

Seasonal Flu Vaccine and H1N1 Flu Vaccine

Myths vs. Facts

September 15, 2009

For Sentara and community physicians about the flu vaccines

MYTH: Seasonal flu vaccine will protect against 2009 H1N1 flu.

FACTS: The seasonal flu vaccine is a trivalent, containing three flu viruses—one A (H3N2) virus, one A (H1N1) virus, and one B virus. Since the H1N1 contained in the seasonal flu vaccine is different from the 2009 H1N1 strain currently circulating, this vaccine offers no protection from 2009 H1N1.

MYTH: With so many in my workplace getting the seasonal flu vaccine, one more won't matter.

FACTS: Seasonal flu vaccines are recommended for health care workers who are at greater risk of getting and transmitting flu. Health care workers have been implicated in flu outbreaks in the past; one unvaccinated health care worker can spread flu to many patients.

MYTH: The flu is not a serious disease.

FACTS: Flu is a serious respiratory illness. Each year 200,000 people in the U.S. are hospitalized and 36,000 people die from seasonal flu. Most who die are 65+ years old, but children under 2 are often hospitalized. Most deaths related to H1N1 are younger; the average age of those who have died is 37.

MYTH: The seasonal flu shot can cause the flu.

FACTS: The flu shot uses dead virus and cannot cause flu. Some people get a little soreness or redness where the shot is given. Risks for severe allergic reactions are less than 1 in 4 million.

MYTH: The flu shot does not work.

FACTS: Scientific studies show effectiveness of the flu shot from 70% to 90% when there's a good match between circulating viruses and those in the vaccine. Getting the vaccine is your best protection.

MYTH: It's too late to take the seasonal flu vaccine once flu cases are reported.

FACTS: Flu vaccine can be given before or during the flu season. The seasonal flu vaccine is available now. Historically, the highest seasonal flu volumes occur in February. The 2009 H1N1 vaccine is expected late-October at the earliest.

MYTH: I was vaccinated against the 1976 swine flu and won't need the 2009 H1N1 shot.

FACTS: The 1976 swine flu virus and the 2009 H1N1 virus are different enough that it's unlikely a person vaccinated in 1976 will have full protection from the 2009 H1N1.

MYTH: I'm allergic to thimerosal and shouldn't get the 2009 H1N1 vaccine.

FACTS: Someone with a thimerosal allergy can still get the 2009 H1N1 vaccine. You just might experience more redness and soreness where the shot was given. Scientific study has not shown that thimerosal (used as a preservative in vaccine packaged in multi-dose vials) is harmful to a pregnant woman or fetus. Because some women are concerned, manufacturers will produce preservative-free seasonal and 2009 H1N1 influenza vaccines in single dose syringes for pregnant women and small children.

MYTH: The same people at risk for seasonal flu are at risk for 2009 H1N1.

FACTS: Seasonal flu typically hits those 65 and old, with most hospitalizations and deaths in this group. 2009 H1N1 is affecting pregnant women and the young. The average age of those who die from H1N1 is 37 years old.

2009 H1N1 Vaccine recommended for:

- Pregnant women
- Family and caregivers for children younger than 6 months old
- Health care workers and emergency services personnel
- Anyone 6 months to 24 years old
- Anyone 25 through 64 years with higher risk medical conditions (chronic lung disease, kidney disease, diabetes, heart disease, liver disorders, neurological and neuromuscular disorders, or weakened immune systems)

Seasonal flu vaccine recommended for:

- children 6 months to 19 years old
- pregnant women
- anyone 50 years or older
- people with chronic medical conditions like asthma, kidney disease, diabetes, heart disease, lung disease, chronic bronchitis, weakened immune system and HIV.
- people who live in nursing homes or long-term care facilities
- family and caregivers of people at high risk like health care workers
- caregivers of children less than 6 months old (children too young to get the vaccine)

MYTH: 2009 H1N1 vaccine is not safe for pregnant women.

FACTS: Studies of H1N1 vaccine are underway currently and the results are not yet released, but its safety is expected to be the same as seasonal flu vaccine.

MYTH: I'll take my chances with antibiotics for season flu.

FACTS: Flu is a virus and is not affected by antibiotics.

MYTH: I'll just take my chances with the 2009 H1N1 antivirals.

FACTS: Health officials have concerns antivirals will lose their ability to work with 2009 H1N1. These medications are not appropriate for everyone who gets the flu. Antivirals for 2009 H1N1 (tamiflu and relenza) will be primarily reserved for hospitalized patients and those people at high risk for flu complications. Physicians will use their professional judgment and the latest research findings to make final decisions for their patients.