



National Association of School Nurses

School nurses are in a position of public trust in both normal and crisis times. This flu season is an opportunity for *Vision, Voice, and Visibility* for school nurses. We know vaccines are the best way to prevent vaccine-preventable disease. We know preventing disease means children stay healthy and ready to learn. Now is the time to put our best foot forward and demonstrate the value of school nurses. The students, families and school personnel are looking to us for credible and honest answers about the benefits and minimal risks of being protected against seasonal and H1N1 influenza with both vaccines.

Sandi Delack, NASN President

2009 H1N1 Influenza Vaccine

Frequently Asked Questions by Students, Families and School Personnel

10/08/09

Why should I get myself or my child vaccinated against seasonal or H1N1 flu – we never get sick?

- H1N1 Flu is easily spread – especially at school.
- If you decide not to be immunized and you do get the virus, you risk exposing someone who has a chronic disease, who has special needs, is pregnant, or at high risk for other reasons and could become severely ill and maybe die.

What can you do to stay healthy?

- Stay informed – follow advice from your local health department and the CDC regarding prevention tips, vaccine information, and school closures and vaccine information.
- Influenza is thought to spread mainly person-to-person through coughing or sneezing.
 - Cover your nose & mouth with tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
 - Cough into the bend of your arm if no tissue available.
 - Wash your hands often with soap and water, and after you cough or sneeze.
 - Use alcohol-based hand cleaners, as recommended by the CDC.
 - Avoid touching your eyes, nose, and mouth.
 - 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.
- Find healthy ways to deal with stress and anxiety.
- Talk to the school nurse.
- Call 1-800-CDC-INFO or visit www.flu.gov for more information.

Now that the H1N1 vaccine is available, who does the CDC recommend should receive it?

- Pregnant women (because pregnant women account for a disproportionate number of deaths)
- People who live with or care for children younger than 6 months of age (because infants cannot receive the vaccine)
- Health care & emergency services personnel
- People 6 months through 24 years of age
- People 25 through 64 with chronic health disorders or compromised immune systems.

Who will receive priority for the H1N1 vaccine, as the vaccine is being released?

- Pregnant women
- People who live with or care for children younger than 6 months of age
- Health care & emergency services personnel
- Children 6 months through 4 years of age
- Children 5 through 18 years of age with chronic medical conditions.

After meeting the demand for vaccine among the five initial target groups, vaccination with H1N1 should be expanded to all persons 25 through 64 years of age.

Why aren't adults age 65 and older included as a priority group for the H1N1 vaccine when they are usually included in the high priority group for seasonal influenza?

- Studies suggest there is some degree of preexisting immunity for those 60 years and older, probably from previous exposure to this virus when they were younger.
- People 65 years and older who would be given the H1N1 vaccine include those who live or care for infants younger than 6 months or are a healthcare or emergency services provider.

Will there be enough H1N1 vaccine?

- Everyone who wants that vaccine will get it, but perhaps not when it's first available. The distribution of the vaccine is complex, and some agencies will get their vaccine before others.

Is the H1N1 vaccine safe?

- Vaccinations are among the safest medications. The H1N1 vaccine has been made just like the other seasonal flu vaccines. The "recipe" changes every year for the regular seasonal flu vaccine. The H1N1 vaccine is just another "recipe" change – all other conditions for making the vaccine are the same.

Is the H1N1 vaccine experimental?

- No. The vaccine is made in the same manner and by the same manufacturers as seasonal flu vaccine is made every year.
- Just like seasonal flu vaccine, the H1N1 will be available in an inactivated injectable formulation and live-attenuated nasal spray.

What are the possible side effects of the H1N1 vaccine?

- Similar to regular seasonal flu vaccine, the most common side effects are soreness, redness, and tenderness or swelling where the vaccine was injected.
- The potential benefits in preventing serious illness, hospitalization, and death outweigh risk of these potential side effects.

What is the risk of getting Guillain-Barre Syndrome (GBS) (a rare paralyzing condition) from the H1N1 vaccine?

- In the 1976 mass immunization for swine flu, there was approximately 1 case of GBS for every 100,000 persons vaccinated.
- Studies since show a small risk with seasonal flu vaccine: 1 case of GBS for every 1 million persons vaccinated.
- Scientists continue to watch carefully for any signs of this problem.
- The vaccine in 1976 was a whole virus vaccine; vaccines today are split virus vaccines, which decreases risk.

How serious is the flu?

- Most persons have a self-limited, non-severe illness.
- There are some who are at higher risk for complications from the flu.
- Every year, about 36,000 people in the United States die from seasonal influenza; typically, 50-100 pediatric deaths.
- The number of deaths from H1N1 in the U.S., as of August 2009, is 477; 36 were pediatric deaths.

Do I need both the seasonal flu vaccine and the H1N1 vaccine?

- Yes. The seasonal flu vaccine provides protection from our usual winter flu. The H1N1 vaccine provides protection from the flu caused by this single new strain of virus.

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

- Yes, in most cases.
 - You can receive the inactivated seasonal (TIV) and inactivated H1N1 flu vaccine at the same time (separate syringes and sites); or at any time before or after each other is administered.
 - You can receive the inactivated seasonal (TIV) and live H1N1 (nasal spray) flu vaccine together; or at any time before or after each other is administered
 - You can receive the live seasonal (LAIV) and inactivated H1N1 flu vaccines together; or at any time before or after each other is administered.
 - Receiving the live seasonal (LAIV) and live (nasal spray) H1N1 vaccine together is NOT RECOMMENDED. If only the live vaccine is available, separate the doses by at least 4 weeks.

Could this just be a government conspiracy to inject everyone with an unknown substance?

- H1N1 is a global health problem – that is why the World Health Organization calls it a pandemic.
- Public health experts from around the world –not just the US - are tracking, testing, and educating the public about the H1N1 virus that emerged April 2009.
- The Federal Government responds to the recommendation of public health experts.