

H1N1 Vaccine Frequently Asked Questions

When will the vaccine be available?

The H1N1 vaccine will begin shipping in early October and continue shipping throughout the fall and winter.

Who will be getting the vaccine?

The CDC recommends that people at greatest risk for H1N1 infection or serious complications from infection receive the first available doses of the vaccine. The priority groups defined by the CDC are:

- Pregnant women,
- People who are close contacts to infants 6 months of age or younger,
- Healthcare and emergency medical services personnel,
- People aged 6 months to 24 years,
- People aged 25-64 years with chronic medical conditions that put them at higher risk for influenza-related complications.

Eventually, everyone who wants the vaccine will be able to get it.

Why aren't seniors included in the priority groups?

Studies have shown that younger people are more likely to get infected with H1N1 than people 65 and older (who have been shown to be the least likely to get H1N1). Furthermore, laboratory tests on blood samples indicated older people may have some pre-existing immunity to H1N1. Once the priority groups have been vaccinated, the vaccine will be made available to people 65 and older who wish to receive it. People 65 and older should still get their seasonal flu vaccine as soon as possible and should not delay seeking medical treatment if they develop symptoms of influenza.

Will I be charged or billed for the H1N1 vaccine?

No. The vaccine and supplies are being provided by the federal government free of charge to all participating providers, so it is not permissible to charge for the vaccine itself. However, providers may charge an administration fee, but the fee may not exceed the regional Medicare payment rate for seasonal influenza vaccine administration.

Do I still need the vaccine if I've already had the flu this year?

Yes. Without a laboratory confirmed test result, it is impossible to be certain that a case of influenza-like illness was H1N1. Because the vast majority of cases were not laboratory confirmed, the CDC recommends that anyone who has had influenza-like illness or even a clinical diagnosis of H1N1 infection receive the vaccine to ensure they have immunity.

Is this vaccine safe?

Yes. The H1N1 vaccine is expected to have a safety profile similar to the seasonal flu vaccine (which has a very good safety track record), because was produced using the same processes and facilities used to make the seasonal flu

vaccine. Extra steps were taken during the clinical trials to ensure safety. The CDC and FDA will continue to closely monitor the safety of the H1N1 and seasonal flu vaccines.

I have influenza like illness. Why aren't I being tested for H1N1 or given antiviral medications?

Most people with H1N1 have had mild illnesses and have recovered without medical care or treatment with antiviral medications. Because most flu viruses currently in circulation are H1N1 and the treatment recommendations are the same regardless of it being H1N1 or not, most people with mild flu will not need to be tested.

The CDC recommends influenza diagnostic tests be used for the following people:

- Hospitalized patients with suspected influenza,
- Patients for whom a diagnosis of influenza will inform decisions regarding clinical care, antiviral treatment, infection control, or management of close contacts,

Who's at High Risk for Complications?

Some people are more likely to get flu complications and should talk to a health care provider about whether they need to be examined if they get flu symptoms this season.

They are:

- Children younger than 5, but especially children younger than 2 years old
- People 65 and older
- Pregnant women
- People who have:
 - o Cancer
 - o Blood disorders (including sickle cell disease)
 - o Chronic lung disease [including asthma or chronic obstructive pulmonary disease (COPD)]
 - o Diabetes
 - o Heart disease
 - o Kidney disorders
 - o Liver disorders
 - o Neurological disorders (including nervous system, brain, or spinal cord)
 - o Neuromuscular disorders
 - o Weakened immune systems (including people with AIDS)