

**Governor's Office Conference Call on H1N1 Q&A**  
**Department of Community Health and Department of Education**  
**August 27, 2009 – 2:00 PM**

**Question:** Is there a time limit between when a child is vaccinated with seasonal flu vaccine before they may be given the H1N1 vaccine?

**Answer:** There is no time constraint.

**Question:** Local providers are telling patients they have H1N1. How should we respond?

**Answer:** Whether it is H1N1, seasonal flu or another viral illness, the treatment is the same. We do not recommend getting the Rapid Test; focus should be on treating symptoms. If there is an underlying condition, they may want to see their provider. This is consistent with the Center for Disease Control and Prevention (CDC) guidelines. To spend money on testing is not the best use of resources; better to treat symptoms.

**Question:** What are the high risk groups?

**Answer:**

1. Pregnant women
2. Persons who live with or provide care for infants aged under 6 months (e.g., parents, siblings, and daycare providers)
3. Health care and emergency medical services personnel
4. Persons aged 6 months –24 years
5. Persons aged 25—64 years who have medical conditions that put them at higher risk for influenza-related complications

**Question:** Is a person with symptoms for 1 week immune or can they catch it again?

**Answer:** We believe they will probably develop immunity, but there is not enough data available yet to say with certainty. If they had H1N1, they would still be vulnerable.

**Question:** What criteria should be used for reports to media?

**Answer:** We've been asking for absenteeism of over 10% of average daily attendance. This is being used as a general picture---not expecting it to be pitch perfect. We are asking for these data to be reported weekly to the local public health officer by Wednesday. Georgia Department of Community Health (DCH) updates their website every Wednesday with number of cases, number of deaths etc.

**Question:** What is the procedure for surveillance of H1N1 in schools?

**Answer:** We will be using absenteeism. We welcome additional information to help in assessing the community and in planning. We need to use syndromic data across the state. Need to look at changes in data to mitigate the impact of H1N1.

**Question:** Is the H1N1 vaccine a 2-part vaccine and what is the efficacy if the person doesn't receive the 2<sup>nd</sup> dose?

**Answer:** We won't know until clinical trials are complete. For now, we are planning on 2 doses.

**Question:** As related to separating or isolating the staff, should kids wear surgical masks?

**Answer:** The H1N1 virus is primarily spread through respiratory droplets, so theoretically, there may be some value to wearing masks, but it is more important to cover cough and sneeze and hand washing. Taking these precautions would be more important preventive measure over masks. No reason to use N95 masks.

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**Question:** Should everyone with signs and symptoms of H1N1 be placed on Tamiflu and or Relenza?

**Answer:** We do not recommend the use of antivirals. We do recommend rest, stay at home, drink fluids. Most people won't need to see their doctor. They should remain home for 24 hours after their fever is gone.

**Question:** With masks – should the nurse who is seeing several kids use them?

**Answer:** For health care providers in contact with people who are ill with H1N1, CDC recommends using N95 masks.

**Question:** What about doctors who prescribe Tamiflu for patients who test negative?

**Answer:** The test is for screening and not diagnosis. Clinicians should base decision on risk factors and the entire clinical picture of the patient, their health history, signs and symptoms.

**Question:** Although students should be kept 3-6 feet from each other; sometimes parents cannot pick them up right away, so they will be in school somewhere. Can a child in that situation wear a mask?

**Answer:** Okay if it is a surgical mask to reduce air droplets. Should not be a N95 mask because of the restriction on air flow. Handwashing is probably more important, but it would be acceptable to use surgical masks.

**Question:** Georgia Registry of Immunization Transactions and Services (GRITS) participation – How will the data be entered?

**Answer:** We encourage working with local public health officer to make arrangements for entering data into GRITS.

**Question:** Parents have been asked to help get out information regarding H1N1. Are you using the media to get information out that the H1N1 is not as severe as it could be?

**Answer:** We are using various methods including TV, U-Tube, Videos, Facebook, Websites, PTA Meetings, etc. We encourage everyone to use them. Communication is very important and we all need to continuously fight misinformation.

**Question:** It is quite likely that someone with flu-like symptoms probably has H1N1, but then we hear reports regarding cases of H1N1 and some are tested, while others are not.

**Answer:** The rapid test is a screening tool but there is a high number of false negatives with this test. Epidemiology routinely has sentinel providers throughout the state. These are located in approximately 79 places (e.g., clinics, hospitals, out-patient departments, private providers). They send in specimens for testing. In the last few weeks, 98% of specimens submitted by sentinel providers have tested positive for H1N1. So we can make the assumption that those with flu-like symptoms probably have H1N1.

**Question:** What if the kid has low grade fever, but has symptoms, such as sore throat and cough? Should they be sent home?

**Answer:** They should remain home until they improve. Since they don't have fever, they should be symptom free.

**Question:** Are you saying that the school should send every child with cold symptoms home (with or without fever)?

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**Answer:** Yes. The rationale for this is that you are trying to keep the school operating for as long as possible. You have 2 choices: send them home now as a preventive measure or risk closing the entire school.