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County Board of Legislators

H1N1 VACCINE ANSWERS

Who should get the H1N1 vaccine?

The first people who should get the vaccine are:

- Pregnant women
- People who live with or care for infants younger than 6 months old
- All people six months to 24 years old
- People 25 to 64 with a weakened immune system or a medical condition such as asthma, diabetes, heart disease, kidney or liver disorders.
- Health care and emergency medical services personnel who provide direct patient care

Who should not get the H1N1 vaccine?

- Infants less than 6 months old
- Anyone with severe egg allergies
- Anyone with a history of Guillan-Barre´ syndrome
- Anyone who is sick should wait until he or she is better

What if I am not in those risk groups but want the vaccine?

Once the demand from the priority groups has been met, as more vaccine becomes available, healthy adults ages 25 and older should be able to get the vaccine, too.

If I'm eligible, where should I get the vaccine?

Ask your doctor. Doctors who have requested the vaccine from New York State should begin to receive partial supplies in early November. Some pharmacies and workplaces also may start to get it then. More vaccine will continue to arrive.

Is the vaccine safe?

Yes, it is as safe as the regular flu vaccine. The H1N1 vaccine is manufactured the same as the more than 100 million seasonal flu injections given each year. Just like regular flu, it is grown in sterile eggs and purified in the same factories. And test injections done in September found that the vaccine had the same side effects – mostly sore arms and mild fevers.

I got my regular flu shot. Won't that protect me against H1N1?

No. If you are in one of the priority groups, you should also get an H1N1 vaccine. The viruses that each vaccine protects against are sufficiently different that both vaccines are recommended.

I was vaccinated against the 1976 swine influenza. Will that protect me against the 2009 H1N1 influenza?

No. The 1976 swine flu virus and the 2009 H1N1 virus are different enough that it's unlikely a person vaccinated in 1976 will be fully protected from the 2009 H1N1. People vaccinated in 1976 should still get the 2009 H1N1 vaccine.

Do you expect an increased rate of Guillan-Barre cases with the H1N1 vaccine?

No. In 1976, a different type of H1N1 flu vaccine was felt to be associated with an increased number of cases of a severe paralytic illness called Guillan-Barre Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. GBS has a number of different causes, and GBS usually occurs in people who have never received a flu vaccine. The potential benefits of influenza vaccination in preventing serious illness, hospitalization, and death substantially outweigh any extraordinarily remote risk for vaccine-associated GBS.

Can I get the flu from the H1N1 vaccine?

No. You cannot get the flu from a flu vaccination.

Is the H1N1 vaccine a live vaccine?

There are live and killed forms of the vaccine available. FluMist, the nasal spray form of both the seasonal and H1N1 vaccines is made from a live, but weakened, virus. The nasal spray can be given to anyone age 2 to 49 who is healthy, not pregnant and does not have asthma. These people also can receive the vaccine as a shot.

Like the seasonal flu shot, the new H1N1 flu shot does not contain a live virus. To make the vaccine, the virus is killed and then broken up, so the injection contains only certain parts of the virus. The shot can be given to children and adults.

Does the H1N1 vaccine contain any enhancers (adjuvants)? I heard the vaccine contains squalene.

No. Current formulations of the vaccine contain no adjuvants.

How many doses do I need?

Children 6 months through 9 years old need two doses, spaced four weeks apart. Anyone 10 and older needs only one dose.

How long will it take for the vaccine to provide protection?

If one dose is needed, immunity should develop about 1 to 3 weeks after the vaccination. If two doses are needed, then immunity should develop by about two weeks after the second shot.

Should pregnant women get the vaccine?

Yes. Pregnant and breastfeeding women should get the H1N1 shot as soon as it is available. Although more than 99 percent of all H1N1 cases are mild to moderate, pregnant women are particularly vulnerable to H1N1. A CDC study found that 6 percent of those hospitalized with H1N1 were pregnant women, while pregnant women represent 1 percent of the population. As of late August, the study found 100 pregnant women had been hospitalized in intensive care and 28 had died since the outbreak began in April.

New York State law requires that children under 3 and pregnant women be offered vaccine without thimerosal, a mercury-containing preservative. If there is not enough preservative-free vaccine, pregnant women and young children can receive thimerosal containing influenza vaccine with their informed consent.

The CDC recommends pregnant women get vaccinated, whether or not the vaccine contains thimerosal.

Can I be vaccinated against H1N1 if I am allergic to eggs?

Check with your doctor.

Why won't my doctor prescribe medication when I have the flu?

Most healthy people with flu-like illness will get better on their own with no need for antiviral medications. These medications are recommended for patients hospitalized with the flu. Your doctor also will consider it if you are at higher risk for complications.

Who should take antiviral drugs?

Antiviral drugs should be used early to treat flu in people who are very sick and in the hospital and for people who are sick with flu and have a greater chance of getting serious flu complications. Most healthy people with flu do not need to be treated with antiviral drugs. The drugs also may be used to prevent flu in people who have been exposed to flu and who are at medical risk for serious complications should they become ill from it.