

Talking Points-GENERAL  
H1N1 Influenza Campaign -Joint Information Center

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# Talking Points-GENERAL

## H1N1 Influenza Campaign -Joint Information Center

### MESSAGE OF THE WEEK

#### **(NEW)** 2009 H1N1 Influenza Disease

During February 7-13, 2010, influenza activity remained at approximately the same levels as last week in the U.S. **No** states reported widespread influenza activity, three states reported regional influenza activity, Puerto Rico and nine states reported local influenza activity, the District of Columbia and 35 states (including ARIZONA) reported sporadic influenza activity.

#### **(NEW)** 2009 H1N1 Vaccine Coverage

- The vaccine for 2009 H1N1 flu will be the same for the entire 2009-2010 influenza season, which extends into the spring of 2010. The "2009" in the name only relates to the year the virus was first identified; it does not have to do with how long the vaccine will work or the year in which it should be administered.
- CDC recommends influenza vaccination as the first and most important step in protecting against the flu. CDC is encouraging anyone who wants to protect themselves against 2009 H1N1 to get vaccinated, including people 65 years and older. While less likely to get sick with 2009 H1N1 than younger people, people 65 and older are at high risk of serious complications if they do become ill.
- Flu vaccination provides protection against the influenza strains contained in the vaccine that will last for the whole season. Studies do not show a benefit of receiving more than one dose of vaccine during a flu season, even among elderly persons with weakened immune systems.
- The flu season is not over yet. As recently as January 15, 7 states were still reporting regional flu activity, so flu is still out there. Also, *seasonal flu typically peaks in February and March* and influenza activity can occur as late as May. So, increased activity from either seasonal flu, 2009 H1N1 or both are still possible this season.

### 2009 H1N1 INFLUENZA VACCINE (BACKGROUND)

#### **Safety of Influenza A (H1N1) 2009 Monovalent Vaccines-United States, Oct. 1 through Nov 24<sup>th</sup> 2009**

- H1N1 vaccines safety profile in the United States-results are published in MMWR of December 4<sup>th</sup> 2009 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm58e1204a1.htm>
- 2009 H1N1 Influenza vaccines are made in a similar manner as season flu vaccine and are expected to be as safe and effective.
- If the H1N1 virus had been discovered earlier this year, it would have been included as one of the strains in the 2009 seasonal influenza vaccine.

- 2009 H1N1 Influenza vaccines will not prevent seasonal flu. People should also get seasonal flu vaccine to be protected against seasonal flu.
- People with a severe, life-threatening allergy to eggs should not get 2009 H1N1 influenza vaccine (see clinical)
- A vaccine, like any medication, could cause a severe allergic reaction (see clinical).
- The vaccine takes effect about two weeks after vaccination; antibodies begin developing immediately in the body.
- There is no cost for the vaccine itself, the cost is covered by the federal government. Providers may ask for an administration fee or to bill insurance. No one will be turned away for inability to pay from a public health clinic.
- Vaccinations are not mandated by the State of Arizona, but strongly encouraged.

### **Vaccine Supply**

- CDC will no longer be posting daily updates of 2009 H1N1 Vaccine Supply Status by Project Area. Aggregate numbers (not by project area) will continue to be updated on a daily basis at <http://www.cdc.gov/h1n1flu/vaccination/vaccinesupply.htm>.
- Arizona has plenty of H1N1 vaccine supply; vaccine is now available to the general public, and is no longer limited to only those in high risk groups. We are still encouraging those in high risk groups to get their H1N1 vaccine sooner.

### **Vaccine types**

- The 2009 H1N1 influenza vaccines that FDA approved several formulations as follows:
  - The “flu shot” is an inactivated vaccine (containing killed virus) given with a needle and injected into the muscle, available in a single or multi-dose injectable (see clinical).
    - The single-dose injectable unit does not contain thimerosol
  - The multi-dose vials
    - As the name implies, several doses of vaccine are contained the multi-dose vial
    - More than one needle is inserted to withdraw the vaccine.
    - Thimerosol is a preservative in the multi-dose vial that prevents bacteria from growing.
  - The nasal-spray flu vaccine (sometimes called LAIV for Live Attenuated Influenza Vaccine) that contains weakened live viruses does not contain thimerosol. (See Clinical)

### **Vaccine Ordering Process**

- Health Care Providers submit orders for the H1N1 Influenza vaccine to the Arizona Department of Health Services => ADHS sends the orders to county public health officials.
- County public health officials tell ADHS how much to order for each provider/facility based on priority groups, providers and the amount available (allocation amount).
- Whenever vaccine is made available through the CDC Arizona orders its maximum allowance, which is 2% of the total amount available. The 2% reflects the percentage of the national population living in Arizona. This is referred to as the vaccine allocation for Arizona.
- ADHS uploads vaccine request to VACMAN (vaccine ordering program managed by the CDC) => CDC forwards the order to pharmaceutical distributor, McKesson for shipment directly to Providers.

- CDC Vaccine Allocation and Distribution Q&A facts  
[http://www.cdc.gov/H1N1flu/vaccination/statelocal/centralized\\_distribution\\_qa.htm](http://www.cdc.gov/H1N1flu/vaccination/statelocal/centralized_distribution_qa.htm)
- **Vaccine allocated** – the vaccine allocated is the amount of vaccine that is available for a state to order.
- **Vaccine ordered** – the vaccine ordered is the number of doses of available vaccine that have been ordered through CDC and McKesson (VACMAN).
- **Vaccine shipped** – the vaccine shipped is the total number of ordered doses that have been sent to providers.

### **H1N1 Influenza Vaccine locations**

For H1N1 vaccine clinic locations, please visit [www.stophespreadaz.org](http://www.stophespreadaz.org)

### **Seasonal Vaccine**

- Seasonal vaccine is available but in limited quantities, locations can be found at [www.fluaz.org](http://www.fluaz.org).
- Some private physicians may be experiencing a delay in receiving seasonal flu vaccine, but vaccinations are available for the general public at alternate locations such as CVS, Walgreens, and Safeway.
- Almost all supply of *seasonal flu vaccine doses* have been distributed nationwide; 114 million total doses were expected this season

## **PRIORITY GROUPS FOR H1N1 VACCINE**

H1N1 vaccine is now available to everyone. However, those in priority groups should still receive both the H1N1 and the seasonal flu vaccine, if they have not done so already.

- Pregnant women
- Household contacts and caregivers for children younger than 6 months of age.
- Healthcare and emergency medical services personnel
- Children from 6 months through 4 years of age
- Children under 18 with underlying health conditions.
- Underlying health conditions including; Asthma, arthritis, diabetes, cancer, heart disease, HIV/AIDS.
- 70% of H1N1-related hospitalizations are occurring in high risk patients with one or more underlying health condition.

**NOTE:** The H1N1 flu may affect the general population similar to the seasonal flu, but it can be life threatening for those with underlying health conditions.

## **PREVENTION AND FLU (BOTH SEASONAL AND H1N1 FLU)**

- A flu vaccine is the single best way to protect against influenza illness. Everyone should get vaccinated.
- If enough people are protected, there is a little chance of spreading disease to those who can not or will not be immunized. This concept is also referred as herd immunity.

- Herd immunity simply refers to a situation in which a high percentage of a population is immune to a disease, essentially stopping the disease in its tracks because it cannot find new hosts. Conversely, with only small percentage of people protected, the disease can spread more easily.
- These simple measures can prevent the spread of the flu:
  - Cough/sneeze into your upper sleeve or tissue – throw the tissue away after use.
  - Wash your hands often or use an alcohol based hand sanitizer
  - Get rest
  - Avoid touching your eyes, nose and mouth. Germs spread this way.
  - Stay home when sick

### **Flu Symptoms**

- The symptoms for all flu, including H1N1 (Swine) flu, are similar. They include fever, cough, sore throat, runny or stuffy nose, body aches, headaches, and chills.

### **Family**

- Sick family members, especially kids, should remain home until they are fever free for at least 24 hours, without the use of fever reducing medications.
- Working parents should create a plan about how they will manage caring for sick kids.
- Parents should teach kids good hygiene:
  - Cough/sneeze into your upper sleeve or tissue – throw the tissue away after use.
  - Wash your hands often or use an alcohol based hand sanitizer
  - Get rest
  - Avoid touching your eyes, nose and mouth. Germs spread this way.

### **People age 65 and over**

- CDC recommends 2009 H1N1 flu vaccine for **everyone now**.
- Initially people 65 and older were not included in the high risk groups to be prioritized for 2009 H1N1 flu vaccination. CDC's priority for people 65 and older was to have them get their seasonal flu vaccine first, before the 2009 H1N1 flu vaccine is available for ALL.
- Historically, people age 65 years and over are at increased risk for complications from flu; this year is no exception.

### **Seeking Health Care**

- If you are experiencing mild or moderate symptoms, contact your primary care doctor before visiting a hospital emergency room.
- At first signs of flu, stay home, drink plenty of fluids and make sure you have a friend or loved one checking on you.

### **Visiting a Hospital**

- When visiting a patient in a hospital, check its flu season visitor policy online or call the facility. Many hospitals are restricting visitors during the influenza season in order to protect patients from possible exposure to the illness.
- Do not visit a hospital if you have signs of possible flu (runny nose, cough, fever, etc.). This is to protect hospitalized patients, who are typically weaker and more susceptible to viruses.

## Schools

- Closing schools when cases are confirmed is not recommended to stop the spread of the flu virus. However, schools may close due to a high percentage of kids being absent.
- Each county is working with the school districts to plan mass immunizations in the schools. Contact your school or county health department for more information.

## Businesses

- Businesses should plan for absenteeism rates of 25 – 30 percent. Employees may be out sick or may need to stay home to care for family members. It is important for businesses to look at their policies related to absenteeism and telecommuting.
- It is important to cross train employees to fill co-workers roles and responsibilities. Employees who cannot miss work should have individual plans to care for sick kids.

# 2009 H1N1 AND ASTHMA & DIABETES

## 2009 H1N1 and Asthma

- People with asthma are at increased risk for severe complications of influenza, including 2009 H1N1 flu.
- Less than half of people with asthma seek treatment promptly when they are sick with flu-like symptoms.
- People with asthma account for approximately 32% of 2009 H1N1 hospitalizations in the United States, according to recent data from the Emerging Infections Program, a CDC surveillance system that tracks influenza-related hospitalizations.
- People with asthma with suspected 2009 H1N1 infection should be treated promptly with oseltamivir (trade name Tamiflu®). **Zanamivir (trade name Relenza®) is not recommended for people with asthma.**
- People with asthma should get both, the 2009 H1N1 flu shot and the seasonal flu shot (injectable, inactivated formulation only).
- People with asthma should NOT get the live attenuated influenza vaccine (LAIV), also known as the nasal spray vaccine, for either seasonal flu or 2009 H1N1.

## 2009 H1N1 and Diabetes

- November is the American Diabetes Awareness Month; people with diabetes are at much increased risk for H1N1 complications. If you have diabetes and develop signs and symptoms of ILI, please contact your provider; and please get vaccination- both seasonal flu and H1N1 flu vaccination.
- CDC recommends that diabetic patients are also vaccinated against pneumococcal infections.

# GENERAL INFORMATION

- The 2009 H1N1 flu virus is the predominant influenza virus in circulation worldwide. **Currently, Arizona is reporting “sporadic” influenza activity.**

- It is a good idea to address any flu questions with your doctor during scheduled visits.
- Flu virus can live on surfaces for 2-8 hours. Wipe surfaces with antiseptic cleaner frequently throughout the day.
- **Influenza B**
  - A few Influenza B positive cases have been reported; however, the majority of flu still remains H1N1.
  - The 2009 influenza H1N1 is a very specific strain of influenza A.
  - Influenza B is a separate virus. Both cause similar illness.
  - The same treatments are effective against both H1N1 and Influenza B
  - During most influenza seasons we see both influenza A and Influenza B strains circulating.
- **Pets Related**
  - The H1N1 vaccine is not approved for pets.
  - If you are sick, you should take the same steps to protect your pets as you would humans: remember to wash your hands and cover your cough.
  - It is not advised to give your pets any human cold medicines.
  - If you have more questions or you think your pet is sick, please contact your local veterinarian.

## ARIZONA NEWS

### **Interim Results: Influenza A (H1N1) 2009 Monovalent Vaccination Coverage, Arizona Vs. United States, October–December 2009**

- To estimate 2009 H1N1 vaccination coverage to date for the 2009–10 influenza season, CDC analyzed results from the *National 2009 H1N1 Flu Survey (NHFS)* and the *Behavioral Risk Factor Surveillance System (BRFSS)* survey, conducted during December 27, 2009–January 2, 2010, and December 1–27, 2009, respectively.
- The Behavioral Risk Factor Surveillance System (BRFSS) survey results indicated that, as of December 27<sup>th</sup> 2009, an estimated 51.5% children/teen received H1N1 vaccine in Arizona compared to 28.4% children/teen nationwide.
- BRFSS results indicated that 19.1% of initial priority groups (for adults) were immunized against H1N1 vaccine compared to 16.4% nationally.
- BRFSS results also indicate that only 7.1% of total adults were immunized in Arizona compared to 9.2% nationally; **NOTE:** All adults were not an Arizona Priority until December 19<sup>th</sup>, 2009. The BRFSS survey was conducted from December 1-27<sup>th</sup>, 2009- which only allowed 8 days of vaccinating non-prioritized adults in Arizona.
- Combined results from both surveys (NHFS & BRFSS) showed that 30.2% of children & teen have received H1N1 vaccine in AZ compared to 27.6% nationwide.

## **H1N1 cases, hospitalizations and deaths**

- Hospitalizations due to H1N1 -
  - Found on ADHS weekly flu report; posted on Wednesdays
- Deaths with H1N1 -
  - Found on ADHS weekly flu report; posted Wednesdays
- School Influenza Like Illness reporting
  - Found on ADHS weekly flu report; posted Wednesdays
- Vaccine Shipped since
  - Posted each Fridays on CDC Vaccine Supply Status on <http://www.cdc.gov/h1n1flu/>
- ADHS has partnered with county health departments to create a statewide website, [www.StopTheSpreadAZ.org](http://www.StopTheSpreadAZ.org), for the H1N1 response. Visitors can find flu shot locations by linking to the Google Flu Shot Finder, learn how to prevent flu spread, and find out what to do if they have flu-like symptoms.
- The Google Flu Shot Finder is updated by ADHS with information reported by the counties on the locations, times and vaccine supply of public clinics and providers. A color code – **red** for seasonal flu and **blue** for H1N1 flu – helps users to tell the difference between the two vaccine categories.
- Arizona Department of Health Services has partnered with [Community Information & Referral](#) to launch the [Arizona Flu Hotline](#). The hotline has staff ready to provide vaccine locations throughout the state of Arizona, as well as basic information about seasonal and H1N1 influenza. The hotline phone number is (877) 764-2670 and can be reached 24/7. There is also a website where the same information can be found, [www.stophespreadaz.org](http://www.stophespreadaz.org)
- In light of President Obama's declaration of 2009 H1N1 Flu a National Emergency, the Arizona Department of Health Services is currently analyzing how this declaration will impact health care regulations and current H1N1 response efforts in Arizona.
- New Arizona law has expanded pharmacist's scope of practice regarding vaccination. The law allows certified pharmacists to administer most vaccines (including influenza vaccines) without a prescription. Those on AHCCCS plans still need a prescription to get a vaccine at a pharmacy.
- It is within the scope of practice for physicians, nurse practitioners, and physician assistants to prescribe vaccines. Nurses working in community vaccination clinics (mass vaccinators) who give shots are working under a physician's order

## **NATIONAL NEWS**

### **Estimates of 2009 H1N1 influenza cases, hospitalizations and deaths in the United States, April, 2009–January 16, 2010**

- CDC estimates that between 41 million and 84 million cases of 2009 H1N1 occurred between April 2009 and January 16, 2010. The mid-level in this range is about 57 million people infected with 2009 H1N1.

- CDC estimates that between about 183,000 and 378,000 H1N1-related hospitalizations occurred between April 2009 and January 16, 2010. The mid-level in this range is about 257,000 2009 H1N1-related hospitalizations.
- CDC estimates that between about 8,330 and 17,160 2009 H1N1-related deaths occurred between April 2009 and January 16, 2010. The mid-level in this range is about 11,690 2009 H1N1-related deaths.

## **2009 H1N1 and Seasonal Influenza and Hispanic Communities: Questions and Answers**

CDC has developed a “***This 2009 H1N1 and Seasonal Flu and Hispanic Communities: Questions and Answers***” document summarizes current understanding of the impact of 2009 H1N1 and seasonal influenza viruses on Hispanics. This Q & A describes some of the barriers to uptake of 2009 H1N1 and seasonal influenza vaccines, and outlines potential strategies for improving health and increasing vaccine coverage in Hispanic communities.

2009 H1N1 and seasonal flu data on racial and ethnic groups have been taken from a wide range of sources and geographic areas and show differing results. For instance:

- Although Hispanics comprise approximately 15% of the US population, they were overrepresented in the enhanced surveillance case reports during the early spring wave of the 2009 H1N1 pandemic, comprising about 30% of all reported cases. This is not unexpected since 2009 H1N1 was first identified in US cities with large Hispanic populations.
- Behavioral Risk Factor Surveillance System (BRFSS) data from household interviews conducted from September 1st – November 30, 2009 show self-reported influenza-like illness and having sought medical care for that illness was similar among Hispanic and non-Hispanic white respondents.
- From April 15 - August 31, 2009, 15 percent of people hospitalized with 2009 H1N1 in 13 metropolitan areas of 10 states were Hispanic. Approximately 13 percent of the catchment area population studied is Hispanic. Of note, in previous influenza seasons Hispanics without underlying medical conditions were overrepresented in hospitalized cases (ranging from 16 – 25% of cases without an underlying medical condition).
- From April, 2009 – December 31, 2009, laboratory-confirmed 2009 H1N1 hospitalization rates were almost 2.5 times higher for Hispanics (31.5/100,000) compared to non-Hispanic whites (12.7/100,000) in the State of Illinois. The disparity in hospitalization rates was even greater for Hispanic children less than 5 years old (89/100,000) compared to non-Hispanic white children of the same age (29.1/100,000).<sup>4</sup>
- From May 19 – June 30, 2009, Hispanic residents of Salt Lake County, Utah with confirmed 2009 H1N1 infection were 2.8 more likely to require hospitalization in the intensive care unit compared to non-Hispanic whites.<sup>5</sup>
- Hispanic children younger than 18 years of age account for 27% of 210 reported 2009 H1N1 influenza-associated deaths in the United States.<sup>6</sup> Their representation in the US population is 21%.<sup>7</sup>

For complete ***2009 H1N1 and Seasonal Flu and Hispanic Communities: Questions and Answers***, please ***visit-*** [CDC 2009 H1N1 and Seasonal Influenza and Hispanic Communities: Questions and Answers](#)

**Harvard Opinion Research Poll results released on February 5, 2010**

The results of a new poll examining the American public's attitudes and response to distribution of the vaccine against 2009 H1N1 influenza this winter were released on February 5, 2010. The poll was conducted January 20-24, 2010 and is the eighth in a series of polls on public views concerning the 2009 H1N1 flu outbreak undertaken by the Harvard Opinion Research Program at Harvard School of Public Health. Conclusions drawn from these findings include intent to *get vaccinated for adults and their children*, *perceptions regarding adequacy of vaccine supply*, and *satisfaction with public health response*. Overall findings include:

#### Outbreak & response

- 59 % of adults rated the overall *response of public health officials to the 2009 H1N1 outbreak* as “excellent” or “good.”
- 44% of Americans believe the *outbreak is over*, however 39% thought there are still many cases of people getting sick.
- 61 % of adults think it is “very” or “somewhat” likely that there will be *another widespread outbreak* of the 2009 H1N1 in the U.S. during the next 12 months.
- 76% of the public reported seeing ads regarding the importance of *getting the vaccine* against 2009 H1N1 vaccine since December.

#### Vaccine supply

- 70% of the public believe there is *plenty of vaccine available* in their community.
- 59 % of respondents believe *enough vaccine should be ordered for everyone* who wants to get vaccinated, even if there is excess vaccine.

#### Vaccine and adults

- 37% of *adults have gotten or intend to get the vaccine* against 2009 H1N1 for themselves, while 61% said they have not gotten the vaccine and do not intend to.
- Those age 65 years and older were more likely to say they have gotten or intend to get the vaccine than those age 18 to 64 (45% v. 36%).

#### Vaccine and children

- 53% of parents got (40%) or intend (13%) to *get their children vaccinated*.
- Of the parents whose children received the vaccine, 29% of parents got *at least one of their children vaccinated at school*, 46% at a *health care provider* (such as a pediatrician), and 22% at a *health clinic*.
- The detailed findings available at [www.hsph.harvard.edu](http://www.hsph.harvard.edu) (under Research News).

### **Questions & Answers about the 2009–2010 Flu Season**

The United States experienced its first wave of 2009 H1N1 pandemic activity in the spring of 2009, followed by a second wave of 2009 H1N1 activity in the fall. The 2009-2010 flu season began very early, with 2009 H1N1 viruses predominating and causing high levels of flu activity much earlier in the year than during most regular flu seasons. Activity so far this season peaked in October and then declined quickly to below baseline

levels in January. The early rise in flu activity in October is in contrast to past influenza seasons. Influenza activity usually peaks in January, February or March.

There are still uncertainties surrounding the rest of this flu season, including the possibility of the circulation of seasonal influenza viruses and ongoing circulation of 2009 H1N1 viruses. The US Department of Health and Human Services and the CDC have developed a brief Q&A to answer some of those questions. Please use this link for a complete review [Questions & Answers about the 2009-2010 Flu Season](#)

### **CDC announcement about Daily Report**

- Beginning week ending January 16, CDC has discontinued the Daily Report and instead put out a Weekly Report each Friday that also contains the Influenza Weekly Report (FluView) and the current 2009 H1N1 key points.

**Interim Results: Influenza A (H1N1) 2009 Monovalent Vaccination Coverage-United States, October - December 2009.** *Morbidity and Mortality Weekly Report* (MMWR) January 15, 2010 / Vol. 59 / Early Release; to review this article, please use following link:  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm59e0115a1.htm>

### **Harvard School of Public Health (HSPH) Survey December 16-17, 2009.**

- Results from a new poll by researchers at the Harvard School of Public Health (HSPH) are released today. The poll, which examines the American public's response to the distribution of H1N1 vaccines this fall, is the seventh in a series on public views concerning the H1N1 flu outbreak undertaken by the Harvard Opinion Research Program at HSPH. The poll was conducted December 16-17, 2009.
- Poll finds 3/4 of parents who tried to get H1N1 vaccine for their children have gotten it. More than 1/3 of parents overall do not expect to get H1N1 vaccine for kids; concerns about safety the major factor. To review complete survey results, please use following link:[http://www.eurekalert.org/pub\\_releases/2009-12/hsop-pft122209.php](http://www.eurekalert.org/pub_releases/2009-12/hsop-pft122209.php)

### **2009 H1N1 Influenza Severity**

- The increases in the latest estimates of cases, hospitalizations and deaths reflect the intense levels of activity that were occurring in the United States between October 18, 2009 and November 14, 2009.
- In addition, the data continues to confirm previous findings that the 2009 H1N1 virus primarily affects people younger than 65 year old, with the number of cases, hospitalizations and deaths overwhelmingly occurring in people 64 years and younger.

### **2009 Pandemic Influenza A (H1N1) – Related Death Rates in American Indians and Alaska Natives (AI/AN) – Twelve States, 2009 released**

- A total of 426 H1N1 deaths were reported by the 12 states during April 15-November 13. Forty-two deaths (9.9%) occurred among AI/AN, although AI/AN make up approximately 3% of the total population in the 12

states. The overall AI/AN H1N1-related death rate was 3.7 per 100,000 populations, compared with 0.9 per 100,000 for all other racial/ethnic populations combined. For details, please read MMWR article by using this link- <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5848a1.htm>

### **National PSA Campaign- *Together We Can All Fight the Flu***

- The U.S. Department of Health and Human Services (HHS) Secretary Sebelius and Ad Council President and CEO Peggy Conlon held a press conference call at 12 noon on Monday December 7<sup>th</sup> 2009 to launch a new nationwide PSA campaign called "***Together We Can All Fight the Flu.***" The campaign features television, radio, online banner, and outdoor public service advertisements that encourage Americans to get vaccinated against the 2009 H1N1 flu virus.
- The new PSAs for television will be available via satellite from 1:00 - 1:30 p.m. EST. You can also see the PSAs at <http://www.flu.gov/psa/#fightvideo>

### **CDC establishes fraud and abuse mailbox.**

- Due to recent concerns regarding suspected cases of 2009 H1N1 influenza vaccine fraud and abuse, a separate 'fraud and abuse' e-mail box has been established. State/local health departments can report cases of suspected fraud and abuse via e-mail to: [H1N1FraudAbuse@cdc.gov](mailto:H1N1FraudAbuse@cdc.gov).

### **CDC H1N1 "Swine Flu" - PHISHING SCAM**

The CDC/OCISO Cyber Security Incident Response Team (CSIRT) has received reports of fraudulent emails (phishing) referencing a CDC sponsored State Vaccination Program for the H1N1 "Swine Flu" contagion. Users that click on the embedded link in the email are at risk of having malicious code installed on their system. OCISO reminds users to take the following steps to reduce the risk of being a victim of a phishing attack:

- Do not follow unsolicited links and do not open or respond to unsolicited email messages.
  - Use caution when visiting un-trusted websites.
  - Use caution when entering personal information online
- The FDA warned consumers to use extreme care when purchasing any products over the internet that claim to diagnose, prevent, treat or cure the H1N1 influenza virus. Patients who buy prescription drugs from web sites operating outside the law are at increased risk of suffering life-threatening adverse events, such as side effects from inappropriately using prescription medications, dangerous drug interactions, and impure ingredients found in unapproved drugs.
  - President Obama signed a proclamation on Friday night (October 23, 2009) declaring 2009 H1N1 Flu a National Emergency. This proclamation may make it easier for medical facilities to handle a surge in flu patients.

## **WEBSITES AND PHONE NUMBERS**

### **Websites**

- Flu.gov (general info and flu shots in AZ)

- [www.Stopthespreadaz.org](http://www.Stopthespreadaz.org) or [www.EviteElContagio.org](http://www.EviteElContagio.org)
  - (entry to county, state, fed websites about flu)

**Phone number**

- Arizona flu hotline (877) 764-2670