

FLU FREQUENTLY ASKED QUESTIONS (FAQs)



Arkansas Department of Health
Keeping Your Hometown Healthy



Flu Terms Defined:

- **Seasonal (or common) flu** is a respiratory illness that can be transmitted person to person. Most people have some immunity (protection), and a vaccine is available.
- **Avian (AI) flu (Bird Flu)** is caused by flu viruses that occur naturally among wild birds. Low pathogenic (capable of causing or producing disease) Avian flu is common in birds and causes few problems. Highly pathogenic Avian flu is deadly to domestic fowl, can be transmitted from birds to humans, and can be deadly to humans. There is virtually no human immunity.
- **Pandemic flu, such as novel (new) H1N1 influenza A (Swine Flu)**, is a human flu that causes a worldwide outbreak. Because there is little natural immunity, the disease can spread easily from person to person.

General Seasonal Flu Information:

What is the seasonal flu?

Seasonal flu is a disease that causes mild to severe illness. Each year in the United States, there are 25-50 million infections, over 200,000 hospitalizations and roughly 36,000 deaths due to flu. Of those hospitalized, 20,000 are children younger than five years old. Over 90 percent of deaths and about 60 percent of hospitalizations occur in people older than 65.

What are the symptoms of seasonal flu?

Symptoms of seasonal flu include: fever greater than 100 degrees, body aches, coughing, sore throat, chills, headache and body aches, fatigue, respiratory congestion, and in some cases, diarrhea and vomiting. Anyone experiencing these symptoms should contact their physician or other health care provider.

What is the best way to not get the seasonal flu?

The best way to stop the spread of seasonal flu is to get a flu shot each year. The shot takes one to two weeks to start working and is 70 to 90 percent effective in preventing the seasonal flu. The flu shot will not give you the flu! The shot is a vaccine that helps protect you against the seasonal flu virus. This shot will not protect you against the novel H1N1 influenza A (Swine Flu) virus.

Who should get a seasonal flu shot?

Everyone should get a seasonal flu shot. Individuals 9 years and older will need one seasonal influenza shot. Children 6 months through 8 years will need two seasonal flu shots if they have never received a flu shot. Be sure to check with your physician. Although all persons older than 6 months of age should get a seasonal flu shot each year,

those most at risk for complications from the seasonal flu are:

- all children aged 6 months to 4 years;
- all persons aged 50 years or older;
- children and teenagers aged 6 months to 18 years who take aspirin daily;
- pregnant women;
- adults and children aged 2 years and older with chronic lung (including asthma) or heart disorders;
- adults and children aged 2 years and older with chronic metabolic diseases (including diabetes), kidney diseases, blood disorders (such as sickle cell anemia), or weakened immune systems, including persons with HIV/AIDS;
- residents of nursing homes and other long-term care facilities;
- Children younger than 5 years old. However, the risk for severe complications from seasonal influenza is highest among children younger than 2 years old.
- Persons with the following conditions:
 - Chronic pulmonary (including asthma, even if mild), cardiovascular (except hypertension), kidney, liver, blood (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus);
 - Immunosuppression, including that caused by medications or by HIV;
 - Persons younger than 19 years of age who are receiving long-term aspirin therapy, because of an increased risk for Reye syndrome.

In addition, **those that live with or care for individuals that are at high risk for flu-related complications should also be vaccinated and include:**

- health-care workers involved in direct, hands-on care to patients and household members and out-of-home caregivers of infants under the age of 6 months;
- household contacts (including children), caregivers of children up to age four and adults aged 50 or older; and,
- household contacts (including children) and caregivers of persons with medical conditions that put them at higher risk for severe complications from flu

Novel H1N1 Influenza A (Swine Flu) Information:

What is novel (new) H1N1 influenza A (Swine Flu)?

The 2009 H1N1 Influenza A is a new flu virus causing illness in people and was called the "swine flu". This new virus was first found in people in the United States in April 2009. Numerous other countries have since reported people sick with this new virus, which spreads from person to person in much the same way as regular seasonal flu spreads.

Why is the new H1N1 influenza A virus sometimes called "Swine Flu"?

In the beginning, this virus was thought to be similar to flu viruses that normally occur in pigs in North America and was referred to as the swine flu. However, further study has shown that this virus is actually different from what normally circulates in North American pigs and is made up of two genes from viruses found in pigs in Europe and Asia, plus a gene from a bird and a human.

What are the signs and symptoms of novel H1N1 influenza A (Swine Flu) in people?

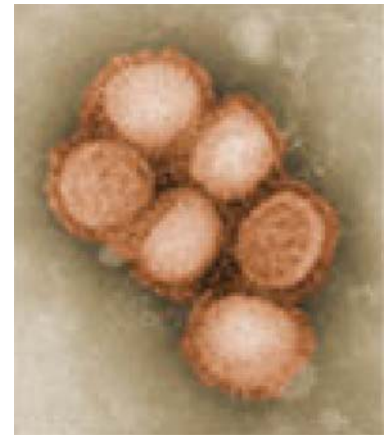
The symptoms of H1N1 flu in people are much like the symptoms of the regular seasonal flu and include fever over 100 degrees, cough, sore throat, body aches, headache, chills and tiredness. Some people have reported diarrhea and vomiting related to the H1N1 flu. Like seasonal flu, H1N1 flu may cause already existing chronic medical conditions to get worse.

Is there a novel H1N1 influenza A (Swine Flu) vaccine?

Yes, the H1N1 vaccine has been developed by the Centers for Disease Control and Prevention developed the H1N1 vaccine. Our Department continues to request the maximum amount of H1N1 vaccine doses that can be ordered each week, and we are receiving only limited quantities. The H1N1 vaccine will first be offered to priority groups, but eventually there should be enough vaccine available for any person who would like a shot. If you or a family member falls under any of the priority groups below, please call your local health unit or your private provider to see if vaccine is available.

What groups are considered most at risk for complications from H1N1 flu and will be the first to be vaccinated?

- Pregnant women because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated;
- Household contacts and caregivers for children younger than 6 months of age because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants less than 6 months old might help protect infants by “cocooning” them from the virus;
- Healthcare and emergency medical services personnel because infections among healthcare workers have been reported and this can be a potential source of infection for vulnerable patients. Also, increased absenteeism in this population could reduce healthcare system capacity;
- All people from 6 months through 24 years of age;
- Children from 6 months through 18 years of age because we have seen many cases of new H1N1 influenza in children and they are in close contact with each other in school and day care settings, which increases the likelihood of disease spread;
- Young adults 19 through 24 years of age because we have seen many cases of new H1N1 flu in these healthy young adults and they often live, work, and study in close proximity, and they are a frequently mobile population; and,
- Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from flu.



All Arkansans should take preventive measures and not become complacent. While the H1N1 flu virus currently is acting like a virus that might be seen during a typical flu season, the concern is how the virus might mutate.

How many novel H1N1 influenza A (Swine Flu) cases are confirmed in Arkansas?

Following similar action announced recently by the Centers for Disease Control and Prevention (CDC), Arkansas no longer reports the number of individual cases of H1N1 flu and **is only testing for H1N1 flu in pregnant women and hospitalized individuals**. However, the number of cases of novel H1N1 flu infection continues to increase and officials are certain that Arkansas has more H1N1 influenza in the state than what is being reported.

Do you expect the H1N1 virus to continue to spread this flu season? And if so, do you expect it to be worse than it has been?

Yes. It is very possible that this new H1N1 virus will continue to circulate and cause much more illness this fall and winter. Whether it will cause more illness than it's been causing recently, whether it will dominate among the seasonal flu viruses or when it might disappear is not known right now. We're mindful of the past that pandemics of influenza have sometimes come in waves and the very severe 1918 pandemic had a moderate or mild initial wave in the spring and a much more severe second wave in the fall. So that really terrible experience of 1918 is in our minds. Based on what we saw in the US and in the Southern Hemisphere this past summer, it is very likely this new influenza strain will be a problem during this flu season. However, we can't tell you right now just how severe the H1N1 disease will be during this flu season. We have completed mass flu vaccination clinics in every county statewide and are focusing on being prepared for the possibility that the H1N1 disease will be serious. Additional mass flu clinics will be scheduled at later dates once greater supplies of H1N1 vaccine are available.

Spread of the Novel H1N1 Influenza A Virus and Seasonal Flu Virus: How does the flu spread?

Spread of the novel H1N1 influenza A (Swine Flu) virus occurs in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing by people with the flu. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose.



What is the best way to keep from spreading the virus?

Wash or disinfect your hands often and stay home if you are sick. While at home, sick persons should have as limited exposure to others as possible. Do not cough or sneeze into your hand. Cover your mouth and nose with a tissue and cough or sneeze into your sleeve to prevent those around you from getting sick. Put used tissues in the trash can.

Can people catch novel H1N1 influenza A (Swine Flu) from eating pork?

No. H1N1 influenza viruses are not transmitted by food. You cannot get the new H1N1 flu from eating pork or pork products. Eating properly handled and cooked pork and pork products are safe. Cooking pork to an inside temperature of 160°F kills virus and bacteria.

How long can influenza virus stay alive on objects (such as books and doorknobs)?

Studies have shown that influenza virus can survive on environmental surfaces and can infect a person for up to 2-8 hours after being put on the surface.

Is there a risk from drinking water? Can the new H1N1 flu virus be spread through water in swimming pools, spas, water parks, interactive fountains, and other treated recreational water venues?

No. Tap water that has been treated by the usual disinfection methods does not likely pose a risk for transmission of influenza viruses. Current drinking water treatment regulations provide a high degree of protection from viruses. To date, there have been no documented human cases of influenza caused by exposure to influenza-contaminated drinking water. Influenza viruses infect the human upper respiratory tract. There has never been a documented case of influenza virus infection associated with water exposure. These water sources are all treated with special substances that would kill the flu virus.

Flu Virus, Food and Animals:

Can people get the flu virus by eating food products?

No. Influenza viruses are not known to be spread by eating food items. Influenza viruses are spread through breathing or through touching contaminated surfaces and then touching the mouth, nose, or eyes.

Could a sick restaurant worker transmit flu virus to consumers in a restaurant or other food-service venue?

A sick restaurant worker could transmit the flu virus through coughing or sneezing. Also, studies have shown that influenza virus can survive up to 24-48 hours on hard environmental surfaces (such as door knobs), on cloth, paper and tissue for 8-12 hours, and on hands for five minutes. Influenza is not known to be spread through eating a food item. Long-standing FDA guidelines say that food workers experiencing symptoms of respiratory illness should not work with exposed food, clean equipment, utensils, linens or unwrapped single-service or single-use articles. In addition, the U.S. Centers for Disease Control and Prevention recommends that individuals experiencing symptoms of 2009 H1N1 flu virus stay home from work.

Do pigs carry this virus and can I catch this virus from a pig?

No. At this time, there is no proof that swine in the United States are infected with this new virus. However, there are flu viruses that commonly cause outbreaks of illness in pigs. Most of the time, these viruses do not infect people, but influenza viruses can spread back and forth between pigs and people.

Can the H1N1 virus be transferred from humans to swine or vice versa?

USDA's National Animal Disease Center in Ames, Iowa, is conducting tests to determine the transmissibility and severity of the H1N1 flu virus in pigs. The Canadian Food Inspection Agency (CFIA), through its surveillance, announced recently that it found the H1N1 flu virus in a swine herd in Alberta. The CFIA believes it is highly likely that the pigs were exposed to the virus from a Canadian who had recently returned from Mexico and had been exhibiting flu-like symptoms. Signs of illness were then observed in the pigs. The individual has recovered and all of the pigs are recovering or have recovered. The pigs are isolated. USDA continues to monitor the U.S. swine herd, and to date, this particular strain of H1N1 has not been found in U.S. swine.

Can the H1N1 flu infect birds?

Yes, it apparently can infect birds. In August 2009, authorities in Chile reported 2009 H1N1 influenza in two turkey farms near Valparaiso. In October 2009, the Ontario Ministry of Agriculture, Food and Rural Affairs confirmed 2009 H1N1 in a turkey flock in Ontario, Canada.

Can people get H1N1 from birds?

It is not yet known if infected birds can pass the 2009 H1N1 virus to humans.

2009 H1N1 and Pets:

What animals can be infected with the 2009 H1N1 virus?

In addition to humans, live swine and turkeys, we know that ferrets (which are highly susceptible to influenza A viruses) and a domestic cat have been infected with 2009 H1N1 virus. CDC is working closely with domestic and international public and animal health partners to continually monitor this situation and will provide additional information to the public as it becomes available.

How do companion animals become infected with 2009 H1N1?

All available information suggests that the ferrets and domestic cat with 2009 H1N1 infections acquired the virus through close contact with ill humans. Transmission of 2009 H1N1 virus from humans to animals appears similar to human-to-human transmission.

Can I get 2009 H1N1 influenza from my pet?

Available evidence suggests that transmission has been from ill humans to their companion animals. No evidence is available to suggest that animals are infecting humans with 2009 H1N1 virus.

What do I do if I am sick with flu-like symptoms and I have pets?

If you are sick with influenza-like-illness, take the same precautions with your pets that you would to keep your family and friends healthy:

- Cover your coughs and sneezes
- Wash your hands frequently
- Minimize contact with your pets until 24 hours after your fever is gone


What should I do if I suspect my pet has 2009 H1N1 influenza virus?

If members of your household have flu-like symptoms and your pet exhibits respiratory illness, contact your veterinarian.

Is there a vaccine available for my pet?

Currently, there is not a licensed and approved 2009 H1N1 vaccine for companion animals. There is a canine influenza vaccine, which protects dogs from the H3N8 canine flu virus, but it will not protect pets against the 2009 H1N1 virus and should not be used in any species other than dogs.

How serious is this disease in companion animals?

Pet ferrets with naturally occurring 2009 H1N1 infection have exhibited illness similar in severity as seen with ferrets exposed to seasonal influenza viruses and 2009 H1N1 virus in laboratory settings, including sneezing, inactivity, and weight loss. The single confirmed cat exhibited respiratory illness and recovered with supportive care. For additional information go to the American Veterinary Medical Association site at www.avma.org/public_health/influenza/new_virus/default.asp or the United States Department of Agriculture at www.usda.gov/wps/portal/?navid=USDA_H1N1 

I've heard about ferrets and a cat getting the 2009 H1N1 virus. Should I get rid of my ferret or cat so my family is protected?

No. This is not cause for panic and extreme measures. You are much more likely to catch the flu (any type of flu, including the 2009 H1N1 flu) from an infected person than you are from an animal. So far, all of the pets infected with the 2009 H1N1 virus became infected from being around their ill owners. The main lesson here is that if you're feeling ill and have flu-like symptoms, you should probably limit your contact with your pets until you are feeling better. As always, if your pet is showing signs of illness, it should be examined by a veterinarian.

Can my pot-bellied pig get the 2009 H1N1 virus and give it to me?

To date, the 2009 H1N1 virus has not been reported in pot-bellied pigs. However, the possibility of human-to-pig transmission of the virus warrants extra caution by pig owners. Pot-bellied pigs are considered swine, and therefore may be susceptible to the virus. For the time being, a cautious approach would be to avoid all contact between your pig and anyone who is ill or has recently been exposed to an ill person. Remember that pot-bellied pigs can become ill from a number of causes, and keeping your pig healthy and free of disease helps protect your pig as well as you. If you have a pet pig and it appears ill, consult a veterinarian immediately.

Preventing the Flu:

What can I do to protect myself from getting sick?

Get a flu shot, and take these everyday steps to protect your health:

- 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 hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- If you get sick with influenza, the Arkansas Department of Health (ADH) recommends that you stay home from work or school and limit contact with others to keep from infecting them.

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 also can be used to prevent infection when given before or shortly after exposure and before illness begins. A key difference between a vaccine and antiviral drug is that the antiviral drug will prevent infection only when given 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.

What is the best technique for washing my hands to avoid getting the flu?

Washing your hands often will help protect you from germs. Wash with soap and water or clean with alcohol-based hand cleaner. We strongly suggest that when you wash your hands -- with soap and warm water -- that you wash for 15 to 20 seconds. When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used. You can find them in most supermarkets and drugstores. If using gel, rub your hands until the gel is dry. The gel doesn't need water to work; the alcohol in it kills the germs on your hands.

What kills influenza virus? What household cleaners kill the virus?

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

How should linens, eating utensils and dishes of persons infected with influenza virus be handled?

Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but importantly these items should not be shared without washing thoroughly first.

Linens (such as bed sheets and towels) should be washed by using household laundry soap and tumbled dry on a hot setting. People should avoid "hugging" laundry prior to washing it to prevent contaminating themselves. People should wash their hands with soap and water or alcohol-based hand rub immediately after handling dirty laundry. Eating utensils should be washed either in a dishwasher or by hand with water and soap.

Flu and the Schools:

What can schools do to anticipate and respond to the impact of the flu on students, faculty and staff?

- CDC has released new guidance to help schools promote a safer environment for their students and staff and reduce exposure to influenza during the 2009-10 school year.

- The new guidance is designed to decrease the spread of regular seasonal flu and 2009 H1N1 flu while limiting the disruption of day-to-day activities and the vital learning that goes on in schools.
- About 55 million students and 7 million staff attend the more than 130,000 public and private schools in the United States each day. By implementing these recommendations, schools and health officials **can help protect a fifth of the country's population from flu.**
- We know far more about the 2009 H1N1 flu virus than we did when it arrived in April. We know that closing schools is not the best option in most cases.
- With this guidance, we're providing a set of strategies that schools can use to stay open while doing what they can to protect students and staff, particularly those at high-risk of complications.
- The options schools use should match the severity of the illness that's being reported and local flu activity.
- For an outbreak similar to the spring 2009 H1N1 outbreak, CDC recommends stepping up basic good hygiene practices like hand washing, keeping sick students and staff away from school and helping families identify their children who are at high-risk for flu complications and would benefit from early evaluation from their physician if they develop the flu.
- If outbreaks become more severe, CDC recommends extending the time that sick people are away from school, allowing people at high risk for flu to stay home, actively watching for signs of illness in students and staff and considering preemptive school dismissal.
- The recommendations will be most effective when implemented together as a package that combines good hygiene and practices to keep those who are ill separated from those who are well, with more active interventions based on the severity of the flu outbreak.
- We do anticipate more illness from 2009 H1N1 influenza than this past spring and more school-based outbreaks because influenza is typically transmitted more easily in fall and winter. By taking planning steps now schools can help ensure they're prepared for any future flu activity.
- CDC and its partners will be continually monitoring the spread of flu, the severity of the illness it's causing (including hospitalizations and deaths) and whether the virus characteristics are changing. We will provide updated assessment of severity and revise guidance as indicated.

Hand Hygiene/Respiratory etiquette

- First and foremost, the new guidelines emphasize the importance of promoting basic foundations of preventing flu: getting vaccinated, frequent hand washing with soap and water when possible, covering noses and mouths with a tissue when coughing or sneezing and staying home when sick.
 - CDC recommends that all children aged 6 months up to their 19th birthday get a seasonal flu vaccine.
 - CDC recommends that all children from 6 months through 18 years of age receive the 2009 H1N1 flu vaccine when it becomes available.
 - Alcohol-based hand sanitizers can be used if soap and water are not available.
 - In places where alcohol-based sanitizers are not allowed, other sanitizers can be substituted but may not work as well.
 - If tissues are not available, coughing or sneezing into the arm or sleeve is recommended.
 - Schools should provide time for students to wash their hands whenever necessary and make tissues readily available to students and staff.

Exclusion period

- Those with flu-like illness should stay home for at least 24 hours after they no longer have a fever, without use of fever-reducing medicines and regardless of whether or not they are using antiviral drugs.
- Data from the spring 2009 H1N1 outbreak showed that most people had fevers for 2-4 days, which would require an isolation period of 3-5 days.
 - People with more severe illness are likely to have a fever for longer.
 - About 90 percent of cases transmitted within a household occurred within 5 days of the first case.
- Those who are sick should stay in the home during this period, except to seek necessary medical care and should avoid contact with others.

Routine cleaning

- People can sometimes get flu if they touch droplets left on hard surfaces and objects by those who are ill and then touch their eyes, nose or mouth.
- Studies have shown that influenza virus can survive on environmental surfaces and can infect a person for up to 2-8 hours after being deposited on the surface.
- School staff should routinely clean areas that students and staff touch often with the cleaners they typically use. Special cleaning with bleach and other special cleaners is not necessary.
- Environmental cleaning should not be the primary focus of influenza prevention activities.

Separate ill students and staff

- Students and staff who appear to have flu-like illness should be sent to a room separate from other students until they can be sent home. CDC also recommends they wear a surgical mask if possible.
- Space is often a challenge in schools, so it's essential that schools begin to identify this area now. It should not be an area that's used for other purposes like a lunchroom.
- Schools should limit the number of staff who care for ill students before they can be sent home.
- Those caring for students should wear protective gear, such as a mask.

Consider selectively dismissing students and staff

- Schools that serve pregnant students or medically fragile students may consider dismissing schools if they cannot protect students from flu with classes in session.
- Decisions should be based on the severity of disease in the community and should be made in collaboration with local and state public health officials.

Early Childhood and Childcare Programs:

Is there any guidance provided for child care and early childhood programs?

- On September 4, 2009, CDC released guidance on actions that should be taken now to help decrease the spread of flu among children in early childhood programs and among early childhood program providers. This guidance also includes additional strategies to use if flu conditions become more

severe than conditions in spring/summer 2009. The new guidance is designed to decrease the spread of both seasonal flu and 2009 H1N1 flu while limiting the disruption of early childhood programs.

- With this guidance, a menu of strategies is provided. Health officials and early childhood program providers can choose from these strategies, based on flu conditions in their area, to keep early childhood facilities open while reducing exposure of children and early childhood program providers to the flu.
- Early childhood programs refer to any early childhood program setting that involves care for a group of children. This can include center-based and home-based child care programs, Head Start programs, and other early childhood programs.

What are the steps and precautions to reduce the spread of flu in child care programs?

- During flu season, there are several important things early childhood program providers can do to reduce the spread of the flu: encourage children and staff to get vaccinated for seasonal and 2009 H1N1 flu according to CDC recommendations; help facilitate good hand washing and covering coughs and sneezes; and separate sick children and staff from others, and send them home as soon as possible.
- Early childhood program providers should develop a plan for responding to a flu outbreak. This includes plans for covering key positions when staff members are home sick, keeping staff and parents informed about the recommended period of time that sick staff and children should stay home; and protecting people at higher risk for flu complications.
- Early childhood program providers should perform a daily health check of children and staff. This health check involves directly observing the child, talking with the child, and talking with his or her parent(s) or guardian.



What are the signs and symptoms of flu in young children?

- In addition to looking for signs of illness, the early childhood program provider should look for the following: a change in the child's behavior (like crankiness, unusual crying, decreased appetite, and decreased interest in playing); reports of illness in the child or a family member; or reports of a recent visit to a healthcare provider by the child or family member.

Should sick children and staff stay at home?

- Sick children and staff should be separated from well people as soon as possible. They should be sent home and stay there (except to seek medical care, if necessary) until at least 24 hours after they no longer have a fever or signs of a fever, without the use of fever-reducing medicines (any medicine that contains ibuprofen or acetaminophen).

When should a child care program close due to the flu?

- Early childhood program providers may consider closing the program if a lot of children or staff are absent, a large number of children are being sent home each day because they are sick, if flu transmission is high in the community or for other reasons that make it difficult to keep the early

childhood program functioning. Early childhood program providers should work closely with their local and state public health officials when considering this course of action.

- Parents should try to plan for alternate child care in case their usual early childhood program must close.

This is a summary of the childcare guidance issued by the CDC. For the complete guidance, including a toolkit, go to www.cdc.gov/h1n1flu/childcare/guidance.htm or www.flu.gov.

2009 H1N1 Influenza Vaccine and Pregnant Women: General Public

Why does CDC recommend that pregnant women receive the 2009 H1N1 influenza vaccine?

It is important for a pregnant woman to receive the 2009 H1N1 influenza vaccine as well as a seasonal influenza vaccine. A pregnant woman who gets any type of flu is at risk for serious complications and hospitalization. Pregnant women who are otherwise healthy have been severely impacted by the 2009 H1N1 influenza virus (formerly called “novel H1N1 flu” or “swine flu”). In comparison to the general population, a greater proportion of pregnant women (four times the general population) infected with the 2009 H1N1 influenza virus have been hospitalized. In addition, severe illness and death has occurred in pregnant women. While hand washing, staying away from ill people, and other steps can help to protect pregnant women from influenza, vaccination is the single best way to protect against the flu.

Is there a particular kind of flu vaccine that pregnant women should get? Are there flu vaccines that pregnant women should not get?

There are two type of flu vaccine. Pregnant women should get the “flu shot”— an inactivated vaccine (containing fragments of killed influenza virus) that is given with a needle, usually in the arm. The flu shot is approved for use in pregnant women.

The other type of flu vaccine — nasal-spray flu vaccine (sometimes called LAIV for “live attenuated influenza vaccine)—is not currently approved for use in pregnant women. This vaccine is made with live, weakened flu viruses that do not cause the flu). LAIV (FluMist®) is approved for use in healthy* people 2-49 years of age who are not pregnant.

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

The seasonal flu vaccine is not expected to protect against the 2009 H1N1 flu. Similarly, the 2009 H1N1 influenza vaccine will not protect against seasonal influenza.

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

It is anticipated that seasonal flu and 2009 H1N1 vaccines may be administered on the same day but given at different sites (e.g. one shot in the left arm and the other shot in the right arm). However, we expect the seasonal vaccine to be available earlier than the 2009 H1N1 influenza vaccine. The usual seasonal influenza viruses are still expected to cause illness this fall and winter. Pregnant women and others at increased risk of complications of influenza are encouraged to get their seasonal flu vaccine as soon as it is available.

Is the 2009 H1N1 influenza vaccine safe for pregnant women?

Influenza vaccines have not been shown to cause harm to a pregnant woman or her baby. The seasonal flu shot (injection) is proven as safe and already recommended for pregnant women. The 2009 H1N1 influenza vaccine was made using the same processes and facilities that are used to make seasonal influenza vaccines. CDC has no recommendation regarding the administration of acetaminophen or other antipyretic drugs following influenza vaccination. You should follow the guidance of your physician or other health care provider.

What safety studies have been done on the 2009 H1N1 influenza vaccine and have any been done in pregnant women?

A number of clinical trials were conducted to test 2009 H1N1 influenza vaccine in healthy children and adults. These studies were conducted by the National Institutes of Allergies and Infectious Diseases (NIAID). Studies of 2009 H1N1 influenza vaccine in pregnant women were also conducted.

Does the 2009 H1N1 influenza vaccine have preservative in it?

There is no evidence that thimerosal (used as a preservative in vaccine packaged in multi-dose vials) is harmful to a pregnant woman or a fetus. However, because some women are concerned about exposure to preservatives during pregnancy, manufacturers will produce preservative-free seasonal and 2009 H1N1 influenza vaccines in single dose syringes for pregnant women and small children. CDC recommends that pregnant women may receive influenza vaccine with or without thimerosal.

Who will need more than one dose of H1N1 vaccine?

The age for two doses is different for seasonal (6 months through 8 years if they have never received a flu shot) and 2009 H1N1 monovalent (containing only one type of antibody) vaccine (6 months through 9 years) according to the vaccine manufacturers. CDC recommends that clinicians follow the guidance in the manufacturer package inserts. For 2009 H1N1 monovalent vaccines, that means that clinicians should administer two doses of 2009 H1N1 monovalent vaccine to children 6 months through 9 years of age. Persons 10 years and older should receive one dose.

What will be the recommended interval between the first and second dose if two doses are needed?

The time between the first and second doses of H1N1 vaccine for children 6 months through 9 years should be at least 28 days or longer.

Should the 2009 H1N1 influenza vaccine be given to someone who has had an influenza-like illness since between April and now? Do I need a test to know if I need the vaccine or not?

There is no test that can show whether a person had 2009 H1N1 influenza in the past. Many different infections, including influenza, can cause influenza-like symptoms such as cough, sore throat and fever. In addition, infection with one strain of influenza virus will not provide protection against other strains. People for whom influenza vaccine is recommended should receive the 2009 H1N1 vaccine, even if they had an influenza-like illness previously. It is not necessary to test a person who previously had an influenza-like illness. People for whom the 2009 H1N1 influenza vaccine is recommended should receive it, even if they have had an influenza-like illness previously, unless they can be certain they had 2009 H1N1 influenza based on a laboratory test that can specifically detect 2009 H1N1 viruses. CDC recommends that persons who were tested for 2009 H1N1 influenza discuss this issue with a healthcare provider to see if the test they had was either an RT-PCR or a viral culture that showed 2009 H1N1 influenza. There is no harm in being vaccinated if you had 2009 H1N1 influenza in the past.

What are the possible side effects of the 2009 H1N1 influenza vaccine?

The side effects from 2009 H1N1 influenza vaccine are expected to be similar to those from seasonal flu vaccines. The most common side effects following vaccination are expected to be mild, such as soreness, redness, tenderness or swelling where the shot was given. Some people might experience headache, muscle aches, fever, nausea and fainting. If these problems occur, they usually begin soon after the shot and may last as long as 1-2 days. Like any medicines, vaccines can cause serious problems like severe allergic reactions. However life-threatening allergic reactions to vaccines are very rare. Some studies done since 1976 have shown a small risk of GBS in persons who received the seasonal influenza vaccine. This risk is estimated to be no more than 1 case of GBS per 1 million persons vaccinated. Since then, flu vaccines have not been clearly linked to GBS. GBS has a number of different causes, and GBS can occur in a person who has never received an influenza vaccine. The potential benefits of influenza vaccination in preventing serious illness, hospitalization, and death substantially outweigh these estimates of risk for vaccine-associated GBS.

Anyone who has a severe (life-threatening) allergy to eggs or to any other substance in the vaccine should not get the vaccine. People should always inform their immunization provider if they have any severe allergies, if they've ever had a severe allergic reaction following flu vaccination, or if they have ever had GBS. CDC has no recommendation regarding the administration of acetaminophen or other antipyretic drugs following influenza vaccination. You should follow the guidance of your physician or other health care provider.

Can the family members of a pregnant woman receive the nasal spray vaccine?

Yes. Pregnant women should not receive the live nasal spray influenza vaccine but family and household members and other close contacts of pregnant women (including healthcare personnel) who are 2 through 49 years old, healthy* and not pregnant may receive live nasal spray vaccine.

Can a pregnant healthcare worker administer the live nasal influenza vaccine?

Yes. No special precautions are (such as gloves) are necessary. Hands should be washed or cleaned with waterless hand sanitizer before and after administering the vaccine or having any direct contact with patients in a health care setting.

Where can healthcare providers obtain 2009 H1N1 influenza vaccine?

The CDC will be distributing the 2009 H1N1 influenza vaccine to each state. If healthcare providers want to provide H1N1 vaccine directly to their patients, they can register online at www.healthyarkansas.com

How will healthcare providers obtain other supplies necessary for vaccination?

The vaccine will be distributed with a kit which will contain needles, syringes, sharps containers and alcohol swabs.

How much does the vaccine cost?

The vaccine will be provided free; however, healthcare providers may bill for vaccine administration.

Where can healthcare providers get more information about the 2009 H1N1 influenza vaccine?

Information is continually updated at <http://www.cdc.gov/h1n1flu/vaccination/>.

What is the nasal spray flu vaccine?

What is the nasal spray flu vaccine? There are two types of flu vaccine: the flu shot and the nasal spray vaccine. Both types of vaccine are being made against 2009 H1N1. The nasal spray flu vaccine (sometimes called LAIV for Live Attenuated Influenza Vaccine) is a vaccine made with live, weakened viruses that cannot grow at normal body temperature and is given via a nasal sprayer. This vaccine was approved for seasonal influenza viruses in 2003 and tens of millions of doses of the vaccine have been given in the United States.

How is the 2009 H1N1 nasal spray vaccine different from the seasonal nasal spray vaccine?

The 2009 H1N1 nasal spray vaccine is made in the same way as the seasonal nasal spray vaccine, but instead of containing three weakened live flu viruses, it only contains weakened 2009 H1N1 virus. (That is why it is called a "monovalent" vaccine.). The recommendations for who can get the 2009 H1N1 nasal spray vaccine are the same as for seasonal nasal spray vaccine. LAIV is recommended for use in healthy* people 2 years to 49 years of age who are not pregnant.

Who should not be vaccinated with the 2009 H1N1 nasal-spray flu vaccine LAIV?

Certain people should not get a nasal spray flu vaccine, including the 2009 H1N1 nasal spray vaccine. This includes:

- People younger than 2 years of age;
- Pregnant women;
- People 50 years of age and older;
- People with a medical condition that places them at higher risk for complications from influenza, including those with chronic heart or lung disease, such as asthma or reactive airways disease; people with medical conditions such as diabetes or kidney failure; or people with illnesses that weaken the immune system, or who take medications that can weaken the immune system;
- Children younger than 5 years old with a history of recurrent wheezing;
- Children or adolescents receiving aspirin therapy;
- People who have had Guillain-Barré syndrome (GBS), a rare disorder of the nervous system, within 6 weeks of getting a flu vaccine;
- People who have a severe allergy to chicken eggs or who are allergic to any of the nasal spray vaccine components.

Are there any contraindications to giving breastfeeding mothers the 2009 H1N1 vaccine?

Breastfeeding is not a contraindication for the nasal spray flu vaccine. Women who are breastfeeding can get the nasal spray vaccine, including 2009 H1N1 vaccine.

Can the nasal-spray flu vaccine be given to patients when they are ill?

The nasal-spray flu vaccine can be given to people with minor illnesses (e.g., diarrhea or mild upper respiratory tract infection with or without fever). However, if nasal congestion is present that might limit delivery of the vaccine to the nasal lining, then delaying of vaccination until the nasal congestion is reduced should be considered.

Can people receiving the nasal-spray flu vaccine LAIV pass the vaccine viruses to others?

In clinical studies, transmission of vaccine viruses to close contacts occurred only rarely. The current estimated risk of getting infected with vaccine virus after close contact with a person vaccinated with the nasal-spray flu vaccine is low (0.6%-2.4%). Because the viruses are weakened, infection is unlikely to result in influenza illness symptoms since the vaccine viruses have not been shown to change into typical or naturally occurring influenza viruses.

What side effects are associated with the nasal-spray flu vaccine?

In children, side effects can include runny nose, headache, wheezing, vomiting, muscle aches, and fever. In adults, side effects can include runny nose, headache, sore throat, and cough. Fever is not a common side effect in adults receiving the nasal spray flu vaccine. CDC has no recommendation regarding the administration of acetaminophen or other antipyretic drugs following influenza vaccination. You should follow the guidance of your physician or other health care provider.

How effective is the nasal-spray seasonal flu vaccine?

In one large study among children aged 15-85 months, the seasonal nasal-spray flu vaccine reduced the chance of influenza illness by 92% compared with placebo. In a study among adults, the participants were not specifically tested for influenza. However, the study found 19% fewer severe febrile respiratory tract illnesses, 24% fewer respiratory tract illnesses with fever, 23-27% fewer days of illness, 13-28% fewer lost work days, 15-41% fewer health care provider visits, and 43-47% less use of antibiotics compared with placebo. A recent study suggested that seasonal LAIV may not be as effective as seasonal inactivated vaccine in adults, but more data are needed to confirm if one is better than the other. Both vaccines are expected to be effective against 2009 H1N1.

How many doses of nasal spray vaccine are needed?

In adults, only one dose of 2009 H1N1 vaccine, including the 2009 H1N1 nasal spray vaccine, is needed for protection. All children 2 through 9 years of age getting a 2009 H1N1 vaccine will need two doses of 2009 H1N1 vaccine (either the 2009 H1N1 flu shot or the 2009 H1N1 nasal spray vaccine). The first dose should be given as soon as vaccine becomes available. The second dose should be given four weeks after the first dose. The first dose "primes" the immune system; the second dose provides immune protection. Children who only get one dose of vaccine when they need two doses may have reduced or no protection. Be sure to follow up to get your child a second dose if they need one. It usually takes about two weeks after the second dose for protection to begin.

Can the nasal-spray flu vaccine be given at the same time as other vaccines?

The nasal spray flu vaccine can be given at the same time or around the same time as an inactivated (killed) vaccine or any other live vaccine except for the seasonal nasal spray vaccine. (The seasonal nasal spray vaccine and the 2009 H1N1 nasal spray vaccine should not be given at the same time.) The 2009 H1N1 flu shot (inactivated 2009 H1N1 vaccine) can be given at the same visit as any other vaccine, including pneumococcal polysaccharide vaccine.

Can the 2009 H1N1 nasal spray vaccine and the seasonal nasal spray vaccine be given at the same time to the same person?

No. The seasonal nasal spray vaccine and the 2009 H1N1 nasal spray vaccine should not be given at the same time. This is because the nasal spray vaccines might not be as effective if given together. It is fine to receive both vaccines at the same time as long as one is a nasal spray and the other is a shot.

Can the nasal-spray flu vaccine be used together with influenza antiviral medications?

If a person is taking an influenza antiviral drug (including Tamiflu® or Relenza®), then the nasal spray flu vaccine should not be given until 48 hours after the last dose of the influenza antiviral medication was given. If a person takes antiviral drugs within two weeks of getting the nasal spray flu vaccine, that person should get revaccinated. (The antiviral drugs will have killed the vaccine viruses that are supposed to cause the immune response against those viruses.)

Can health care workers who cannot receive the nasal spray vaccine (e.g., pregnant women, older adults, persons with chronic medical conditions) administer this vaccine to others?

Yes. Health care workers who cannot get the nasal spray vaccine themselves can administer the vaccine to others.



Does the nasal spray flu vaccine contain thimerosal?

No, neither the seasonal nor the 2009 H1N1 nasal-spray flu vaccines contain thimerosal or any other preservative.

Can the nasal spray flu vaccine give you the flu?

Unlike the flu shot, the nasal spray flu vaccine does contain live viruses. However, the viruses are attenuated (weakened) and cannot cause flu illness. The weakened viruses are cold-adapted, which means they are designed to only cause infection at the cooler temperatures found within the nose. The viruses cannot infect the lungs or other areas where warmer temperatures exist. Some children and young adults 2 years to 17 years of age have reported experiencing mild reactions after receiving seasonal nasal spray flu vaccine, including runny nose, nasal congestion or cough, chills, tiredness/weakness, sore throat and headache. Some adults 18 years to 49 years of age have reported runny nose or nasal congestion, cough, chills, tiredness/weakness, sore throat and headache. These side effects are mild and short-lasting, especially when compared to symptoms of influenza infection. CDC has no recommendation regarding the administration of acetaminophen or other antipyretic drugs following influenza vaccination. You should follow the guidance of your physician or other health care provider.

* "Healthy" indicates persons who do not have an underlying medical condition that predisposes them to influenza complications.

Asthma and the Flu:

Are people with asthma at a higher risk to get the flu?

Anyone with asthma is at higher risk for flu-related complications, such as pneumonia. Along with everyone else, if you have asthma you should:

- wash your hands often with soap and water, especially after coughing or sneezing;
- cover your nose and mouth with a tissue when coughing or sneezing and throw the tissue away.
If you do not have a tissue, cough or sneeze into your elbow or shoulder not your bare hands;

- avoid touching your eyes, nose, or mouth (germs are spread that way); and
- stay home when you are sick, except to get medical care.

What should people with asthma do if they get the flu?

- If you have asthma, you should follow an updated, written Asthma Action Plan developed with your doctor. Follow this plan for daily treatment and for controlling your asthma symptoms.
- If your child has asthma, make sure that his or her updated, written Asthma Action Plan is on file at school or at the daycare center. Be sure that the plan and medication(s) are easy to get to when needed.

Should people with asthma get a flu shot?

- Everyone with asthma who is older than 6 months should get a shot every year to protect against the seasonal flu. Children aged 6 months to 8 years who never have had a seasonal flu shot will need two doses the first time. Children who have had a seasonal flu shot in the past only need one shot. Persons with asthma should not use the inhaled “FluMist®” vaccine.
- Everyone with asthma who is aged 6 months to 64 years should get the 2009 H1N1 flu shot when it becomes available. The 2009 H1N1 flu shot is not the same as the shot for seasonal flu. If the H1N1 flu vaccine is in short supply, some persons may not be able to get the shot right away.

How should the flu be treated in people with asthma?

- Certain antiviral drugs are prescription medicines that fight the flu virus by stopping it from growing in your body. They make you feel better faster and may prevent serious flu problems. The antiviral drug Tamiflu (also known as oseltamivir) is recommended for treating 2009 H1N1 virus infection and may be prescribed for persons with asthma. Flu treatments work best if they start within two days of when you get flu-like illness.
- Persons with flu infections might also get bacterial infections. These persons will also need to take antibiotics to fight the bacterial infection. Some signs of bacterial infection are severe or prolonged illness, or illness that seems to get better but then gets worse.
- Do not give aspirin (acetylsalicylic acid) to children or teenagers who have the flu. This can cause a rare but serious illness called Reye’s syndrome.

Faith-based Groups:

What can faith-based and community group leaders do to lessen the impact of flu?

Many faith-based and community groups hold services or meetings that bring people together. If the flu is causing more severe disease, the Centers for Disease Control and Prevention (CDC) and your local health department may suggest that people avoid close contact with others and avoid attending large gatherings, a practice often called social distancing. These measures are intended to slow the spread of flu. Religious traditions and obligations may make it difficult to implement social distancing measures. However, faith-based and other community groups can do some specific things to help keep their members healthy.

Leaders of religious services or community meetings can take the following steps if there is an outbreak of flu in the community:

- To the extent possible, make decisions in accordance with recommendations from your state and local health departments about community gatherings and religious services during widespread flu illness in your community. People should not be discouraged from gathering unless advised by public health officials.
- Identify which activities may increase the chance of spreading flu. Work with your local health department to make decisions about changing or limiting these activities in order to help keep people healthy.
 - People gathering in close proximity may increase the risk of flu transmission.
 - Many religious services and community meetings involve a time of greeting or recognition by shaking hands or hugging. Encourage interaction without physical contact to reduce the spread of flu.
 - Some religious traditions and rituals emphasize eating and drinking from communal dishes and vessels. Flu transmission may be possible in these circumstances. If flu is circulating widely in your community, faith and community leaders may consider adjusting such practices in order to reduce the spread of flu. Check with your local or state health department.
- If there is widespread flu illness in your community, discuss the risks of attending gatherings for those at high risk of medical complications from flu. By avoiding gatherings, these individuals may reduce their risk of becoming ill with flu.
- Provide alternative options and venues for participation whenever possible for individuals who are ill, home-bound, or have a high risk of flu complications and will not be able to attend gatherings.
- Reduce crowding as much as possible.
- As always:
 - Encourage people to wash hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub. If soap and water are not available and alcohol-based products are not allowed, other hand sanitizers that do not contain alcohol may be useful.
 - Remind people to cover their mouth and nose with a tissue when coughing or sneezing. It may prevent those around them from getting sick.
 - Encourage people with flu-like illness to stay home. The spread of flu may be decreased if people with flu-like illness stay home for at least 24 hours after they are free of fever without the use of fever-reducing medications.

Tips for individuals and groups preparing for travel during this flu season:

Individuals and groups preparing for travel during this flu season (including religious pilgrimages, retreats, holiday celebrations and missionary trips) should stay informed on the latest news and travel advisories from CDC and the U.S. Department of State. Find this information at:

<http://www.flu.gov/individualfamily/travelers/index.html>. Share this information with community members accordingly. Travelers who wish to minimize the transmission of flu should:

- Follow local health recommendations, including movement restrictions;
- Practice healthy habits to help stop the spread of flu; and
- Follow these recommendations if the traveler becomes ill:
 - Stay home or in a hotel room for at least 24 hours after becoming free of fever without the use of fever-reducing medicines.
 - Seek medical care if the traveler has severe illness or is at high risk of medical complications. Contact the U.S. Embassy or Consulate for help obtaining medical care.
 - Closely monitor the traveler's health after the traveler returns to the United States.

For additional information on meetings and religious gatherings in relation to H1N1 and seasonal flu, go to www.healthyarkansas.com or www.cdc.gov/h1n1flu/guidance/public_gatherings.htm.

Taking Care of a Sick Person in the Home:

Like seasonal flu, H1N1 flu symptoms in humans can vary in severity from mild to severe. The new H1N1 (swine) flu virus can cause a wide range of symptoms, including fever, cough, sore throat, body aches, headache, chills and fatigue. Some people have reported diarrhea and vomiting. Severe disease with pneumonia, respiratory failure and even death is possible with H1N1 flu infection. Certain groups might be more likely to develop a severe illness from H1N1 flu infection, such as pregnant women, children and persons with chronic medical conditions. Sometimes bacterial infections may occur at the same time as or after infection with flu viruses and lead to pneumonias, ear infections or sinus infections. By following these recommendations, the spread of flu can be reduced while caring for sick persons in the home.

How does one care for a sick person with the flu and protect other persons in the home?

When providing care to a household member who is sick with flu, the most important ways to protect yourself and others who are not sick are to:

- Have a good family preparedness plan. Know what you are going to do should a family member become ill.
- Keep extra cough, cold and flu supplies on hand, such as tissues, over-the-counter medications and a digital thermometer.
- Wipe down any surfaces that may have been contaminated by saliva or other respiratory secretions. Use a household disinfectant labeled for use against bacteria and viruses or mix and use one part household bleach to 10 parts water.
- If possible, the sick person should stay in a room separate from the common areas of the house and use a separate bathroom. The bathroom should be cleaned daily with household disinfectant.
- The sick person should not care for infants and others who are at high risk for complications from flu and should not have visitors.
- Preferably, have only one adult in the home take care of the sick person. Persons at increased risk of severe illness from flu, such as pregnant women, should not be the designated caretaker, if possible.
- Unless necessary for medical care or other necessities, people who are sick with a flu-like-illness should stay home and keep away from others as much as possible, including avoiding travel, for at least 24 hours after fever is gone. (Fever should be gone without the use of a fever-reducing medicine). This is to keep from making others sick. Children, especially younger children, might potentially be contagious for longer periods.
- If persons with the flu need to leave the home (for example, for medical care), they should wear a facemask, if available and tolerable, and cover their nose and mouth when coughing or sneezing. Have the sick person wear a facemask – if available and tolerable – if they need to be in a common area of the house near other persons. For more information, go to www.cdc.gov/h1n1flu/masks.htm for recommendations for facemask and respirator use.
- If you are in a high risk group for complications from flu, you should attempt to avoid close contact (within 6 feet) with household members who are sick with flu. If close contact with a sick

individual is unavoidable, consider wearing a facemask or respirator, if available and tolerable. Infants should not be cared for by sick family members.

- Remind the sick person to cover their coughs, and clean their hands with soap and water or an alcohol-based hand rub often, especially after coughing and/or sneezing.
- Have everyone in the household clean their hands often, using soap and water or an alcohol-based hand rub. Children may need reminders or help keeping their hands clean.
- Ask your health care provider if household contacts of the sick person—particularly those contacts who may be pregnant or have chronic health conditions—should take antiviral medications such as Tamiflu or Relenza to prevent the flu.
- Use paper towels for drying hands after hand washing or dedicate cloth towels to each person in the household. For example, have different colored towels for each person.
- If possible, consideration should be given to maintaining good ventilation in shared household areas (e.g., keeping windows open in restrooms, kitchen, bathroom, etc.).
- Be watchful for emergency warning signs that the sick person might need medical attention.

What should people who are sick at home with H1N1 do?

- Check with their health care provider about any special care they might need if they are pregnant or have a health condition such as diabetes, heart disease, asthma or emphysema.
- Check with their health care provider about whether they should take antiviral medications such as Tamiflu or Relenza.
- Keep away from others as much as possible to avoid making others sick. Do not go to work or school while ill.
- Stay home for at least 24 hours after fever is gone, except to seek medical care or for other necessities. (Fever should be gone without the use of a fever-reducing medicine.)
- Get plenty of rest and drink clear fluids (such as water, broth, sports drinks, electrolyte beverages for infants) to keep from being dehydrated
- Cover coughs and sneezes. Clean hands with soap and water or an alcohol-based hand rub often and especially after using tissues and after coughing or sneezing into hands
- Wear a facemask – if available and tolerable – when sharing common spaces with other household members to help prevent spreading the virus to others. This is especially important if other household members are at high risk for complications from flu. For more information on facemasks and respirator use, go to www.cdc.gov/h1n1flu/masks.htm
- Be watchful for emergency warning signs that might indicate you need to seek medical attention.

Get medical care right away if the sick person:

- has difficulty breathing or chest pain
- has purple or blue discoloration of the lips
- is vomiting and unable to keep liquids down
- has signs of dehydration such as dizziness when standing, absence of urination, or in infants, a lack of tears when they cry
- has seizures (for example, uncontrolled convulsions)
- is less responsive than normal or becomes confused

What medications help lessen symptoms of the flu?

Always check with your healthcare provider or pharmacist for correct, safe use of medications. Antiviral medications, such as Tamiflu or Relenza, can sometimes help lessen flu symptoms, but require a

prescription. Most people do not need these antiviral drugs to fully recover from the flu. However, persons at higher risk for severe flu complications, or those with severe flu illness who require hospitalization, might benefit from these medications. Antiviral medications are available for persons 1 year of age and older. Do not give aspirin (acetylsalicylic acid) to children or teenagers who have the flu; this can cause a rare but serious illness called Reye's syndrome. Check with your health care provider or pharmacist before taking any over-the-counter or prescription medications.

Flu infections can lead to or occur along with bacterial infections. Therefore, some people will also need to take antibiotics. More severe or prolonged illness or illness that seems to get better, but then gets worse again may be an indication that a person has a bacterial infection. Check with your health care provider if you have concerns.

What should one do if they are the sick person's caregiver?

- Avoid being face-to-face with the sick person.
- When holding small children who are sick, place their chin on your shoulder so that they will not cough in your face.
- Clean your hands with soap and water or use an alcohol-based hand rub after you touch the sick person or handle used tissues, or laundry.
- Talk to your health care provider about taking antiviral medication to prevent the caregiver from getting the flu.
- If you are at high risk of flu associated complications, you should not be the designated caretaker, if possible.
- If you are in a high risk group for complications from flu, you should attempt to avoid close contact (within 6 feet) with household members who are sick with flu. Designate a person who is not at high risk of flu associated complications as the primary caretaker of household members who are sick with flu, if at all possible. If close contact with a sick individual is unavoidable, consider wearing a facemask or respirator, if available and tolerable.
- Monitor yourself and household members for emergency warning signs that indicate medical care is needed. Contact your health care provider if warning symptoms occur.

What should be done about household cleaning, laundry, and waste disposal?

- Throw away tissues and other disposable items used by the sick person in the trash. Wash your hands after touching used tissues and similar waste.
- Keep surfaces (especially bedside tables, surfaces in the bathroom, and toys for children) clean by wiping them down with a household disinfectant according to directions on the product label.
- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but importantly these items should not be shared without washing thoroughly first.
- Wash linens (such as bed sheets and towels) by using household laundry soap and tumble dry on a hot setting. Avoid "hugging" laundry prior to washing it to prevent contaminating yourself. Clean your hands with soap and water or alcohol-based hand rub right after handling dirty laundry.
- Eating utensils should be washed either in a dishwasher or by hand with water and soap.

For more detailed information on the H1N1 and seasonal flu, go to www.healthyarkansas.com or www.cdc.gov.