

## **Swine Flu Vaccination Frequently Asked Questions**

### **Is the vaccine safe?**

Vaccines would not be licensed if they were considered unsafe. Both swine flu vaccines have now been licensed.

### **How will vaccine safety be monitored?**

As with any new vaccine, rare and very rare side effects cannot be identified or excluded until the vaccines are used in much larger numbers of people in the general population. Therefore, effective safety monitoring systems for all medicines, including vaccines, are in place to detect and evaluate previously unobserved adverse reactions.

### **Is there a link between Guillain-Barre syndrome and swine flu vaccines?**

Guillain Barre Syndrome (GBS), a rare neurological disorder, was an identified risk with swine flu vaccines used in the United States in 1976 - it is thought that one extra case of GBS occurred with every 100,000 doses of vaccine. The reason why the 1976 vaccine increased the risk of GBS remains unknown.

Many studies have looked at whether other flu vaccines used since 1976 carry a risk of GBS and no robust evidence of a causal link has been found. No cases of GBS have been found in the clinical trials of H5N1 vaccines

### **Does the vaccine contain any porcine (pork) product?**

Some porcine products are used in the manufacturing process of Celvapan, although there are no detectable traces of these products in the vaccine itself.

Pandemrix does not contain porcine products.

### **Can the swine flu vaccine be given at the same time as other vaccines?**

Yes. The swine flu vaccine can be given at the same time as other vaccines, including the seasonal flu jab.

### **I've already had swine flu - do I still need to be vaccinated?**

You can only be certain that you have had swine flu if it was confirmed by a laboratory test. Otherwise, you may have had normal flu or something else. Unless you know for sure that you have had swine flu, and are in one of the high-risk groups, you should have the vaccination.

### **Who will be a priority for vaccination with the H1N1 swine flu vaccine?**

People who are most at risk from swine flu need to be vaccinated first. These groups are, in order of priority:

- **People aged between six months and 65 years in the seasonal flu vaccine at-risk groups.**
- **All pregnant women.**
- **People who live with those whose immune systems are compromised, such as cancer patients or people with HIV/AIDS.**

- **People aged 65 and over in the seasonal flu vaccine at-risk groups.**

Frontline health and social care workers will also be offered the vaccine at the same time as the first clinical at-risk groups. Health and social care workers are both at an increased risk of catching swine flu and of spreading it to other at-risk patients

#### **What are the seasonal flu vaccine at-risk groups?**

These are people with:

- **chronic respiratory disease**, such as chronic obstructive pulmonary disease (COPD),
- **chronic heart disease**, such as heart failure,
- **chronic kidney disease**, such as kidney failure,
- **chronic liver disease**, such as chronic hepatitis,
- **chronic neurological disease**, such as Parkinson's disease,
- **diabetes requiring insulin or oral hypoglycaemic drugs**, and
- **immunosuppression** (a suppressed immune system), due to disease or treatment.

#### **Are pregnant women more likely to catch swine flu?**

Yes. Pregnant women are more susceptible to all infections, because their immune system is naturally suppressed in pregnancy. They are especially vulnerable to swine flu, as this virus is affecting younger age groups in particular.

#### **Are pregnant women with swine flu more at risk of complications?**

Most pregnant women with swine flu will only have mild symptoms, the same as most other people with swine flu. However, pregnant women have an increased risk of complications from any type of flu, because their immune system is naturally suppressed in pregnancy. Possible complications are pneumonia (an infection of the lungs), difficulty breathing and dehydration, which are more likely to happen in the second and third trimester.

There is a small chance that these complications will lead to premature labour or miscarriage. There is not yet enough information to know precisely how likely these birth risks are.