

**Summary:**  
**September 16, 2009 NBCH Informational Webinar on H1N1 Influenza**

**Host:** National Business Coalition on Health (NBCH)

**Facilitator:** Cristie Travis, President & CEO, Memphis Business Group on Health and Board Chair, NBCH

**Speakers:** Lisa M. Koonin, MN, MPH, Senior Advisor, Influenza Coordination Unit, Centers for Disease Control and Prevention; Liz Wilson McKee, Internal Communications Manager, Baker, Donelson, Bearman, Caldwell & Berkowitz, P.C.; Salomon Mizrahi, Senior Vice President, Total Compensation and Benefits, First Horizon National Corporation

**Background and Update from CDC**

**Background—Spread, Severity, and Risk**

Seasonal flu each fall and winter is typically from several strains of virus. The seasonal flu can be transmitted person to person but most people have some immunity plus vaccine is available each year. About 36,000 people die and 226,000 people are hospitalized each year from the flu. The 2009 H1N1 Influenza is a new type of flu virus that occurred very late in the season and continued during the summer. H1N1 can be transmitted person to person and most people have NO immunity and can cause SEVERE illness. In June 2009, the World Health Organization announced the start of an influenza pandemic. The first human cases were noted in Mexico and the first human cases in the United States were linked to travel to Mexico largely in Southern California and Texas in mid April 2009. Since that time, all 50 states and the District of Columbia have reported cases. On July 24, 2009, the confirmed and probable case count was discontinued and replaced with closer reporting of hospitalizations and deaths. Mortality reporting will be for pneumonia and influenza. Teens and young adults have been disproportionately affected by H1N1 with few cases among the elderly. While the reason is not known, the working assumption is that past exposure to Influenza A *may* provide protection which means that older individuals may be more protected. People at high risk for complications from 2009 H1N1 flu:

- Children less than 5 years old
- Pregnant women
- Adults and children who have asthma, heart disease, diabetes, and other chronic conditions
- Adults and children who have immunosuppression (caused by medications or by HIV)
- Persons aged 65 years or older (while the rate of illness may be less, this segment of the population has higher severity when sick with H1N1)

The Southern Hemisphere is now experiencing substantial disease in Argentina, Chile, and Australia; cases reported from both Africa and Asia; both co circulation and replacing the seasonal flu strains in some areas; and surges in health care system access in some localities.

## **Influenza Virus Transmission, Progression of Symptoms, and Treatment**

Transmission of the virus is primarily by large droplets through coughing or sneezing and possibly small particle “short distance” aerosols as well as hand contact with these secretions. The individual is contagious for one day before symptoms are shown with the worst time for transmission through the fever period. Those at higher risk for complications and those who are hospitalized are recommended for early treatment with treatment to be initiated as early as possible—within 48 hours of the onset of illness if possible.

Symptoms for the flu include:

- Fever
- Cough and/or Sore throat
- Runny and/or stuffy nose
- Body aches and/or headache
- Chills and/or fatigue

## **Tools for Control and Prevention**

The tools for control and prevention include vaccine, antiviral medication (also noted in the above treatment information), infection control measures, and community mitigation measures.

### ***Vaccine***

Seasonal flu vaccine and 2009 H1N1 vaccine are both needed to protect people against flu this fall/winter

The 2009 H1N1 vaccine production is ongoing and FDA approved with the first vaccine to be in early to mid October for the beginning of mass voluntary immunization. Clinical trials are being completed to test safety, dosing, and efficacy. The guidance for the administration of the vaccine is to start at those at highest risk in these priority groups (totaling about 159 million people in the United States);

- Pregnant women
- Household contacts and caregivers for children younger than 6 months of age (since the child will not be able to be vaccinated if less than six months old)
- Healthcare and emergency medical services personnel
- All people from 6 months of age through 24 years of age
- Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza

### ***Antivirals***

Antiviral drugs are prescription medications (pills, liquid, or inhaled powder) that fight against flu by keeping flu viruses from reproducing in the body. Post exposure antiviral chemoprophylaxis can be considered for the following:

- Those at higher risk for complications of influenza and who have close contact with cases whether the cases are confirmed, probable, or suspected
- Health care personnel, public health workers, or first responders who have a recognized, unprotected close exposure

CDC is not recommending employer stock piling of antivirals.

## ***Infection Control Measures***

Depending upon severity, social distancing may be appropriate. Other infection control measures include:

- Frequent hand washing or use of alcohol based hand cleaner
- Covering the mouth or nose with a tissue when coughing or sneezing
- Avoiding touching eyes, nose, and mouth
- Sick people staying at home!

### **For all outbreaks:**

- Ask sick people to stay home and treating those at higher risk for complications with antiviral medications

### **If Severity Warrants:**

- Ask children who are household members of a sick person to stay home
- Dismiss children from schools and close childcare and keep kids and teens from re-congregating and mixing in the community
- Social distancing at work and in the community

## ***Recommendations and Information for Business***

Key roles for employers include protecting the health of the workforce and keeping businesses operational to assure functioning communities. Specifically, employers should:

- Review/establish a flexible influenza pandemic plan
- Understand your organization's seasonal absenteeism and prepare for increase
- Engage state and local health departments for communications channels for outbreaks
- Won't be possible to distinguish between H1N1 and seasonal flu
- Develop flexible leave policies

Action steps recommended for business under the current flu conditions (similar severity to spring/summer 2009):

- Sick persons should stay home
- Sick employees at work should be asked to go home
- Don't require a doctor's note
- Cover coughs and sneezes
- Improve hand hygiene
- Clean surfaces and items likely to have frequent hand contact
- Encourage employees to get vaccinated
- Steps to protect employees at higher risk for complications of influenza
- Prepare for higher employee absences from ill employees and/or ill family members - plan ways for essential business functions to continue.
- Advise employees before traveling to take certain steps
- Prepare for possible school dismissal or temporary closure of child care programs

Action steps recommended ( in addition to the above) under increased severity:

- Consider active screening of employees who report to work
- Consider alternative work environments for employees at higher risk for complications of influenza during periods of increased influenza activity in the community
- Consider increasing social distancing in the workplace
- Consider canceling non-essential business travel and advising employees about possible disruptions while traveling overseas
- Prepare for school dismissal or closure of child care programs
  
- **Keep sick employees at home**
- *Until at least 24 hours after the employee is free of fever (100 degrees or better Fahrenheit, 37.8 degrees or better Celsius) or signs of a fever without the use of fever reducing medications*
- *Expect sick employees to be out for about 3 to 5 days, in most cases*

## References and Resources

Communication Tool Kit for Businesses and Employers <http://www.cdc.gov/h1n1flu/business/>

- Information and resources to help implement CDC's Guidance for Businesses and Employers
- Includes Q&A, fact sheets, posters, template emails/letters, resources

<http://www.cdc.gov/h1n1flu/>

<http://www.flu.gov/>

<http://www.who.org/>