

## **H1N1 Questions & Answers**

### **Q. Is H1N1 the same as the seasonal flu?**

A. No. H1N1 (previously referred to as “swine flu”) is a new influenza virus causing illness in people. This new virus was first detected in people in the United States in April 2009. This virus is spreading from person-to-person worldwide in much the same way typical seasonal influenza viruses spread. On June 11, 2009, the World Health Organization signaled that a pandemic of H1N1 flu was underway.

### **Q. What can I do to protect myself from H1N1 and seasonal flu?**

A. In addition to personal hygiene measures, DOD directives require all active-duty personnel to be vaccinated against seasonal influenza and H1N1, and encourages all military beneficiaries to be vaccinated against both seasonal influenza and H1N1 as well.

### **Q. Are there other ways to prevent the spread of illness?**

A. Take the same standard precautions used to prevent the spread of a cold.

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it. If a tissue isn't available, cough or sneeze into your upper sleeve (not into your hands).
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hands cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread that way.
- Stay home if you get sick. Officials at the Centers for Disease Control recommend that you stay home from work or school for at least 24 hours after your fever is gone, that is, after your temperature is less than 100 degrees Fahrenheit or 37.8 degrees Celsius without the use of fever-reducing medicine, and thus limit contact with others to keep from infecting them.

### **Q. How severe is illness associated with H1N1 flu virus?**

A. This has been a mild illness for most people and they have recovered in a few days without needing medical treatment. However, hospitalizations and deaths from infection with this virus have occurred. About 70 percent of people who have been hospitalized with this H1N1 virus have had one or more medical conditions previously recognized as placing people at “high risk” of serious seasonal flu-related complications. This includes pregnancy, diabetes, heart disease, asthma and kidney disease. One thing that appears to be different from seasonal influenza is that adults older than 64 years do not appear to be at increased risk of H1N1-related complications thus far.

### **Q. When is it expected that the H1N1 vaccine will be available?**

A. The initial shipments of H1N1 vaccine are expected in mid-to-late October. Additional supplies of vaccine will follow on a weekly basis until sufficient vaccine is available to everyone who needs or wants it.

**Q. Will the seasonal flu vaccine also protect against the H1N1 flu?**

A. The seasonal flu vaccine does not protect against the H1N1 flu.

**Q. How many shots are required for the H1N1 flu?**

A. The vaccination will be administered as a one-dose regimen for those 10 years of age and older, and as a two-dose regimen, administered approximately one month apart, for those 6 months to 9 years of age. Children under the age of six months are too young to receive the vaccine. Vaccine production is projected to result in an adequate supply for the entire force, its family members and beneficiaries.

**Q. Can the seasonal vaccine and the H1N1 vaccine be given at the same time?**

A. Yes. The vaccines do not interfere with each other and may be received on the same day. However, seasonal flu vaccine will be available well before H1N1 vaccine; individuals should be vaccinated with the seasonal flu vaccine as soon as possible and should not wait to receive it with the H1N1 vaccine.

**Q. Which Department of Defense personnel have priority for H1N1 vaccination?**

A. If the illness caused by the virus remains low in severity, the following groups will have priority: 1) deployed forces, people on ships afloat, high risk healthcare providers, and people at training sites; 2) critical or mission-essential personnel; and 3) other personnel. If illness severity becomes high, people at training sites will be moved to the priority 3 category -- "other personnel."

**Q. Who are the target groups to receive the H1N1 vaccine?**

A. Members of the CDC's Advisory Committee on Immunization Practices have recommended that certain groups of the population receive the H1N1 vaccine when it first becomes available. These key populations include pregnant women, people who live with or care for children younger than 6 months of age, healthcare and emergency medical services personnel, persons between the ages of 6 months and 24 years old, and people 25 through 64 years of age who are at higher risk for H1N1 because of chronic health disorders or a compromised immune system. In the event of a substantial delay in vaccine production or inadequate supply, committee members recommend that the

following groups receive the vaccine before others: pregnant women, people who live with or care for children younger than 6 months of age, health care and emergency medical services personnel with direct patient contact, children 6 months through 4 years of age, and children 5 through 18 years of age who have chronic medical conditions.

**Q. Where will the vaccine be available for Air Force dependents, retirees, DAF civilians and contractors?**

A. Every state and territory is developing a vaccine delivery plan. The vaccine likely will be available in settings such as vaccination clinics organized by local health departments, healthcare provider offices, schools and other private settings, such as pharmacies and workplaces. Military treatment facilities also may receive vaccine from states to administer to dependents, retirees and other beneficiaries.

**Q. If an agency chooses to institute telework during a pandemic, how are employees managed?**

A. Agency officials should have strong, regular telework programs in place. The focus during a pandemic should be on getting as much work done as possible. Managers, employees and organizations will have to remain flexible with each other and with their work, and will have to adapt to the changing environment.

**Q. My child's school has closed. Can I telework from home while caring for my child? If so, for how long?**

A. Officials at each individual agency will determine the necessity for telework based on their individual mission and responsibilities. The OPM guidance can be found at <http://www.chcoc.gov/Transmittals/TransmittalDetails.aspx?TransmittalID=2452>

**Q. If an employee is healthy but stays home because he or she has been in direct contact with individuals infected with the flu, in what pay or leave status is he or she placed?**

A. An employee may use accrued sick leave when he or she would, as determined by the health authorities or a health care provider, jeopardize the health of others because of his or her exposure to a communicable disease.

**Q. My child's school has closed. Can I use "family friendly" sick leave to care for my child until the school reopens?**

A. No. Sick leave is not appropriate if the child was sent home as a preventive measure instead of actually being sick.

**Q. Are there travel restrictions due to the H1N1 flu?**

A. Not currently. Check with the Department of State website as conditions may change: [http://www.travel.state.gov/travel/cis\\_pa\\_tw/pa/pa\\_4493.html](http://www.travel.state.gov/travel/cis_pa_tw/pa/pa_4493.html)

**Q. What are the procedures in place to screen individuals prior to entering the U.S. Central Command area of responsibility?**

A. Prior to boarding the aircraft, individuals are screened for fever -- temperature is taken -- and H1N1 symptoms such as cough and sore throat. This screening has been implemented at embarkation ports, including the Dallas-Fort Worth and Atlanta airports.

**Q. Why are they taking the temperatures of servicemembers at the Atlanta and Dallas airports?**

A. USCENTCOM officials issued deployment guidance for every individual prior to entering the USCENTCOM AOR. Prior to boarding the aircraft, each individual is screened for applicable H1N1 symptoms as described by the CDC to include temperature taking. Not only are U.S. military officials taking every precaution to safeguard U.S. personnel, but to ensure the influenza does not spread to the host-nation populace.

**Q. What is the medical response if an individual is identified to have symptoms of the H1N1 influenza prior to deployment?**

A. If an individual displays symptoms, that individual will not be able to deploy until cleared by a medical professional.

**Q. What are U.S. military officials doing to ensure host nation populations do not become infected from U.S. personnel entering their country?**

A. U.S. military officials are working very closely with host nation governments to ensure anyone who may have symptoms of H1N1 is contained. Anyone with symptoms of H1N1 is immediately isolated until lab testing is completed. Not only are U.S. military officials taking every precaution to safeguard U.S. personnel, but to ensure the influenza does not spread to the host-nation populace.

**Q. Could our enemies use this flu as a weapon?**

A. The potential for weaponization of influenza has been studied by appropriate agencies of the U.S. Government. While it is theoretically possible, it would be exceptionally difficult to do. Further, U.S. government officials has no evidence suggesting that any current or potential adversary is interested in attempting it.

## **Related Links**

CDC H1N1 Website

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

U.S. Department of Health and Human Services website for flu

<http://www.flu.gov/>

DOD Pandemic Influenza Watchboard

<http://fhp.osd.mil/aiWatchboard/>