

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 AI is common in birds and causes few problems. Highly pathogenic 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 flu shot.

Individuals nine years and older will need one seasonal influenza shot and those less than nine years of age may need two shots. 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;

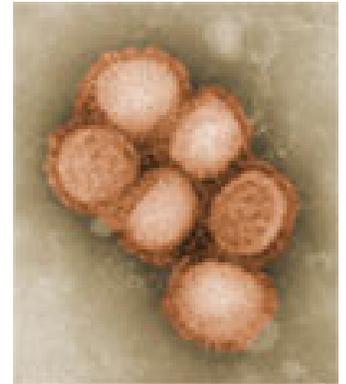
In addition, **those that live with or care for individuals that are at high risk for flu-related complications should also be vaccinated and include:**

- 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 novel 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. Other countries, including Mexico and Canada, have 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?

Not at this time; however, the Centers for Disease Control and Prevention is planning for the H1N1 vaccine to be ready by the fall of 2009. It may be possible that individuals will need to receive two shots for the H1N1 flu but the dosage has yet to be determined at this time.

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 those persons that are considered high risk.** These include pregnant woman, hospitals and severely ill patients and health care workers. 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 spread again in the fall? And if so, do you expect to it 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 again this fall or winter. Whether it will cause more illness than it's been causing recently, whether it will dominate among the seasonal flu viruses or whether it will really 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. But we can't tell you whether this virus will cause a lot of disease, some disease or no disease here in the northern hemisphere next season. We're focusing now on being prepared for the possibility that it will be serious. We do think that it is very likely this new influenza strain will be a problem in the fall, based on what we are seeing this summer in the US and in the Southern Hemisphere right now.

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?

If you are sick, limit your contact with other people as much as possible. Do not go to work or school if ill. Cover your mouth and nose with your hand or a tissue when coughing or sneezing to prevent those around you from getting sick. Put your used tissue in the trash can. Wash or disinfect your hands every time you cough or sneeze.

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.

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.

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?

They could transmit the flu virus only if they cough or sneeze directly on you (person-to-person contact). Influenza is not known to be spread through eating a food item. However, in the long-standing FDA guidelines says 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.



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.

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.

Recommendations for outbreak similar to spring 2009

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.

2009 H1N1 Influenza Vaccine and Pregnant Women

September 3, 2009, 2:30 PM ET

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 will be made using the same processes and facilities that are used to make seasonal influenza vaccines.

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 which test 2009 H1N1 influenza vaccine in healthy children and adults are underway. These studies are being conducted by the National Institutes of Allergies and Infectious Diseases (NIAID). Studies of 2009 H1N1 influenza vaccine in pregnant women are expected to begin in September.

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.

How many 2009 H1N1 influenza vaccine shots will be needed?

Some people, including pregnant women, may need two doses. We will know more about the number of doses once data from the clinical trials are available.

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

This will not be known until clinical trial data are available. We anticipate that 21-28 days will be needed between the first and second doses.

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.

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

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.

Healthcare Providers

Where can healthcare providers obtain 2009 H1N1 influenza vaccine?

A. 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 contact their local health department to obtain H1N1 vaccine. Information to direct providers interested in obtaining vaccine to appropriate public health contacts in their state is available.

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.

If a pregnant woman delivers before receiving her second dose of vaccine, should she still receive the second dose?

Yes. In addition to protecting her from infection, infants less than 6 months old will not be able to be vaccinated so it is recommended that everyone who lives with or provides care for infants less than 6 months of age receive both the seasonal influenza vaccine and 2009 H1N1 influenza monovalent vaccine to provide protection for the infant.

One recent study conducted in Bangladesh, assessed the effectiveness of influenza immunization for mothers and their young infants. Inactivated influenza vaccine reduced proven influenza illness by 63% in infants up to 6 months of age. This study confirmed that maternal influenza immunization is a strategy with substantial benefits for both mothers and infants.

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

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