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## Novel H1N1 Influenza Vaccine

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**Q. What are the plans for developing novel H1N1 vaccine?**

A. Vaccines are the most powerful public health tool for control of influenza, and the U.S. government is working closely with manufacturers to take steps in the process to manufacture a novel H1N1 vaccine. Working together with scientists in the public and private sector, CDC has isolated the new H1N1 virus and modified the virus so that it can be used to make hundreds of millions of doses of vaccine. Vaccine manufacturers are now using these materials to begin vaccine production. Making vaccine is a multi-step process which takes several months to complete. Candidate vaccines will be tested in clinical trials over the few months.

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

A. The novel H1N1 vaccine is expected to be available in the fall. More specific dates cannot be provided at this time as vaccine availability depends on several factors including manufacturing time and time needed to conduct clinical trials

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

A. The seasonal flu vaccine is not expected to protect against the novel H1N1 flu.

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

A. It is anticipated that seasonal flu and novel H1N1 vaccines may be administered on the same day. However, we expect the seasonal vaccine to be available earlier than the H1N1 vaccine. The usual seasonal influenza viruses are still expected to cause illness this fall and winter. Individuals are encouraged to get their seasonal flu vaccine as soon as it is available.

**Q. Who will be recommended as priority groups to receive the novel H1N1 vaccine?**

A. CDC's Advisory Committee on Immunization Practices (ACIP) has recommended that certain groups of the population receive the novel 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 ages of 25 through 64 years of age who are at higher risk for novel H1N1 because of chronic health disorders or compromised immune systems.

We do not expect that there will be a shortage of novel H1N1 vaccine, but availability and demand can be unpredictable. There is some possibility that initially the vaccine will be available in limited quantities. In this setting, the committee recommended 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.

The committee recognized the need to assess supply and demand issues at the local level. The committee further recommended that once the demand for vaccine for these prioritized groups has been met at the local level, programs and providers should begin vaccinating everyone from ages 25 through 64 years. Current studies indicate the risk for infection among persons age 65 or older is less than the risk for younger age groups. Therefore, as vaccine supply and demand for vaccine among younger age groups is being met, programs and providers should offer vaccination to people over the age of 65.

**Q. Do those that have been previously vaccinated against the 1976 swine influenza need to get vaccinated against the 2009 H1N1 influenza?**

A. The 1976 swine flu virus and the 2009 H1N1 virus are different enough that its unlikely a person vaccinated in 1976 will have full protection from the 2009 H1N1. People vaccinated in 1976 should still be given the 2009 H1N1 vaccine.

**Q. Where will the vaccine be available?**

A. Every state is developing a vaccine delivery plan. Vaccine will be available in a combination of settings such as vaccination clinics organized by local health departments, healthcare provider offices, schools, and other private settings, such as pharmacies and workplaces.

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

A. Take everyday actions to stay healthy.

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- 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. CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.

**Follow public health advice** regarding school closures, avoiding crowds and other social distancing measures. These measures will continue to be important after a novel H1N1 vaccine is available because they can prevent the spread of other viruses that cause respiratory infections.

**Q. What about the use of antivirals to treat novel H1N1 infection?**

A. Antiviral drugs are prescription medicines (pills, liquid or an inhaled powder) that fight against the flu by keeping flu viruses from reproducing in your body. If you get sick, antiviral drugs can make your illness milder and make you feel better faster. They may also prevent serious flu complications. This fall, antivirals may be prioritized for persons with severe illness or those at higher risk for flu complications.