

The information contained within this document was compiled from sources that include the Center for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, and the Oregon Department of Human Services. This document will be updated as new information becomes available.

What is H1N1 flu?

H1N1 (referred to as “swine flu” early on) is a new influenza virus causing illness in people. This new virus was first detected in people in the United States in April 2009. Other countries, including Mexico and Canada, have reported people sick with this virus. The virus spreads from person-to-person, probably in much the same way that regular seasonal influenza viruses spread.

Why is the 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 in North America. But further study has shown that this 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 avian genes and human genes. Scientists call this a “quadruple reassortment” virus.

Is this H1N1 flu virus contagious?

The CDC has determined that this virus is contagious and is spreading from human to human. However, at this time, it is not known how easily the virus spreads between people.

How does the H1N1 virus spread?

It is thought that the HINI virus spreads in the same way that the seasonal flu spreads. Flu viruses spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose.

How long can an infected person spread the H1N1 flu to others?

People with H1N1 influenza virus infection should be considered potentially contagious as long as they are symptomatic and for up to seven days following the onset of the illness. Children, especially younger children, might potentially be contagious for longer periods.

What can I do to protect myself from getting sick?

Vaccines are the best tools we have to prevent influenza. The CDC encourages people to get vaccinated against the seasonal as well as H1N1 influenza. The seasonal flu vaccine is unlikely to provide protection against 2009 H1N1 influenza. The 2009 H1N1 vaccine is not intended to replace the seasonal flu vaccine – it is intended to be used along-side seasonal flu vaccine.

In addition to the flu vaccine, there are everyday actions that can help prevent the spread of germs that cause respiratory illnesses like influenza. Take these everyday steps to protect your health:

- Cover your nose and mouth with a tissue when you cough or sneeze. Immediately throw the tissue in the trash.
- Wash your hands often with soap and water, especially after you cough or sneeze.
- Use alcohol-based hand cleaners.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- If you get sick with the flu, the CDC recommends that you stay home from work or school and limit contact with others in order to avoid spreading the disease.

What are the signs and symptoms of the H1N1 flu?

The symptoms of H1N1 flu in people are similar to the symptoms of the regular flu and include: fever, cough, sore throat, body aches, headache, chills and fatigue. Some people have reported diarrhea and vomiting associated with the H1N1 flu. In the past, severe illness (pneumonia and respiratory failure) and death have occurred to people infected with H1N1. Like the seasonal flu, the H1N1 flu may cause underlying chronic conditions to worsen.

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

How severe is illness associated with the H1N1 virus?

It's not known at this time how severe this virus will be in the general population. The CDC is studying the medical histories of people who have been infected with this virus to determine whether some people may be at a greater risk for infection, serious illness or hospitalization from the virus. In seasonal flu, there are certain people that are at higher risk of serious flu-related complications. This includes people 65 years and older, children younger than five years old, pregnant women, and people of any age with chronic medical conditions. It's unknown at this time whether certain groups of people are at greater risk of serious flu-related complications from infection with this new virus. The CDC also is conducting laboratory studies to see if certain people might have natural immunity to this virus, depending on their age.

What should I do if I get sick?

If you live in areas where people have been identified with the H1N1 flu and become ill with influenza-like symptoms, including fever, body aches, runny or stuffy nose, sore throat, nausea, vomiting or diarrhea, you should stay home and avoid contact with other people, except to seek medical care. If you have a severe illness or you are at high risk for flu complications, contact your healthcare provider or seek medical care. Your healthcare provider will determine whether flu testing or treatment is needed.

What is the difference between a vaccine and an antiviral?

Vaccines are usually given to prevent infections. Influenza vaccines are made from either pieces of the killed influenza virus or weakened versions of the live virus that will not lead to disease. When vaccinated, the body's immune system makes antibodies which will fight off infection if exposure to the virus occurs.

Antivirals are drugs that can treat people who have already been infected by a virus. They can also be used to prevent infection when given before or shortly after exposure and before illness occurs. A key difference between a vaccine and antiviral drug is that the antiviral drug will prevent infection only when administered within

a certain time frame before or after exposure and is effective during the time that the drug is being taken while a vaccine can be given long before exposure to the virus and can provide protection over a long period of time.

Who is recommended to receive the 2009 H1N1 vaccine?

The CDC's Advisory Committee on Immunization Practices (ACIP) has recommended that certain groups of the population receive the 2009 H1N1 vaccine when it first becomes available. These target groups include pregnant women, people who live with or care for children younger than six months of age, healthcare and emergency medical services personnel, persons between the ages of six months and 24 years-old, and people ages of 25 through 64 years of age who are at higher risk for 2009 H1N1 because of chronic health disorders or compromised immune systems.

A shortage of 2009 H1N1 vaccine is not expected, but availability and demand can be unpredictable. There is some possibility that, initially, the vaccine will be available in limited quantities. In this setting, the CDC recommends that the following groups receive the vaccine before others: pregnant women, people who live with or care for children younger than six months of age, healthcare and emergency medical services personnel with direct patient contact, children six months through four years of age, and children five through 18 years of age who have chronic medical conditions.

Once the demand for the vaccine for these target groups has been met at the local level, programs and providers should begin vaccinating everyone from ages 25 through 64 years. Current studies indicate the risk for infection among persons age 65 or older is less than the risk for younger age groups. Therefore, once the younger age groups are vaccinated, programs and providers should offer the vaccination to people over the age of 65.

When will H1N1 vaccine be available?

Shipment of vaccine is underway throughout the United States. A supply necessary to support local distribution to the public is estimated to be available in mid-October. Individual patients should be able to receive a vaccine shortly after shipments arrive.

How will the H1N1 vaccine be distributed?

The federal government will work with manufacturers, distributors, and states. Each state will develop a distribution plan and are working to distribute the vaccine rapidly. These plans build on experience gained from other emergencies.

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In addition, influenza vaccine makers already have systems in place to distribute the vaccine. Tens of millions of doses of seasonal influenza vaccine are shipped every year, and during past shortages, vaccine makers have responded to urgent situations.

Fairness in vaccine distribution and use during a pandemic is important. Protecting people at high risk and protecting essential day-to-day services are also important considerations.

Where will the vaccine be available?

Every state is developing a vaccine delivery plan. Vaccines 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. The locations of these sites will be made available once each state has finalized its distribution network.

Will the H1N1 vaccine be covered through my ODS benefit?

Once available, the H1N1 vaccine will be procured and purchased by the federal government and made available to state vaccinators at no cost. Vaccinators may charge a small fee to administer the vaccine to individual patients. The administration fee is covered under ODS' standard plans. To confirm your benefits, please contact ODS Customer Service.

Are antiviral medications covered through my prescription drug benefit?

Antiviral medications are covered for individuals with an ODS Prescription Drug Benefit. The CDC has issued revised administration guidelines for H1N1 antivirals, recommending that the drugs be administered only to people who develop flu-like symptoms and are at high risk for complications, rather than prescribing immediately after exposure. Health officials want to avoid the possibility of virus resistance and to prevent shortages. However, healthcare providers should not wait for lab results to confirm H1N1 infection before starting antiviral administration in high-risk patients with flu-like symptoms. The drugs have demonstrated their greatest efficacy when administered within 48 hours of the onset of the illness.

Will the seasonal flu vaccine also protect against the 2009 H1N1 flu?

No, the seasonal flu vaccine is not expected to protect against the 2009 H1N1 flu. It is recommended that individuals receive both the H1N1 vaccine and the seasonal influenza vaccine.

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Can the seasonal vaccine and the 2009 H1N1 vaccine be given at the same time?

It is anticipated that seasonal flu and 2009 H1N1 vaccines may be administered on the same day. However, we expect the seasonal vaccine to be available earlier than the H1N1 vaccine. The usual seasonal influenza viruses are still expected to cause illness this fall and winter. Individuals are encouraged to get their seasonal flu vaccine as soon as it is available.

For more information, visit the following websites:

[Centers for Disease Control and Prevention \(CDC\)](#)

The state of Oregon (<http://www.flu.oregon.gov/>)

The state of Washington (<http://www.doh.wa.gov/h1n1/>)

The state of Alaska (<http://www.pandemicflu.alaska.gov/>)