



H1N1 (Swine) Flu Vaccine Availability and Background Information

Updated: December 30, 2009

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1) When will the H1N1 vaccine be available from Hirsch Pediatrics?

- **Sufficient quantity of H1N1 vaccine remain available to all ages of established and current patients.**
- **All current and established children may receive their initial and booster doses.**
- **This website will be updated regularly with any changes regarding H1N1 vaccine availability from Hirsch Pediatrics.**

2) Does the vaccine offered by Hirsch Pediatrics contain thimerosal? Does it matter if the vaccine contains thimerosal?

- Hirsch Pediatrics continues to receive H1N1 vaccine shipments that do and do not contain thimerosal. However, due to limited and inconsistent shipments of H1N1 vaccine, we are not able to predict ahead of time the type of vaccine that will be available for your child.
- Please note that Hirsch Pediatrics agrees with the CDC and American Academy of Pediatrics that flu vaccines containing thimerosal are safe for children of all ages. Parents who would like additional information on thimerosal in vaccines should visit the following website: www.cdc.gov/h1n1flu/vaccination/thimerosal_ga.htm.
- **If the thimerosal free vaccine is not available for your child, Hirsch Pediatrics strongly discourages any parent from withholding a flu vaccine due to this minimal, medically insignificant amount of thimerosal.**

3) How does Hirsch Pediatrics decide which groups can receive the vaccine when supplies are limited?

- Hirsch Pediatrics will strictly adhere to CDC guidelines in deciding how to distribute this limited supply of H1N1 vaccine. The CDC guidelines can be found at the following website: www.cdc.gov/mmwr/preview/mmwrhtml/rr58e0821a1.htm.
- For those in the eligible groups, the vaccine will be administered on a first-come, first-served basis. We are unable to reserve the vaccine for any child.

4) When can I receive the H1N1 vaccine?

- Similar to the seasonal flu vaccine, you may walk-in any weekday from **9:00 - 12:00** and **2:30 - 4:30**
- **No appointment is necessary**
- **Before coming into the office, you can verify with our website (in lieu of calling the office) that the vaccine is still available.**

5) Should my child still receive an H1N1 vaccine if he/she has already been diagnosed with a flu-like illness?

- Yes. The following passage from the CDC website covers this question in greater detail:

The symptoms of influenza (flu-like illnesses) are similar to those caused by many other viruses. Even when influenza viruses are causing large numbers of people to get sick, other viruses are also causing illnesses. Specific testing, called "RT-PCR test," is needed in order to tell if an illness is caused by a specific influenza strain or by some other virus. This test is different from rapid flu tests that doctors can do in their offices. Since most people with flu-like illnesses will not be tested with RT-PCR this season, the majority will not

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know whether they have been infected with 2009 H1N1 flu or a different virus.

Therefore, if you were ill but do not know if you had 2009 H1N1 infection, you should get vaccinated, if your doctor recommends it. So, most people recommended for 2009 H1N1 vaccination should be vaccinated with the 2009 H1N1 vaccine regardless of whether they had a flu-like illness earlier in the year. If you have had 2009 H1N1 flu, as confirmed by an RT-PCR test, you should have some immunity against 2009 H1N1 flu and can choose not to get the 2009 H1N1 vaccine. However, vaccination of a person with some existing immunity to the 2009 H1N1 virus will not be harmful. For more information on flu tests, see [Influenza Diagnostic Testing During the 2009-2010 Flu Season](#).

Any immunity from 2009 H1N1 influenza infection or vaccination will not provide protection against seasonal influenza. All people who want protection from seasonal flu should still get their seasonal influenza vaccine.

6) Will adults, including parents and caregivers, be able to receive the H1N1 vaccine from Hirsch Pediatrics?

- **As of Monday, January 5th, Hirsch Pediatrics will be able to offer the H1N1 injection to parents and caregivers of current patients on a first-come, first-served basis.**
- **The cost of the H1N1 vaccine for adults is \$20.**

7) How much will the H1N1 vaccine for my child cost and will it be billed to my insurance company?

- Your insurance company will be billed for the H1N1 vaccine for your child. Depending on your co-pay, deductible, or coinsurance, you may still be responsible for the administration fee of the vaccine, typically less than \$20.
- Hirsch Pediatrics will collect a co-pay for this visit. If your insurance company does not require a co-pay for "vaccine only" office visits, we will apply your co-pay as a credit to a future visit.
- The cost of the vaccine for patients who are self-pay or whose insurance coverage does not include the H1N1 flu vaccine will be \$15.

8) Is the H1N1 vaccine safe and what are the side effects of the H1N1 vaccine?

- The H1N1 vaccine safety and side effects are similar to those of the seasonal flu vaccine. Specific safety information can be found at the following website:
www.cdc.gov/h1n1flu/vaccination/vaccine_safety_qa.htm.

9) Due to manufacturer limitations, which individuals are NOT eligible to receive the H1N1 nasal spray vaccine?

- Age under 2 years or older than 49 years of age
- Asthma (Note: Children under 5 who have not received a formal diagnosis of asthma but have had one or more episodes of wheezing over the past year may not receive the nasal vaccine).
- Other chronic medical conditions including anemia, muscle/nerve disorders and heart/kidney/lung/metabolic diseases.

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- Pregnant
- Received Tamiflu within the last 2 weeks
- Receive Flumist nasal spray, MMR vaccine, or Varivax vaccine within the last 28 days.
- Note: If your child is eligible for the H1N1 nasal spray vaccine but lives with somebody who is in one of the above excluded groups (i.e. pregnant mom or caretaker age 50 and above), your child may still receive the vaccine.

10) If my child has just received the seasonal flu injection, does he/she have to wait a certain amount of time before receiving the H1N1 injection or H1N1 nasal spray ?

- No. Please note that the only wait period is for children who will receive **two nasal vaccines**. Thus children who received the seasonal **nasal** flu vaccine (Flumist) have to wait 28 days before receiving the **nasal** H1N1 vaccine. However, children who received the seasonal **nasal** flu vaccine (Flumist) do not have to wait any time to receive the H1N1 **injection**.

11) Does Dr. Hirsch recommend the H1N1 vaccine (with or without thimerosal) for my children?

- Absolutely . . . and Dr. Hirsch vaccinated his children (ages 9 months and 5 years) with the H1N1 vaccine as soon as it was available.

12) My child's school and/or local health clinic is offering the H1N1 vaccine – should I receive it there or wait to receive it at Hirsch Pediatrics?

- You should receive the vaccine as soon as it is readily available from any location.

13) When I receive a flu vaccine, how long will it take to receive protection from the flu?

- According to the CDC, "It takes about two weeks after vaccination for antibodies to develop in the body and provide protection against influenza virus infection. In the meantime, you are still at risk for getting the flu. That's why it's better to get vaccinated early in the fall, before the flu season really gets under way."

14) How many doses of H1N1 vaccine should my child receive?

- The CDC recommends that children from **6 months – 9 years** receive two doses of either the H1N1 injection or H1N1 nasal spray separated by 4 weeks (28 days).
- Though it is preferred to complete the two dose series with the same type of vaccine, if necessary it is acceptable to receive one of each type of vaccine.
- The H1N1 vaccine will be administered to eligible current patients on a first-come, first-served basis; we are unable to reserve second doses for any child. Though two doses for children is ideal, your child should receive some protection if he/she only receives a single dose.

15) Should my child receive Tamiflu if he/she has a fever or is exposed to someone who has H1N1?

- As the H1N1 flu season continues to unfold, Hirsch Pediatrics will continue to follow the most up-to-date CDC and AAP recommendations on the use of Tamiflu:
 - Hirsch Pediatrics will not prescribe Tamiflu for children outside of the high-risk groups (see below).

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- Hirsch Pediatrics will *consider* Tamiflu for children with a fever who are in the high risk groups which include children who are under 2 years old and those children with current asthma.
 - Tamiflu use will be recommended on a case-by-case basis. As noted by the CDC, "Physicians may also decide not to treat some people in these [high-risk] groups." Because of the possible Tamiflu side effects including nausea and vomiting, children who may be in the high-risk groups but have low grade fevers and overall look well will likely not benefit from Tamiflu.
 - Tamiflu will not be prescribed without an office visit.
 - Hirsch Pediatrics will not prescribe Tamiflu to healthy children who are exposed to an H1N1 case.
- Please see the following excerpt from the CDC website for clarification on the use of Tamiflu.

Excerpt from CDC website

<http://www.cdc.gov/H1N1flu/antiviral.htm>

Who is prioritized for treatment with influenza antiviral drugs?

Most people ill with influenza will recover without complications.

Some people are at highest risk of influenza-related complications and are prioritized for treatment with influenza antiviral drugs this season. They include:

- People with more severe illness, such as those hospitalized with suspected or confirmed influenza
- People with suspected or confirmed influenza who are at higher risk for complications
 - **Children younger than 2 years** old
 - Adults 65 years and older
 - Pregnant women
 - People with certain chronic medical or immunosuppressive conditions
- People younger than 19 years of age who are receiving long-term aspirin therapy

Children 2 years to 4 years old are more likely to require hospitalization or urgent medical evaluation for influenza compared with older children, although the risk is much lower than for children younger than 2 years old. **Children aged 2 years to 4 years without high risk conditions and who are not severely ill do not necessarily require antiviral treatment.**

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Children and adults presenting with suspected influenza who have symptoms of lower respiratory tract illness or clinical deterioration should also receive prompt empiric antiviral therapy, regardless of previous health or age.

Physicians may also decide not to treat some people in these groups and/or treat people who are not in these groups based on their clinical judgment.

Should antiviral agents be used for post exposure chemoprophylaxis in healthy individuals?

Antiviral agents are discouraged for prevention of illness in healthy children or adults based on potential exposure in community, school, camp or other settings. In addition, there are no safety data regarding long term or frequent use of antiviral agents in children, and limited data for healthy adults.

16) My child has been diagnosed with probable flu. When can he/she return to school?

- The CDC recommends that **"People with influenza-like illness remain at home until at least 24 hours after they are free of fever (100° F [37.8°C]), or signs of a fever without the use of fever-reducing medications.** This is a change from the previous recommendation that ill persons stay home for 7 days after illness onset or until 24 hours after the resolution of symptoms, whichever was longer. The new recommendation applies to camps, schools, businesses, mass gatherings, and other community settings where the majority of people are not at increased risk for influenza complications."
- The concern regarding prolonged contagiousness (beyond this time window) is covered in more extensive detail in the following CDC statement:

*Many people with influenza illness will continue shedding influenza virus 24 hours after their fevers go away, but at lower levels than during their fever. Shedding of influenza virus, as detected by RT-PCR, can be detected for 10 days or more in some cases. Therefore, when people who have had influenza-like illness return to work, school, or other community settings they should **continue to practice good respiratory etiquette and hand hygiene and avoid close contact with people they know to be at increased risk of influenza-related complications.** Because some people may shed influenza virus before they feel ill, and because some people with influenza will not have a fever, it is important that all people **cover their cough and wash hands often.***

17) I have been diagnosed with the flu. What can I do to protect my child from getting the flu from me?

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- The CDC has made the following recommendations:
 - keep the sick person away from other people as much as possible (see “placement of the sick person”) especially others who are at high risk for complications from influenza
 - remind the sick person to cover their coughs, and clean their hands with soap and water often. If soap and water are not available, they should use an alcohol-based hand rub^{*}, especially after coughing and/or sneezing
 - have everyone in the household clean their hands often, using soap and water (or an alcohol-based hand rub^{*}, if soap and water are not available). Children may need reminders or help keeping their hands clean
 - ask your health care provider if household contacts of the sick person—particularly those contacts who may be pregnant or have chronic health conditions—should take antiviral medications such as oseltamivir (Tamiflu®) or zanamivir (Relenza®) to prevent the flu
 - If you are in a [high risk group for complications from influenza](#), you should attempt to avoid close contact (within 6 feet) with household members who are sick with influenza. If close contact with a sick individual is unavoidable, consider wearing a facemask or respirator, if available and tolerable. Infants should not be cared for by sick family members. For more information, see the [Interim Recommendations for Facemask and Respirator Use](#)

18) Where can I find additional information on the H1N1 vaccine?

- Vaccine information sheets for the H1N1 flu shot (<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-inact-h1n1.pdf>) and the H1N1 flu nasal spray (<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-laiv-h1n1.pdf>).
- H1N1 website page from the Maryland Department of Health and Mental Hygiene (<http://dhmh.maryland.gov/swineflu/>)
- H1N1 website page from the American Academy of Pediatrics (<http://www.aap.org/advocacy/releases/swineflu.htm>)

19) What happens if my child has received an H1N1 vaccine that has been recalled?

- Hirsch Pediatrics did not receive nor administer any of the Sanofi Pasteur or Medimmune H1N1 vaccine that was involved in the recent two vaccine recalls.
- If in the future Hirsch Pediatrics has administered a vaccine that is recalled, we will follow CDC guidelines for appropriate follow-up and management.