Common Questions and Facts Addressed by the CDC

H1N1 Monovalent Vaccine

- **Is the 2009 H1N1 vaccine recommended for patients who had influenza-like illness since spring 2009?**
  YES, unless infection was confirmed by PCR for H1N1.
  People who were infected with the 2009 H1N1 virus and who are not severely immune compromised will likely have immunity to subsequent infection with 2009 H1N1 virus. However, vaccination of a person with some existing immunity to the 2009 H1N1 virus will not be harmful, and patients who are uncertain about how they were diagnosed should get the 2009 H1N1 vaccine. In addition, people recommended for seasonal vaccine should get a seasonal vaccine because infection with the 2009 H1N1 virus does not provide protection against seasonal influenza viruses.

- **Can the nasal-spray flu vaccine be used together with influenza antiviral medications?**

  LAIV is one of two types of flu vaccine. It is given as a nasal spray and contains weakened, live virus. Flu antiviral drugs taken from 48 hours before through 2 weeks after getting LAIV can lower or prevent the vaccinated person from responding to the vaccine and the person may not get immune protection from the vaccine.

  Antiviral drugs can be taken with the inactivated (i.e. killed) flu vaccine.

Antiviral Treatment and Prophylaxis

- **Is it too late to use antiviral treatment after 48 Hours?**
  While antiviral treatment is most effective when begun within 48 hours of influenza illness onset, studies have shown that hospitalized patients still benefit when treatment is started with oseltamivir more than 48 hours after illness onset. Outpatients, particularly those with risk factors for severe illness who are not improving, might also benefit from treatment initiated more than 48 hours after illness onset.

- **Who can benefit from antiviral treatment?**
  All hospitalized patients with suspected or confirmed 2009 H1N1 should receive antiviral treatment with a neuraminidase inhibitor-either oseltamivir or zanamivir. Moderately ill patients, especially those with risk factors for severe illness, and those who appear to be getting worse can also benefit from neuraminidase inhibitors.

- **No Risk Factors Does Not Mean No Antiviral Treatment**

  While antivirals are recommended for treatment of 2009 H1N1 in patients with risk factors for severe disease, some people without risk factors may also benefit from antivirals. In fact, 40% of children and 20% of adults who end up hospitalized with complications of 2009 H1N1 have no risk factors. Clinical judgment is always an essential part of treatment decisions.

- **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

- **Can antiviral drugs be used for prophylaxis several times during the Flu season?**

  Limited data is available on frequent use of antiviral agents in children or healthy adults. **As an alternative to chemoprophylaxis**, clinicians can also choose to counsel people at higher risk for influenza-related complications about the early signs and symptoms of influenza and advise them to immediately contact a health care provider for evaluation and possible early treatment if clinical signs or symptoms develop.
  People at high risk of influenza complications should also be offered **vaccination.**

  For more information on antiviral treatment go to
  http://www.cdc.gov/h1n1flu/antiviral.htm