

FAQ about H1N1 and Seasonal Flu:

Do we recommend the H1N1 flu vaccine AND the seasonal flu vaccine?

YES!!! Everyone 6 months and up should be vaccinated against BOTH the H1N1 and seasonal flu. The best way to protect your child is with this vaccine. Remember, the flu is most contagious before symptoms are present, that's why it is so easily spread.

When are you getting the H1N1 flu vaccine?

We aren't exactly sure when and how many doses we are getting. We think it will be sometime after October 15th. ***We will post an update on both Facebook (search Kaplan Pediatrics) and our website (www.kaplanpeds.com) as soon as we know more. Please check those places for info before calling our office with questions!***

Are you prioritizing who gets the H1N1 vaccine first?

No. We, as an office, have decided that the vaccine will be given on a first-come first-serve basis.

Is the H1N1 vaccine safe?

Yes. The H1N1 vaccine was made exactly the same way the seasonal flu vaccine is made every year and has the same side effect profile. It is not the same vaccine as the one mentioned in the media that caused problems in the 1970's.

How many doses of the H1N1 flu vaccine does my child need?

Children 6 months – 9 years need 2 doses, spaced 30 days apart.
Anyone 9 years and older only needs 1 dose.

Can my child receive both the H1N1 and seasonal flu vaccine at the same time?

Yes and no. You can get both in the shot form, or one in shot form and one in nasal mist form, but not both nasal mist form. The nasal mist forms must be separated by 4 weeks from each other.

******* We will post an update on both Facebook (search Kaplan Pediatrics) and our website (www.kaplanpeds.com) as soon as we know more...so check often.*******

If you still have questions regarding the H1N1 flu, visit www.cdc.gov/h1n1flu

Swine Flu 101

What are the most common symptoms of the H1N1 flu?

Fever above 101, cough, sore throat, headache, runny nose, nasal congestion, body aches, chills, and fatigue. Few people may also experience vomiting.

Will my child be given the antiviral Tamiflu if he tests positive for the flu?

Because there is a national shortage of this medication, we are only prescribing Tamiflu for the children who are classified as high-risk. High-risk means: medical conditions including asthma, wheezing, diabetes, weakened immune systems, kidney disease, or heart problems. Tamiflu must be given within 48 hours of the onset of symptoms in order to be effective.

Do I need to bring my child in to the office if they have flu-like symptoms?

No. If Motrin or Tylenol controls your child's fever, and other symptoms are controlled by over-the-counter medications (decongestants, mucus expectorants, etc) it is not necessary to bring them in. Just make sure they are drinking plenty of fluids and getting plenty of rest until they feel better.

There are, however, some signs that your child needs to be seen immediately (either by our office or the nearest ER):

- fast breathing, trouble breathing
- bluish or gray skin color
- not drinking enough fluids, not urinating at least 4 times in 24hrs.
- 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.

When can my child go back to school?

Your child can return to normal activities (school, daycare, soccer practice, etc.) when they have been fever-free for a full 24 hours without the use of Motrin or Tylenol, and they feel well enough to return.

How long is my child considered contagious?

People infected with both the seasonal and H1N1 flu may be able to infect others anywhere from 1 day before getting sick to 7 days after.