

CDC Says “Take 3” This Flu Season

Flu is a serious disease. Each year in the United States, an average of 36,000 people die and more than 200,000 are hospitalized from flu-related illness.

Take action to protect yourself and your loved ones from the flu this season.

Take time to get a vaccine.

- A flu vaccine is the best way to protect against the flu.
- The flu vaccine protects against three different flu viruses.
- Getting a vaccine is very important for people at high risk for serious flu complications and their close contacts. People at high risk include infants, pregnant women, people with chronic health conditions like asthma, diabetes, or heart disease, and people 65 and older.
- This year, an all-time high supply of vaccine is available so more people than ever can seek protection from the flu.

Take everyday preventive actions.

- Cover your nose and mouth with a tissue when you cough or sneeze-- throw the tissue away after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. If you are not near water, use an alcohol-based hand cleaner.
- Stay away as much as you can from people who are sick.
- If you get the flu, stay home from work or school. If you are sick, do not go near other people so that you don't make them sick too.
- Try not to touch your eyes, nose, or mouth. Germs often spread this way.

Take antiviral drugs if your doctor says to.

- There are flu antiviral drugs that can treat the flu or prevent infection with flu viruses.
- For treatment, antiviral drugs should be started within 48 hours of getting sick.
- For prevention, antiviral drugs are 70% to 90% effective in preventing infection.
- These drugs must be prescribed by a health care provider.
- If you develop flu-like symptoms (usually high fever, headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose and muscle aches), or are exposed to the flu before you get a flu vaccine, your health care professional will decide whether you should take antiviral drugs.



***For more information, visit
www.cdc.gov/flu or call 800-CDC-INFO.***

Flu Vaccine

Facts & Myths



Department of Health
and Human Services
Centers for Disease Control
and Prevention

MYTH “The flu isn’t a serious disease.”

FACTS Influenza (flu) is a serious disease of the nose, throat, and lungs, and it can lead to pneumonia. Each year about 200,000 people in the U.S. are hospitalized and about 36,000 people die because of the flu. Most who die are 65 years and older. But small children less than 2 years old are as likely as those over 65 to have to go to the hospital because of the flu.

MYTH “The flu shot can cause the flu.”

FACTS The flu shot cannot cause the flu. Some people get a little soreness or redness where they get the shot. It goes away in a day or two. Serious problems from the flu shot are very rare.

MYTH “The flu shot does not work.”

FACTS Most of the time the flu shot will prevent the flu. In scientific studies, the effectiveness of the flu shot has ranged from 70% to 90% when there is a good match between circulating viruses and those in the vaccine. **Getting the vaccine is your best protection against this disease.**

MYTH “The side effects are worse than the flu.”

FACTS The worst side effect you’re likely to get from a shot is a sore arm. The nasal mist flu vaccine might cause nasal congestion, runny nose, sore throat and cough. The risk of a severe allergic reaction is less than 1 in 4 million.

MYTH “Only older people need a flu vaccine.”

FACTS Adults and children with conditions like asthma, diabetes, heart disease, and kidney disease **need to get a flu shot.** Doctors also recommend children 6 months and older get a flu shot every year until their 5th birthday.

MYTH “You must get the flu vaccine before December.”

FACTS Flu vaccine can be given before or during the flu season. The best time to get vaccinated is October or November. **But you can get vaccinated in December or later.**

For more information, ask your healthcare provider or call
800-CDC-INFO (800-232-4636) Website www.cdc.gov/flu

INACTIVATED INFLUENZA VACCINE

WHAT YOU NEED TO KNOW 2008-09

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease.

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Other illnesses can have the same symptoms and are often mistaken for influenza. But only an illness caused by the influenza virus is really influenza.

Anyone can get influenza, but rates of infection are highest among children. For most people, it lasts only a few days.

It can cause:

- fever
- sore throat
- chills
- fatigue
- cough
- headache
- muscle aches

Some people get much sicker. Influenza can lead to pneumonia and can be dangerous for people with heart or breathing conditions. It can cause high fever, diarrhea and seizures in children. On average, 226,000 people are hospitalized every year because of influenza and 36,000 die – mostly elderly.

Influenza vaccine can prevent influenza.

2 Inactivated influenza vaccine

There are two types of influenza vaccine:

1. Inactivated (killed) vaccine, or the “flu shot” is given by injection into the muscle. **2. Live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

Influenza viruses are always changing. Because of this, influenza vaccines are updated every year, and an annual vaccination is recommended.

Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. When there is a close match the vaccine protects most people from serious influenza-related illness. But even when there is not a close match, the vaccine provides some protection. Influenza vaccine will *not* prevent “influenza-like” illnesses caused by other viruses.

It takes up to 2 weeks for protection to develop after the shot. Protection lasts up to a year.

Some inactivated influenza vaccine contains a preservative called thimerosal. Some people have suggested that thimerosal may be related to developmental problems in children. In 2004 the Institute of Medicine reviewed many studies looking into this theory and concluded that there is no evidence of such a relationship. Thimerosal-free influenza vaccine is available.

3 Who should get inactivated influenza vaccine?

All children 6 months and older and all older adults:

- **All children** from 6 months through 18 years of age.
- **Anyone 50 years of age or older.**

Anyone who is at risk of complications from influenza, or more likely to require medical care:

- Women who will be **pregnant** during influenza season.
- Anyone with **long-term health problems** with:
 - heart disease
 - kidney disease
 - liver disease
 - lung disease
 - metabolic disease, such as diabetes
 - asthma
 - anemia, and other blood disorders
- Anyone with a **weakened immune system** due to:
 - HIV/AIDS or other diseases affecting the immune system
 - long-term treatment with drugs such as steroids
 - cancer treatment with x-rays or drugs
- Anyone with certain **muscle or nerve disorders** (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems.
- Anyone 6 months through 18 years of age on **long-term aspirin treatment** (they could develop Reye Syndrome if they got influenza).
- **Residents of nursing homes and other chronic-care facilities.**

Anyone who lives with or cares for people at high risk for influenza-related complications:

- **Health care providers.**
- **Household contacts and caregivers of children** from birth up to 5 years of age.
- **Household contacts and caregivers of**
 - people 50 years and older, or
 - anyone with medical conditions that put them at higher risk for severe complications from influenza.

Health care providers may also recommend a yearly influenza vaccination for:

- People who provide **essential community services.**
- People living in **dormitories, correctional facilities, or under other crowded conditions**, to prevent outbreaks.
- People at high risk of influenza complications who **travel** to the Southern hemisphere between April and September, or to the tropics or in organized tourist groups at any time.

Influenza vaccine is also recommended for anyone who wants to **reduce the likelihood of becoming ill** with influenza or **spreading influenza to others.**

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When should I get influenza vaccine?

Plan to get influenza vaccine in October or November if you can. But getting vaccinated in December, or even later, will still be beneficial in most years. You can get the vaccine as soon as it is available, and for as long as illness is occurring in your community. Influenza can occur any time from November through May, but it most often peaks in January or February.

Most people need one dose of influenza vaccine each year.

Children younger than 9 years of age getting influenza vaccine for the first time – or who got influenza vaccine for the first time last season but got only one dose – should get 2 doses, at least 4 weeks apart, to be protected.

Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

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Some people should talk with a doctor before getting influenza vaccine

Some people should not get inactivated influenza vaccine or should wait before getting it.

- Tell your doctor if you have any **severe** (life-threatening) allergies. Allergic reactions to influenza vaccine are rare.
 - Influenza vaccine virus is grown in eggs. People with a severe egg allergy should not get the vaccine.
 - A severe allergy to any vaccine component is also a reason to not get the vaccine.
 - If you have had a severe reaction after a previous dose of influenza vaccine, tell your doctor.
- Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). You may be able to get the vaccine, but your doctor should help you make the decision.
- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor or nurse about whether to reschedule the vaccination. People with a **mild illness** can usually get the vaccine.

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What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems:

- soreness, redness, or swelling where the shot was given
- fever
- aches

If these problems occur, they usually begin soon after the shot and last 1-2 days.

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, a type of influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

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What if there is a severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

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The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For more information about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at www.hrsa.gov/vaccinecompensation.

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How can I learn more?

- Ask your immunization provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO)
 - Visit CDC's website at www.cdc.gov/flu



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

GOT ASTHMA? GET A **FLU** SHOT!

People with asthma are more likely to have complications from the flu.
Getting the flu vaccine will help prevent people with asthma from getting sick



FLU CLINIC

Date:

Time:

Location:

Agency:

To locate other flu clinics, call the:
American Lung Association of Connecticut
FLU Hotline: 1-800-NO-TO-FLU
Or visit their web site at: <http://www.flushotsearch.org/>