

Know What to Do About the Flu: Pregnant Women and New Moms - Webcast

(links for viewing and download at end of transcript)

Jenny Backus: Hello. I'm Jenny Backus with the HHS Public Affairs Team and welcome to "Know What to Do about the Flu," a web series launched by HHS to distribute timely and accurate information straight to you! Everything you need to know about the flu from the seasonal flu to the new H1N1 virus. Our goal is to get you the latest facts and important medical guidances so we can all be more effective in combating the spread of the flu and be better prepared should our families, our communities, or our workplaces become affected.

Since the H1N1 flu virus was discovered in April, the federal government has mounted an aggressive response including ongoing communications with hospitals, healthcare professionals, schools, parents, patients' groups, and key leaders in Washington and around the country. Early in July, HHS hosted The Flu Summit to kick off a nationwide fall flu-preparedness effort where federal employees and officials laid out specific ways that state, tribal, and local governments could start planning and preparing.

Shortly after that we launched the "Know What to Do about the Flu" webcast series to reach out directly to Americans, to you at home, through our website: [www](http://www.flu.gov)

[flu.gov](http://www.flu.gov). Working together with agencies across the government like the Department of Education, the Department of Homeland Security, the Department of Commerce, and the Centers for Disease Control, we've also been im...rolling out important guidance for health professionals and everyday citizens on topics ranging from guidance for schools and institutions of higher learning...

... to guidance for businesses and employers for the fall flu season. You can find all of these on our website, www.flu.gov. Today we'll be discussing another aspect of flu preparation: What pregnant women and new parents can do to combat the flu, both for themselves and for their families.

Earlier today, Health and Human Services Secretary Kathleen Sebelius and Tina Tchen, executive director of the White House Council on Women joined us in the studio. They spoke briefly about the challenges of this new H1N1 virus and answered some questions we've been getting from you about what the federal government should be doing to respond. Let's listen to that discussion.

[Video begins] Thank you both for joining us today. Let me first ask you, Secretary Sebelius, why is it important to have a webcast for pregnant women and new parents?

Secretary Sebelius: Well, we learned a lot about the flu...uh...during the spring and summer and one of the issues that we now know is that...uh...for whatever reason, pregnant women are particularly susceptible to being seriously ill and potentially dying from the H1N1 virus.

They represent about one percent of the population and yet represented about six percent of the patients who ended up in the hospital, and six percent of the deaths. So getting a vaccine for pregnant women...uh...is a way to really protect and insulate...uh...pregnant moms from...uh...getting seriously ill or in the worst-case scenario, dying from the H1N1 virus.

Jenny: Now, there's lots of phone calls, you're seeing lots of webcasts, you're seeing lots of cabinet secretaries out, Miss Tchen, from the White House's perspective what is the federal strategy for this?

Tina Tchen: Well the federal strategy that the president's outlined for us is to be coordinated, to be aggressive in getting the word out and so that's why you've seen from the White House from all the cabinet secretaries, not just Secretary Sebelius but across the entire federal government, a lot of activity on trying to make sure that all of our

uh...public around the country knows what's going on,

that we're well coordinated with state and local governments and that we're prepared to respond quickly because the other thing we know about the flu is that it's unpredictable. We don't know what will happen. We're trying to be ready for whatever turn the flu might take and that we can get the word out to folks.

Jenny: Now, you're both federal officials, but you're also both parents, and you know lots of people who are pregnant or are new parents. What are you telling your own friends and family right about...about this right now, Secretary?

Secretary Sebelius: Well I think it's important to have a conversation with a doctor about and you know, the steps that can be taken. This...uh...vaccine is going to be very much like seasonal flu vaccine and what we know is that pregnant women have taken seasonal flu vaccine for years, so although this virus strain is new, the preparation is identical.

Tests are going to be conducted...uh...in the next couple of weeks to make absolutely sure there are no adverse affects...uh...but I think on balance, protecting yourself and your baby, making sure that you stay as healthy as possible during a pregnancy...uh...will not only involve...uh...hopefully, you know, keeping your hands clean and staying home if you're sick, but also what we know is vaccinations are the best possible way to...uh...protect against this virus and future viruses.

Jenny: Now I know we talk about younger people and this flu being a younger person's disease, is there anything special...uh...Miss Tchen that you would say to younger people about this...about this vaccine and virus?

Tina: Well I think...First of all, let's start with the basic prevention techniques of hand washing covering your mouth when your cough ur...ur...urging your...your fellow students...and...and...friends to do the same and staying home when you're sick. Having a plan for what to do in your family if someone gets sick, who's going to care for folks?

Um...you know, what...what is the plan going to be if someone gets sent home from school...uh...because they're sick? Um...and then, get vaccinated. Um...and not just the H1N1, but also seasonal flu, and the seasonal flu vaccine is available now and people should be getting that vaccine now.

Jenny: Well it's...this is a really hot topic obviously and we've been getting some questions from viewers in advance. John from Alexandria wrote in and said, "My wife's going to have a baby in six months. We're going to be new parents. What can we do to...are we in the priority group? And sort of what can we do to make sure our baby's okay?"

Secretary Sebelius: Well first of all, John, congratulations. It's exciting my boys are twenty-five and twenty-eight but I still remember those early days very well. Get some sleep along the way... [Laughter]...uh...but absolutely plan to get vaccinated. Um...the vaccine is not recommended for infants under six months old but...uh...the so-called cocoon effect i;½ what we want to do is encourage care-givers, nannies, grandparents who are caring actually for the infant, and certainly parents to get vaccinated.

That's the best way and not only protect...uh...the caregivers, but certainly to protect the baby.Jenny: Now Rosemary from New York City has e-mailed in and she wants to know, "Are there any materials or things that are available and also are they available in multiple languages?"

Tina: Well the important place to go and to stay current and up-to-date on the information is our website www.flu.gov. Um...and that will have not just what...the information we're talking about today but as we move through the flu season and the coming months it will have the most current information so people should pe...check back often.

If they're part of an organization there are widgets there that they can use to make the link to flu.gov. We've got materials to download. Flu.gov is automatically translated into Spanish so we have sort of side-by-side for fl...everything that's on flu.gov in Spanish and we have some additional languages like Chinese and Vietnamese and if folks need that material they can get in touch with the HHS Public Affairs Office.

Jenny: Great. Um...now there has been a couple of questions about that...we keep hearing that H1N1 is like seasonal

flu. It's mild, not that many people are dying, and there's a question that's out there i;½ is the government overreacting to this? Secretary?

Secretary Sebelius: Well, what we know is it's brand new and that no one really has an immunity to this...uh...disease for whatever reason the oldest Americans, people over 65 seem to be a little more resilient and...and no one is quite sure exactly why that's happening but the rest of the population...uh...is very susceptible because this virus hasn't been circulating before.

So we could have a lot of illness and unfortunately with pregnant women and...uh...with kids who have asthma or neuromuscular disorders with older Americans who have some underlying health condition, people can get very sick and potentially die, so again, what we know is vaccination is the best possible defense against this and other viruses, so preparing to get a vaccine...but in the meantime we need to take steps to not circulate the virus, so hand washing, as simple as that sounds, is effective.

Uh...wiping down keyboards and doorknobs, any place that hands come in contact...and then if folks are sick, please stay home because you don't want your child sharing this with classmates and playmates, we don't want to make...uh...other folks ill, but staying home requires, as Tina has already said, a backup plan. Uh...we need to have employers begin to think about how employees can stay home, be encouraged to stay home and not be penalized in a job.

Parents to have a backup childcare plan, colleges to make preparation to move kids out of a multiple living situation, you know, if you've got a dorm room with four people in it and one gets sick, where can the sick student go to get better and not infect the other four? So those strategies...uh...need to be prepared for right now.

Jenny: Well just before we wrap up I'm going to ask each of you a question. We're going to hear in our next segment from some of the top doctors and scientists from the CDC and NIH, and some people from the...the...the private sector, um...the president has talked a lot about how science needs to drive this. Um...can you, Tina explain...or...a little bit about this and what that means?

Tina: Well, what we want to do is make sure that we're taking the best learning from our physicians and scientists to prepare. And I think we just had a report from the president's council on scientific advisors who the president asked -- they're independent scientists to take a look at what's the federal government been doing? What do we know about the flu?

Their report just came out and they, I think, both cautioned about how widespread the flu could be, how th...it will stress even if it's mild as we send people into our healthcare system it's going to stress the resources we have and how what we know from past influenza outbreaks is being prepared, having the community prepared with these preventive measures is one of the ways to help relieve that stress and that's why we're being so prepared.

And so we're trying to stay informed with what the scientists tell us both about the flu and about what's the best responses..Jenny: And as the head of the agency that oversees the CDC and the NIH, what does being "driven by science" mean to you?

Secretary Sebelius: Well, uh...we're using all the assets in this agency along with the...uh... president's science council to get the best information possible, so at the Food and Drug Administration...uh... the professionals are at work to make sure we have a safe and effective vaccine. They're the folks responsible for...uh...looking out for drugs that are approved and so they're busily at work...uh...on this.

At the National Institutes of Health we have the science folks...uh...developing the vaccine and testing the vaccine in clinical trials around the country. At the Centers for Disease Control we have a group of folks who are not only doing surveillance on the ground, what's happening, what we're seeing, you know, measuring...uh...what's happening in the southern hemisphere as this mixes with seasonal flu, but also watching very closely what's happening around the United States.

So we have a lot of scientists who are...uh...at work in the Department of Health and Human Services and working...uh...under the advice also of the outside scientists to say, "What we need to do is learn as much as we can, be as flexible as we can because there will be some unpredictable events happen and be ready to move quickly to keep the American people safe and secure."

Jenny: Well thank you Secretary Sebelius from Health and Human Services and Tina Tchen, the executive director of the White House Council on Women. Tina: Thank you. Secretary Sebelius: Nice to be with you. [Video ends]

Jenny: Thanks. What you're seeing on your screen right now is a very helpful guide that you can find on flu.gov, which is a guide for parents. It should help parents with some basic questions and it's also downloadable so you can move it on to people. Now we're going to get into some more of the details, though. Joining us today is Doctor Anne Schuchat from the CDC studios in Atlanta. Admiral Schuchat is the director of the CDC's Center for Immunization and Respiratory Diseases and is leading the flu response for the CDC.

From the National Institute of...uh...Allergy and Infectious Disease at the National Institutes of Health is Director Tony Fauci who is currently overseeing some of the clinical trials for the new H1N1 vaccine. From Mass General Hospital in Boston, obstetrician and gynecologist, Doctor Laura Riley.

Dr. Riley also advises HHS as a member of the CDC's National Vaccine Advisory Committee and is a member of American College of Obstetricians and Gynecologists. And also joining us is Tina Johnson, the health policy director for the American College of nurse midwives. Welcome everybody today.

Group: Thank you...good to be here...

Jenny: Well before we start our discussion I want to take a minute and invite our audience to e-mail us any questions you might have on the topics we're discussing today. Please e-mail us at HHStudio@HHS.gov. Please include your first name, where you're from and your brief question in that e-mail. We'll try to take and answer as many of your questions as time permits. Let's start off with Dr. Schuchat, though, this morning. Um...we've le...we would like to first get an update on the current situation regarding H1N1 and the flu as we head into the fall.

Dr. Schuchat: Aw, thanks, Jenny. You know this virus, as the Secretary said, was brand new last spring and it hasn't gone away. This summer we've seen outbreaks in summer camps around the country and clusters in other community settings. And so as kids return to school over the weeks ahead, we are expecting an increase in cases to occur and that's one of the reasons we're working hard to be prepared.

We've learned a lot about the virus as it's spread through the southern hemisphere countries that were having their winter flu, and the virus hasn't changed. It didn't mutate to become more severe, it's of similar severity as what we saw in the spring. It's really looking the same. Um...and that means that we do expect there to be more cases going forward and potentially a great need for vaccine and other preventive efforts.

Jenny: Well I want to start off with a question for each of you, but I'm going to start with you, Dr. Schuchat. What would you recommend...what's your top line recommendation to pregnant women and moms and parents to stay healthy and keep their family healthy during the flu season?

Dr. Schuchat: You know the most important thing is to stay informed. For pregnant women, as we know, they are at higher risk for worse complications from the flu, so I think there are two critical things for them. One is that fever and respiratory symptoms need to be taken seriously during pregnancy. Contact your healthcare provider. You might need treatment with anti-virals to help you get over what could be a flu infection.

Second recommendation is about vaccines. They are the best protection available for preventing influenza. A seasonal influenza vaccine and also an H1N1 influenza vaccine, when those become available later this fall. Jenny: Tina, what...what would you give for recommendation for the people...for your patients?

Tina Johnson: Well I'd like to, you know, just remind everyone to just wash your hands as often as possible and

encourage your children to do so you know that seems to be one of the best ways to spread any type of infection and this is no exception. It's really important to that you talk to your health care provider at any time that you have concerns or questions.

Sometimes people don't actually have the flu, but they think they might, and so in any case no matter what the issue, whether you think you might have been exposed or otherwise, call your provider and just ask and they'll give you the information that you need.

Jenny: Is that generally true for you, Dr. Riley? Dr. Riley: I would agree. I mean I think that many women are going to be...uh...a little nervous...uh...obviously for their babies and again we're...we're...we've got a vaccine available. They should use it. Both seasonal influenza as well as the H1N1.

Jenny: Dr. Fauci anything special from you... Dr. Fauci: I think just ... Jenny: ...from your perspective?

Dr. Fauci: ...to underscore what Dr. Schuchat said...uh...it's very important for pregnant women to take seriously any illness that they get during this flu season because, as she mentioned, they are the group that are more susceptible to the complications. The idea about getting vaccinated...I...th...that's clearly right there among the five groups that have been recommended to us to get vaccinated. Pregnant women are right on the top of that group.

Jenny: Well...excellent segue for me because a lot of people don't understand what's going on with the clinical trials or what's happening. And NIH you...you...your group specifically is leading that. Can you tell us a little bit about what's happening with the trials right now?

Dr. Fauci: Yes. What we've done as we had mentioned some months ago that when the virus was first isolated by the CDC, it was bought in a form where it could be grown up from a seed...uh...virus up to what we call a pilot lot dist...to be distributed to clinical trial units throughout the country that are run by the National Institutes of Health, where we're asking a couple of questions:

A) Is it safe at least in the immediate safety; and B) What's the proper dose? We're doing that in normal adults, normal elderly individuals, in children, and we'll be starting our trials on pregnant women in the very beginning of September.

Jenny: Can you go a little bit more into detail, I mean obviously our audience today is mostly pregnant women or providers who take care of them... Dr. Fauci: Right... Jenny: What...what are those trials going to be doing?

Dr. Fauci: Well the trials will be doing the same sort of questions that we're doing in the non-pregnant women. You ask some fundamental questions. We're going to have one dose, which is the standard dose that we generally give with seasonal flu, it's called fifteen micrograms. We're going to compare that with double the dose in case this particular virus vaccine does not induce as robust a response as you'd like.

And then we're going to compare one dose with a dose that is followed by a boost so at the end of all of this we can look at the data and say: A) We know it's safe in the short term and clearly we're going to need to use this dose. It may be two. We hope it's one, but it may be two doses that we'll need.

Jenny: Another question sort of related to this, on the other side of this question is we're getting a lot of questions in from viewers about...who want to have natural childbirth, and they want to know if vaccines are natural. And is it safe to put anything into your body when you're pregnant? Dr. Riley do you want to talk about that a little bit?

Dr. Riley: That's a really common question and a good question. Um...it is safe. What we know about...uh...H1N1 preparation is that it's very similar to the...to the seasonal influenza vaccination and we've been vaccinating pregnant women for years with seasonal influenza, have not been concerned about birth defects or any other problems with babies. And so there's no reason really to suspect that this is going to be any different.

Jenny: Is that the same that...that your, that nurse midwives are seeing too out there?

Tina: Yes, um...you know, the...the process of...of your body developing immunity to something is...is a natural process and this vaccine assists your body in that natural process and the risks of complications from the flu both types are so much greater than the risk of any vaccines that you could get that it really is a matter of having the conversation with someone is the risk...does the risk outweigh the benefit?

And in this case, the benefits clearly are...are much...much greater to getting the vaccines for...for women and for families. So you know you just want to remind them that disease is a natural process, but so is building immunity and this...this vaccine will help them.

Jenny: We're now going to turn to some of the questions that we've been getting and there have been lots of questions coming in as we go forth here. It's also not too late for you to submit a question. But hurry up and get it in quickly. You want to send it to HHSSstudio@hhs.gov and don't forget to tell us who you are or where you're from. So I'm going to go straight to the viewer questions and ...Dr. Schuchat this one's for you. It's from Diane in Los Angeles. "Are you recommending seasonal flu and H1N1 vaccinations to be given to pregnant women at the same time?"

Dr. Schuchat: Um...thanks, Diane, for that question. We get that one a lot. At this point we do think it's fine to get the seasonal flu vaccine and the H1N1 vaccine shot at the same time, but it's important to say that the seasonal flu vaccine will be available quite soon and so we recommend for pregnant women, you want to get that vaccine as soon as it's available near you. The H1N1 vaccine will probably be available by mid-October. And we do expect, as Dr. Fauci said, that it will need two doses. So we're expecting you to...hope that you'll be interested in getting that when that becomes available.

Jenny: Dr. Riley there's another question from a Manhattan mom that's very close to this, saying, "Is it safe to get both vaccines at once if you're pregnant or if you have a baby at home?" Um...it's sort ...is it the same advice that Dr. Schuchat was talking about, then?

Dr. Riley: I would say it's the same advice. As soon as the seasonal influenza vaccination is available to you, you should get it and the same for H1N1. And it's the best protection for your baby.

Jenny: Well...going along on the safety question, this is a question both for Tina and for...uh...Tony. Dr. Fauci, "What are the risks to my developing, unborn baby from the H1N1 vaccine and how do I know it's safe?" If you can talk about it from the science side and then you can talk about it from a clinician's side.

Dr. Fauci: Yeah. From a scientific standpoint, you look at the track record of vaccines $\frac{1}{2}$ of any vaccines that are killed vaccines that are given to women. And the safety record is extraordinarily good in the sense that the risk is essentially unmeasurable, it's such a small risk. You should never say there's no risk at all, but if you look at the normal risks in life, this is a very very small risk.

Jenny: And from a...from a practical standpoint?

Tina: Right. And just reminding people that, you know, this is a risk to you if you get sick and this is a risk to your family and to your baby and that risk is not one that you want to take and especially when you're pregnant. You know if you think about all of the things you're already experiencing as a pregnant woman, to have to deal with a...with an illness during pregnancy can be very very devastating. And you have to consider that and that's very important.

Jenny: Dr. Fauci, people have been hearing about the clinical trials and Kristi in Colorado wants to know, "Given how fast this vaccine was developed, how do I know that it's safe? I ha...and has no long-term side effects $\frac{1}{2}$ to give my 6-month-old, my 2-year-old and my 4-year-old children?"

Dr. Fauci: Mmk. And I think we would refer to the track record again because as was mentioned just a little while ago by Dr. Schuchat, these vaccines are made in the same way, with the same company, the same process that we make seasonal flu every year for decades and decades, so the historical track record of safety is overwhelming. Uh...I would say that the safety record of these types of vaccines is as good as any intervention.

Jenny: Well we've got another question from Mindy who wants to know, "What are the risks from vaccines?" Dr. Fauci: Well the risks that we see are the common ones and they're really minor league risks: uh...soreness or redness at the s...at the site of injection is one that we're already seeing in our clinical trials ï¿½ they're not severe. What we call Serious Adverse Events ï¿½ the risk of that is very very small.

They're so rare that you'll never be able to pick them up in a clinical trial, Jenny. And namely, to say "Well we want to see everything in those few weeks of a clinical trial." When you talk about rare events, they're events that may occur one out of every few hundred thousand times in regular society ï¿½ forgetting about vaccines. So in order to see an increase, you'll have to vaccinate a lot of people. So those risks are really small.

Jenny: Well here's a viewer who wants to know, Dr. Riley or Tina Johnson, if you want to jump in here too, "If I get a vaccine when I'm pregnant, or shortly afterwards, will it help me with a newborn?" So if you get vaccinated when you're pregnant, you haven't had the baby yet, is it going to help you protect your baby further down the line?

Dr. Riley: That's a great question. Um...the s...there was a study that showed that with seasonal influenza, that if you got that during pregnancy you were able to protect your newborn from influenza in the first six months of life, and of course as Dr. Fauci mentioned, the vaccine can't be given in those first six months. So if H1N1 vaccine works in the same way, again, you'll be able to protect your newborn who isn't able to get the vaccine, so there's no question. It's the way to go.

Jenny: Well...and that's interesting in light...because we've gotten a...a whole stack of questions on this next topic that's related to what you just said and also, Tina Johnson, jump in here if you agr...if you...if you agree or if you have an opinion on it...um, "Can a pregnant woman get a flu shot if she's only one or two months pregnant without harming the fetus?"

Dr. Riley: Yes. The...we're not concerned about which trimester of pregnancy you're in. Uh...first trimester, second trimester, third trimester, again as Dr. Fauci mentioned, we've been vaccinating women for a long time, have not seen...uh...any risks of...of birth defects, etcetera, which is what most people are worried about, especially in the first trimester.

Um...and...and as Tina has mentioned before ï¿½ the biggest concern is if you get sick in the first trimester with a severe respiratory illness you're at great risk for miscarriage. So we're trying to avoid some of the horrible complications. Jenny: Would you agree with that?

Tina: Absolutely. And, you know, just to...to restate that when you get the vaccine you are protecting not only yourself, but you're caring for your young children and so by not getting the...the flu yourself you're going to be able to protect your children better, so it really... The longer that you wait during pregnancy, the more chance you have to expose yourself. A lot of times people say to me, "Well I'll think about it maybe I'll get it next month."

Um...you know and I...and I encourage them to get the flu vaccine and they forget that next month they could be exposed to hundreds of people who could potentially be ill and so the time to get it is now, the first visit. Any time you think you have risks; if you've been exposed, if you hadn't got it in the past, rethink it, you know, just get in there and do it and as soon as it's available because you don't want...want to wait.

Your risk for complications as you progress through the pregnancy, too, can increase because as you get further in the pregnancy I believe the studies are showing that you know you're going to have increased resp...respiratory problems as...as you get bigger physically and so you just want to get it done as soon as possible.

Jenny: How about...uh...this is from Amy in Waterbury, and again Dr. Riley or Dr. Johnson, Amy in Waterbury, Vermont, actually, my home state...um, "If a woman is thinking about getting pregnant this winter, should she get vaccinated?" So we're talking...we've talked about pregnant women, what about if you're thinking about getting pregnant?

Dr. Riley: Again, you want to protect yourself. And you want to protect the people around you. So there's no reason

not to get it you certainly...uh...as...as Tina mentioned, you're trying to take care of your family and your spouse, etcetera, um...it's not going to do you much good, even if you're an infertility patient, very nervous to do anything when you're an infertility patient, um...it's important to get...to protect yourself from seasonal influenza as well as H1N1.

Jenny: Um...Tony. Du...uh...there's questions about the development of an infant's brain. So as you ge...and we've answered this a little bit ,but...but .this is a pretty specific science question, so, "Is...is there any research data which thoroughly refutes that a flu vaccine given to a pregnant mother may also cause an immune response in an infant which may interver...interfere with brain development?"

Dr. Fauci: There a...is zero evidence to indicate that that happens. And the reason we say that is that if you look at the birth of babies from mothers who've been vaccinated during pregnancy, there's absolutely no data at all to suggest that there's harm to the mother or to any organ system of the baby, so the answer to the question is that no.

Jenny: I'd like to bring Dr. Schuchat in for this question. "Do you expect OBGYNs to be primary distributors of H1N1 vaccine to pregnant women? And if two doses are needed, what will you offer by way of reminders?"

Dr. Schuchat: We...we are expecting OBGYNs to be among the providers that are offering vaccines this fall. Um...the public health sector, the health departments at the state and local level are going to be directing the vaccine availability in each state or city. Um...and they are working with the provider community, including the obse...obstetricians and gynecologists, we hope more and more OBGYNs and nurse midwives will be able to offer vaccines in their office settings.

But we're also going to try to work hard to make sure that there are other venues available in case there aren't enough providers nearby who are offering the vaccine. So expect to see school-located vaccine clinics, some community center clinics, perhaps the retail pharmacy sites a...available to offer vaccine. We know that for many pregnant women, they really want to work with their health care provider on issues like vaccination and so we really are encouraging the vaccination right there in the OBGYN's office.

Jenny: Jenna wants to know, "When will the vaccine be available in the U.S. and where should I go to get it?" Sort of related to...to what you just discussed.

Dr. Schuchat: Right. At this point, we're expecting the doses of vaccine to be available by the middle of October and we're working through those...the health departments to get them out to many channels...uh...nearby, so that's why it's so important to stay informed.

To understand whether your provider is planning to offer the vaccine or whether you'll be needing to go to one of these community venues or the retail settings or perhaps even at the workplace because we know there are a lot of occupational settings which will be offering the vaccine. Um...vaccine doses will become available in the middle of October and more and more will be available over time thereafter. And so we're really committed to good information sharing at that community level where you are able to find out where to go locally.

Jenny: Okay, we've got a couple m...more questions now about sort of more practical things that women are worried about when they're pregnant. Ryland in Washington, D.C. is asking, and...uh...I guess I'll go Tina Johnson and then Dr. Riley, "Is breastfeeding the most important thing I can do to help prevent H1N1 flu?"

Tina: Well, it's certainly a very important thing. Um...yes and I would recommend to continue to breastfeed your infant, but remember to wash your hands before and after you breastfeed because there is a lot of...uh...transmission of...of...you know, bacteria and virus that can be transmitted that way. So we've always recommended that people wash their hands before and after breastfeeding, but now is especially an important time to do so.

Jenny: Um...Jill in New Bern, N...North Carolina has another sort of related breast...breastfeeding question and...L...Dr. Riley or Anne Schuchat if you want to come in afterwards, "Would you address the recommendations for breastfeeding moms who are re...who are receiving Tamiflu or Relenza?" Some of the antiviral medicines that are out there for the

flu. "Can they breastfeed while taking these drugs?"

Dr. Riley: They can breastfeed while taking those medications. There's no suggestion that that's going to cause any problems, again, for the baby. And obviously we're all proponents for...for the safety of breastfeeding. Jenny: Dr. Schuchat, is there anything specific from the CDC on that that you want to talk about?

Dr. Schuchat: No. We're exactly on the same page. Breastfeeding is terrific and can help protect the baby, but if you are prescribed Relenza or Tamiflu, that's safe to use in pregnancy and is important for your...for yourself as well as the baby.

Jenny: Along the theme of natural care, um...a...a question has come in, "Are there any natural ways besides hand washing of helping to boost one's immune system?" Dr. Fauci might...I know there's been some research on this too. Anybody here? Tina: Well I would certainly advise people to eat a healthy Dr. Fauci: Mm...yes.

Tina: ...balanced diet. Uh...that's so important for pregnant women and...everyone, but that will help immensely if you're getting the right nutrition. In addition, you want to be getting plenty of rest. Um...people are more susceptible to illness when they're exhausted and as a pregnant woman and a young mother you're often tired a lot and so I would encourage napping and frequent...frequent periods of...of rest in addition to a good night's sleep every night.

Jenny: Anybody else? Here's a...one for Dr. Fauci. "Is there a way to test for immunity to H1N1?"

Dr. Fauci: There certainly is. There are standard laboratory tests that are generally looking at what we call antibodies, proteins that the body makes to block this influenza virus. In fact, in our clinical trials, that's what we call the surrogate parameters that we are looking at to determine if the doses that we're using would be predictive of being protective.

So you vaccinate somebody, you draw their blood three weeks later, you vaccinate them again, and then draw the blood three weeks later and you measure in the blood the level of these antibodies which will tell you that these people are now within the range of being protected. Jenny: Dr. Schuchat, i...i...is that...some of the testing stuff has been coming out of the CDC, do you have anything that you want to add to that?

Dr. Schuchat: Yes, you know, Dr. Fauci's talking about important tests that help us with our clinical trials to understand the performance of the vaccine, but some people have been asking me whether they ought to be tested to see if they're already immune to this virus or whether they need the vaccine. And we don't have tests that will help with that kind of issue. We do think that people who are in the five priority groups need to be considering vaccination and that no kind of prescreening test is needed for that.

Jenny: Um...can you first, quickly, explain the five priority groups? We talked about it a little bit earlier, but in case someone's coming in fast. And then after that Jennifer has a question that's...that she wants to know, "If a mom has H1N1 during delivery, how do we manage the care of that infant during delivery? Do mom and baby have to be separated and isolated after delivery?"

Dr. Schuchat: The five priority groups include pregnant women, um...parents and other care takers of babies less than six months of age, healthcare workers or emergency medical services personnel, your doctors and your nurses for instance, children between the ages of six months through young adulthood, up to 24 years of age, and then adults 25-64 years of age, which are a lot of parents, who have a chronic health condition i.e. ½ asthma, diabetes, chronic lung disease, neurologic disease, and so forth.

Those are the five groups that we recommend be among the first to be vaccinated. As we are able to address those groups, we do expect vaccine to become available to others as well, um...healthy adults who don't have any of those chronic conditions, for instance. But for the initial rounds, we're really focusing on these five groups, which is actually more than half of the population. Um...I can start the question about how to care for...uh...a newborn and perhaps some of the clinical colleagues want to join in on that.

We think it's important for mothers who have the H1N1 a confirmed H1N1 influenza infection to be taking medicine,

to be cared for and so forth, and we think it would be good for them to ask for help in caring for their newborn from others who aren't infected, and if they're not able to get help in caring for the newborns then of course we want them to be taking steps to protect themselves from spreading the infection to the baby. I suspect some of the clinicians would like to comment as well.

Dr. Riley: I think that it...it poses a potentially tricky situation, because we're pushing breastfeeding, we're suggesting breastfeeding, yet we're separating mom from baby. I think it's going to be one of those issues really where case by case you're going to have to make some common sense approach because the reality is is that a woman who's really sick with H1N1 and a bad respiratory infection is not going to have the energy to breastfeed a baby.

Yet a woman who is on treatment and is doing okay, which is what we assume's going to happen to the vast majority of people, um...breastfeeding is fine and separating mom and baby is probably worse for both of them. So I thi...I really think that's going to be one of those things where we're going to have to individualize that particular situation.

Dr. Fauci: I agree completely. That's a clinical judgment call. It really is. If the mother is infected and she's on therapy but doing well, you've really got to make a clinical judgment call. If she's sick, the way you mentioned, then you want to do what you usually do if someone's sick.

Tina: A...Jenny: All right and well Tina can I actually...Tina: Sure.

Jenny: Because I think this is playing off of this. Julie in Virginia says, "I'm a single mom of a newborn with no backup for care. If I get the flu, how can I keep...keep the baby from getting sick too?" So it's sort of related to this question, these kinds of calls you make individually.

Tina: Is she saying she's just had a baby?Jenny: If I'm a single mom of a newborn with noTina: newborn...Jenny: ...backup.Tina: Right...

Jenny: ...yeah.Tina: Well...Jenny: How does she keep... Tina: ...first of all...Jenny: ... the baby healthy?

Tina: Hopefully she's had her vaccine. Um...hopefully she's not ill. If she has gotten sick, and of course like the doctors said, we...we know that we want a...a mother who's very ill is not going to be able to probably care for the baby herself and would...I'm assuming we're talking about in the hospital still you know, having nursing care.

Perhaps there are friends that could help, you know, others she can call in from her community to come and help her. Um...you know, you're going to have to try to have a network, that's why it's so important to have a plan of action as...uh...Tina Tchen mentioned earlier for what you will do if someone in your family does get sick. You need to have those backup plans in mind.

Jenny: Dr. Schuchat, um...Beth is asking, "Should I receive a vaccination this year to protect my daughter while she's pregnant and my new grandbaby when he's born?"

Dr. Schuchat: If you're going to be helping out with the baby's care uh...the newborn's care, we do think that vaccination is a good idea for you. We're including caretakers of babies under six months among the group that ought to be vaccinated. We also recommend that for the ...another vaccine called TDab, which helps protect newborns from paroxysms or Whooping Cough, so we do think that the caretakers...grandparents, for instance, should be vaccinated to protect that newborn very young person.

Jenny: Rita from Knox County, Kentucky, has a question about schools. "Should schools plan for alternative methods of instruction for pregnant teens since they will be at a much higher risk for complications if they contract H1N1 flu?"

Dr. Schuchat: As many of the viewers know, we have have issued guidance for schools and we talked about the issue of potentially closing schools or dismissing students. We don't expect to be closing a lot of schools, but we do think that schools that are focused on caring for vulnerable people like pregnant women may be the kind of schools that would be...would consider dismissing students in the course of a severe flu season.

And so I do think it's a good idea to be working...thinking ahead, having a plan, and looking into online education and other alternative education means so that learning can continue during that. But in general we're not expecting schools to have to close or...or dismiss students.

Jenny: Jessica from...from Louisville actually follows up on the school theme. She says, "I'm pregnant and I have school-age children. How worried should I be if the school sends a letter home about H1N1 cases in the school?"

Dr. Schuchat: You know I think the thing...uh...that's very important is to be prepared. To realize that your child might be sick and may need to stay home for to be cared for. That you need to be able to stay informed with the school about what's going on. This year we don't expect most schools to close. Um...in the spring a number of schools closed but that was really because it was a...a new circumstance and we...we needed to learn more about the virus.

As we've learned more, we've realize the best approach in schools is to keep healthy kids in school where they can be learning and to keep sick children home where they can be cared for, get better before they come back to school.

So I think that as a pregnant woman, just as any...any other parent you really want to be thinking ahead about what might happen to your child in the school that your child goes to and the most important thing is to be keeping an eye on your child and if they're sick keep them home as well as of course teaching them about hand-washing to protect themselves and others.

Jennifer: Cheryl in Cincinnati ...continuing up to...continuing with schools here says, "If I'm pregnant and my school has cases of H1N1," she's in college, "is it safe for me to attend college this semester?"

Dr. Schuchat: We do think it's safe for you to attend college. We think it's going to be important for you to wash your hands, and to take general steps to stay healthy. To get vaccinated when the vaccine becomes available and if you do develop respiratory symptoms and fever to take those seriously and talk to your provider about potentially whether you need treatment or not. Um...but we're not right now recommending that pregnant women stay out of general settings like schools or other...other public gatherings.

Jenny: Sarah in Minnesota is asking, "If I'm pregnant should I limit my rides on the bus if it's possible as a way to protect myself?" So it's a sort of travel question.

Dr. Schuchat: Right. Again we're not recommending that as a...a means of keeping yourself healthy and safe. You know, of course, it's always important for pregnant women to be able to talk to their providers and get that one-on-one discussion about what your concerns really are, what are the issues you're trying to factor in. But generally we don't say that pregnant women need to stay home. You know I think it can be helpful to get out there and see your friends and neighbors and stay involved in...in the community.

Jenny: Okay. Cin...we're moving back now to breastfeeding I think we've gotten a...we've actually gotten a couple more questions on it.Dr. Riley: Just to add...Jenny: Yeah. Sure.

Dr. Riley: one other thing. I mean I think it's important if you are pregnant and you are exposed to a known case of H1N1 that that's another reason to call your provider. Because we would give you Tamiflu if you were exposed to a known case to prevent you from getting it. That's different from if you have respiratory symptoms. We want you to call even with respiratory symptoms so that we can treat you for the disease so there's two instances where you really do need to pick up the phone.

You know, the letter comes home and says, you know, "there are five cases of H1N1 in the...in the school" That's, you know...who knows? But your child has H1N1? Please call the doctor and let us know that so that we can go ahead and give you the appropriate treatment.

Jenny: That makes a lot of sense. Um... "What about pregnant women with flu sympto...what can a pregnant woman", this is Cindy's question, "with flu symptoms expect in the hospital?" And we talked about breast feeding. Should they

pump their milk or should they have someone who's not sick give their milk, you know. If they don't pump and dump, should they just have their husband or someone who's not sick give the baby milk in the bottle or...or some other...

Tina: So I'm...she's saying if you're pregnant and you're in the hospital...Jenny: What can you expect if you have flu symptoms and you're sick...Tina: Well...Jenny: and you're in the hospital...

Tina: ...if you're...Jenny: ...and you've just given birth, you've got flu symptoms...Tina: Correct. Well hopefully you're under treatment, you know, you're being given antiviral medication and you are assuming that you're physically capable of taking care of your newborn and you're not so wiped out from illness.

Um...and at this point, you know, you're...more than likely they're going to know whether or not this is known H1N1 or not.If it's not, if it's just another type of flu you know, hopefully they'll be figuring those things out for you. But I think that you may likely experience a...a...they may ask you to wear a mask when you're around your newborn, that's some...a recommendation that has come around if you're actively having secretions and sneezing and coughing they may ask you to stay away from your newborn in that case.

Again, it's going to be a clinical judgment call. Also you don't want to be ne...around the newborn if you're feverish and still, you know, still actively feverish. So I think it's going to be one of those things where you're going to have to see how well you're functioning and of course you can continue to pump milk and give it to someone else to...to feed the baby with and the milk will be okay. It's just the close contact while you're potentially infectious is what I think we're going to be concerned about.

Jenny: Dr. Fauci we've been talking about uh...vaccines but is there a flu mist and this is a question from Nancy. "Is there a flu mist that's available with the typical flu shot?"Dr. Fauci: There is. Flu mist is the attenuated vaccine that is going to be available and will be available as part of the...uh...number of companies that have been contracted with to make vaccines. But the flu mist should not be given to a pregnant woman.

Jenny: Why?Dr. Fauci: Yeah. Because it's a live virus and in abundance of caution, even though it's attenuated and chances of there being a problem are very very low, it's contraindicated for pregnant women.Jenny: But some children, right, might be get recommended or some other people in your family so...different people in a family might...

Dr. Fauci: Right...absolutely.Jenny: ...have different kinds of...Dr. Fauci: Yeah.Jenny: ...vaccines that they're getting?
Dr. Fauci: Right.

Dr. Riley: So pr...Dr. Fauci: Exactly.Dr. Riley: ...pregnant women wouldn't get the...Dr. Fauci: Right.Dr. Riley: ...attenuated vaccine but her child...

Dr. Fauci: ...child could...Dr. Riley: ...could certainly get that. Dr. Fauci: Right. Jenny: Okay. That's good. Actually that's good to know that not everybody in the family may be getting... Dr. Riley: Right.

Jenny: ...the same kind of...Dr. Fauci: Right.Jenny: ...the same kind of shot. Dr. Schuchat, we talked a little bit earlier, you did, about health care workers being in the priority group. Deb wants to know, "What's your recommendation for pregnant healthcare workers with direct patient care?"

Dr. Schuchat: We definitely want dir...uh...pregnant women who are healthcare workers to be vaccinated. That's very important. Um...some...uh...there may be some circumstances where pregnant women are doing certain kinds of jobs where they may want to change their job a little bit during if the flu is quite active in their communities. Um...and of course there are a lot of...infection control steps that are so important in the hospital environment for people to take in terms of protecting themselves from spreading infection or getting infection.

Um...I want to just add something to the comments earlier about the live attenuated vaccine, the flu mist or spray. Um...it's important to know that that is licensed for use in children two years of age up through adults forty-nine years of age.

But there are a lot of people who can't get the vaccine even in that age group. Um...in...including people with asthma and some other chronic health conditions. So pregnant women can't get it and neither can babies...young children under the age of two. But of course school age children without asthma or other chronic conditions it's a very good formulation.

Jenny: So again just for basic...if you're watching at home, you don't have an M.D., it's important to know that there are lots of different ways that you can get vaccinated or protected against the flu and that's the same for both seasonal flu, Dr. Schuchat, and H1N1 vaccine? Dr. Schuchat: That's right. The H1N1 vaccines are being prepared with multiple formulations just like the seasonal flu vaccine.

Jenny: Okay here's a question sort of about timing, but it's from a clinicians' perspective so Tina Johnson and Dr. Riley, I'm going to hit both of you on this. Or if one of you just wants to go that's fine, too. "If a flu vaccine will not be ready before November," Jessica's asking, "and you need a second shot to be effective, what can a pregnant woman who is due in later December do to protect herself?"

So if we have to get two shots and it's not going to be ready till October or November and you need to get two to be effective, should you go ahead and get that first shot, I think is what the gist of this question is. Dr. Riley: Yes. Tina: I a...

Dr. Riley: Get the first shot at the...at the very least. So the first thing you want to do is get seasonal influenza vaccine as soon as it's available and then get the H1N1 as soon as it becomes available. Jenny: Dr. Schuchat or Dr. Fauci. Dr. Fauci: Yeah...

Jenny: Do you want to talk about, a little bit about the vaccine timing here? Dr. Fauci: Yeah. Well...you know, one shot is better than no shots. So...(laughs) you definitely would want to go ahead and get the first shot and then get the second shot when you need to get it and if you get it in October, you can then get it in November; get it in November then get it in December again.

Jenny: Flu season keeps going... Dr. Fauci: so there's no Jenny: Going. Dr. Fauci: Just ...just go for it. I mean...you...you...you just go for the regular regimen or as much of the regimen as you possibly can.

Jenny: What about vaccine availability, Dr. Schuchat? There's been talk about September, October, November. Can you talk a little bit about the timing for some of these pregnant moms that are due, you know, in the holidays or around...uh...you know, around the end of the year?

Dr. Schuchat: Yeah I'll talk about the timing but I actually want to continue the earlier discussion...uh...we're recommending three weeks between the first dose and the second dose and for pregnant women who are going to deliver before three weeks from now, you know, they get the first dose now and they're going to deliver in two weeks, it's important for them to realize that they're also recommended to be receiving this vaccine as a caretaker of a child under six months.

So if they get one dose during pregnancy and one dose after the baby's born, that's just fine because we want them to be protected themselves during pregnancy and as a caretaker of a newborn. Um...the vaccine doses are expected to come...uh...become available the middle of October and then we're expecting more and more doses to come online after that.

And so we don't know exactly how much we'll have when but we are optimistic that by middle of October we'll have enough doses to get a pretty brisk program going at that point and then to have continued doses...uh...available every week thereafter. Jenny: Um...is there... Dr. Schuchat or Dr. Riley, is there any particular stage of pregnancy that's more susceptible to this virus? Dr. Schuchat?

Dr. Schuchat: Um...you know, we think that pregnant women of any trimester ought to be vaccinated. That there's immune suppression during pregnancy, which makes infections more of a problem for pregnant women. We know that later in pregnancy as the mother gets a bit bigger, as the baby's growing that there is some respiratory compromise and

so we can see some different kinds of complications in late pregnancy,

but really at any time of pregnancy influenza can increase the risk of hospitalization and complications for the mother or the...the pregnancy itself. So it's very important to be protected...uh...throughout if possible.Jenny: Do you guys agr...that's the...Dr. Riley: AbsolutelyDr. Fauci: Yeah.

Dr. Riley: And it's...it's really important for women to know that there's no benefit to waiting until you're out of the first trimester. Absolutely no benefit. Get the vaccination as soon as it becomes available whether it's the first trimester, second, or third.

Jenny: We're getting...sort of to take it...focus a little bit on the vaccine itself and we're getting some sort of ingredient questions, I would...Dr. Fauci: Okay.Jenny: call them. Um..."Dr. Fauci usually people allergic to eggs can't get vaccines. Is that the case with the H1N1 vaccine and if so, what should I do?"

Dr. Fauci: The answer is it is the case with the H1N1 because the vaccine is made in eggs and so if you're allergic to eggs that is a contraindication. And what you need to do is to watch very carefully, particularly be much more concerned when someone who particularly is in a higher risk group for complications gets exposed, as was just mentioned, you're going to want to make sure that person gets on prophylactic therapy f...upon exposure. Particularly if you're dealing, as we're talking about today, with pregnant women.

Jenny: Another, sort of, ingredient question. "Does a version of the vaccine exist without thimerosal, and if so how can I find out about that type of vaccine?"

Dr. Fauci: Yes. There...there are three types of packaging that we'll be doing. There's ten dose vials, which have thimerosal, you need it because you'll wind up perhaps getting contamination and then you have a problem that you don't want to deal with. The other is single dose vials that don't need thimerosal in it. And the other is preloaded syringes, which don't have thimerosal.

So the direct answer to your question, Jenny, is that there are doses that will have thimerosal and there are doses that don't have thimerosal. We're preferentially directing the non-thimerosal one to children and to pregnant women.Jenny: Any reason why?

Dr. Fauci: Well I think just out of...you know, people are concerned about that. The scientific data of there being a problem with thimerosal indicates that there is not a problem, but people still feel concerned about thimerosal. In order to alleviate that concern, we try to make thimerosal free for the children and for pregnant women.Jenny: Just to be clear, there is no...the sci...uh...let's talk a little bit about the scientific...

Dr. Fauci: Right.Jenny: ...you know, because there is a lot of questions about vaccine safety.Dr. Fauci: Right. Right.Jenny: Talk a little bit about the science...

Dr. Fauci: Well the...the...Jenny: ...of thimerosal.Dr. Fauci: ...from...from many scientific studies ranging from studies from independent bodies like the Institute of Medicine of the National Academy of Sciences indicate that thimerosal in vaccine as a preservative poses no danger to the recipients of the vaccine.

Jenny: All right. Another quick question...uh...that's coming on vaccinations from Carol in Bangor, Maine, um...it's for both you and Dr. Schuchat, "Would it be helpful for those in these high risk groups to also take the vaccination against pneumonia, since most of those who are dying are dying of pneumonia?"

Dr. Fauci: Well...I'll...I'll answer and I'm sure that Dr. Schuchat would ...would...uh...would...would...pitch in there. There are two types of vaccines for pneumonias that are indicated. The one that's the twenty-three valent, which means that twenty-three different types of...of...of...of...of the pneumococcus that allow...that are recommended for people who are elderly, over sixty five, and people who have certain conditions.

And then there's the seven valent one that are recommended for children less than five years old. So the answer is if

you fall within those groups, that you would benefit from a vaccine, then you should get pneumo...and in fact that's part of our preparedness issues is the whole issue of pneumococcal vaccine, or what they call the pneumonia vaccine, and Anne, you want to...?Jenny: [inaudible] Dr. Schuchat?

Dr. Schuchat: Yeah, you know the pneumococcal vaccine for adults, the twenty-three valent one that Dr. Fauci was mentioning is a very important preventive tool that can reduce the complications of influenza that are...include some types of bacterial pneumonia. There are a lot of adults who are recommended to receive that vaccine who, unfortunately, are under immunized. They include adults with asthma, diabetes, chronic heart...heart disease, chronic lung disease a number of ...uh...immunosuppressive conditions.

Um...and it's very important for adults with those conditions to know that the pneumococcal polysaccharide, or the twenty-three valent pneumococcal vaccine is safe and very effective at reducing those bad pneumococcal infections that can sometimes follow flu.

We get those bad infections every year and we think this year we might see more of them, so we're really trying to get the word out that if you have one of these chronic health conditions, almost every kind of chronic health condition i.e. 1/2 lung, liver, heart...uh...kidneys, etcetera the pneumococcal polysaccharide vaccine is probably recommended for you. You don't need to get that one every year. It's really one time for most people. And everybody sixty-five years of age and over should be getting that vaccine one time.

Jenny: Is that available now or...Dr. Schuchat: That's...Dr. Fauci: Oh yes.Jenny: ...soon?

Dr. Schuchat: That's available right now. You can ask your doctor about it and often you can get actually those in re...in retail pharmacies or or other settings.Jenny: Is that something that you guys recommend to your...your patients in your practices?Dr. Riley: We don't have that many pregnant women over the age of sixty-five.

Jenny: That's true. [Laughter]Dr. Riley: However we do have many pregnant women who have other co-morbidities...Dr. Fauci: Right.Dr. Riley: ...such as you know, I don't know...lupus or...

Dr. Fauci: DiabetesDr. Riley: ...diabetes those...those women definitely should be getting it.Jenny: Dr. Schuchat, to go back...uh...Tina Johnson mention...was talking about masks earlier. Meesh from Rockville, Maryland just...uh...e-mailed and said, "Should a mother who has the H1N1 virus go to the extent of using a face mask and gloves to prevent spreadi...uh...spreading the flu to not only her baby but her kids?"

Dr. Schuchat: We're recommending masks in certain circumstances. When a person who's sick with the H1N1 virus or another...uh...kind of similar influenza setting, has to go out, you know, to seek care or something, we want them to wear...a...a face mask to protect spreading to others. Um...but we do think that once you're on treatment that you're you know, that that is reducing your...your risks. We haven't made recommendations about wearing...wearing gloves and...and so forth in the home.

Jenny: Dr. Fauci...Kermit in Oak Park, Illinois, "If a person contacts the H1N1 flu, are you any more or less sessuss...susceptible to contec...to getting the vacci...the virus in the future?" So if you get it once are you going to be less susceptible...this is coming up actually in the context of these flu parties and stuff that are out there online.

Dr. Fauci: Yes. Well...there...there's two parts to that answer, Jenny. From an immunological standpoint or a body's defense standpoint there's no doubt that when you get infected with a particular virus, if subsequently after you recover over a period of time you gete...uh...exposed to exactly that same virus, the chances are very very strong that you'll be protected because a vaccine isn't even as good as natural infection to protect you.

The problem is people get infections they may presume it's H1N1 and then say, "Oh now I'm protected I don't have to get vaccinated." And also, even this flu party issue I think is something that we should address now because that's part of your question. It's not a good idea to deliberately get yourself infected with H1N1 because we know that even people who have no underlying conditions who are otherwise healthy can get seriously ill from the H1N1. So that's a bad idea to try to expose yourself ahead of time so that you could be protected later on.

Jenny: Dr. Schuchat do you have any...eh...eh...do you agree with that especially in light of some of the recent sort of self-isolation guidance that the CDC's been putting out?

Dr. Schuchat: Yeah, you know we think that the best thing to do is to avoid this infection and then protect yourself with vaccines so that you won't be sick when you do ÿ½ if you do encounter the virus later on. Um...unfortunately we can't predict which person's going to have the worst time with influenza, including the H1N1 influenza.

We know pregnant women have had higher risks of complications but even healthy children and healthy adults who don't have chronic conditions have sometimes had very severe hospital courses. So we don't think those swine flu parties are a good idea.

Jenny: Talk a little bit more about practical advice that you would be...I know we've talked a little bit about breastfeeding, we've talked a little bit about diet, give us a little sense, Tina Johnson and Dr. Riley, is there anything that we're, that we haven't hit on that's de...you know definite practical advice that you want pregnant women watching this show to listen to especially in the context of the flu?

Dr. Riley: So I just want to add one thing just to be clear. I think it's also important for women to know that seasonal influenza, if you get that shot, which we're hoping you will, will not protect you from H1N1. And so you need to get that one also. So it just needs to be clear because I think...because sometimes people just think, "Oh well I got...I got a flu shot and it's going to protect me from everything," which is not true.

Um...you need to get both the seasonal influenza as well as the H1N1 vaccine. And then the practical things I think we're back to, you know, where we started. You know, you've got to wash your hands. Um ...you need to teach your kids to wash your hands and keep your kids home if they're sick. You need to stay home if you're sick. Um...and if you become sick with symptoms that seem like they could be the flu ÿ½ fever and cough, fever and runny nose ÿ½ um...call your provider. Uh...so that we can help you. Um...so that we can call in antivirals for you.

And if you decide to come to the hospital, um...please clarify where to go, when to go, um...and those things are important so that you can limit the exposure of other pregnant women in the waiting room from getting something. So lots of hospitals, lots of doctors offices are going to have instructions, when they say, you know, "Please come in. I want to help you," it's going to be, "Please come in. Put a mask on at the door." Or, you know, whatever it might be, so that's another important piece.

Jenny: Just about ten seconds left on the practical.

Tina: Sure. I was just going to say make sure you continue to get routine prenatal care. That's very important. Your provider is going to be your source of information for you. Really ask questions. Write your questions down, bring your questions in. No question is too silly or too small. If you're concerned ÿ½ and the reason that I find patients don't get vaccinated is out of fear and uncertainty and doubt, then you're going to get your questions answered if you ask them.

Jenny: Well, unfortunately that's all the time that we have for today. And I want to thank each of you, all of our guests for just a wonderful show, lots of really helpful information, um...wwflu.gov is still the place that you want to come back to for your primary questions, but as...as our...as our professionals have said, call your doctor, call your provider we're here for you.

I'm Jenny Backus and I...I want to thank you all for joining us today and we'll see you on the next one of these "Know What to Do About the Flu" webcasts.

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