RISK MANAGEMENT

Lessons from H1N1's First Wave

by Regina Phelps

In the United States, the H1N1 outbreak was originally more bark than bite. But as it threatens to return worse than ever, risk managers must ensure their companies are ready for the worst. Fortunately, the pandemic's first wave taught us four key facts that can be used to plan for this year's flu season.

"Between the extremes of panic and complacency lies the solid ground of vigilance." This statement by Margaret Chan, director general of the World Health Organization (WHO), sums up how we should all be responding to pandemic threats. Pandemic planning has been on the radar for most risk managers since the H5N1 avian flu virus made headlines in 2003. But since the H1N1 outbreak began in April, the landscape has changed dramatically, forcing many companies to put their pandemic plans into action for the first time.

This real-world test has revealed both strengths and weaknesses. And as the 2009/2010 flu season in the Northern Hemisphere ramps up, those plans will be tested once again. No one can predict how this flu season will play out, but uncertainty is not an excuse to do nothing.

Most people have little to no immunity against the 2009 H1N1 virus, and vaccinations will take time, so corporate risk managers must prepare for the second pandemic wave by revisiting issues like employee protection and absenteeism. There is much to be learned from our experiences these past few months. By taking stock of these lessons and adjusting your plans accordingly, you will be better prepared to respond to whatever this winter has in store.

Now may be your last chance. The following are four lessons we have learned from H1N1 so far.

Lesson #1

Having a plan is not enough.

Far too many corporate risk managers left their pandemic preparedness plans sitting idle on a shelf last spring as economic pressures from the recession forced attention elsewhere. One of the major problems was that the vast majority never even pressure-tested their plans with either table-top or functional exercises to explore issues related to employee health, business continuity and supply chain interruptions.

But like it or not, you have had a real-world crash course in pandemic response over the past six months. What you should be doing now is re-visiting plans to assess your company's response to the H1N1 pandemic last spring. Putting structure behind the evaluation process will almost certainly turn up insights that you can use to refine your plan going forward. Gauge the employee opinion of how the company responded to the initial H1N1 outbreak. Make sure your plan is flexible and can accommodate any changes.

Lesson #2

Employees will look to their employers for assurance.

In the weeks leading up to the official declaration of a pandemic by the WHO on June 11, many corporate risk managers scrambled to manage the massive influx of questions from worried employees. One of the key findings from "Pandemic Flu: Lessons from the Frontlines" (a report released by the Trust for America's Health, the Center for Biosecurity and the Robert W. Johnson Foundation) was that clear, straightforward information provided to the public was essential for allaying fears and building trust. The same is true for businesses.

Prompt and efficient communication can make the difference between a response being viewed as thoughtful and timely or sloppy and hurried. Your communications should emphasize mitigation measures that your employees have control over, such as proper hand washing, cough etiquette, workplace cleaning and staying home when sick. Be sure to make use of business resources including the U.S. Centers for Disease Control and Prevention (CDC) and the WHO.

Lesson #3

The characteristics of H1N1 make it especially worrisome for the business community.

Some 90% of people who die during a regular flu season are over 65 years old. By contrast, the H1N1 virus disproportionately affects younger people, specifically adults under the age of 50 and children.

As a result, this virus is likely to put greater strain on the workforce this flu season, as working adults-and their children-become infected, forcing them to stay home from work or school. If approached strategically, absenteeism can be minimized and effectively managed, thus increasing your chances of maintaining normal operations throughout the pandemic and minimizing the financial impact on your company.

As a first step, categorize your employees into four groups:

- essential to the work site
- essential but can work remotely
- nonessential but can work remotely
- nonessential and not necessary to work remotely

Companies must offer their category one employees as much protection as possible. By minimizing the risks they will face at the work site, you will be keeping your critical employees healthy while also reducing the chances that they will refuse to report to work out of fear of becoming infected. Make arrangements for category two and three employees to work from home by establishing high-speed internet connections and providing corporate-sponsored computers.

Social distancing (maintaining a distance of at least six feet between employees or between employees and customers) is an important option to consider and can be implemented by methods such as staggering shifts, re-arranging the work space and holding conference calls instead of face-to-face meetings.

Personal protective equipment (PPE) such as masks and gloves can also help minimize your employees' exposure to the H1N1 virus, which is transmitted primarily through droplets from coughs and sneezes. While this is a somewhat drastic step for most companies and could incite fear more than provide effective prevention, the U.S. Department of Health and Human Services offers guidance on the proper use of PPE (which you can find at the website Flu.gov).

Ultimately, vaccination is the first line of defense against influenza. Companies should encourage employees to receive both the seasonal and H1N1 flu vaccines, but understand that H1N1 vaccines may not be available for much of the U.S. population until well into the flu season.

Finally, you should consider how antiviral medications can play a role in your employee-protection plans. In September, the CDC released updated antiviral guidance for the upcoming 2009/2010 flu season, which recommends treatment with Tamiflu or Relenza for all people with suspected or confirmed influenza diagnoses requiring hospitalization, as well as those who are at higher risk for complications.

Lesson #4

Certain groups are at greater risk of complications from H1N1.

According to the CDC, approximately 70% of people who have been hospitalized due to H1N1 flu in the United States have had a pre-existing medical condition that puts them at higher risk for complications. Adults with chronic medical conditions such as diabetes and asthma, as well as pregnant women, have suffered from a disproportionate number of the severe cases.

There has been a lot of discussion among health experts about at-risk employees, pregnant women in particular. Risk managers should work closely with human resources to ensure that higher-risk employees are aware of the risks and understand the steps they can take to protect themselves.

It is critical to involve the HR department as there could be HIPAA sensitivities concerning at-risk workers. Given the increased risk of flu complications for these groups, companies should take special precautions to protect them.

The CDC guidance states that antiviral treatment should be initiated as early as possible because early treatment (within 48 hours of illness onset) is more likely to provide a benefit. Companies should make their high-risk employees aware of this guidance and educate them about the signs and symptoms of influenza.

Some companies have opted to create a stockpile of antivirals to ensure the medications are available to their employees quickly. Taking advantage of antiviral reservation programs could be a good option that balances financial risks with the health threat to your employees. But like many important pandemic preparedness options, this is something that each company-and each risk manager-must carefully consider on their own.

***Regina Phelps**, RN, CEM, BSN, MPA, is the founder of Emergency Management & Safety Solutions and has more than 27 years of experience in the field of emergency management and contingency planning.*

Learning from Past Pandemics

by Gisele Norris

Pandemics are rare events. Our understanding of them comes mainly from data and information obtained from studying four events over the past 120 years: the 1889 "Russian Flu" pandemic, the 1918 "Spanish Flu," the 1957 "Asian Flu" and the 1968 "Hong Kong Flu."

One of the fundamental lessons learned from the past is that pandemics occur in waves. A pandemic wave is a fluctuation in the number of pneumonia- and influenza-related infections and deaths over a given period in a specific geographic location. The term "wave" relates to the number of infections building up, peaking and subsequently tapering off, and the duration and intensity of each wave can vary greatly from pandemic to pandemic-and even within individual pandemics. The reasons for multiple waves of varying impact are not precisely understood, but they probably include adaptation of the virus to its new host, demographic or geographic variation, seasonality and the overall immunity of the population.

Three identifiable waves characterized the Russian Flu pandemic. The waves were spread out over a period of three years with demarcated inter-pandemic periods between each wave. The first wave occurred between the spring and winter of 1889 and moved slowly but steadily throughout the world, causing high morbidity but low mortality. The second wave occurred a full year later in the spring of 1891 and caused high mortality. The third wave occurred in early 1892 and was relatively mild.

The "Spanish Flu" was even more devastating, infecting approximately 500 million people and killing at least 50 million-and possibly as many as 100 million. In the United States, the 1918 pandemic killed as many as 675,000 people, with the highest incidence of death occurring among adults under 45 years of age. The mortality rate in Europe and the United States during the 1918 pandemic was 2.5%. By comparison, mortality rates during the 1957 and 1968 pandemics were 0.02% and 0.01%, respectively.

In the case of the 1918 pandemic, three waves occurred in quick succession over a 12-month period with each wave barely separated by an inter-pandemic period. The first wave occurred in the spring and summer of 1918 with isolated outbreaks occurring unevenly throughout the United States and Europe. During this wave, morbidity rates were high but mortality rates were unremarkable. The second wave occurred in the fall of 1918, more specifically between September and December. This wave produced a flood of illness and death in a very short span of time that was simply overwhelming. The third wave occurred in early 1919 and had lower morbidity and mortality rates.

In the case of the 1957 pandemic, the waves were drawn out over a five-year period. During the 1968-1970 pandemic, the first influenza season led to a high mortality rate in the United States and had little impact on the rest of the world. During the second influenza season, many parts of the world were affected, but the pandemic actually unfolded as a series of smoldering localized epidemics, rather than acute spikes in mortality as was characteristic during the 1918 and 1957 pandemics.

As a pandemic unfolds, businesses should be attuned to patterns of disease diffusion in order to prepare their employees and businesses accordingly. For example, businesses should be prepared to react appropriately as illness and subsequent absenteeism builds, reaches a peak and ebbs. Businesses should also have a plan for action between one wave and the next.

Questions that should be addressed may include:

- How is demand for your product or service likely to be affected during and between each wave?
- What are your requirements and commitments with suppliers and customers? How might these be affected when the pandemic is at its peak?
- What circumstances could precipitate a shutdown of your workplace?
- What trigger will you use to re-open the workplace?
- Are alternative work arrangements available for employees who are not ill but still unable to come in?
- How will you communicate with your employees at different points in the pandemic wave? What messages will you broadcast?

The dynamic nature of pandemic flu compels employers to track and understand the pattern of spreading disease. By considering various scenarios and planning for the resulting contingencies, business leaders prepare their businesses to react to the ebb and flow of the disease and the effects that this pattern will have on its employees, suppliers and customers.

***Gisele Norris**, DrPH, is managing director for Aon Healthcare's western region, where she develops innovative risk solutions for health care organizations. Most recently, she was a primary leader of Aon's Pandemic Preparedness Task Force.*