

H1N1 Q&As

This information is current as of 21 SEP 09.
It will be updated as more/new information is available.

Q. What can I do to protect myself from H1N1 and seasonal flu?

A. In addition to personal hygiene measures, DoD requires all uniformed personnel to be vaccinated against seasonal influenza and Novel H1N1 influenza. Vaccination for all others is highly encouraged.

The best thing you can do to protect yourself against the flu is get vaccinated and take preventive cautions: Non-pharmaceutical measures are important in decreasing the spread of virus. Take these everyday steps to protect your health:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Children should sing Happy Birthday twice or their ABCs twice as a measure of hand washing time; Soldier should recite the Soldiers' Creed twice or Warrior Ethos twice.
- Cough or sneeze into your sleeve.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- If you are sick with flu-like illness, [CDC recommends that you stay home until 24 hours after your fever is gone](#) except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.) Keep away from others as much as possible to keep from making others sick. Consider wearing a mask if you must leave the home or when in close proximity to others.
- Stay informed of public health guidance regarding community-based methods to decrease spread of flu within your community:
 - Dismissal of students from school (including public and private schools as well as colleges and universities), closure of childcare programs, and reduction of out-of-school social contacts and community mixing.
 - Use of social distancing measures to reduce contact between adults in the community and workplace, including, for example, cancellation of large public gatherings and alteration of workplace environments and schedules to decrease social density.

Q. How does the NOVEL INFLUENZA A (H1N1) 2009 virus spread?

A. Spread of the NOVEL INFLUENZA A (H1N1) 2009 virus is thought to occur in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching something – such as a surface or object – with flu viruses on it and then touching their mouth or nose.

Q. What are the signs and symptoms of this virus in people?

A. The symptoms of the NOVEL INFLUENZA A (H1N1) 2009 flu virus in people include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with this virus also have reported diarrhea and vomiting. Severe illnesses and death has occurred as a result of illness associated with this virus.

Q. How severe is illness associated with the NOVEL INFLUENZA A (H1N1) 2009 flu virus?

A. Illness with the NOVEL INFLUENZA A (H1N1) 2009 virus has ranged from mild to severe. While most people

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who have been sick have recovered without needing medical treatment, hospitalizations and deaths from infection with this virus have occurred.

In seasonal flu, certain people are at “high risk” of serious complications. This includes people 65 years and older, children younger than five years old, pregnant women, and people of any age with certain chronic medical conditions. About 70 percent of people who have been hospitalized with this NOVEL INFLUENZA A (H1N1) 2009 virus have had one or more medical conditions previously recognized as placing people at “high risk” of serious seasonal flu-related complications. This includes pregnancy, diabetes, heart disease, asthma and kidney disease.

One thing that appears to be different from seasonal influenza is that adults older than 64 years do not yet appear to be at increased risk of NOVEL INFLUENZA A (H1N1) 2009-related complications thus far. CDC laboratory studies have shown that no children and very few adults younger than 60 years old have existing antibody to NOVEL INFLUENZA A (H1N1) 2009 flu virus; however, about one-third of adults older than 60 may have antibodies against this virus. It is unknown how much, if any, protection may be afforded against NOVEL INFLUENZA A (H1N1) 2009 flu by any existing antibody.

Q. How does NOVEL INFLUENZA A (H1N1) 2009 flu compare to seasonal flu in terms of its severity and infection rates?

A. With seasonal flu, we know that seasons vary in terms of timing, duration and severity. Seasonal influenza can cause mild to severe illness, and at times can lead to death. Each year, in the United States, on average 36,000 people die from flu-related complications and more than 200,000 people are hospitalized from flu-related causes. Of those hospitalized, 20,000 are children younger than 5 years old. Over 90% of deaths and about 60 percent of hospitalization occur in people older than 65.

When the NOVEL INFLUENZA A (H1N1) 2009 outbreak was first detected in mid-April 2009, CDC began working with states to collect, compile and analyze information regarding the Novel NOVEL INFLUENZA A (H1N1) 2009 flu outbreak, including the numbers of confirmed and probable cases and the ages of these people. The information analyzed by CDC supports the conclusion that NOVEL INFLUENZA A (H1N1) 2009 flu has caused greater disease burden in people younger than 25 years of age than older people. At this time, there are few cases and few deaths reported in people older than 64 years old, which is unusual when compared with seasonal flu. However, pregnancy and other previously recognized high risk medical conditions from seasonal influenza appear to be associated with increased risk of complications from this NOVEL INFLUENZA A (H1N1) 2009. These underlying conditions include asthma, diabetes, suppressed immune systems, heart disease, kidney disease, neurocognitive and neuromuscular disorders and pregnancy.

Q. What other important actions can people take?

A. Follow public health advice regarding school closures, avoiding crowds and other social distancing measures. Follow your unit/organizational guidelines if you get sick. Be prepared in case you get sick to have a supply of over-the-counter medicines, [alcohol-based hand rubs](#),* tissues and other related items might could be useful and help avoid the need to make trips out in public while you are sick and contagious

Q. What is the best technique for washing my hands to avoid getting the flu?

A. Washing your hands often will help protect you from germs. Wash with soap and water or clean with [alcohol-based hand cleaner](#)*. CDC recommends that when you wash your hands -- with soap and warm water -- that you wash for 15 to 20 seconds. Children should sing Happy Birthday twice or their ABCs twice as a measure of hand washing time; Soldiers should recite the Soldiers’ Creed twice or Warrior Ethos twice. When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used. You can

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find them in most supermarkets and drugstores. If using gel, rub your hands until the gel is dry. The gel doesn't need water to work; the alcohol in it kills the germs on your hands.

Q. What are the emergency warning signals?

A. If you become ill and experience any of the following warning signs, seek emergency medical care.

In children, emergency warning signs that need urgent medical attention include:

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Severe or persistent vomiting
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough

In adults, emergency warning signs that need urgent medical attention include:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms improve but then return with fever and worse cough

Q. What is the Army doing as far as education and prevention?

A. The Army is working closely with the rest of the Department of Defense and with the Department of Health and Human Services to provide a coordinated response to this outbreak.

Q. Will the flu vaccine provided in Fall 2008 protect people from this strain of influenza?

A. The H1N1 Influenza strain is different than the human strains that were used in creating the vaccine in 2008. Therefore, we would not expect any protection from the vaccine for this particular strain. The vaccine will protect against the commonly occurring strains of human influenza.

Q. When is it expected that the Novel H1N1 vaccine will be available?

A. The Novel H1N1 vaccine is expected to be available in mid-October.

Q. Will the seasonal flu vaccine also protect against the Novel H1N1 flu?

A. The seasonal flu vaccine is not expected to protect against the Novel H1N1 flu.

Q. Can the seasonal vaccine and the Novel H1N1 vaccine be given at the same time?

A. It is anticipated that seasonal flu and Novel H1N1 vaccines may be administered on the same day. However, we expect the seasonal vaccine to be available earlier than the H1N1 vaccine. The usual seasonal influenza viruses are still expected to cause illness this fall and winter. Individuals are encouraged to get their seasonal flu vaccine as soon as it is available.

Q. Who will be recommended as priority groups to receive the Novel H1N1 vaccine?

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A. CDC's Advisory Committee on Immunization Practices (ACIP) has recommended that certain groups of the population receive the Novel H1N1 vaccine when it first becomes available. These key populations include pregnant women, people who live with or care for children younger than 6 months of age, healthcare and emergency medical services personnel, persons between the ages of 6 months and 24 years old, and people ages of 25 through 64 years of age who are at higher risk for Novel H1N1 because of chronic health disorders or compromised immune system.

In the event of a substantial delay in vaccine production or inadequate supply, the committee recommends that the following groups receive the vaccine before others: pregnant women, people who live with or care for children younger than 6 months of age, health care and emergency medical services personnel with direct patient contact, children 6 months through 4 years of age, and children 5 through 18 years of age who have chronic medical conditions.

Q. Where will the vaccine be available for Army dependents, retirees, civilians and contractors?

A. Every state is developing a vaccine delivery plan. Vaccine will be available in a combination of settings such as military treatment facilities, vaccination clinics organized by local health departments, healthcare provider offices, schools, and other private settings, such as pharmacies and workplaces.

Q. Will other than Active Duty personnel be able to get the vaccine at local military treatment facilities?

A. We expect that all of our beneficiaries will be able to get the vaccine at local military treatment facilities. Right now our plan is to work with state agencies to get the vaccine for this segment of our population.

Q. How will NG and USAR Soldiers who are not on Active Duty get the vaccine?

A. Vaccine for National Guard personnel is allocated to and distributed by the states. Guard and Reserve personnel receiving immunizations at a military treatment facility must be in a military status in order to be vaccinated. This means that Reservists should be able to obtain vaccine at the unit level. Unless mobilized, Reservists who are individual augmentees and not part of troop program units will be vaccinated within their community/through the local health department.

Q. Will the Army provide the vaccine for contract and DA civilian personnel?

A. Within the civilian community there will be multiple sites offering the vaccine. DoD civilians and contractors are encouraged to seek the vaccine through non-DoD sources.

Q. Is there anyone who should not get the vaccine?

A. The Novel A(H1N1) influenza vaccine should not be administered to people who have hypersensitivity (e.g., allergic reactions including anaphylaxis) to eggs or other vaccine components without first consulting a physician. Allergy to the Novel A(H1N1) influenza vaccine should not be confused with mild systemic reactions characterized by fever, malaise, myalgia, and headache.

People with acute febrile illness should not be vaccinated until their symptoms have resolved. However, minor illnesses with or without fever are not contraindications to the vaccine, particularly among children with mild upper respiratory tract infection or allergic rhinitis.

Individuals with asthma or recurrent wheezing, altered immuno-competence, or prior history of Guillain-Barré Syndrome should be carefully evaluated for the potential risks versus benefits prior to being immunized with any influenza product.

Q. Are there other ways to prevent the spread of illness?

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A. Take everyday actions to stay healthy.

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hands cleaners are also effective.
- Children should sing Happy Birthday twice or their ABCs twice as a measure of hand washing time; Soldiers should recite the Soldiers' Creed twice or Warrior Ethos twice.
- Cough or sneeze into your sleeve.
- Avoid touching your eyes, nose or mouth. Germs spread that way.
- Stay home if you get sick. CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.
- Follow public health advice regarding school closures, avoiding crowds and other social distancing measures. These measures will continue to be important after a Novel H1N1 vaccine is available because they can prevent the spread of other viruses that cause respiratory infections.

Q. If an agency chooses to institute telework during a pandemic, how are employees managed:

A. Agencies should have strong, regular telework programs in place. The focus during a pandemic should be on getting as much work done as possible. Managers, employees, and organizations will have to remain flexible with each other and with their work, and will have to adapt to the changing environment.

Q. My child's school has closed. Can I telework from home while caring for my child? If so, for how long?

A. While telework is not a substitute for child care, it can be very valuable to employees with care giving responsibilities. The agency should be flexible in determining whether an employee can accomplish his or her duties from home while caring for a child. An employee may telework during the time he or she is not responsible for child care and must take accrued annual leave or other paid time off while performing child care responsibilities. The OPM guidance can be found here:

<http://www.chcoc.gov/Transmittals/TransmittalDetails.aspx?TransmittalID=2452>

Q. If an employee is healthy but stays home because he/she has been in direct contact with individuals infected with the flu, in what pay/leave status are they placed?

A. An employee may use accrued sick leave when he or she would, as determined by the health authorities or a health care provider, jeopardize the health of others because of his or her exposure to a communicable disease.

Q. My child's school has closed. Can I use "family friendly" sick leave to care for my child until the school reopens?

A. No. Sick leave is not appropriate if the child is not sick.

Q. Are there travel restrictions due to the H1N1 flu?

A. Check with the Department of State website as conditions may change:

http://www.travel.state.gov/travel/cis_pa_tw/pa/pa_4493.html

Q. Why does DoD have such a prominent role in addressing pandemic influenza?

A. Because of its global presence the DoD has a unique perspective regarding the recognition of emerging infectious diseases to include influenza.

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DoD was fully engaged when the National Strategy and the National Implementation Plan were formulated to ensure that DoD's unique capabilities were fully integrated into the overall national response. DoD has 114 specific tasks and the lead for 31; the Office of the Assistant Secretary of Defense for Health Affairs (ASD (HA)) has the majority of those lead tasks (21).

DoD's coordination with other agencies and integration into the overall national response are evident throughout the National Implementation Plan.

DoD has a major role in the national response to an influenza pandemic and is responsible for the protection of its forces, including providing up-to-date information and pandemic risk level assessments.

Q. What preparations has DoD put into place for the pandemic?

A. Stockpiled centrally-funded antiviral medications such as Tamiflu to provide a means of protecting service members and beneficiaries prior to the availability of a pandemic-specific vaccine. To date, ASD (HA) has procured an antiviral stockpile adequate to treat 8 million people. Plans for use include treatment, outbreak prophylaxis, post exposure prophylaxis and containment.

In cooperation with the Department of State, and the Department of Health and Human Services, DoD has pre-positioned limited stockpiles of Tamiflu from the National Stockpile, in Europe and Asia to support a rapid international response.

DoD also has stockpiles of antibiotics to treat influenza-associated bacterial pneumonias and has established inventories of personal protective equipment such as gloves, masks, and gowns for use by health care providers at its medical treatment facilities.

DoD has purchased 2.7 million doses of the vaccine.

Q. What was the impact from past pandemics?

A. The most recent influenza pandemic (1968-1969) was the mildest and killed about 34,000 people in the United States.

The most severe influenza pandemic in the past century occurred in 1918 and killed at least 675,000 Americans and up to 50 million people worldwide.

Q. With the ongoing discussion on shortage of flu vaccines, will the DoD have a priority for the vaccine?

A. DoD will be getting vaccine the same time as the highest priority groups, as determined by HHS.

Q. Will DoD get its vaccine from the manufacturers?

A. DoD is purchasing its own supply of vaccine through HHS to meet military operational requirements.

Q. How many doses of vaccine is DoD purchasing?

A. 2.7 million doses, which is expected to vaccinate at least 1.35 million people.

Q. How many doses will each individual be required to take?

A. Those 10 years of age and older will receive 1 dose. Those 6 months of age to 9 years will require two doses separated by approximately one month.

Q. Who is most vulnerable to infection or death?

A. Influenza typically is most dangerous for the very old or very young. According to the World Health Organization Web Site, the majority of these cases have occurred in otherwise healthy young adults. As more is learned about this particular outbreak, there will be more information on who is most vulnerable to this infection.

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Q. Will there be a priority list?

A. Any place where we take people and cluster them pretty tightly and put them under stressful conditions, those are the people we want to protect first because they are subject to the highest rates of transmission. These people that are subject to the highest rates of transmission will be vaccinated first. These include, those deployed, large training venues, personnel aboard ships and healthcare workers.

Q. Are dependents accounted for in the 2.7 million doses of NOVEL INFLUENZA A (H1N1) 2009 vaccine?

A. Military dependents will receive the vaccine under a separate distribution program managed by HHS through supplies allocated to states based on population data. This vaccine will be provided to DoD through this system for its enrolled population.

Q. Will DoD be administering the NOVEL INFLUENZA A (H1N1) 2009 vaccine to retirees?

A. If retirees are enrolled for care with DoD, they will be given the vaccine if they choose.

Q. If I decide to get my vaccine at a local clinic, a civilian pharmacy or drugstore, will TRICARE cover the cost?

A. TRICARE covers the flu vaccine for beneficiaries, as long as it is administered in a doctor's office. Flu vaccines administered in a civilian pharmacy, drugstore or other location are not covered by TRICARE. For TRICARE for Life beneficiaries, Medicare covers flu vaccines and TRICARE would pay as second payer, if needed.

Q. I heard that only pregnant women, children, and the elderly will be allowed to get the flu vaccine. Is this true?

A. No. The target groups for the general population recommended by the ACIP (Advisory Committee on Immunization Practices) are:

- pregnant women
- people who live with or care for children younger than 6 months of age
- healthcare and emergency medical services personnel
- persons between the ages of 6 months through 24 years
- people ages 25 through 64 who are at higher risk for Novel NOVEL INFLUENZA A (H1N1) 2009 because of chronic health disorders or compromised immune systems

Being in a target group means you should receive the vaccine and every attempt should be made to reach out to people in the target groups but if someone who is not in a target group wishes to receive vaccine and vaccine is available they should not be turned away.

Q. If we take our vaccine at a military base, will we be taking if from a manufacturer using squalene?

A. At this time, there is not a requirement to put an adjuvant, which would contain squalene, into the vaccine.

Q. Why would an adjuvant be used?

A. To increase the vaccine's efficacy or increase the number of doses available. If the virus mutates so much so that it's no longer a good match for the vaccine, an adjuvant may be required. However, the current data does not suggest that will be the case.

Q. Who decides if the vaccine needs an adjuvant?

A. Experts at the Centers for Disease Control and Prevention

Q. What is the procedure if a case is confirmed or does it vary by post, at the discretion of the installation commander?

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A. We have infectious disease expertise embedded in units. We can communicate appropriate medical guidance to mitigate transmission. We use methods such as isolation of cases, quarantine of those exposed, targeted use of anti-viral medications and medical monitors to ensure that cases are identified early and spread is minimized. We do have the advantage over civilians in that noncompliance with the rules is not an option. Outbreaks are handled differently depending on the situation. In some settings, they may use targeted anti-viral therapy. In other settings, they may need to give anti-virals to everyone. There is no one standard “cookbook” for infectious disease control. There have been small outbreaks in theater, 60-70 people, controlled by isolating those with the disease. We screen people going and coming from theater.

Q. What are the procedures in place to screen every individual prior to entering the CENTCOM AOR?

A. CENTCOM issued deployment guidance for every individual prior to entering the AOR. Prior to boarding the aircraft, they are screened for applicable H1N1 symptoms as described by the CDC and includes temperature taking.

Q. What is the medical response if an individual is identified to have symptoms of the H1N1 Influenza prior to deployment?

A. If an individual displays symptoms concurrent with CDC guidelines, that individual is not able to deploy and must be seen by a medical professional. IAW CDC and WHO guidance anyone who feels sick should not board a plane.

Q. What is the U.S. military doing to ensure host nation populations do not become infected from the U.S. personnel entering their country?

A. The U.S. military is working very closely with host nation governments to ensure anyone who may have symptoms of H1N1 is contained. Anyone with symptoms of H1N1 are immediately quarantined or isolated until lab results can be determined. The U.S. military is taking every precaution to safeguard not only our U.S. personnel but to ensure the Influenza does not spread to the host-nation populace.

Q. Are there any special measures being taken because of the uniqueness of how the military operates? For example, recruits in basic training who live in common, shared areas/barracks, and troops who deploy and are exposed to austere living conditions and/or different climates.

A. DoD has been preparing for a pandemic for almost a decade. So the NOVEL INFLUENZA A (H1N1) 2009 pandemic is not something that caught us by surprise. Our preparation is a layered approach. If you think of it as Swiss cheese, as you stack layers up the holes disappear. We start with a layer that is non-pharmaceutical based involving infection control and standards of social distancing. Then you layer on anti-virals and vaccine. Then you layer a robust communications system. We assume that no one measure is going to be a magic bullet. Maybe the vaccine doesn't work or the virus develops anti-viral resistance. When that happens, we have the other layers to help mitigate the pandemic.

Q. Are there any projections for how flu season might impact DoD and the military? For example, federal health officials have said worst-case scenario, 90,000 people could die from H1N1 this season. Does DoD have similar projections? If so, how is DoD planning to respond or prevent an outbreak?

A. Health and Human Services Department is working out plans for immunizing millions of Americans against the NOVEL INFLUENZA A (H1N1) 2009 flu virus. At the same time, DoD is working on a parallel track to protect service members and mitigate the flu's effect on military operations. As we stated earlier, we have ordered 2.7 million doses, which we expect will enable us to vaccinate at least 1.35 million people. Everyone who wants the vaccine will get it. But they may not be the first in line. The manufacturers will keep making the vaccine until everyone who wants it is covered. Troops cannot opt out. They will be required to get the vaccination. We have been preparing for pandemic influenza for nearly 10 years now. For the last four years,

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we have maintained significant stockpiles of gowns, gloves, masks, needles and syringes, and we have on hand 8 million antiviral treatment courses.

Q. Are there any differences between the military and tourists in terms of spreading the infection?

A. The civilian community is more likely today to spread disease. DoD has a robust surveillance network for disease identification. DoD picked up the first four cases of NOVEL INFLUENZA A (H1N1) 2009 in the U.S. Three arms of the DoD surveillance system picked up those cases and the first five of the first eight cases identified in the U.S. If it had not been for the DoD, the nation may have gone quite some time before realizing that NOVEL INFLUENZA A (H1N1) 2009 was out there.

Q. How long is one infected?

A. The individual tends to be infectious two days before symptoms start. The infectious period usually ends when symptoms end (3-4 days). Some people can spread the flu when they are asymptomatic. That is why all DoD healthcare workers are required to get the seasonal flu vaccine. Many people with influenza illness will continue shedding influenza virus 24 hours after their fevers go away, but at lower levels than during their fever. Shedding of influenza virus, as detected by RT-PCR, can be detected for 10 days or more in some cases. Therefore, when people who have had influenza-like illness return to work, school, or other community settings they should continue to practice good respiratory etiquette and hand hygiene and avoid close contact with people they know to be at increased risk of influenza-related complications. Because some people may shed influenza virus before they feel ill, and because some people with influenza will not have a fever, it is important that all people cover their cough and wash hands often.

Q. How do you stop the transmission of the virus?

A. We have infectious disease expertise embedded in units. We can communicate appropriate medical guidance to mitigate transmission. We use methods such as isolation of cases, quarantine of those exposed, targeted use of anti-viral medications and medical monitors to ensure that cases are identified early and spread is minimized. We do have the advantage over civilians in that noncompliance with the rules is not an option. Outbreaks are handled differently depending on the situation. In some settings, they may use targeted anti-viral therapy. In other settings, they may need to give anti-virals to everyone. There is no one standard "cookbook" for infectious disease control. There have been small outbreaks in theater, 60-70 people, controlled by isolating those with the disease. We screen people going and coming from theater.

Q. What about Guillain-Barré syndrome with the vaccine?

A. That is one of the things we will be looking for. We have the Vaccine Health Care Centers within DoD. One of their missions is to look for severe adverse events with any vaccine that DoD employs. But, there is no reason to expect this vaccine to have a higher incidence of Guillain-Barré syndrome.

Q. Will we ever reach the point when there are no more pandemics?

A. There will always be the next emerging infectious disease. The influenza virus is built to have random mutations. The laws of probability indicate that there will be a bad one sooner or later. It may not be this decade or even this century. But the virus has been with us for centuries. There is no reason to expect that it will go away. The good news is that we have made quantum leaps in our ability to fight this enemy. The lessons learned from 1918 are helping us out now. Hopefully, the lessons learned from this pandemic will make us better prepared for the next.

Q. Where can I get additional information?

A. Additional information is available by reviewing Pandemic Flu – A Guide for Service Members and Families

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and U.S. Department of Health and Human Services Pandemic Influenza Planning: A Guide for Individuals and Families. Information can be found at <http://fhp.osd.mil/aiWatchboard/>

Q. Was DoD responsible for the pandemic of 1918?

A. Although DoD service members did help to spread the 1918 pandemic around, it was actually started in the civilian community. In New York City, there were a disproportionate number of young adults that developed symptoms of severe disease. That may have been the start of the pandemic. A more popular view is that in Haskell County, KS, they observed young healthy adults dying of flu symptoms. DoD put young adults into crowded conditions, gave them inadequate environmental support and allowed the disease to propagate. If DoD had not been involved, the same result would have probably happened, although it likely would have taken longer because the virus was already there. Clearly, DoD facilitated the spread of the virus across the globe, but it would have probably happened anyway.

Q. According to Dr. Paul Ewald from the University of Louisville, a deadlier strain of the virus took hold on the Western Front. He theorizes that because sick people were moved around a lot, this allowed the pandemic to ignite. How does DoD respond to this hypothesis?

A. The virus is a single strand RNA virus and “the kids never look quite like the parents.” There are ongoing mutations anytime you have any kind of viral replication. It is “the luck of the draw” if you get mutations in which the virulence goes up rather than down.

Q. What about the supposition that virulent strains die out more quickly?

A. That applies only if the strain kills quickly before it could be transmitted to the person’s family and friends.

Q. Why have the pandemics since 1918 not been as deadly?

A. Perhaps we have been lucky. The pandemics in the 1950s and 1960s were due to something called a re-assortment. That’s what happens when you have two simultaneous influenza infections. Each virus has 8 parts. With two infections you now have 16 parts that can reassemble into a new 8 part virus. 1918 was a direct mutation from a single bird flu virus.

Q. How many cases has DoD confirmed among service members? What are some of the hot spots, places where there have been the most cases?

A. Here are the numbers as of 28 July 2009. DoD, the WHO and CDC all have stopped counting cases. Those hospitalized are still tracked but because of the wide spread nature of this disease individual cases are no longer counted. Another reason for this is most cases are mild with individuals never seeking care. July 24, 2009 was the last day that CDC provided individual confirmed and probable cases of Novel NOVEL INFLUENZA A (H1N1) 2009 influenza. CDC will report the total number of hospitalizations and deaths each week, and continue to use its traditional surveillance systems to track the progress of the Novel NOVEL INFLUENZA A (H1N1) 2009 flu outbreak. DoD intends to follow the CDC lead.

Influenza A/NOVEL INFLUENZA A (H1N1) 2009-Cumulative Case Counts for Armed Forces Beneficiaries (17 April to 28 July)

Service	AD	FM	TR	RET	UKN
Army	850	425	0	0	8
Navy	699	350	20	26	2

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Marines	422	89	55	3	9
Air Force	328	256	189	23	0
Coast Guard	8	0	0	0	0
Service UNK	24	16	1	0	46

Cumulative Cases: 3849

Q. Has anyone in Iraq or Afghanistan been infected with NOVEL INFLUENZA A (H1N1) 2009?

A. All the services screen personnel before they deploy overseas and when they arrive at their destination. Earlier this summer, several dozen infected troops en route to Iraq were held in isolation in Kuwait until they were no longer contagious. The nature of respiratory infection is such that small outbreaks are expected.

Q. Why is NOVEL INFLUENZA A (H1N1) 2009 virus sometimes called "swine flu"?

A. This virus was originally referred to as "swine flu" because laboratory testing showed that many of the genes in this new virus were very similar to influenza viruses that normally occur in pigs (swine) in North America. But further study has shown that this new virus is very different from what normally circulates in North American pigs. It has genes from flu viruses that normally circulate in pigs in Europe and Asia, some from the North America swine, birds and human influenza genes. Scientists call this a "quadruple reassortant" virus.

Q. What is DoD's recommendation regarding "swine flu parties"?

A. "Swine flu parties" are gatherings during which people have close contact with a person who has NOVEL INFLUENZA A (H1N1) 2009 flu in order to become infected with the virus. The intent of these parties is for a person to become infected with what for many people has been a mild disease, in the hope of having natural immunity Novel NOVEL INFLUENZA A (H1N1) 2009 flu virus that might circulate later and cause more severe disease.

Neither CDC nor DoD recommend "swine flu parties" as a way to protect against NOVEL INFLUENZA A (H1N1) 2009 flu in the future. While the disease seen in the current NOVEL INFLUENZA A (H1N1) 2009 flu outbreak has been mild for many people, it has been severe and even fatal for others. There is no way to predict with certainty what the outcome will be for an individual or, equally important, for others to whom the intentionally infected person may spread the virus.

Both DoD and CDC recommend that people with NOVEL INFLUENZA A (H1N1) 2009 flu avoid contact with others as much as possible. If you are sick with flu-like illness, get medical care. (Your fever should be gone without the use of a fever-reducing medicine.) Stay away from others as much as possible to keep from making others sick.

Q. Is the vaccine Soldiers received in 1976 still good?

A. The H1N1 Influenza seen in this outbreak has not been previously detected in pigs or humans. The 1976 vaccine was made against a different strain of influenza and would not protect against this one.

Q. Could our enemies use this flu as a weapon?

A. Potential for weaponization of influenza has been studied by appropriate agencies of the United States Government. While it is theoretically possible, it has been assessed as exceptionally difficult in practical

H1N1 Q&As

This information is current as of 21 SEP 09.
It will be updated as more/new information is available.

terms. Further, the United States Government has no evidence suggesting that any current or potential adversary is interested in attempting it.