

### Should I get the H1N1 vaccine even if I've had a flu-like illness?

Yes. Even if you had a positive in-office influenza test, only those who had the very specific RT-PCR (and expensive) H1N1 test done are exempt. Vaccinating a person who has had the H1N1 virus will not be harmful.

### Can seasonal influenza vaccine and H1N1 vaccine be given at the same visit?

Yes, as long as one or both are shots. You can NOT get two live nasal flu vaccines at the same time; there is a 28-day wait between them. The H1N1 shot can also be given at the same visit with other vaccines such as the pneumonia shot.

***Children 6 months through 9 years of age will need two doses of H1N1 vaccine a month apart.***

### Can a patient that recently used Tamiflu or Relenza receive a H1N1 vaccine?

Yes if they have the shot version. But the nasal spray should not be given within 2 weeks before or 48 hours after administration of antiviral drugs; they can possibly inhibit replication of live vaccine virus.

### Can breastfeeding mothers get the H1N1 nasal spray vaccine?

Yes.

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

Yes. The nasal-spray flu vaccine can be given to people with minor illnesses like diarrhea or mild upper respiratory tract infection with or without fever. Severe nasal congestion might limit absorption—may want to wait.

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

No. There have been no documented cases of transmission of influenza after receiving the live influenza nasal vaccine. You can receive this vaccine even if in close contact with infants, or people with chronic disease.

### Who should be treated with influenza antiviral drugs?

Most people with H1N1 have **not** needed any treatment; the symptoms have been mild for the vast majority.

People prioritized for treatment, who are at high risk of influenza-related complications include:

- Severe illness requiring hospitalization
- Children younger than 2 years old ( you may need to be treated if you have an infant at home)
- Adults 65 years and older
- Pregnant women ( if H1N1 positive, should be treated; according to CDC only a dismal 20% were)
- People with certain chronic medical or immunosuppressive conditions

- If less than 19 years old and on long-term aspirin therapy (H1N1 can cause aspirin users to get Reye's syndrome )

Statistically, children 2 years to 4 years old are more likely to require hospitalization. Even then, it's only 2.5 per 100,000 cases. Patients who are at risk of pneumonia or clinical deterioration (difficulty breathing, shortness of breath) should also receive antiviral therapy, regardless of previous health or age.

Physicians may also decide to treat or not treat based on their **clinical judgment**.

### **What if the liquid version of Tamiflu is not available and the child cannot swallow a capsule?**

Tamiflu® capsules may be opened and mixed with foods such as chocolate syrup-you can DIY at home. For 7years and older, there is also the inhaled version called **Relenza** which is in abundant supply.

**For up-to-date information about H1N1, go to:**

[www.in.gov/flu](http://www.in.gov/flu)

[www.cdc.gov/h1n1flu](http://www.cdc.gov/h1n1flu)

[www.h1n1.nejm.org](http://www.h1n1.nejm.org)