

Fact Sheet: 2009-H1N1, Pandemic Influenza, and H5N1

This information is current as of today, Tue Mar 23 08:21:51 2010.

[Frequently Asked Questions](#)

[Options During a Pandemic](#)

Current Situation – 2009-H1N1 Influenza A

2009-H1N1 influenza (sometimes referred to as novel H1N1 or “swine flu”) is a new virus causing illness in humans. It was first detected in people in the United States in April 2009, and the symptoms resemble those of seasonal flu. The virus is spreading from person-to-person, probably in much the same way that regular seasonal influenza spreads. You cannot catch 2009-H1N1 by eating properly cooked pork products.

[The WHO](#) has declared a “phase six” pandemic in response to the rapid spread of the 2009-H1N1 virus, indicating community level outbreaks in two or more different regions of the world. However, most individuals infected with 2009-H1N1 influenza fully recover, and the WHO considers the overall severity of the pandemic to be only moderate.

The recent WHO declaration may cause some nations to initiate or to strengthen pre-existing screening and quarantine procedures for travelers. If you intend to travel abroad in the near future you should be aware that foreign authorities may check you for symptoms of 2009-H1N1 influenza and you may experience significant travel delays as a result.

Americans planning to travel to a country that has reported outbreaks of 2009-H1N1 influenza, or who are concerned about 2009-H1N1 influenza, are advised to visit the [HHS/CDC website](#) and the [WHO website](#). Additional country specific information can be obtained from the [U.S. Department of State website](#), and from individual [Embassy and Consulate web pages](#). You may also call the Office of Overseas Citizens Services in the United States for the latest travel information. The Office of Overseas Citizens Services can be reached from 8:00 a.m. until 8:00 p.m. Eastern Daylight Time, Monday through Friday, by calling 1-888-407-4747 from within the U.S. and Canada, or by calling (202) 501-4444 from other countries.

2009-H1N1 Vaccine: The U.S. Government is currently working with manufacturers to facilitate the production of a 2009-H1N1 vaccine. The 2009-H1N1 vaccine is expected to be available in the fall of 2009. The seasonal flu vaccine does not protect against 2009-H1N1 influenza.

Antiviral Drugs for 2009-H1N1: HHS/CDC recommends the use of oseltamivir and zanamivir (commonly known by their brand names of Tamiflu® and Relenza®) for the treatment of 2009-H1N1 influenza and provides guidance for consideration of their use in prevention of 2009-H1N1 influenza. Guidance for using these antiviral drugs for the treatment and prevention of 2009-H1N1 influenza may change as researchers learn more about this new virus.

Information on the U.S. Government's overall planning and response effort is available at the [federal influenza website](#).

U.S. Government Pandemic Policy for Americans Abroad

The U.S. Government remains concerned about the possibility of a severe influenza pandemic resulting from changes in the 2009-H1N1 virus or emergence of an even newer influenza virus that may affect Americans abroad. This fact sheet offers information on measures Americans can take to prepare for and cope with a severe pandemic. It also includes information on the U. S. Government's efforts to plan for and respond to such an event.

The U.S. Government recognizes that in a severe pandemic, a variety of factors may lead Americans abroad to stay in the country they are visiting or in which they currently reside. Some may choose to remain in country to avoid mass transit, public gatherings or other situations that could increase their exposure to the virus. Others may be forced to remain in country due to disruptions in air travel, quarantines or closed borders. Consequently, it is U.S. Government policy for all overseas employees under Chief of Mission authority and their accompanying dependents to plan for the possibility that they will remain abroad during a severe pandemic. Information for both official and private Americans on how to prepare for this possibility is contained in the flyer “ [Options During a Pandemic](#) ,” which urges Americans to maintain adequate provisions for a pandemic wave or waves that could last from two to twelve weeks.

Once the [World Health Organization](#) (WHO) confirms a severe pandemic, American citizens (including non-emergency government personnel and their dependents, as well as private citizens) who are residing or traveling overseas should consider returning to the United States while commercial travel options are still available. Americans will be permitted to re-enter the United States, although the U.S. Department of Health and Human Services/[Centers for Disease Control and Prevention](#) (HHS/CDC) may quarantine or isolate incoming travelers, depending on their health status and whether they are traveling from or through an area affected by pandemic influenza.

In the event of a severe pandemic, non-emergency U.S. Government employees and all dependents in affected areas will be encouraged to return to the United States while commercial transportation is still available. U.S. Government employees who return to the United States will be expected to work there during the pandemic unless they take leave. Private American citizens should make an informed decision: either remain abroad to wait out the pandemic, as noted above, or return to the United States while this option still exists. Any American (whether overseas in

a private capacity or a U.S. Government employee or dependent) who chooses not to return to the United States via commercial means might have to remain abroad for the duration of the pandemic if transportation is disrupted or borders close. Americans should be aware that only in cases of a complete breakdown in civil order within a country will the U.S. Government consider a U.S. Government-sponsored evacuation operation.

Those who feel they would be at greater risk by remaining abroad during a pandemic (whether moderate or severe), or who prefer returning to the United States to access American healthcare services, should opt to return to the United States. Individuals with chronic medical conditions may be at higher risk of suffering complications from influenza and should consider returning to the United States at the onset of a pandemic or of postponing travel during a pandemic. According to HHS/CDC, those at high risk may include: pregnant women; adults and children who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological or metabolic disorders (including diabetes mellitus); adults and children who have immunosuppression (including that caused by medications or by human immunodeficiency virus); and adults and children who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders or other neuromuscular disorders) that can compromise respiratory function.

Due to legal restrictions and a lack of sufficient resources, the U.S. Department of State is not in a position to provide private American citizens traveling or living abroad with supplies, medications or medical treatment in the event of a pandemic. Therefore, private American citizens should carefully weigh the risks of remaining in country versus the risks of traveling, keeping in mind the potential benefits of returning to the United States. Returning to the United States could provide Americans with greater access to antiviral medications, respirators, face masks and pandemic vaccine. However, traveling could also increase one's potential for exposure to the virus and even result in being stranded in a third country if flights are diverted or cancelled.

U.S. Government assistance to private American citizens who remain abroad will be limited, but should include communicating with family and friends on an individual's behalf, monitoring quarantine/detention conditions as permitted by local health authorities, arranging for transfers of funds or granting temporary subsistence loans, and providing information regarding the availability of medical care (to be paid for by the individual). Private American citizens should be aware that the U.S. Government cannot demand their immediate release if they have been detained or quarantined abroad in accordance with public health and legal authorities.

Current Situation – Avian Influenza A (H5N1)

At this writing, countries continue to report outbreaks of avian influenza A (H5N1), commonly referred to as "bird flu," in their domestic and wild bird populations. In addition, countries have reported, on a very limited basis, H5N1 infections in other wild and domestic animals. A small number of confirmed cases of H5N1 among humans have been reported, approximately 60% of which have resulted in death. More information is available on [the WHO website](#). Please refer to this website for the most current information on countries affected by H5N1 and the number of confirmed human cases and deaths.

The vast majority of reported human infections have resulted from direct contact with avian influenza A (H5N1)-infected poultry. Although there is evidence to suggest very limited, human-to-human transmission, primarily in family groups involving close exposure to a critically ill member, there is no evidence to suggest the virus can be easily transmitted from human-to-human in a sustained manner at the present time. HHS/CDC, the WHO, and the U.S. Department of State are nonetheless concerned about the potential for this virus to adapt or mutate into a strain that could cause a severe, highly lethal influenza pandemic.

HHS/CDC advises American citizens traveling to or living in countries affected by H5N1 influenza to avoid poultry farms, contact with animals in live food markets, contact with surfaces that appear to be contaminated with feces or fluids from poultry or other animals, and consumption of poultry and eggs that are not thoroughly cooked. American citizens traveling to or living in countries affected by H5N1 influenza should consider the potential risks of remaining abroad and should keep abreast of the latest medical guidance in order to make appropriate plans. Specific information relating to H5N1 influenza, including preventive measures, is available at [the HHS/CDC website](#). Additional guidance on H5N1 influenza is available at [the WHO website](#).

Areas of known H5N1 outbreaks in poultry have been quarantined by governments in those countries within 24 hours, restricting (and often preventing) movement into and out of affected areas. If the virus evolves into a form that can be easily transmitted from human-to-human in a sustainable manner, governments will most likely respond by imposing public health measures that restrict domestic and international movement. This will limit the U.S. Government's ability to assist Americans in these countries. During a pandemic, Americans abroad should expect such measures to be implemented very quickly.

Americans who are planning to travel to a country that has reported outbreaks of avian influenza A (H5N1), or who are concerned about H5N1 influenza, are advised to monitor the HHS/CDC and WHO websites for up-to-date information. Additional country specific information can be obtained from the [U.S. Department of State website](#), and from individual [Embassy and Consulate web pages](#). You may also call the Office of Overseas Citizens Services in the United States for the latest travel information. The Office of Overseas Citizens Services can be reached from 8:00 a.m. until 8:00 p.m. Eastern Daylight Time, Monday through Friday, by calling 1-888-407-4747 from within the U.S. and Canada, or by calling (202) 501-4444 from other countries.

H5N1 Vaccine: A vaccine for humans that effectively prevents infection with the H5N1 influenza virus has been approved by the Food and Drug Administration but is not yet commercially available.

Antiviral Drugs for H5N1: HHS/CDC research shows that antiviral medications such as oseltamivir and zanamivir (commonly known by their brand names of Tamiflu® and Relenza®) may be effective in treating H5N1 if taken early in the infection, although their effectiveness will not be known with certainty until an H5N1 pandemic strain emerges and is analyzed.

Information on the U.S. Government's overall planning and response effort is available at the [federal influenza website](#).

General Information About Antiviral Drugs

If you get sick, antiviral drugs can make your illness milder and make you feel better faster. They may also prevent serious influenza complications. Influenza antiviral drugs work best when started soon after illness onset. Influenza antiviral drugs can also be used to prevent influenza when they are given to a person who is not ill, but who has been or may be near a person with influenza. Two of the most common antiviral medications are oseltamivir and zanamivir (also known by their brand names of Tamiflu® and Relenza®).

As with all prescription medications, side effects may occur, and rare but serious side effects have been reported with both oseltamivir and zanamivir. For more information, Americans should consult their healthcare provider and read the package insert approved by the U.S. Department of Health and Human Services/Food and Drug Administration (HHS/FDA). Expired medications must not be taken.

Oseltamivir and zanamivir antiviral medications can be obtained by prescription from a healthcare provider in the United States. If such medications or adequate medical treatment are not readily available at an overseas location or travel destination, Americans should discuss with their personal physician the advisability of obtaining an advance supply of appropriate medication for their period of stay overseas. More information is available at [the HHS/CDC Travelers' Health website](#).

The U.S. Department of State has positioned supplies of antiviral medications at its Embassies and Consulates for eligible U.S. Government employees and their dependents. However, due to legal restrictions and a lack of sufficient resources, the U.S. Department of State is not in a position to provide private American citizens with supplies, medications or medical treatment in the event of a pandemic.

Americans should also be aware of the potential health risks posed by counterfeit drugs, including those represented as oseltamivir or zanamivir by scam artists who sell products on the Internet or in countries with lax regulations governing the production and distribution of pharmaceutical products. For more information on counterfeit drugs, please visit [HHS/FDA's website](#).

Prevention and Response –Taking Charge

Though antiviral medications are an important tool for the treatment and prevention of influenza, according to HHS/CDC, the spread of viral infection can also be mitigated by washing your hands frequently with soap and water (or an alcohol-based hand cleaner), covering your cough with a tissue, refraining from touching your eyes, nose or mouth, and avoiding close contact with sick individuals.

To reduce the spread of illness, HHS/CDC recommends that individuals avoid travel if they have flu-like symptoms or are sick with a disease easily spread from person-to-person. Individuals that have symptoms consistent with influenza should follow the guidance of local health authorities for the isolation of sick persons and should not take public transportation for the duration of the infectious period unless medically cleared to do so.

Americans who choose or are forced to remain in a country experiencing a pandemic should also limit exposure to the virus through such measures as avoiding mass transit and public gatherings, and should take the hygienic precautions outlined above. For more detailed information on steps you can take to stay healthy, please visit the [HHS/CDC website](#) and the U.S. Government's [federal influenza website](#).

Complete planning guidance on how private citizens can prepare to remain in country during a pandemic, including advice on stocking food, water and medical supplies, is available at the [federal influenza website](#).

Contact Information

[The Centers for Disease Control and Prevention \(CDC\)](#)

1600 Clifton Road
Atlanta, GA 30333
Telephone: (800) 232-4636
TTY: (888) 232-6348
International: (404) 639-3311
E-Mail: cdcinfo@cdc.gov

[The World Health Organization \(WHO\)](#)

WHO Liaison Office
1889 F Street, NW, Suite 369
Washington, DC 20006
Telephone: (202) 974-3787