

WHAT EMPLOYERS NEED TO KNOW ABOUT INFLUENZA A H1N1 VIRUS

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Influenza A H1N1 virus is a flu virus of swine origin that first caused illness in the United States in April, 2009. The H1N1 flu virus has now spread throughout the U.S. and countries around the world. The CDC expects that illnesses may continue for some time.

WHERE IS H1N1 ACTIVE?

As of August 13, 2009, a total of 7,963 hospitalized cases and 522 confirmed deaths in the U.S. have been reported to the Centers for Disease Control and Prevention (CDC). Seventy-five percent of the hospitalizations and sixty percent of the deaths have been under the age of 49. More than two million people are believed to have contracted the flu in the U.S. As of August 13, 2009, according to the World Health Organization (WHO), over 170 countries and overseas territories/communities have reported at least one laboratory confirmed case of pandemic H1N1. Worldwide, there are over 182,166 laboratory confirmed cases and 1,799 deaths. All continents are now affected by the pandemic.

Although the H1N1 virus is now the dominant strain in most areas of the world, activity levels can vary depending on location. In the Northern Hemisphere, the activity levels are low, but are anticipated to increase in the fall as temperatures cool down and people return to school. In the Southern Hemisphere, with the exception of

southern Africa, activity is now decreasing as the winter season is passing. Additionally, there is risk of further spread of the virus in highly populated areas such as Asia and Africa.

HOW IS H1N1 VIRUS SPREAD?

H1N1 is mainly being spread through large-particle respiratory droplet transmission (coughs and sneezes). This transmission requires close contact between each contact because droplets do not remain suspended in the air and generally only travel up to six feet. Transmission can also happen by touching infected objects and then touching your nose or mouth.

WHO IS AT HIGH RISK?

- ◆ Children under five years of age
- ◆ Children and adolescents (under 18 years) who are receiving long-term aspirin therapy
- ◆ Pregnant women (CDC scientists found them more than four times as likely to be hospitalized with the virus)
- ◆ Adults and children who have asthma, chronic pulmonary, cardiovascular, renal hepatic, hematological, neurologic, neuromuscular, or metabolic disorders such as diabetes
- ◆ Adults and children who have immunosuppression (including those caused by medications or HIV)

Adults 65 years of age and older may have some partial immunity due to previous epidemic exposure.

SYMPTOMS

The symptoms of H1N1 are similar to those of regular seasonal influenza and usually appear 1-4 days after a person is exposed. Symptoms include a fever accompanied by one or more of the following: coughing, sneezing, runny nose, sore throat, headaches, chills, lack of appetite, lethargy, muscle aches, nausea, vomiting and diarrhea. Stomach symptoms are more common in children than adults. Serious complications of influenza that need urgent medical attention include:

- ◆ Difficulty breathing or shortness of breath
- ◆ Pain or pressure in the chest or abdomen
- ◆ Sudden dizziness
- ◆ Confusion
- ◆ Severe or persistent vomiting
- ◆ Flu-like symptoms improve, but then return with high fever and worse cough

HOW DO YOU KNOW IF YOU HAVE H1N1 VIRUS?

A person cannot tell if they have the H1N1 virus just by having the symptoms listed above, as these symptoms are also found in regular seasonal influenza. However, if you have been in an area where the H1N1 virus has been confirmed or if you have been exposed to a person with the flu, then any flu-like symptoms should be treated by a doctor.

The CDC has developed a PCR diagnostic test kit to detect the H1N1 virus and has now distributed test kits to all states in the US and the District of Columbia and Puerto Rico. The test kits are being shipped internationally as well. This will allow states and other countries to test for this new virus.

HOW TO AVOID CONTRACTING THE H1N1 VIRUS AND SPREADING IT TO OTHERS IN THE WORKPLACE

- ◆ The best way to avoid getting the flu, whether the H1N1 virus or any other type, is to avoid exposure to the virus, which is transmitted by respiratory droplets (coughing or sneezing) or touching infected objects. If contact with another worker with influenza-like symptoms is necessary, be sure to maintain a distance of six feet or more.
- ◆ Provide sufficient facilities for proper hand washing and at least 60% alcohol-based hand sanitizers.
- ◆ Provide tissue for employees to use when coughing or sneezing, as well as trash bins for proper disposal.
- ◆ Display posters that remind employees about proper etiquette when hand washing, coughing and sneezing.
- ◆ Disinfect common workplace surfaces (work stations, phones, doorknobs, bathrooms, etc.) using antibacterial wipes.
- ◆ Have employees notify your company's EHS manager, medical department and/or personal healthcare provider if they have symptoms of influenza-like illness.
- ◆ Encourage employees with the H1N1 virus or any influenza-like illness to stay home from work until the fever has been gone for 24 hours without the aid of fever-reducing medicine.
- ◆ Healthy employees who have an infected family member at home can go to work as usual, but should monitor their health everyday and stay home if they become ill.
- ◆ Follow your company's recommended procedures for reporting symptoms, sick leave, etc. and review them with employees.
- ◆ Follow all local health recommendations.
- ◆ Keep employees informed on H1N1 with up-to-date, appropriate information via written material, emails, meetings, etc.

VACCINATION RECOMMENDATIONS

The CDC's Advisory Committee on Immunization Practices (ACIP) has taken an important step in preparations for a voluntary H1N1 vaccination effort to counter a possibly severe upcoming flu season. The H1N1 vaccine is currently in production and limited supplies may be ready for the high-risk groups in mid-October. The H1N1 vaccine is not intended to replace the seasonal flu vaccine, but to be used along-side it since the seasonal flu vaccine is unlikely to provide protection against the H1N1 virus.

The ACIP picked the following five target groups for initial immunization because of their increased risk of H1N1 infection, complications or their contact with vulnerable people:

- ◆ Pregnant women
- ◆ Household contacts of babies under 6 months of age
- ◆ Healthcare and emergency medical services (EMS) workers
- ◆ Children and young people aged 6 months through 24 years
- ◆ People between 25 and 64 years who have chronic medical conditions

McKesson Corp. will be the central distributor of H1N1 vaccines to as many as 90,000 sites, designated by state health departments across the country. Each state will designate the providers who will receive and administer the vaccine. Providers should assume that each person will need two doses.

WHO SHOULD WEAR A FACE MASK OR PROTECTIVE GOGGLES?

According to the CDC, the use of N95 respirators or facemasks is generally not recommended for employees in non-healthcare occupational settings and for general work activities. In the occupational healthcare setting, respiratory protection *is*

recommended. If masks are worn, proper use and disposal is essential to ensure they are effective. Using a mask incorrectly may actually increase the risk of transmission.

HOW IS THE H1N1 VIRUS TREATED?

H1N1 is treated in the same way as regular flu – with good hygiene and plenty of rest at home. Treatment may also include an antiviral medication, if started early and prescribed by a physician. The medications useful for preventing and treating this strain of H1N1 are zanamivir (Relenza[®]) and oseltamivir (Tamiflu[®]). These prescription drugs fight against the H1N1 flu by keeping the virus from reproducing in your body. However, as with all medications, a doctor is needed to evaluate whether this is appropriate for any specific individual given their personal health issues. The H1N1 virus is now resistant to amantadine and rimantadine and is continuing to show some resistance to oseltamivir.

WHAT IS A PANDEMIC?

A pandemic is a global outbreak of a disease that occurs when a new virus appears or emerges in the human population, causing serious illness and spreading easily from person-to-person and continent-to-continent. A pandemic can cause widespread illness, high levels of death, social disruption and economic loss. A pandemic can also have potentially staggering effects on business.

PANDEMIC ALERT PHASES

On June 11, 2009, WHO raised the worldwide pandemic alert level to phase 6 in response to the ongoing global spread of H1N1 virus. A phase 6 is a pandemic which means there are ongoing community level outbreaks in multiple parts of the world. It is a reflection of the spread of the virus, not the severity of illness caused by the virus. Even at phase 6, WHO considers the overall severity of

the influenza pandemic to be moderate for the following reasons:

- ◆ Most people recover from the virus without the need for hospitalization or medical care.
- ◆ The national levels of severe illness from H1N1 appear similar to levels seen during local seasonal influenza periods, although high levels of disease have occurred in some local areas and institutions.
- ◆ Hospitals and healthcare systems in most countries have been able to cope with the number of people seeking care, although there are some facilities and systems that have experienced stress.

CAN THE SEVERITY OF THE PANDEMIC CHANGE OVER TIME?

The severity of pandemics can change over time and differ by location or population. WHO is closely monitoring the H1N1 virus and realizes the importance of timely and frequent sharing of information during the pandemic period to determine if future severity assessments are needed. These severity assessments would reflect one or a combination of the following factors: changes in the virus, underlying vulnerabilities, or limitations in health system capacities.

IS IT SAFE TO TRAVEL?

Yes. As of June 12, 2009, WHO is not recommending any restrictions for travel. Although, people traveling within the U.S. that are susceptible to severe illness from influenza (such as those with diabetes, lung disease, heart disease and the elderly) are encouraged to take antiviral medications. Also, people who are ill should delay travel plans. Returning travelers who become ill should contact their healthcare provider.

WHAT SHOULD YOUR COMPANY DO TO PREPARE FOR THE IMPACT OF A POSSIBLE PANDEMIC?

- ◆ Identify a workplace coordinator who will be responsible for dealing with H1N1 flu issues and impact in the workplace, including developing and implementing protocols for response to sick employees.
- ◆ Identify who will be caring for sick employees through an established health clinic or as a first aid duty.
- ◆ Identify essential employees, business functions and other critical inputs required to maintain business operations by location and function should there be disruptions.
- ◆ Establish policies for flexible worksite (e.g. telecommuting) and flexible work hours, if needed.
- ◆ Review company sick leave policies and employee compensation with managers and employees.
- ◆ Develop a plan in the extreme case that there is significant absenteeism or unscheduled leave during an outbreak.
- ◆ Establish a crisis communications plan, including key contacts, chain of communications, and processes for tracking and communicating business and employee status.
- ◆ Review your plan with regard to increases or decreases in demand for your products and/or services during the outbreak. Develop potential impact of a pandemic on company business financials.
- ◆ Share your company plan to your employees and clearly communicate expectations.
- ◆ Keep current with the CDC on recommendations for facemask and respirator use.
- ◆ Frequently visit CDC travel websites for up-to-date recommendations and make appropriate decisions regarding employees who have upcoming business travel.

The information in this fact sheet was collected from WorkCare physicians, the CDC (<http://www.cdc.gov/swineflu/>) and Who (<http://www.who.int/en/>). If you have any questions, call WorkCare at 800-455-6155.

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- ◆ Wash your hands frequently with soap and water, especially after coughing or sneezing. An alcohol-based hand gel containing at least 60% alcohol can also be used if soap and water are not available.
- ◆ Avoid touching your eyes, nose and mouth.
- ◆ Cover your nose and mouth with a tissue when coughing or sneezing. Dispose of the tissue after each use.
- ◆ If a tissue is not available, sneeze or cough into your upper arm sleeve. Do not use your hands.
- ◆ Disinfect common workplace surfaces (work stations, phones, doorknobs, bathrooms, etc.) using antibacterial wipes.
- ◆ Notify your company's EHS manager, medical department and/or personal healthcare provider if you think you have symptoms of influenza-like illness.
- ◆ Follow your company's recommended procedures for reporting symptoms, sick leave, etc.
- ◆ It is recommended that an employee with the H1N1 virus or any influenza-like illness should stay home from work until the fever has been gone for 24 hours without the use of fever-reducing medicine.
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WHAT ACTION SHOULD YOU TAKE?

Stay informed and updated as the pandemic evolves to learn how to protect yourself. Visit reliable sources, such as the CDC and WHO websites. Community-specific information is also available from local or national health authorities.

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WorkCare participated in a CDC telebriefing on August 21, 2009, regarding the novel H1N1 virus. The telebriefing featured CDC's Dr. Jay Butler who shared his expertise on H1N1 in the United States, H1N1 in the Southern Hemisphere and the upcoming H1N1 vaccine. A transcription of this telebriefing is provided below.

Update of H1N1 in the United States

“Here in the United States, we're seeing low levels of flu activity, although almost all that we're seeing is primarily novel H1N1 virus disease. It's important to remember that this time of year, we don't normally have influenza, so even a low level is an unusual event. To date, there have been 7,963 hospitalizations and 522 deaths that have been laboratory confirmed as caused by novel H1N1 vaccine. It's important to keep in mind that these numbers radically underestimate the number of cases that actually occur, because many cases go without testing, and in many areas, there is no routine testing of people who are not sick enough to require hospitalization. The novel H1N1 continues to disproportionately affect younger persons, so it behaves very differently from seasonal influenza, where we see much of the severe influenza among the elderly. 75% of the hospitalizations are in those aged under 49 and 60% of the deaths are in those under age 49. Most state health officials are reporting local or sporadic influenza activities. Two states, Alaska and Maine, are reporting widespread influenza activity at this time. Reports of widespread influenza activity in August are very unusual, as I mentioned earlier. Most of the influenza viruses typed are novel 2009 influenza AH1N1. These viruses remain similar to the ones that were chosen for the vaccine that's in development, and vast majority remain susceptible to anti-viral drugs, also Tamiflu and Zanamivir. Flu is unpredictable and it's hard to say what our season will look like, but preparation is important.”

Update of H1N1 in the Southern Hemisphere

“The activity from the 2009 H1N1 virus appears to be decreasing. The virus remains a predominant influenza virus circulating worldwide. Decreases in disease due to the 2009 H1N1 continue to be reported from South America and parts of Australia. The epidemiology of the disease caused by the virus in the southern hemisphere is very similar to that described in the United States this past spring. There have been no significant changes detected in the influenza virus, isolated from persons in the southern hemisphere as compared to viruses isolated from persons in the northern hemisphere. As you're aware, we've been watching the southern hemisphere very closely for any changes in the behavior, the epidemiology of the virus or in the virus itself, and we have not seen those events. In other parts of the world, the United Kingdom is reporting national decreases in disease due to H1N1 and Japan is experiencing an increase in cases.”

Vaccine for the 2009 H1N1

“We're making progress in developing the plans for distribution, once the vaccine becomes available. This is what we currently know and are planning. We're expecting somewhere

between 45 million and 52 million doses of vaccine to be available by mid-October. This will be followed by weekly availability of vaccine up to about 195 million doses by the end of the year. Keep in mind, these numbers are driven by a number of variables in the manufacturing process. There are five manufacturers working, so and everybody's doing the best they can to get as much virus available -- as much vaccine available as soon as possible, and so those numbers can be subject to change. Initially, the number of vaccine doses that will be available to each state will be based on the state's population. The distribution of the vaccine will be very similar to what's done currently for the vaccine for children program, so this will be a program that will be enhanced to enroll a larger number of providers rather than a completely new program that's developed. The states will receive orders from providers for the number of doses of vaccine needed, and will coordinate with CDC. These orders will be transmitted to a central distributor, who will be receiving vaccine from the five manufacturers and subsequently shipping those to the states, along with ancillary supplies for administration of vaccine. Today, the advisory committee on immunization practices recommendations for use of the H1N1 influenza vaccine were published in the "MMWR" and posted online. These final recommendations include target groups for vaccination, including those which according to the epidemiology that's been observed in the United States and indeed globally, focuses on the persons at highest risk of infection and severe disease, this includes pregnant women, children, and young adults aged 6 months through 24 years, as well as persons aged 25 through 64, who have medical conditions that put them at higher risk for influenza-related complications. Two other risk groups are those who are at higher risk of exposure or transmitting the virus to those who may be at high risk such as health care workers and emergency medical service workers, and persons who live with or care for infants younger than 6 months of age, that is, who are too young to be vaccinated."

Closing Comments

1. "Influenza is unpredictable and while we're working to get -- working to make sense of much of the information as possible, we don't know what lies ahead in the coming weeks and months. We may see lots of flu activity in September and October. On the other hand, we may not."
2. "It's best that we plan and prepare for lots of flu activity, and that's a good assumption, given that we expect to see both the 2009 H1N1 virus and the seasonal influenza viruses, causing illness this fall. I've talked mostly about vaccine but it's important to remember that we have to continue to do the other important things to control the spread of influenza, including hand washing, respiratory etiquette, that is, cover your cough and to protect others, stay home if you're sick."
3. "We can't stop the tide of flu any more than we can turn a hurricane in its course or stop the earth shaking during an earthquake, but we can mitigate the effects and question help prevent people from becoming severely ill by preparing well and acting effectively."