GBS.

Vaccine Ingredients

1) What is an adjuvant and will the novel H1N1 influenza vaccine contain adjuvants?

Adjuvants are ingredients that help boost the vaccine's potency. Currently, the plan is to provide novel H1N1 influenza vaccine without adjuvants in the United States.

2) What is thimerosal?

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 contamination from bacteria and fungi. Such contamination could cause serious illness or death.

3) Will the novel H1N1 influenza vaccine contain thimerosal?

The novel H1N1 influenza vaccines that the FDA approves will be manufactured in several formulations. Multi-dose vials will contain thimerosal as a preservative to prevent potential contamination after the vial is opened.

Single-dose vials and the live-attenuated nasal spray formulation will not contain thimerosal.

4) Is thimerosal still used in vaccines?

Since 2001, no new vaccine licensed by FDA for use in children has contained thimerosal as a preservative. All vaccines routinely recommended by CDC for children under six years of age are thimerosal-free or contain only small amounts, such as the multi-dose formulations of influenza vaccine.

5) Does thimerosal cause autism?

A number of studies have found no association between thimerosal exposure and autism.

Exposure and Spreading the Influenza Virus

1) Should I avoid all contact with pigs or stop handling or eating pork?

The novel H1N1 influenza virus is spread from person to person just like seasonal influenza. It is not spread from pigs to humans and you cannot get it from eating pork.

2) Isn't it better to get natural immunity from the disease rather than risk serious side effects from the vaccine?

The risk from the vaccine is far less than the risk of actual exposure to the influenza virus. Purposely exposing yourself or family members to the virus is potentially dangerous, especially for those who already have serious medical conditions.

3) Will wearing a mask keep me from getting sick?

Wearing a mask or respirator *may* help reduce the chance of getting sick, but will not *eliminate* the risk of disease, illness, or death. How well they work depends on how tightly they fit to your face. Because no respirator provides complete protection against infection, you should always practice other infection control measures like frequent hand washing, staying away from others when you are sick, and avoiding crowded places.

Other Methods to Reduce the Spread of Influenza

1) What other ways can I prevent the spread of illness?

Take everyday actions to stay healthy.

- 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, sneeze or blow your nose.
It is best to wash with warm water for about 20 seconds. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread that way.
- Stay home if you get sick. CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.

2) Follow public health advice regarding school closures, avoiding crowds and other social distancing measures. These measures will continue to be important after a novel H1N1 influenza vaccine is available because they can prevent the spread of other viruses that cause respiratory infections.

3) What is the difference between vaccines and antiviral medications?

Antiviral drugs are prescription medicines (pills, liquid or an inhaled powder) that fight against influenza by keeping the 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 influenza complications if taken within 1-2 days after symptoms begin. This fall, antivirals may be given first to persons with severe illness or those at higher risk for flu complications.