

## Employee FAQs: Seasonal and H1N1 Influenza

Revised 10-13-2009

### GENERAL QUESTIONS

---

#### ***What does “pandemic” mean?***

The World Health Organization classifies a new strain of influenza as pandemic when it can be easily transmitted from person to person and it has caused widespread human infection in at least three countries and at least two WHO regions. A pandemic disease can range from mild to severe and does not necessarily have a high mortality rate. The H1N1 influenza virus that emerged in spring 2009 has been designated a pandemic.

#### ***How dangerous is the H1N1 flu virus? Should I be worried?***

Illness with the 2009 H1N1 influenza, also called the swine flu, ranges from mild to severe. The virus is new and people have little immunity to it. Most people who have been sick have recovered without needing medical treatment. However, as with seasonal flu in years past, hospitalizations and deaths from infection with this virus have occurred.

Although most of the individuals with severe complications have had an underlying medical condition, there has been an increased amount of death and severe illness in previously healthy younger people. Overall, the 2009 H1N1 virus has caused greater disease burden in people younger than 25 years of age than in older people. At this time, there are few cases and few deaths reported in people older than 64 years old, which is unusual when compared with seasonal flu.

Pregnancy and other medical conditions previously recognized as increasing the risk of complications from seasonal influenza also appear to be associated with increased risk of complications from the H1N1 virus in those 25 to 64 years old. In addition to pregnancy, these underlying conditions include asthma, diabetes, suppressed immune system, heart disease, kidney disease, and neurocognitive and neuromuscular disorders.

There is the possibility that the H1N1 virus could mutate and cause more widespread serious illness than we've seen thus far. Local, state, national and international health authorities are closely monitoring the virus to discover such mutations as soon as possible.

Because even the seasonal flu can cause serious illness each year, everyone should take simple precautions such as washing their hands frequently and covering their mouths when they cough. Other precautions and advice can be found at [Protect yourself from the H1N1 virus](#), provided courtesy of utmbhealthcare.org

#### ***Who is most at risk for complications from the flu?***

The CDC lists the following groups as having a higher risk of having complications from either seasonal or H1N1 flu:

- Children younger than 5, but especially children younger than 2
- Adults age 65 years and older
- Pregnant women
- People who have:

- Cancer
- Blood disorders (including sickle cell disease)
- Chronic lung disease, such as asthma or chronic obstructive pulmonary disease (COPD)
- Diabetes
- Heart disease
- Kidney disorders
- Liver disorders
- Neurological disorders, such as epilepsy, cerebral palsy, brain or spinal cord injuries, moderate to profound intellectual disability (mental retardation), or developmental delay
- Neuromuscular disorders, such as muscular dystrophy and multiple sclerosis
- Weakened immune systems, such as people with HIV or AIDS or who are on medications that weaken the immune system

***Is the H1N1 flu already at UTMB?***

Yes, numerous UTMB patients have been diagnosed with influenza. Since the prevalent type of influenza in the U.S. at the present time is the H1N1 strain, these are believed to be H1N1 cases. Some have been definitively tested for H1N1, although such testing is not recommended routinely for outpatients. We expect to see more people getting sick with H1N1 as we move deeper into the flu season. The flu is already widespread throughout Texas.

***Have UTMB employees gotten sick with the H1N1 virus?***

Yes. This is why we are encouraging all UTMB direct-care health workers to get vaccinated for the H1N1 flu virus, once the vaccine is available. Until then, all of us are at risk, since influenza is widespread in our area.

**VACCINE AVAILABILITY**

---

***Will UTMB be getting a supply of H1N1 flu vaccine?***

Yes, although we do not know exactly when our first shipment will arrive or how much vaccine we will receive in that shipment. It's important to note that the CDC does not expect a general shortage of H1N1 vaccine, but the full supply will not be available at once.

***What can you tell me about flu shots this year? Will I be able to get a free one as a UTMB employee?***

There are two types of flu vaccine being offered this year—one for seasonal flu and one for H1N1 flu. Each vaccine comes in two formulations: the traditional injectable form and a nasal spray.

**Seasonal Flu Vaccine**

The supply of seasonal flu vaccine is limited across the nation this year due to increased demand, and UTMB is feeling the effects of the shortage. Based on the best medical evidence, our first priorities in administering vaccine will be for employees whose jobs involve direct patient care, and our high-risk patients (see chart below). We do not think we will be able to accommodate every employee who wants to be vaccinated for seasonal flu this year, but we will do the best we can.

**H1N1 Flu Vaccine**

The H1N1 vaccine is being produced in much greater quantity, but its availability will come over time, and the timing is unpredictable. Therefore, we will have to focus on direct-care health workers and high-risk patients first. The groups who are considered high-priority for the H1N1 vaccine are a little different from those for seasonal flu (see chart below).

Individuals who provide direct health care are strongly encouraged to get both flu vaccines, to protect themselves and their patients.

**A Word about Vaccine Types and their Availability**

As mentioned, the seasonal and H1N1 vaccines each come in two formulations. The traditional flu shot contains inactivated virus, while the nasal spray contains live but weakened (attenuated) virus. Due to age or other health factors, certain groups cannot be given one or the other type of vaccine. Screening is taking place to determine which vaccine formulation will be most needed here based on these factors. Due to the overall shortage of the seasonal vaccine, the formulation offered will be based on this screening process. Individuals who have a personal preference for a vaccine formulation that is not available at UTMB may choose to seek it from outside sources.

***Who's considered to be a high priority for receiving either the seasonal or the H1N1 flu?***

Based on medical evidence thus far, the high-priority groups for the H1N1 vaccine differ somewhat from the high-priority groups for the seasonal flu vaccine. The chart below outlines major priority groups for each vaccine, but if you have any question about your individual situation, consult your physician.

| <b>High Priority for SEASONAL Vaccine</b>  | <b>High Priority for H1N1 Vaccine</b>   |
|--|---|
| <ul style="list-style-type: none"> <li>• Workers providing direct patient care</li> <li>• Pregnant women</li> <li>• People 50 years of age and older</li> <li>• Children aged 6 months up to their 19th birthday</li> <li>• People of any age with certain chronic medical conditions</li> <li>• People who live in nursing homes and other long-term care facilities</li> <li>• Household contacts of persons at high risk for complications from the flu</li> <li>• Household contacts and out-of-home caregivers of children less than 6 months of age (these children are too young to be vaccinated)</li> </ul> | <ul style="list-style-type: none"> <li>• Workers providing direct patient care</li> <li>• Pregnant women</li> <li>• Household contacts and caregivers of children younger than 6 months of age</li> <li>• Children and young adults from 6 months to 24 years of age</li> <li>• Adults 25 to 64 years of age with chronic medical conditions that make them traditionally at high risk of complications from influenza infection</li> </ul> |

Note: Although adults age 65 and over can develop complications as a result of the flu and are a priority for seasonal vaccine, they have not been as heavily affected by H1N1 as younger adults and children. Therefore, at this time they are not considered a high-priority group for the initial supplies of H1N1 vaccine.

***I'm not a direct caregiver, but I want to be vaccinated as soon as possible. Where can I get a flu shot this year?***

Contact your personal physician, or visit one of the pharmacies and grocery stores that are offering low-cost flu vaccines to the community.

***Will I need one or two doses of the H1N1 vaccine?***

Based on the early data, the vaccine was licensed for one dose in adults. The information for children is less certain, but the data at present indicate that only one dose may be needed for children 10 and older. By the time a second dose would be due for younger children, there should be more data available to guide clinical decisions.

***How is the H1N1 vaccine being supplied?***

The vaccine is being provided by the federal government. There will be two types of vaccine available: the injectable form and the nasal spray.

***What records will be reported?***

We must report to the CDC and to the state the doses we've administered each week. The state will record who has received the vaccine in the Texas immunization registry, ImmTrac, which will store the information for at least five years.

## **VACCINE SAFETY**

---

***Is the vaccine for H1N1 flu considered experimental?***

The new vaccine has been licensed by the FDA and should be available in October. It is not considered experimental.

***What do we know about safety of the new H1N1 vaccine?***

The H1N1 vaccine is made the same way that the seasonal flu vaccine is made. Each year the seasonal flu vaccine is normally made of three mini-vaccines that are combined into one shot or nasal spray. The H1N1 vaccine is made the same way as one of the mini-vaccines, but it is being given alone since the regular vaccine for this flu season was already formulated by the time the spread of H1N1 became apparent. The early data from studies done by manufacturers and those sponsored by science agencies in the international community indicate that the side effects of the H1N1 vaccine are similar to those of the seasonal flu vaccine. National vaccination efforts will continue to be monitored to reveal any additional or unusual side effects that may occur as more doses are administered or more time elapses.

***What about Guillain-Barre Syndrome and the previous swine flu vaccine?***

Every year people in the U.S. develop Guillain-Barre Syndrome (GBS) at the rate of about 1 in 100,000, unrelated to any vaccine (this is called the background rate). The cause of GBS is not known, but it is thought that the immune system in some way damages nervous system tissue. It is known that GBS can follow some bacterial or viral infections, including Campylobacter, influenza, cytomegalovirus, Epstein-Barr virus and others. The swine flu vaccine administered in 1976 was associated with a rate of about 1

additional case of GBS in 100,000, which is slightly higher than the background rate. That rate has not been seen before or since after administration of flu vaccines. A number of studies have not shown any association between the 1976 swine flu vaccine and GBS, although two studies have suggested there may have been an additional 1 person per 1 million people vaccinated who may have been at additional risk for GBS. We know that the 1976 swine flu vaccine was for a completely different virus and does not offer any protection against H1N1, so the antibodies that are being developed to protect from infection this year are not related to those seen in 1976.

## **THE FLU @ WORK**

---

### ***What should I do if I think I've got the flu?***

The best thing you can do is stay home and not run the risk of infecting your coworkers. You can find more information at <http://www.utmbhealthcare.org/OPage.asp?PageID=OTH000171>.

### ***What if I miss work because of the flu? How is that time off going to be counted?***

UTMB's Human Resources department has developed guidelines for employees and supervisors. You can read them at <http://intranet.utmb.edu/iutmb/more/H1N1-092409.asp>

### ***I'm a direct caregiver, but I've never had to wear all this personal protective equipment (PPE) before. Is it really necessary? Do I really need to wear the goggles?***

While the H1N1 flu virus has been relatively mild thus far, it is highly contagious and there is still the possibility that it could mutate into a much more dangerous virus. We want to protect our patients, our caregivers and their coworkers. Because flu can be spread by droplets, yes, you should wear PPE (including the goggles).

## **ADDITIONAL RESOURCES**

---

There is much information—and misinformation—circulating about the flu and related vaccines. The following web sites offer valid information on protecting yourself and those around you from the flu.

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

<http://www.cdc.gov/h1n1flu/>

[www.dshs.state.tx.us/txflu](http://www.dshs.state.tx.us/txflu)

<http://www.staywellcustomweb.com/swineflu/>

<http://intranet.utmb.edu/iutmb/more/H1N1-092409.asp>

<http://www.utmbhealthcare.org/Documents/FluScreening9-3-09Combined.pdf>