



# ISSUE BRIEF



*From ANCOR's Government Relations Division*

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"It is not possible to predict how the 2009-H1N1 influenza virus or the upcoming influenza season will play out, but it is best that we plan and prepare for a resurgence of H1N1 flu." ~Homeland Security Secretary Janet Napolitano

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*In spring 2009, the H1N1 virus, also known as the swine flu, was determined the cause of influenza illnesses in the United States. The World Health Organization declared a worldwide pandemic, indicating uncontained community-level transmission of the 2009 virus in multiple areas of the world. President Obama has made preparing for the H1N1 virus a top priority. The H1N1 virus is expected to reemerge in the fall of 2009 in addition to the traditional seasonal flu. This Issue Brief provides background and recommendations from various government agencies for how to prepare for H1N1.*

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## Background

The 2009 H1N1, also known as swine flu, is a virus that is a mix of a number of human, swine and avian influenza virus genes. It contains a surface protein, H1 that has not been seen in the human population before, so very few people have any immunity from infection with this virus. The virus is not deadlier than previous viruses, rather it is the differences from other viruses that cause it to affect a wider range of people because they do not have immunity to it. The President's Council of Advisors on Science and Technology has concluded that the virus will most likely not resemble the pandemic of 1918-1919 however, will pose a "serious health threat" to the nation. Currently the virus has not mutated to become more severe than it was when it emerged in April. Also in April, ANCOR sent a [letter](#) to CMS expressing ANCOR member concerns about issues relating to H1N1. CMS [responded](#) to the letter and included an invitation to join the Emergency Preparedness Stakeholder Communication Forum.

## Signs, Symptoms, and Demographics

The signs and symptoms of the H1N1 virus are very similar to those of the seasonal flu: high fever, cough, aches and pains, sneezing and feeling very tired. Definitive diagnosis of the virus requires testing using a "real-time reverse transcriptase—polymerase chain reaction or viral culture." There are other tests available but they are not recommended due to higher inaccurate results.

There is little immunity in the population against the virus, so everyone has a chance to contract the virus; however, some populations are more at risk. As of July 31, 2009, the highest infection incidence was ages 5 to 24 years. Pregnant women, people with weakened immune systems and people with other chronic diseases seem more at risk to develop severe cases of H1N1. The lowest incidence of infection was among those older than 65 years. Most doctors believe this is due to those older than 65 years having been exposed to similar viruses previously in their lives and thus having a stronger immune system.

## Federal Recommendations

The Advisory Committee on Immunization Practices (ACIP) has released [recommendations](#) for the 2009 H1N1 flu season. These are recommendations not requirements. It is important to check with your state and local government for any requirements they may have already issued.

## Vaccine Production

There are two kinds of H1N1 vaccines being made: an H1N1 "flu shot" given by needle, and the H1N1 nasal spray flu vaccine given with a nasal sprayer. The viruses in the flu shot are killed (inactivated), so you cannot get the flu from a flu shot. Some minor side effects that could occur are soreness, redness, or swelling where the shot was given, fever (low grade), and aches. The nasal spray, FluMist, contains a weakened live virus, while injections contain a killed and fragmented virus. The spray gives a stronger immune reaction but carries a small risk that the virus will multiply too quickly in people with compromised immunity.

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The normal side effects of FluMist include fever, headache, muscle aches, runny nose, vomiting and wheezing. These side effects mimic the flu, leading to the rumor that flu vaccines cause the illness. Nevertheless, health agencies say the side effects cannot expand into a life-threatening infection. The nasal spray is not recommended for pregnant women, people over 50, and individuals with asthma or heart conditions.

Contrary to what experts expected, clinical trials now show the H1N1 vaccine is effective on all individuals 10 years and older with one dose, not two. Children 9 and under will need two doses. Studies have concluded that once vaccinated, a person develops immunity to the virus within 8 to 10 days.

Projections for the supply of the H1N1 vaccine vary greatly and change frequently. What is agreed upon as of mid-October is that vaccine manufacturers are behind on production. Dr. Anne Schuchat, the director of the National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention, expectations are that only 28 to 30 millions doses will be available by the end of October.

**The federal government will purchase all doses of 2009-H1N1 influenza vaccine manufactured for distribution in the United States, and will work through each state to distribute vaccine to the public and private sectors. Individuals will not have to pay for the vaccine itself. Distributors may choose to charge an administrative fee for administering the shot.**

### **Initial Target Groups**

Five initial target groups have been recommended for priority status to receive the vaccine. These five target groups comprise an estimated 159 million persons in the United States. Vaccination programs and those administering vaccinations should begin vaccination of persons in all these groups as soon as vaccine is available. If you had a confirmed case of the 2009 H1N1 virus, you most likely have immunity to the virus and will not be infected again. However, it is still recommended that you receive the vaccine when available, particularly if you are in one of the targeted groups, to gain an even stronger immune system. (Order of target groups does not indicate priority):

- Pregnant women
- Persons who live with or provide care for infants aged <6 months
- Health-care and emergency medical services personnel
- Persons aged 6 months to 24 years
- Persons aged 25 to 64 years who have medical conditions that put them at higher risk for influenza-related complications

Current projections indicate that the vaccine supply will be enough to cover the five target groups. Certain regions however, will have a higher demand than others. If vaccine supply is not able to maintain demand for the initial five target groups, subset groups should receive priority until supply for the vaccine increases. Pregnant women and people who live with or provide care for infants aged less than 6 months would still fall within the subset group. Health-care and emergency medical services personnel only fall within the subset group if they have direct contact with patients or infectious material. Only people within the ages of 6 months—4 years and children ages 5 to 18 who have medical conditions that put them at higher risk for influenza-related complications would fall within the subset group. This subset of the five target groups comprises approximately 42 million persons in the United States. Vaccination programs and those administering vaccines should give priority to this subset of the five target groups only if vaccine availability is too limited to initiate vaccination for all persons in the five initial target groups.

### **Explanation of Target Groups**

According to CDC “health-care personnel” (HCP) include all paid and unpaid persons working in health-care settings who have the potential for exposure to patients with influenza, infectious materials, including body substances, contaminated medical supplies and equipment, or contaminated environmental surfaces. **When clarification was requested as to whether direct support professionals are included under “health-care personnel” CDC stated that these are just recommendations. CDC has stated they are working on a FAQ sheet to clarify the issue. Until then, ANCOR strongly recommends contacting your state health departments who execute these recommendations and urge them to include direct support professionals under “health-care personnel”.**

**Not all individuals with disabilities fall into the target group of persons aged 25 to 64 years who have medical conditions that put them at higher risk for influenza-related complications. Individuals with disabilities only fall within this target group if they have one of the conditions listed by CDC.** CDC defines chronic medical conditions as conditions that may pose a higher risk for influenza-related complications. These chronic conditions include chronic pulmonary (including

asthma), cardiovascular (except hypertension), renal, hepatic, cognitive, neurologic/neuromuscular, hematologic, or metabolic disorders (including diabetes mellitus) or immunosuppression.

## Resources

- [www.flu.gov](http://www.flu.gov)
- [CDC's 2009 H1N1 Flu](#)
- [ANCOR Tips for Preparing for and Managing a Pandemic Influenza](#)
- [ANCOR Letter to CMS on Pandemic Flu and Medicaid Services and Provider Payments](#)
  - [CMS Response to ANCOR Letter on Pandemic Flu and Medicaid Services and Provider Payments](#)
- [ANCOR Pandemic Flu Website](#)
- [ANCOR Blog Emergency Preparedness Updates](#)

If you have any questions please contact Mary Pauline Jones at [mpjones@ancor.org](mailto:mpjones@ancor.org). This issue brief will be updated as new information is received.