

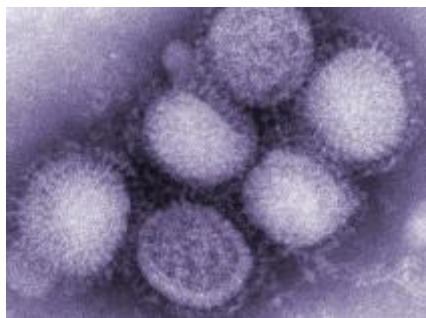
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**IHS prepared for H1N1**  
*Vaccines available now*

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By Terri Hansen, Today correspondent



The vaccine for the 2009 [H1N1 influenza A](#) (swine flu) virus arrived at IHS clinics and facilities Oct. 7. The seasonal flu vaccine was already at the clinics.

“We want people to get their seasonal vaccination as quickly as they can, and once the H1N1 vaccine arrives, get that as quickly as they can,” said IHS epidemiologist John Redd M.D. Those unable to make separate appointments can get both vaccines at the same time, he said.

Testing of vaccines for H1N1 shows they work with a single dose and quickly take effect.

Influenza is increasing in all 50 states, and 98 percent of it is the H1N1 strain. Most cases are occurring in children and young adults, Dr. Anne Schuchat of the Centers for Disease Control and Prevention said at a briefing. The viruses remain similar to those chosen for the 2009 H1N1 vaccine, and nearly all cases respond well to the antiviral drugs oseltamivir and zanamivir.

Patients shouldn't wait to call a clinic to learn what the vaccination plans are, said Redd. Many clinics plan mass vaccination days.

Last month, President Obama's science advisory council released a report saying Native American populations are considered at elevated risk of severe outcomes from 2009 H1N1 infection due to their populations being “historically at high risk for severe respiratory infections,” and, “A cluster of severe H1N1 disease among First Nation people in remote Manitoba, Canada suggests these groups may be at high risk. Cases of H1N1 virus infection in these clusters have had rapidly progressive, diffuse, lower airway disease. ... resulting in development of acute respiratory distress syndrome and prolonged ICU admission.”

“We don't think that American Indian and Alaska Native people strictly by virtue of being AI/AN are individually at higher risk for H1N1 disease,” Redd said. “But risk factors such as diabetes and obesity are known to be more common in American Indians and Alaska Natives, so the population may be at higher risk because of the risk factors.”

The [CDC](#) says pregnant women, health care workers, people 6 months to 24 years of age, those who care for infants and those with chronic health conditions are priorities for the H1N1 vaccination.

The IHS has a proactive approach to pneumonia prevention, a severe respiratory infection that can be a serious and sometimes life threatening complication of influenza. “We take

pneumonia in itself and as a complication of flu very seriously,” Redd said. “We definitely want to stay on top of that. In 2008, we vaccinated 82 percent of the American Indian and Alaska Native population against pneumonia.” He said IHS offers the pneumococcal vaccine, and encourages those who haven’t received it ask for it.

He said IHS efforts regarding H1N1 have been vigorous. “We started the first weekend of the outbreak. We’ve issued guidance involving use of the Strategic National Stockpile. We’ve spent a lot of time communicating with states to consider those tribal populations within their borders. We’ve done a lot of outreach to providers including community health representatives and public health nurses on getting the system ready to receive the vaccine.”

The SNS is a cache of medicines and supplies designed to support public health agencies during a public health emergency. It is deployed, according to guidance issued by the federal government, as a joint effort among state, local, territorial, tribal and federal officials if the health of a community is threatened.

As far as the antiviral medications, those intended for the general population are distributed through the SNS by the states, said Redd. “In the Arizona outbreaks, we received the antivirals we needed from the state.” The IHS has some internal distribution for their health professionals if they fall ill.

Redd said a big IHS goal is what they call mitigation – minimizing the impact of sick patients who might overwhelm a health facility. “A small hospital could deal pretty well with taking two intensive care patients for 10 days, whereas it might be very difficult for them to take 20 ICU patients in one day. So one of our goals is to minimize spread and slow the flu down.

“The second portion in all this is every clinic having a local flu plan. That plan includes contingency planning – if the hospital intensive care unit or the local capacity is overwhelmed, in a worst-case scenario, we’d continue to see people as outpatients.

“We’ve got all these issues very much in mind.”

### **Keep flu outbreaks out of your community: *Get vaccinated***

Vaccination is the best protection against contracting the flu. You need two vaccines this year – the seasonal flu vaccine and the H1N1 (swine) flu vaccine. A seasonal vaccine is distributed routinely every year, and the H1N1 (swine) flu vaccine is now available.

The seasonal vaccine doesn’t protect against H1N1 and the H1N1 vaccine doesn’t replace the seasonal flu vaccine. Each protects against a different virus.

#### **Practice good hygiene**

- Take common-sense steps to limit the spread of germs. Make good hygiene a habit.
- Wash hands frequently with soap and water.
- Cover your mouth and nose with a tissue when you cough or sneeze.

- Cough or sneeze into your upper sleeve if you don't have a tissue.
- Put used tissues in a wastebasket.
- Clean your hands after coughing or sneezing. Use soap and water or an alcohol-based hand cleaner.

### **If you do get the flu...**

- **STAY HOME.** Follow your doctor's orders, and watch for signs that you need immediate medical attention. Remain at home for 7 days after your symptoms begin or until you have been symptom-free (no fever without using fever-reducing drugs) for 24 hours, whichever is longer.
- Avoid close contact with others, especially those who might easily get the flu, such as people of any age with chronic medical conditions (such as asthma, diabetes, or heart disease), pregnant women, young children, and infants.
- Wear a facemask – if available and tolerable – when sharing common spaces with other household members to help prevent spreading the virus. This is especially important if other household members are at high risk for complications from influenza.
- Get plenty of rest.
- Drink clear fluids such as water, broth, sports drinks, or electrolyte beverages made for infants to prevent becoming dehydrated.
- Cover coughs and sneezes.
- Clean hands with soap and water or an alcohol-based hand rub often, especially after using tissues and after coughing or sneezing into your hands.
- Talk to your doctor about prescription antivirals.