

American Association on Health and Disability

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The American Association on Health and Disability (AAHD) has prepared the following document as a timely quick resource to websites and resources on H1N1, seasonal flu, vaccines, antivirals and diagnostics. This document will be updated and modified on a regular basis and accessible on the AAHD website at www.aahd.us. Please feel free to circulate and contact AAHD at contact@aahd.us to add additional resources. Please check the websites listed below on a regular basis for updated information and the CDC website at <http://flu.gov>, which is updated daily on the status of vaccine locations and latest developments.

A portion of this document appears in the Fall 2009, American Association on Health and Disability (AAHD) electronic newsletter, *Disability and Health*. Please visit www.aahd.us to read the entire newsletter.

H1N1 and Seasonal Flu Fact Sheet (October 22, 2009)

Vulnerable populations and high risk medical groups may be at risk for additional complications associated with H1N1 and the seasonal flu. The CDC Advisory Committee on Immunization Practice recommends that certain groups at a higher risk of contracting H1N1 obtain the vaccine as soon as possible.

Children and adults with certain medical conditions, such as neurological disorders (epilepsy, cerebral palsy, brain or spinal cord injuries, moderate to profound intellectual disability or developmental delay) or neuromuscular disorders (muscular dystrophy and multiple sclerosis), blood disorders, weakened immune system, and chronic lung disorders (asthma) are part of the high risk group and should be eligible for the first wave of vaccination for H1N1.

WEBSITES AND RESOURCES:

FLU SHOT LOCATOR (seasonal and H1N1) <http://flu.gov> This information is updated regularly and contains News Briefings/Webcasts/Multiple Language

Information and the latest comprehensive information about the seasonal flu and H1N1. (Centers for Disease Control and Prevention-CDC)

CDC-Where You Live: Interactive Google Map: State resources, state news, state health dept. news, Twitter feed, CDC Data Monitoring
<http://www.flu.gov/whereyoulive/index.html>

Center for Disease Control and Prevention (CDC) (H1N1 specific)
www.cdc.gov/h1n1flu

Power Point: Pandemic Influenza Preparedness and Response for People with Disabilities (CDC,NCBDDD, Disability and Health Branch)
http://www.aucd.org/template/news.cfm?news_id=4660&parent=677&parent_title=H1N1%20Flu

CDC Questions and Answers: 2009 H1N1 Influenza Vaccine
http://www.cdc.gov/h1n1flu/vaccination/public/vaccination_ga_pub.htm

National Center for Deaf Health Research (NCDHR)Rochester Prevention Research Center <http://www.urmc.rochester.edu/ncdhr/information/swine-flu.cfm>

H1N1 FACT SHEET-HHS 2009H1N1VACCINE DEVELOPMENTN ACTIVITIES
<http://pandemicflu.gov/professional/states>

H1N1 Flu: A Guide for Community and Faith Based Organizations
<http://www.flu.gov/professional/community/cfboguidance.html>

HHS Guidance for Business Planning
<http://www.flu.gov/professional/business/index.html>

HHS Guidance for School Planning
<http://www.flu.gov/professional/school/index.html>

HHS Guidance for People with Health Conditions
<http://www.flu.gov/individualfamily/healthconditions/index.html>

HHS Guidance for State and Local Government
<http://flu.gov/professional/states/index.html>

HHS Guidance for Federal Government
<http://flu.gov/professional/federal/index.html>

HHS Guidance for Research Activities
<http://flu.gov/professional/research/index.html>

HHS Office on Disability has prepared the following list of resources by state:
[H1N1 State Resources](#)

PODCAST: Antivirals Drugs for 2009-2010 – Influenza Season (Including H1N1)
<http://www2c.cdc.gov/podcasts/player.asp?f=175219>

FLYER: Fight Flu For First Responders
http://www.cdc.gov/h1n1flu/pdf/2009_h1n1_flyer_firstresponders.pdf

PLANNING GUIDE FOR VACCINATING PEDIATRIC PATIENTS AGAINST 2009 H1N1 INFLUENZA IN PRIMARY HEALTHCARE SETTINGS
<http://www.flu.gov/professional/hospital/pediatricpatients.html>

OFFICE OF ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE (ASPR) <http://www.hhs.gov/aspr>

NATIONAL VACCINE ADVISORY COMMITTEE ((NVAC)
<http://www.hhs.gov/nvpo/nvac>

NATIONAL BIODEFENSE SCIENCE BOARD (NBSB)
<http://www.hhs.gov/aspr/omsph/nbsb>

DISASTER MENTAL HEALTH SUBCOMMITTEE OF NBSB
<http://www.hhs.gov/aspr/omsph/nbsb/subcommittee/mentalhealth/index.html>

WORLD HEALTH ORGANIZATION: www.who.int/en/

H1N1 Flu: Getting Ready

The 2009-10 influenza season officially began Oct. 4, 2009. Those who want broad protection will need to get two flu shots: the seasonal vaccine and a vaccine specifically for H1N1. On September 15, 2009, the U.S. Food and Drug Administration announced it has approved four vaccines against the 2009 H1N1 flu virus. The FDA is in the process of distributing the H1N1 vaccine to states. It is important to check with your healthcare provider about the duration between receiving the seasonal vaccine and the H1N1 vaccine.

A government system is in place to track possible side effects. Health officials want to uncover any side effects quickly, as more people than ever before will be getting a new vaccine in a relatively short period of time.

- Harvard Medical School scientists are linking large insurance databases that include up to 50 million people with vaccination registries around the country. The scientists will track doctor visits in the weeks after a flu shot to spot potential problems.

- Johns Hopkins University will e-mail at least 100,000 vaccine recipients to find out how they're feeling, including complaints that might be too minor for a doctor visit. Researchers who spot potential connections will call to obtain more detailed information.
- The CDC will have take-home cards telling those who get the vaccine how to report any suspected side effects to the Vaccine Adverse Event Reporting system.

The 2009 H1N1 vaccine will initially be available in limited amounts, so the vaccine will likely be reserved for target groups at higher risk for infection or complications. Certain individuals with disabilities may fall into the high risk group for medical complications from influenza, particularly if one has a neurological or neuromuscular disorder and should check with their healthcare provider for guidance. The CDC's Advisory Committee on Immunization Practices recommends that several groups get the vaccine as soon it's available:

1. **Pregnant women.** These women are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated.
2. **Household contacts and caregivers for children younger than 6 months of age.** Infants are at higher risk of influenza-related complications and cannot be vaccinated. According to the CDC, vaccinating those in close contact with infants younger than 6 months old might help protect infants by "cocooning" them from the virus.
3. **Health-care and emergency medical services personnel.** Infections among health-care workers are a potential source of infection for vulnerable patients, and their absence from work would reduce health-care system capacity.
4. **Everyone aged 6 months through 24 years**
5. **People aged 25 through 64 years who have health conditions that put them at higher risk of medical complications from influenza, including the following:**

Cancer

- Blood disorders (including sickle cell disease)
- Chronic lung disease [such as asthma or chronic obstructive pulmonary disease (COPD)]
- Diabetes
- Heart disease
- Kidney disorders
- Liver disorders
- **Neurological disorders (such as epilepsy, cerebral palsy, brain or spinal cord injuries, moderate to profound intellectual disability or developmental delay)**

- **Neuromuscular disorders (such as muscular dystrophy and multiple sclerosis)**
- Weakened immune systems (such as people with HIV or AIDS or who are on medications that weaken the immune system) *

These five target groups comprise roughly 159 million people in the United States. (This estimate does not accurately account for people who in more than one category; e.g., a health-care worker with a high-risk condition.) Expanding the vaccinated group to additional populations will be a local-level decision, as vaccine availability and demand might vary considerably by area. After demand is met for people in the five initial target groups, vaccinations should be offered to everyone between the ages of 25 and 64. CDC and state and local health authorities will inform providers and the general public in the event of a substantial delay or an inadequate supply.

According to current studies, those aged 65 and older are at lower risk for infection than younger people. According to the CDC, “Expanding vaccination recommendations to include adults aged ≥65 years is recommended only after assessment of vaccine availability and demand at the local level. Once demand for vaccine among younger age groups is being met, vaccination should be expanded to all persons aged ≥65 years.” (“Use of Influenza A (H1N1) 2009 Monovalent Vaccine Recommendations of the Advisory Committee on Immunization Practices” (ACIP), National Center for Immunization and Respiratory Diseases, CDC 2009.)

The Basics

According to www.flu.gov, you can do your part to avoid contracting H1N1 by following a few simple health precautions. H1N1 flu spreads in the same ways that seasonal flu spreads — person to person through coughing or sneezing by infected persons. People can also catch the flu by touching something — such as a surface or object — with flu viruses on it and then touching their mouth or nose.

People infected with H1N1 flu may be able to infect others from one day before getting sick to five to seven days after. The contagious period can be longer in some people, especially children or people with weakened immune systems.

The rapid diagnostic tests presently available to test for H1N1 vary in sensitivity. A negative test result does not always indicate that you do not have H1N1 and some rapid diagnostic tests have been shown to be inaccurate up to 50% of the time. Please visit http://www.cdc.gov/H1N1FLU/DIAGNOSTIC_TESTING_PUBLIC_QA.HTM to learn more about diagnostics and speak to your health care provider for additional information.

Antivirals are prescription drugs that decrease the ability of flu viruses to reproduce in your system. According to the CDC, it is recommended that antiviral drugs should be

started within 2 days of becoming sick. To learn more about antivirals visit <http://www.cdc.gov/H1N1flu/antiviral.htm>

Take These Steps to Protect Your Health

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the used tissue in the trash.
- Wash your hands often with soap and water, especially after coughing or sneezing. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- If you get sick, stay home for 7 days after your symptoms begin or until you have been symptom-free for 24 hours, whichever is longer. This is to keep from infecting others and spreading the virus further.
- Follow public health advice regarding school closures, avoiding crowds and other social distancing measures.

PLEASE REGULARLY CHECK [HTTP://FLU.GOV](http://flu.gov) FOR THE LATEST INFORMATION ABOUT H1N1 AND SEASONAL FLU

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