

**Q. Is the H1N1 Vaccine Safe?**

A. The Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) closely monitor the safety of influenza and other vaccines used in the United States.

- Licensed 2009 H1N1 vaccines will be produced using the same manufacturing process as seasonal influenza vaccines.
- All seasonal influenza vaccines licensed in the United States are produced in eggs and they do not contain adjuvants.<sup>1</sup>
- When seasonal influenza vaccines are administered according to licensed indication and usage information they are safe; however vaccines, like any medical product, carry some risks. It is anticipated that the safety profile of licensed 2009 H1N1 vaccines will be similar to seasonal influenza vaccines; serious adverse events after vaccination are uncommon. (CDC 8-26-09)

**Q. Are there other ways to prevent the spread of illness?**

A. 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 or sneeze. Alcohol-based hands 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.

**Q. What about the use of antivirals to treat novel H1N1 infection?**

A. 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. This fall, antivirals may be prioritized for persons with severe illness or those at higher risk for flu complications. Antivirals are most effective if given in the first 48 hours.

For more information please visit <http://www.tooelehealth.org>

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## Tooele County Health Department H1N1 Frequently Asked Questions

### **Q. Will the seasonal influenza vaccine protect against H1N1/swine flu?**

A. No, the seasonal influenza vaccine will protect against only the regular seasonal influenza strains of the virus.

### **Q. Why are clinics only administering seasonal flu vaccine?**

A. While the seasonal flu vaccine is ready for distribution, the H1N1 vaccine is still in production and will not be available until mid to late October.

### **Q. Why get the seasonal flu vaccine this year?**

A. Even if you plan on receiving the H1N1/swine flu vaccine once it becomes available, it is highly recommended that individuals also receive the seasonal flu vaccine.

### **Q. When is it expected that the novel H1N1 vaccine will be available?**

A. The novel H1N1 vaccine is expected to be available in mid-October. More specific dates cannot be provided at this time as vaccine availability depends on several factors including manufacturing time and time needed to conduct clinical trials.

### **Q. Will vaccination against the new H1N1 influenza be mandatory?**

A. No. This is not a mandatory shot in the state of Utah. An exemption form is not required.

### **Q. Will the seasonal flu vaccine also protect against the novel H1N1 flu?**

A. The seasonal flu vaccine is not expected to protect against the novel H1N1 flu.

### **Q. Can the seasonal vaccine and the novel H1N1 vaccine be given at the same time?**

A. It is anticipated that seasonal flu and novel 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.

### **Q. Who will be recommended as priority groups to receive the novel H1N1 vaccine?**

A. The CDC currently recommends that certain groups of the population receive the novel H1N1 vaccine when it first becomes available including:

- pregnant women
- people who live with or care for children younger than 6 months of age
- healthcare and emergency medical services personnel with direct patient contact
- persons between the ages of 6 months and 24 years old,
- 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.

***Fortunately current studies indicate the risk for infection among persons age 65 or older is less than the risk for younger age groups.***