



Joint Information Center 2009 H1N1 Response



FOR IMMEDIATE RELEASE – November 18, 2009
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Just the (H1N1) Facts, Please

When it comes to H1N1 Influenza, many Arizonans just don't know the truth. Arizona State University along with the Arizona Department of Health Services (ADHS), recently asked people at more than 700 Arizona households about H1N1. The study found Arizonans are receiving incorrect or inaccurate information.

ADHS wants to change that and make sure Arizonans know the facts when it comes to H1N1. Arizonans must understand that healthy habits like frequent hand-washing and staying home when sick can stop the spread this flu season.

Here are a few more points to improve the public's knowledge about H1N1.

1. There have been many names used to refer to the H1N1 influenza

Many names have been used when referring to H1N1, including "swine flu," "H1N1 flu," "novel H1N1 flu" and "2009 H1N1 flu.". Media quickly dubbed H1N1 influenza "swine flu" after its rapid emergence in April 2009. As experts learned more about the virus, it was correctly and more appropriately classified as H1N1 "influenza" (or "flu" for short).

2. It is NOT more difficult to get H1N1 flu than seasonal flu

You can get H1N1 flu as easily as seasonal flu; both are passed mainly person-to-person through small droplets sprayed by the coughing or sneezing. For that reason, remember to cough and sneeze into a tissue and throw away the tissue. If that's not possible, use a sleeve or elbow.

People may also become infected by H1N1 flu or seasonal flu by handling a contaminated surface or object (e.g., telephone or doorknob) and then touching their eyes, mouth or nose. Most healthy adults may be able to infect others 1 day **before** symptoms develop, and up to 5 days **after** visible illness. (is gone?)

3. It is NOT more important to seek medical care for H1N1 flu than for seasonal flu

For the majority of the population, H1N1 flu is not significantly worse than the seasonal flu. In most cases, rest and drinking fluids are the best course of treatment. Most people do not need medical care unless symptoms worsen or there are emergency warning signs, including:

- difficulty breathing or shortness of breath,
- confusion, and
- severe or persistent vomiting.

If you are in a high risk group, contact your healthcare provider at the **beginning** of your symptoms.

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4. The H1N1 vaccine is safe and is not “experimental”

The H1N1 vaccine is expected to be as safe as seasonal flu vaccine. H1N1 vaccine is made in the same way and in the same licensed facilities used to make seasonal flu vaccines. People with a severe allergy to chicken eggs or to another substance in the vaccine, or who have had a serious reaction to flu vaccine should not be vaccinated.

Vaccine Priority Groups for High Risk Populations

There has been confusion about the vaccine priority groups. Every person is equally important, but some populations are deemed at a higher risk for complications from H1N1 flu. Since the H1N1 vaccine is currently in limited supply, the following priority groups have been identified to receive vaccine first.

- **Children 6 months to 18 years old** are at greater risk for complications while sick with H1N1 flu because their immune systems are weaker than adults. Children in school and day care settings spread the flu well, The virus can travel home to their parents, siblings and grandparents. It is important to vaccinate children early to stop the spread.
- **Pregnant women** are at greater risk for complications while sick with the flu, especially H1N1 flu, because their respiratory and immune systems are heavily taxed during pregnancy. Vaccinating the mother can potentially provide protection to newborn infants who cannot be vaccinated.
- **Health care and emergency medical services personnel** are at greater risk for complications because of increased exposure to H1N1. Infected persons can then become a source of infection for vulnerable patients. Furthermore, increased absenteeism among health care and emergency medical services personnel could reduce health care system capacity.
- **Household contacts and caregivers for children younger than 6 months of age** should be vaccinated early because infants are at higher risk of influenza-related complications and too young to be vaccinated. Vaccination of those in close contact with infants younger than 6 months old might help protect infants by "cocooning" them from the virus.

Secondary priority groups have also been identified.

- Young adults 19 through 24 years of age are considered a priority for vaccination because many cases of H1N1 flu have been seen in that population; they often live, work and study in close proximity and travel.
- Persons aged 25 through 64 years who have health conditions are at higher risk of medical complications from influenza.

Once high-risk populations have been vaccinated or vaccine is in greater supply, the vaccine will be made widely available to:

- All persons, including healthy persons aged 25 through 64 years old, and persons 65 years and older.

Why aren't the elderly considered high risk?

People aged 65 and older are at greater risk for complications with **seasonal flu**, but **not H1N1 flu**. Laboratory tests of blood samples indicate that people 65 years and older have some pre-existing immunity to the H1N1 virus. Once all priority groups have been vaccinated for H1N1 flu, people 65 years and older will be eligible to receive the vaccine. People 65 years and older should get seasonal flu vaccine while they patiently wait for H1N1 vaccine.

For more information, visit www.StopTheSpread.org.

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