

# 2009 Pandemic Influenza A (H1N1) Questions & Answers

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interactive question and answer database found at:  
<http://answers.flu.gov/>**

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**General** – Can't find your question here? Click [here](#) for a more questions and answers.

**Question – What is 2009 Pandemic Influenza A (H1N1) or swine flu?**

**Answer** – 2009 Pandemic Influenza A (H1N1) (referred to as “swine flu” early on) is a new influenza virus strain 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, much the same way that regular seasonal influenza viruses spread. On June 11, 2009, the World Health Organization (WHO) signaled that a pandemic of 2009 H1N1 flu was underway.

**Question – Why is the 2009 Pandemic Influenza A (H1N1) virus sometimes called “swine flu”?**

**Answer** – 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 bird (avian) genes and human genes. Scientists call this a "quadruple reassortant" virus.

**Question – Where can I get the most current information regarding the Pandemic Influenza A (H1N1) situation in Utah and the U.S.?**

**Answer** – The most up-to-date information for Utah is reported on the Situation Report available at [www.health.utah.gov/h1n1flu](http://www.health.utah.gov/h1n1flu). The most current U.S. data is available on the CDC web site at [www.cdc.gov/h1n1flu](http://www.cdc.gov/h1n1flu).

**Question – Why should I be concerned about the 2009 Pandemic Influenza A (H1N1) virus?**

**Answer** – This is a new influenza virus; most people do not have immunity to it and therefore may be at a greater risk for getting infected. There is no need to be overly concerned, but people should keep current with what is going on and understand what they can do to protect themselves, and to prevent others, from getting sick.

**Question – What are the signs and symptoms of 2009 Pandemic Influenza A (H1N1) virus?**

**Answer** – Symptoms include: fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with this virus also have reported diarrhea and vomiting. Severe illnesses and deaths have occurred as a result of illness associated with this virus.

Watch for these **symptoms in children**. Seek emergency medical care if your child experiences any of the following warning signs:

- Fever with a rash
- Dehydration
- Fast breathing
- Bluish skin coloration

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- Slow to wake or sluggish interaction
- Flu-like symptoms improve, but then return and cough worsens
- Severe irritability

For **adults**, emergency medical care is needed if you experience these warning signs:

- Difficulty breathing
- Dizziness
- Confusion
- Severe or persistent vomiting
- Pain/pressure in the chest or stomach

**Question – How severe is illness associated with 2009 Pandemic Influenza A (H1N1) virus?**

**Answer –** Illness has ranged from mild to severe. Most people who have been sick have recovered without needing medical treatment. However, hospitalizations and deaths from infection with this virus have occurred.

Certain people are at “high risk” of serious complications. These include: children younger than five years old, pregnant women, and people of any age with certain chronic medical conditions. About 70% of people who have been hospitalized with the 2009 Pandemic Influenza A (H1N1) virus have had one or more medical conditions previously recognized as placing people at “high risk” of serious flu-related complications. This includes pregnancy, diabetes, heart disease, asthma, and kidney disease.

One thing that appears to be different from seasonal influenza is that adults older than 64 years do not appear to be at increased risk of 2009 Pandemic Influenza A (H1N1)-related complications thus far.

**Question – What should I do if I get sick?**

**Answer –** If you become ill with influenza-like symptoms, including fever, body aches, runny nose, sore throat, nausea, vomiting or diarrhea, you should call your health care provider, particularly if you are worried about your symptoms. Your health care provider can determine whether influenza testing and/or treatment are needed.

**Question – What is the difference between the 2009 Pandemic Influenza A (H1N1) virus and the regular seasonal influenza virus?**

**Answer –** With seasonal flu, we know that seasons vary in terms of timing, duration and severity. Seasonal influenza can cause mild to severe illness, and at times can lead to death. Each year in the United States an average of 36,000 people die from flu-related complications and more than 200,000 people are hospitalized from flu-related causes. Of those hospitalized, 20,000 (or about 10%) are children younger than 5 years old. Over 90% of deaths and about 60 % of hospitalizations occur in people older than 65 years.

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Data collected, compiled and analyzed thus far by CDC regarding the 2009 Pandemic influenza A (H1N1) virus suggests that 2009 Pandemic Influenza A (H1N1) virus has caused greater disease burden in people younger than 25 years of age than older people. At this time, there are fewer cases and fewer deaths being reported in people older than 64 years old than in other age groups, which is unusual when compared with seasonal flu. However, pregnancy and other previously recognized high-risk medical conditions from seasonal influenza appear to be associated with increased risk of complications from the 2009 Pandemic Influenza A (H1N1) virus. Underlying conditions include asthma, diabetes, suppressed immune systems, heart disease, kidney disease, neurocognitive and neuromuscular disorders and pregnancy.

## **Question – How can I know for certain if I have the flu this season?**

**Answer –** To know for certain, a test specific for influenza would need to be performed. Most people with flu symptoms do not need to be tested for 2009 Pandemic Influenza A (H1N1) because knowing the test results would not change how they are treated.

**Vaccine** – Can't find your question here? Click [here](#) for a more questions and answers. You can also find additional vaccination questions and answers [here](#).

## **Question – Why should I get vaccinated when for most people, illness from influenza may not be severe?**

**Answer –** Influenza viruses (including 2009 Pandemic Influenza A (H1N1) and seasonal influenza) can cause serious illness in anybody, especially in high risk groups. 2009 Pandemic Influenza A (H1N1) has caused more illness in younger populations than seasonal influenza, and illness from 2009 Pandemic Influenza A (H1N1) may last longer than seasonal influenza. The following groups appear to be more affected by the Pandemic Influenza A (H1N1) virus:

- Healthy young people from birth through age 24 years;
- Pregnant women; and
- 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 Pandemic Influenza A (H1N1) will work like the seasonal influenza vaccines. Vaccination is the best way to prevent influenza infection and its complications.

## **Question – When will the 2009 Pandemic Influenza A (H1N1) vaccine be available?**

**Answer –** Limited amounts of vaccine are available and have been distributed to Local Health Departments in Utah.

## **Question – Where will the vaccine be available?**

**Answer –** 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

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offices, schools, and other private settings, such as pharmacies and workplaces. The public can find information on flu shot clinics in Utah by visiting [www.immunize-utah.org](http://www.immunize-utah.org).

## **Question – Who should get the 2009 Pandemic Influenza A (H1N1) vaccine?**

**Answer –** Vaccine supply is currently limited. The Advisory Committee on Immunization Practices (ACIP) recommends that 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.

The only people that should receive the FluMist or nasal spray vaccine are healthy people between the ages of 2-49 years of age, excluding pregnant women. Children under 2 years of age, pregnant women, adults older than 49 years of age, and any person with a chronic medical condition should not receive the FluMist or nasal spray form of the vaccine, but can receive the inactivated vaccine administered through a shot.

## **Will the seasonal influenza vaccine also protect against 2009 Pandemic Influenza A (H1N1)?**

No. The seasonal influenza vaccine will not protect against 2009 Pandemic Influenza A (H1N1) virus.

## **Question – Can the seasonal influenza vaccine and Pandemic Influenza A 2009 (H1N1) vaccine be given at the same time?**

**Answer –** It is anticipated that the inactivated seasonal influenza and 2009 Pandemic Influenza A (H1N1) 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 (“FluMist”) against seasonal influenza and 2009 Pandemic Influenza A (H1N1) influenza at the same time.

## **Question – Are two doses of the 2009 Pandemic A Influenza A (H1N1) vaccine required for it to be effective?**

**Answer –** The U.S. Food and Drug Administration (FDA) has approved the use of one dose of 2009 H1N1 flu vaccine for persons 10 years of age and older.

FDA has approved two doses for children 6 months through 9 years of age. As with seasonal vaccine, children 6 months through 35 months of age should get two doses of 2009 H1N1 flu

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vaccine, which contains one-half of the dose used for older children and adults. The two doses should be given no closer together than 4 weeks apart.

## **Question – Will the 2009 Pandemic Influenza A (H1N1) vaccine be as safe as the seasonal influenza vaccine?**

**Answer –** The process for manufacturing the 2009 Pandemic Influenza A (H1N1) vaccine is very similar to the one used to make the seasonal flu vaccines, which have a very safe 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.

**Transmission** – Can't find your question here? Click [here](#) for a more questions and answers.

## **Question – Is 2009 Pandemic Influenza A (H1N1) contagious?**

**Answer –** Yes - it is contagious and is spreading from person to person. Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching something – such as a surface or object – that has flu viruses on it, and then touching their mouth or nose.

You cannot get 2009 Pandemic Influenza A (H1N1) by eating pork products.

## **Question – I have heard the terms, “incubation period” and “period of communicability” used many times with 2009 Pandemic Influenza A (H1N1). What do these terms mean?**

**Answer –** The “incubation period” refers to the time between when a person is first exposed to the virus (becomes infected) and when the person begins to show signs and symptoms of illness. For influenza, the estimated incubation period is 1-4 days.

The “period of communicability” refers to the time that a person is able to spread illness to others. For influenza, it is believed that the period of communicability ranges from 1 day before symptoms begin, to up to 7 days after onset of symptoms in most people. With seasonal influenza, children and immunocompromised persons have been documented to shed virus for longer periods of time; it is presumed that the 2009 Pandemic Influenza A (H1N1) virus may similarly be shed for longer periods of time in children or immunocompromised people.

## **Question – How long can influenza viruses remain viable on surfaces and objects (such as table-tops and doorknobs)?**

**Answer –** Studies have shown that influenza viruses can survive on such surfaces and can infect a person for 2 to 8 hours after being deposited on the surface.

## **Question – How long can infected people spread this virus to others?**

**Answer –** Infected people may be able to infect others from 1 day before getting sick to 5 to 7 days after symptoms begin. This may be longer in some people, especially children and people with

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weakened immune systems (i.e. immunocompromised people) and in people infected with the 2009 Pandemic Influenza A (H1N1) virus.

**Prevention** – Can't find your question here? Click [here](#) for a more questions and answers.

## **Question – What can I do to protect myself from getting sick?**

**Answer** – The best thing you can do is to receive both the seasonal flu vaccine and, when it becomes available, the 2009 Pandemic Influenza A (H1N1) vaccine. Other things you can do to help prevent the spread of germs that cause respiratory illnesses like influenza are:

- Avoid close contact with people who are sick.
- Cover your mouth and nose with a tissue when you cough or sneeze and discard the tissue.
- If you don't have a tissue and need to cough or sneeze, do so into your elbow.
- Wash your hands after you cough or sneeze.
- Wash your hands often with soap and water, or use an alcohol-based hand sanitizer when hand washing is not possible.
- Avoid touching your eyes, nose or mouth, as germs can more easily gain entrance into your body through those areas.

## **Question – Do I need to wear a facemask?**

**Answer** – When in areas or crowded settings where there is confirmed 2009 Pandemic Influenza A (H1N1) virus, your risk of infection can be reduced through a combination of actions, which include: frequent hand washing; cover you mouth and nose when coughing or sneezing; avoid touching your eyes, nose and mouth; stay home if you are sick with flu-like symptoms; and avoid close contact with persons with flu-like symptoms.

In community and home settings, the use of facemasks and respirators generally are not recommended, especially for individuals not at increased risk for severe illness related to influenza.

## **Question – If I am sick, what can I do to prevent spreading my illness to others?**

**Answer** – If you are sick, stay home for at least 24 hours after your fever is gone (without the use of fever reducing medicines). Do not go to work or school where you could easily get others sick. If you must go out to seek medical care or for other necessities, keep away from others as much as possible.

Additionally, you should avoid close contact with others (including household contacts). Cover your mouth and nose with a tissue or your elbow when coughing or sneezing. Throw your tissue away after using it. Wash your hands frequently with soap and water, especially after coughing or sneezing.

## **Question – What kills influenza virus?**

**Answer** – Influenza virus is destroyed by heat (167-212°F [75-100°C]). In addition, several

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chemical germicides, including chlorine, hydrogen peroxide, detergents (soap), iodophors (iodine-based antiseptics), and alcohols 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.

## **Question – What household cleaning should be done in the home to prevent the spread of influenza viruses?**

**Answer** – 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. Household disinfectants are sufficient to clean surfaces that have been contaminated with the flu virus.

**Testing** – Can't find your question here? Click [here](#) for a more questions and answers.

## **Question – How effective are the rapid flu tests in detecting flu viruses?**

**Answer** – Rapid tests vary in their ability to detect flu viruses. Depending on the test used, their ability to detect 2009 Pandemic Influenza A (H1N1) can range from 10% to 70%. This means that some people with a 2009 Pandemic Influenza A (H1N1) infection have had a negative rapid test result. (This situation is called a false negative test result.)

Rapid tests appear to be better at detecting flu in children than in adults. None of the rapid tests currently approved by the Food and Drug Administration (FDA) are able to distinguish 2009 Pandemic Influenza A (H1N1) virus from other type A influenza viruses.

## **Question – Why can't I get a more accurate laboratory test to find out if I had flu or what kind of flu I had?**

**Answer** – The most accurate laboratory tests, such as real-time reverse transcriptase polymerase chain reaction (rRT-PCR), are only available in certain laboratories, and these tests can take several days to obtain results. This season, CDC is focusing use of these tests on people who are hospitalized or for other reasons explained in the question "Who is being tested for flu this season?"

## **Question – How important is it that I find out whether or not I actually have the flu (2009 Pandemic Influenza A (H1N1) or regular seasonal flu)?**

**Answer** – Most people with 2009 Pandemic Influenza A (H1N1) as well as seasonal influenza have had mild illness and have recovered without medical care or treatment with antiviral drugs. Most people with mild flu "uncomplicated illness" will not need to be tested for influenza because in most cases, knowing the results of testing will not change clinical care. In most instances the treatment for seasonal flu and the 2009 Pandemic Influenza A (H1N1) virus will be the same. Testing in some people may help health care providers determine how to proceed with clinical care.

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## **Question – What groups of people are recommended to get diagnostic testing?**

**Answer** – For the 2009-2010 influenza season, the CDC recommends diagnostic tests for the following people:

- Hospitalized patients with suspected influenza.
- Patients for whom a diagnosis of influenza will inform decisions regarding clinical care, antiviral treatment, infection control, or management of close contacts.
- Patients who have died with an illness where influenza was suspected.
- Doctors should use their judgment when deciding when to test for influenza in patients with mild flu illness.

**Treatment** – Can't find your question here? Click [here](#) for a more questions and answers.

## **Question – How do I know if I need to go to the doctor?**

**Answer** – Most people who become ill with the flu will recover without the need to go to the doctor. However, some people are more likely to suffer from complications of the flu and should talk to their doctor about whether or not they need to be examined. People at higher risk are:

- Children younger than 5 years of age, especially children younger than 2 years old
- People 65 and older
- Pregnant women
- People who have:
  - Cancer
  - COPD
  - Diabetes
  - Heart disease
  - Asthma
  - Blood, kidney, liver, neurologic, & neuromuscular disorders
  - Weakened immune systems

However, anyone who is concerned about their illness from the flu should consult a health care provider.

## **Question – Are there medicines for treating 2009 Pandemic Influenza A (H1N1)?**

**Answer** – Certain drugs called antivirals, such as oseltamivir (Tamiflu) or zanamivir (Relenza), may help lessen the severity of illness in people. These antiviral drugs work best if started within two days of when symptoms start. Treatment with antiviral drugs is generally not needed for people who are not at a higher risk for complications due to influenza or for those that do not have more severe illness due to influenza (requiring hospitalization). Most people ill with influenza (including 2009 Pandemic Influenza A (H1N1)) will recover without complications and should not need to take antivirals.

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## **Question – When should a doctor start treatment with antiviral drugs?**

**Answer –** Once the decision to treat with antiviral drugs is made, treatment should be initiated as soon as possible after the onset of symptoms. Studies have shown that when treating influenza with antiviral drugs, it is most beneficial when treatment is started within 48 hours of illness onset. However, some studies have shown treating hospitalized patients with seasonal influenza with antiviral drugs, even more than 48 hours of illness onset, has been beneficial for the patients, resulting in reductions in mortality and/or duration of hospitalization.

If a doctor plans to treat a patient with antivirals, there is no need to wait for laboratory confirmation to begin treatment, because waiting for results can delay necessary treatment.

**Antivirals** – Can't find your question here? Click [here](#) for a more questions and answers.

## **Question – What is the difference between a vaccine and an antiviral?**

**Answer –** 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. An antiviral is effective only during the time that the drug is being taken.

A vaccine can be given long before exposure to a virus and can provide protection over a long period of time.

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 that will fight infection if exposure to the virus occurs.

Antivirals are drugs that can treat people who have already been infected by a virus. They also can be used to prevent infection when given before or shortly after exposure and before illness occurs.

## **Question – How effective are antiviral drugs at preventing the flu?**

**Answer –** 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 antiviral drugs shouldn't be considered a substitute for flu vaccine.

## **Question – What are the priority groups for treatment with influenza antiviral drugs?**

**Answer –** Priority groups for influenza antiviral drugs include:

- People with more severe illness, such as those hospitalized with suspected or confirmed influenza
- People with suspected or confirmed influenza who are at higher risk for complications, including:
  - Children younger than 2 years old

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- Adults 65 years and older
- Pregnant women
- People with certain chronic medical or immunosuppressive conditions
- People younger than 19 years of age who are receiving long-term aspirin therapy

Children and adults presenting with suspected influenza who have symptoms of lower respiratory tract illness or clinical deterioration should also receive prompt empiric antiviral therapy, regardless of previous health or age.

Physicians may also decide not to treat some people in these groups and/or treat people who are not in these groups based on their clinical judgment.

**Employer/Work** – Can't find your question here? Click [here](#) for a more questions and answers.

## **Question - If I am sick, should I go to work?**

**Answer** - If you are sick with influenza symptoms, you should stay home and avoid close contact with others. You should stay home (except to seek medical care) until 24 hours after fever is gone without the use of fever-reducing medicines (e.g. aspirin, ibuprofen, or acetaminophen).

## **Question – What can an employer do to help families and schools during a flu response?**

**Answer** – Employer support is essential. If employees are not able to stay home when they, or a child, is sick without losing pay or losing their job, it will be even more difficult for families and schools to follow public health steps to ensure appropriate care and prevent spread of illness.

Employers should offer flexible leave policies that support public health steps to decrease the spread of flu. Employers should explore telework alternatives when possible given the nature of the business. (Telework refers to enabling working away from the usual workplace (often at home) through telecommunications or other remote access means (e.g., computer, telephone)).

## **Question – If I have a family member at home who is sick with Pandemic Influenza A (H1N1), should I go to work?**

**Answer** – Employees who are well, but who have an ill family member at home with influenza (including Pandemic Influenza A (H1N1)) can go to work as usual. These employees should monitor their health every day, and take precautions to prevent illness including washing their hands often with soap and water, especially after they cough or sneeze. Alcohol-based hand cleaners are also effective.

If workers 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.

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**Question – What steps can businesses take to keep employees from getting sick, especially during a flu outbreak?**

**Answer –** These steps should be followed ALL the time, not only during a flu outbreak:

- **Advise all employees to stay home if they are sick** until at least 24 hours after they no longer have a fever (100 degrees Fahrenheit or 38 degrees Celsius) or signs of a fever (have chills, feel very warm, has a flushed appearance, or is sweating). This should be determined without the use of fever-reducing medicines (any medicine that contains aspirin, ibuprofen, or acetaminophen). They should stay home until at least 24 hours after they no longer have a fever, even if they are using antiviral medicines. Businesses should review their policies and practices to consider ways to allow flexibility for employees to stay home when they are sick.
- **Encourage "respiratory etiquette"** by providing:
  - Education and reminders about covering coughs and sneezes with tissues, and
  - Easy access to tissues and trash cans.
- **Encourage hand cleanliness** by providing:
  - Education and reminders about washing their hands, and
  - Easy access to running water and soap or alcohol-based hand cleaners.
  - See the CDC [handwashing video](#).
- **Separate employees who become sick at work from other staff.**
- **Ask sick employees to go home.**
- **Routinely clean surfaces and items that are more likely to have frequent hand contact** with cleaning agents that are usually used in these areas. Additional disinfection beyond routine cleaning is not recommended.
- **Encourage sick employees at higher risk of complications from flu to contact their healthcare provider as soon as possible.** Taking antiviral medicines early might prevent severe complications from the flu, such as hospitalization or death. People at higher risk for flu complications include pregnant women and people with chronic medical conditions (such as asthma, heart disease, or diabetes).
- **Prepare for employees to stay home from work and plan ways for essential business functions to continue.** Employees may stay home because they are sick, need to care for sick household members, or because schools have been dismissed and they need to care for their children. Cross-train staff to perform essential functions so that the business can continue operating.
- **Encourage all employees who want protection from flu to get vaccinated for seasonal flu.** Also encourage employees who are at higher risk for 2009 Pandemic Influenza A (H1N1) complications to get the 2009 Pandemic Influenza A (H1N1) vaccine when it becomes available. People at higher risk for 2009 Pandemic Influenza A (H1N1) complications include pregnant women and people with chronic medical conditions (such as asthma, heart disease, or diabetes). Review the health benefits you offer your employees and consider including flu vaccination. If possible, consider seasonal flu vaccination opportunities at the worksite.
- **Provide information to employees overseas** about what to do if they become sick.

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**School** – Can't find your question here? Click [here](#) for a more questions and answers.

## **Question – Should I send my child to school or daycare?**

**Answer** – If your child is sick with influenza symptoms, you should keep them home until 24 hours after fever is gone (without the use of fever reducing medicines, i.e. those containing aspirin, ibuprofen, or acetaminophen).

Additionally, as part of any good prevention measure, reinforce with your children the message to:

- Wash their hands frequently
- Avoid touching their hands to their eyes, mouth, or nose
- Avoid close contact with others who are sick; and
- Cover their own mouth and nose when coughing or sneezing.

## **Question – There have been confirmed cases of Pandemic Influenza A (H1N1) at my child's school - should I keep my child out of school?**

**Answer** – All people who have influenza-like illness symptoms are being advised to stay home until their symptoms have resolved. If these recommendations are being followed, your children should be fine to attend school.

## **Question – Should family members of sick students stay home too?**

**Answer** – No, but family members should monitor their health closely every day. If family members become sick, then yes they too should stay home. If flu conditions in the community are severe, it may be a good idea to have other school-aged children family members stay home for 5 days from the time someone in their home became sick. It is possible that family members could already be sick with flu and not be showing symptoms yet. The 5-day period provides enough time to know if anyone else is sick with flu. Parents should continue to monitor their health and the health of the sick child, as well as the health of their other children.

## **Question – Who makes the decision to dismiss or close a school, and how is that decision made?**

**Answer** – The decision to dismiss students will be made at the community level. School officials should work closely with their local and state public health and government officials to make sound decisions based on local conditions. The decision will consider:

- The number and severity of cases in an outbreak (looking at national, regional, and local data);
- The risks of flu spread and benefits of dismissal;
- The problems that school dismissal can cause for families and communities; and
- Different types of dismissal options (selective, reactive, and preemptive).

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A preemptive dismissal may be recommended by public health officials based on information that the outbreak is becoming **more severe**. An increase in flu spread without an impact on disease outcomes will not lead to the use of preemptive dismissals in most cases.

**Pregnant Women** – Can't find your question here? Click [here](#) for a more questions and answers.

## **Question – I'm pregnant -- is there anything I should do now?**

**Answer** – All pregnant women should talk to their doctors now about the early symptoms of flu. Also, they should discuss a plan to be sure they can get treated quickly if they get sick with the flu.

It's always better to avoid getting the flu in the first place. The best way to prevent the flu is by getting a flu vaccine. CDC advises that pregnant women get both the 2009 Pandemic Influenza A (H1N1) and the seasonal flu shots. Other ways to prevent getting the flu include:

- Washing hands often;
- Avoiding touching eyes, nose and mouth; and
- Staying away from sick people.

## **Question – What should I do if I have come in close contact with someone who has the flu?**

**Answer** – A pregnant woman should call her doctor right away to talk about what she should do. Sometimes doctors will give a pregnant woman an antiviral medicine to decrease the chance of her becoming sick with flu. Other times, this might not be needed. The doctor may instead recommend that a pregnant woman take antiviral medicines only if they get sick.

## **Question – What should I do if I think I have the flu?**

**Answer** – If a pregnant woman thinks she has flu, she should call her doctor right away. If needed, he or she will prescribe an antiviral medicine that treats the flu. The medicine is most helpful if it is started soon (within the first 48 hours) after the pregnant woman becomes sick.

## **Question – How does 2009 Pandemic Influenza A (H1N1) affect a pregnant woman?**

**Answer** – Pregnant women have signs and symptoms of H1N1 flu that are similar to those in other people (fever, cough, sore throat, runny or stuffy nose, body aches, headache, and chills). For most pregnant women, 2009 Pandemic Influenza A (H1N1) has resulted in a mild illness. However, some pregnant women have become very sick. These women needed to be admitted to the hospital. Some pregnant women have died. For this reason, a pregnant woman who thinks she might have the flu should call her doctor right away.

## **Question – Are antiviral drugs safe for pregnant women?**

**Answer** – The flu can cause severe illness and even death in pregnant women. Taking antiviral medicines can help to prevent these severe outcomes. At this time, there are no studies

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suggesting that antiviral medicines are harmful to a pregnant woman or her unborn baby. Studies in pregnant animals also have not raised concern for problems associated with taking these medicines. Being pregnant should not stop women from using antiviral medicines if their doctor advises them to take the medicine. Antiviral medicines can be taken during any stage of pregnancy.

**Travel** – Can't find your question here? Click [here](#) for a more questions and answers.

**Question – Are there any travel restrictions recommended at this time?**

**Answer –** No travel restrictions are being recommended at this time.

**Question – What do I do if I am planning travel in and out of the U.S.?**

**Answer -** If you decide to travel, there are certain everyday actions that can be taken to help to prevent the spread of germs that cause respiratory illnesses such as influenza. These actions include:

- Frequent hand washing with soap and water (especially after a cough or sneeze), or use of an alcohol-based hand sanitizer frequently when hand washing is not possible.
- Cover your nose and mouth with a tissue when coughing or sneezing. Throw the tissue away after using it.
- If you don't have a tissue and need to cough or sneeze, do so into your elbow. Wash your hands after you cough or sneeze.
- Avoid touching your eyes, nose, or mouth.
- Avoid close contact (e.g. within 6 feet) with sick people.
- Do not go to work or school (this includes children in daycare) if you are sick.
- If you are sick, limit contact with other people as much as possible.

**Question – Should I begin taking antiviral medications if I'm planning to travel to another country or area where known 2009 Pandemic Influenza A (H1N1) or other influenza viruses are circulating?**

**Answer –** No, persons traveling to countries where 2009 Pandemic Influenza A (H1N1) or other influenza viruses are circulating do not need to take antiviral drugs to prevent illness. However, if you become ill in any way while in the country, you should seek medical advice immediately.

If you plan to travel to any country that has reported cases of flu among birds, swine, or humans, you should consider scheduling an appointment with your healthcare provider before traveling to discuss risks of potential exposure to diseases. Only you and your health care provider can decide what that risk is, and what the most appropriate precautions are, for you.

**Pneumococcal Disease** – Can't find your question here? Click [here](#) for a more questions and answers.

**Question – What is invasive pneumococcal disease?**

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## **Question – What is invasive pneumococcal disease?**

**Answer** – Invasive pneumococcal disease is an infection caused by a type of bacteria called *Streptococcus pneumoniae* (pneumococcus). Invasive disease means that germs invade parts of the body that are normally free from germs, like blood or spinal fluid. When this happens, disease is usually very severe, causing hospitalization or even death. When pneumococcal bacteria invade the lungs, they can cause pneumonia. They can also invade the bloodstream, causing bacteremia, and/or the tissues and fluids surrounding the brain and spinal cord, causing meningitis.

## **Question – What are the symptoms of invasive pneumococcal disease?**

**Answer** – There are four types of symptoms:

1. **Meningitis** – High fever, headache, and stiff neck in individuals over the age of 2 years. These symptoms can develop over several hours, or they may take 1 to 2 days. Other symptoms can include: nausea, vomiting, discomfort looking into bright lights, confusion, and sleepiness. In newborns and small children the classic symptoms fever, headache, and neck stiffness may be absent or difficult to detect, and an infant may only appear slow or inactive, or be irritable, have vomiting, or be feeding poorly.
2. **Pneumonia** – In adults, pneumococcal pneumonia is often characterized by sudden onset of illness with symptoms including shaking chills, fever, shortness of breath or rapid breathing, pain in the chest that is worsened by breathing deeply, and a productive cough. In infants and young children, signs and symptoms may not be specific, and may include fever, cough, rapid breathing or grunting.
3. **Otitis media** – Children who have otitis media (middle ear infection) typically have a painful ear, and the eardrum is often red and swollen. Other symptoms that may accompany otitis media include sleeplessness, fever and irritability.
4. **Blood stream infections** – Infants and young children with bloodstream infections-also known as bacteremia-typically have non-specific symptoms including fevers and irritability.

## **Question – How is pneumococcal disease spread?**

**Answer** – The bacteria are spread through contact with persons who are ill or who carry the bacteria in their throat. Transmission is mostly through the spread of respiratory droplets from the nose or mouth of a person with a pneumococcal infection. It is common for people, especially children, to carry the bacteria in their throats without being ill from it.

## **Question – Is 2009 Pandemic Influenza (H1N1) flu associated with an increase in invasive pneumococcal disease?**

**Answer** – Possibly. Some sites that the CDC uses to track invasive pneumococcal disease have seen greater than expected numbers of cases of invasive pneumococcal disease coinciding with increases in flu-associated hospitalizations.

## **Question – Are increases in invasive pneumococcal disease expected during influenza pandemics?**

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**Answer** – Yes, increases in pneumococcal disease have been reported during the past three influenza pandemics occurring in the twentieth century. Now we have two pneumococcal vaccines that may help to prevent these infections.

**Question – Who is most at risk for becoming infected with invasive pneumococcal disease?**

**Answer** – Children at increased risk of infection include those with anatomic or functional asplenia (including sickle cell disease), patients taking immunosuppressive chemotherapy, those with congenital and acquired immune deficiency, those with chronic renal disease and healthy Native American, Alaskan Native, and African American children. Children less than 60 months of age in out-of-home day care are at 2-3 fold higher risk of experiencing invasive pneumococcal infections than children in home care. Also, adults ages 65+ years are at increased risk.

**Question – What vaccines are available for invasive pneumococcal disease?**

**Answer** – There are two invasive pneumococcal vaccines available. The **Pneumococcal conjugate vaccine (PCV7)** is recommended for all children less than 5 years of age. The **23-valent pneumococcal polysaccharide vaccine (PPSV)** is recommended for all persons 2-64 years of age with high risk conditions, and for everyone over the age of 65.

**Question – Is the pneumococcal disease vaccine safe?**

**Answer** – Yes, it is considered safe. Some people do experience mild side effects, but these are usually minor and last only a short time. If side effects do occur, the most common include swelling and soreness at the injection site. People with a severe allergy to any component of the vaccine should not get vaccinated. As with any medicine, there are very small risks that serious problems could occur after getting the vaccine. But the potential risks associated with pneumococcal disease are much greater than the potential risks associated with the vaccine. You cannot get pneumococcal disease from the vaccine.

**Question – What can I do protect myself against invasive pneumococcal disease?**

**Answer** – If you are at high risk for pneumococcal disease, you should receive the PPSV vaccine. Most people need a single dose of the pneumococcal vaccine in a lifetime. All children less than 5 years of age should receive the pneumococcal conjugate vaccine (PCV7); high risk children 2 to 4 years of age need both pneumococcal vaccines.