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### H1N1 Global Update: Preparing for the Fall flu season

*August 13, 2009*



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# Agenda

1. Update on H1N1
  - Global spread
  - Lessons learned - New study by Trust for America's Health
2. Why you should care and do something
3. With limited time...
  - What you need to focus on...
  - Next Steps

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## Two Important Things to Keep in Mind

1. We don't know what exactly will happen when the flu season begins:
  - Best case – it is like the 1957 pandemic
  - Worse case – it is like the 1918 Spanish flu
2. There are no immediate medical fixes:
  - Vaccines will not be available till late winter and in limited supplies
  - Only medical solution is antivirals
    - There have been cases of Tamiflu resistance

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## Planning Assumptions

- Business Continuity Planning generally has two assumptions:
  - Back to “business as usual” in 30 days or less
  - Go from the “affected” site to the “unaffected site” and resume business
- ***Neither apply with Pandemic Influenza***

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## Influenza - A Primer...

- Influenza is a **highly contagious** respiratory disease spread by droplets.
  - Breathing, coughing, sneezing.
  - Poor cough hygiene
  - Touching your face
- During any given year, 10-20% of the world's population gets influenza.
  - Influenza is associated with 500,000 to 1,000,000 deaths worldwide each year.
- In unpredictable years (epidemic years) 25% of the population get it.
- In the US, annual seasonal influenza results in approximately 36,000 deaths and 114,000 hospitalizations. [www.ems-solutionsinc.com](http://www.ems-solutionsinc.com)

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## Course of Influenza in Adults



- |            |  |
|------------|--|
| Day 0      | Become infected  |
| Day 1 - 4  | Disease Incubation (average 2 days)                                |
| Day 1 - 6  | Contagious (one day before symptoms to 5 days after symptom onset) |
| Day 2 - 9  | Symptomatic (usual 2 - 5 days)                                     |
| Day 4 to ? | Decreased energy (one week or more)                                |

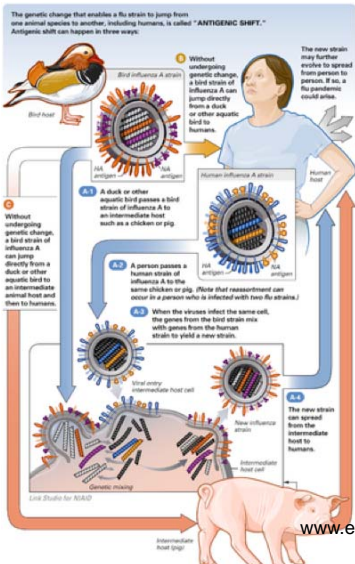
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## Novel H1N1 Virus



- A unusual reassortment of three different flu viruses –
  - North American avian influenza
  - Human influenza
  - Swine influenza virus typically found in Asia and Europe


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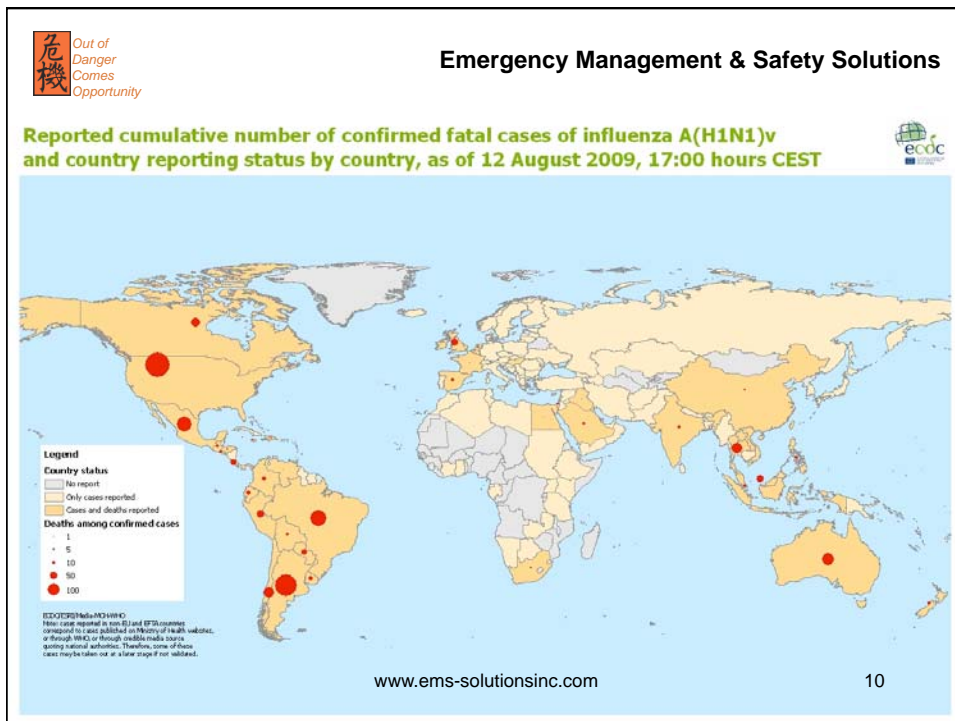
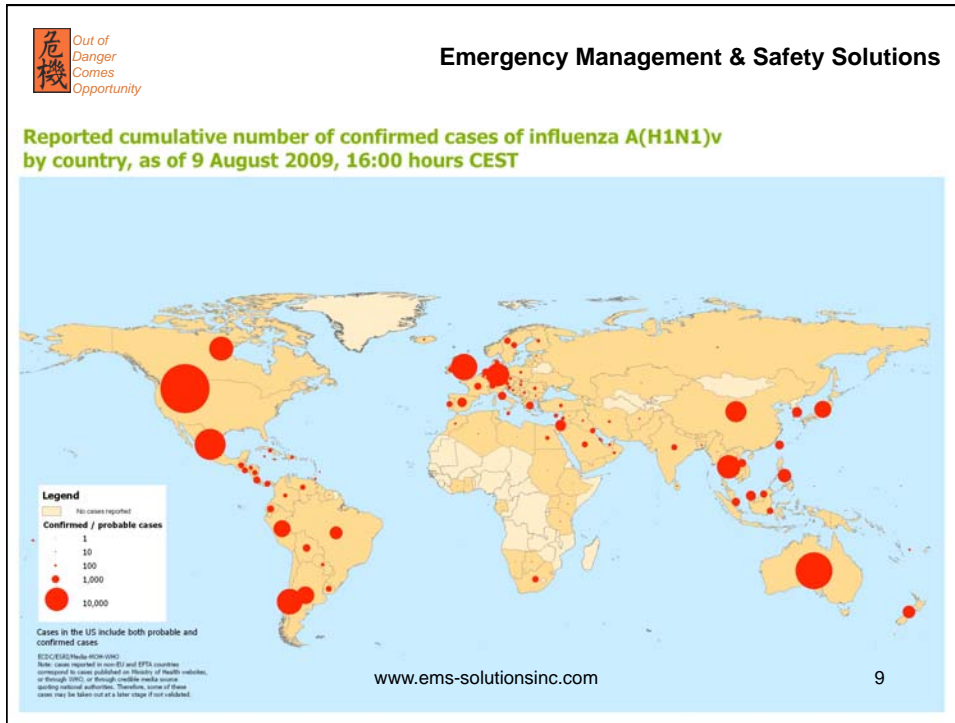
## WHO Confirmed Cases

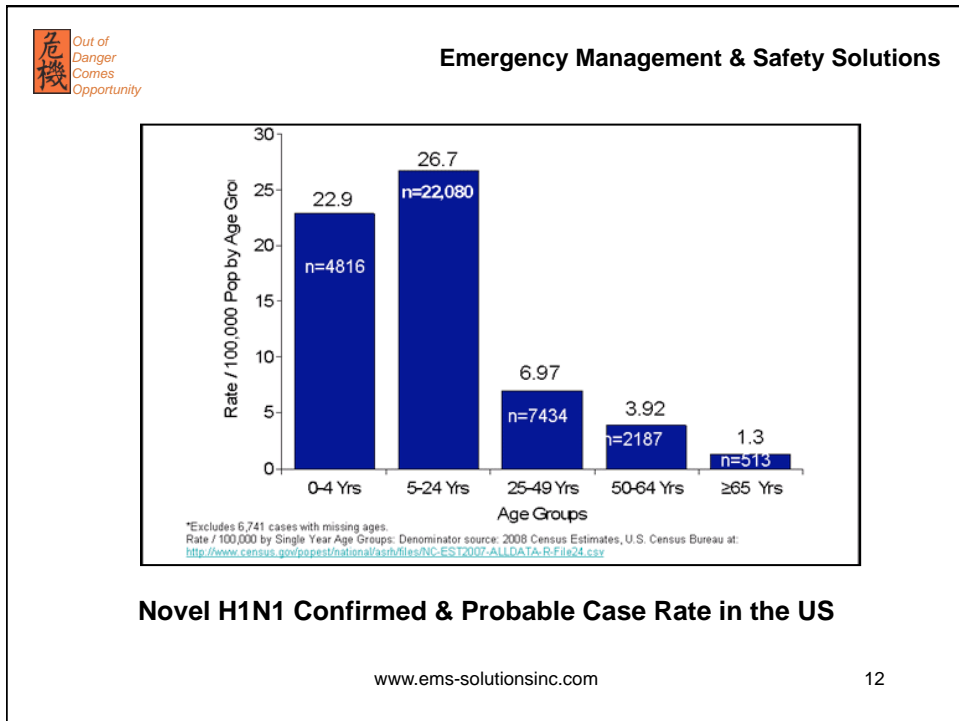
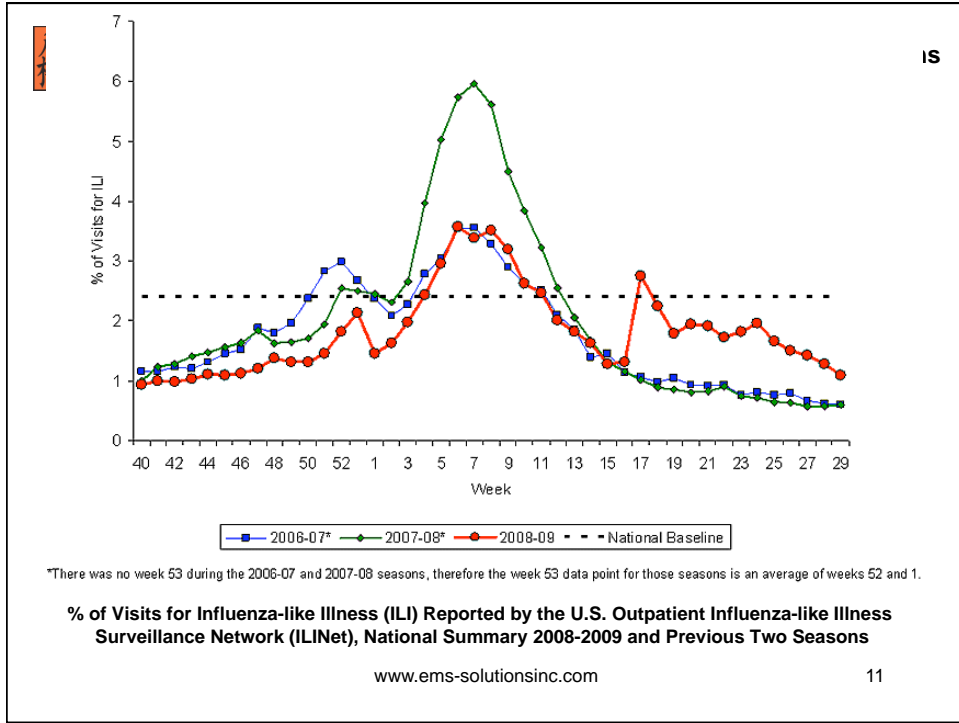


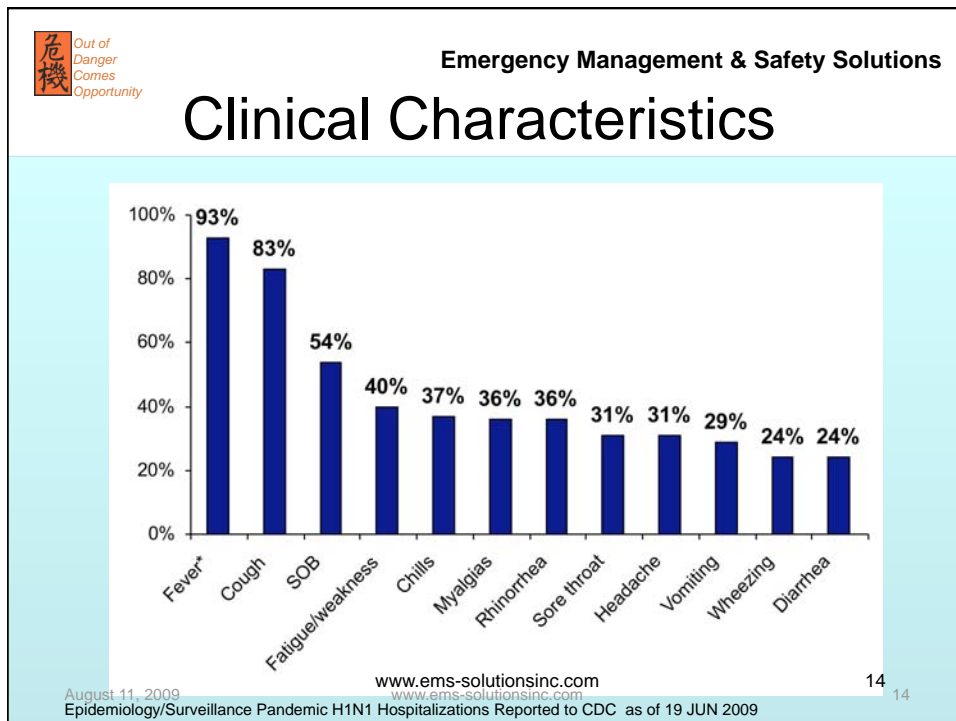
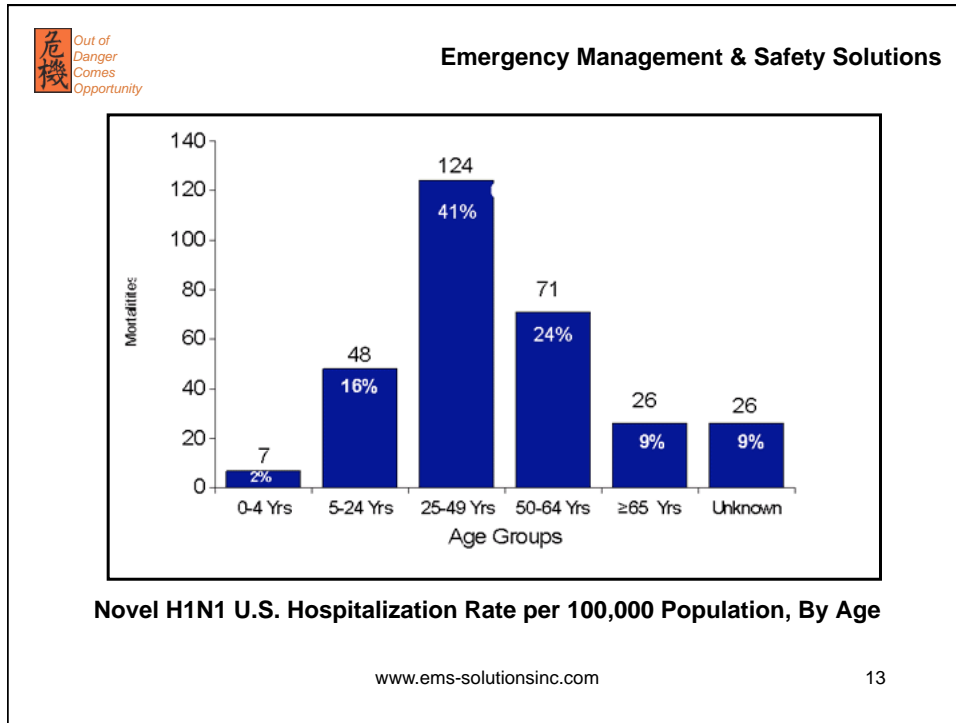
- World Health Organization (WHO) is no longer reporting the number of cases globally as of July 16, 2009
  - “At this point, further spread of the pandemic, within affected countries and to new countries, is considered inevitable.”
  - Now in 150+ countries (out of a possible 194).
- Numbers vary greatly by different agencies around the world and due to the change in testing, no longer meaningful.

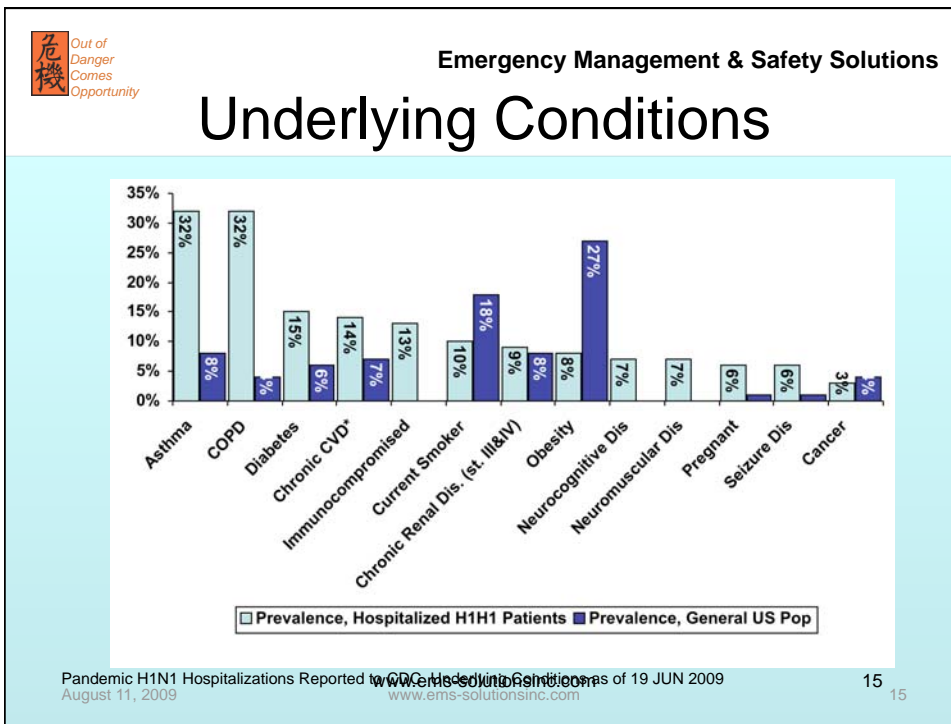
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## CDC\* Summary

- It's uncertain at this time how serious or severe this novel H1N1 virus will be in terms of:
  - How many people infected will develop serious complications or die.
  - How this new virus may affect the U.S. during its upcoming influenza season in the fall and winter.
- Because this is a new virus, most people will have little or no immunity against it, and illness may be more severe and widespread as a result.
- Vaccines are expected to be available in limited supply sometime this fall.
- CDC anticipates associated with this new virus that there will be:
  - More cases.
  - More hospitalizations.
  - More deaths.

\* Centers for Disease Control

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## Lessons From the Frontlines

1. Investments in pandemic planning and stockpiling antiviral medications paid off;
2. Public health departments did not have enough resources to carry out plans;
3. Response plans must be adaptable and science-driven;
4. Providing clear, straightforward information to the public was essential for allaying fears and building trust;
5. School closings have major ramifications for students, parents and employers;
6. Sick leave and policies for limiting mass gatherings were also problematic;
7. Even with a mild outbreak, the health care delivery system was overwhelmed;
8. Communication between the public health system and health providers was not well coordinated;
9. WHO pandemic alert phases caused confusion; and
10. International coordination was more complicated than expected.

*Trust for America's Health, 5 June 2009*

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## What could happen next?

- H1N1 will disappear (most agree **very unlikely**).
- H1N1 continues its spread into the southern hemisphere for their flu season (happening now).
- H1N1 will become:
  - Our next pandemic (already is).
  - Like 1957 or 1968 global pandemics (already is).
  - Like 1918 (would require a mutation over the next few months).

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## What does this mean for you?

- If we have a **“really bad”** flu season (ala 1957 or 1968):
  - Lots of sick employees, vendors and volunteers.
  - Higher than usual absenteeism.
  - Loss of funding and donations.
  - Possibly employee or family member deaths.
  - May impact your ability to conduct business.



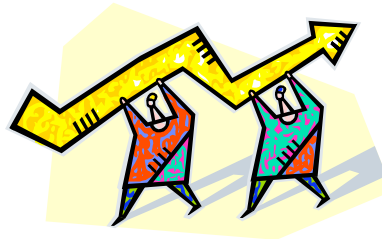
## Planning Assumptions

- 25-40% absenteeism of staff, vendors, volunteers
- The pandemic may last as long as eighteen months
- There may be a period of “normal” between the pandemic waves
- Public closures may occur.
- No pharmacological remedies for the influenza virus will be immediately available.
- Susceptibility to the influenza virus will be universal.



## What does this mean to the Not-For-Profit Community?

- Likely negative impact on the economy.
- Decrease funding.
- Increase demand for services.
- May have less volunteers at height of the outbreak.



## What do you need to do NOW!

1. Identify your mission critical functions.
2. Categorize your employees.
3. Focus on the four pillars.

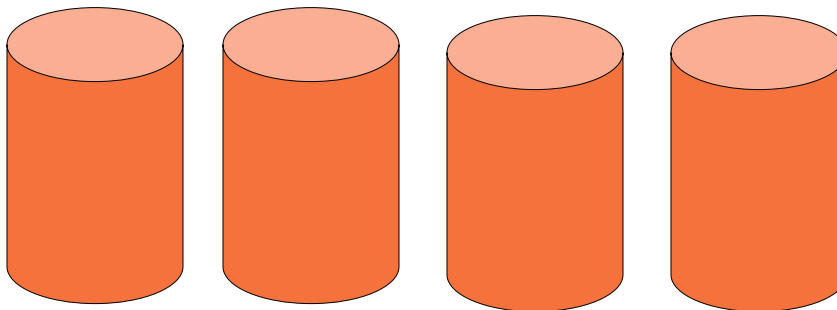


## Mission Critical Functions

- A mission critical function is an
  - Activity or service or whose failure or disruption will result in the failure of the business operation.
  - It can also be tied to a device or system that makes performing that function possible.



## Employee Categorization



**Category One**  
Essential & "must"  
be @ work

**Category Two**  
Essential & "must"  
work **BUT** can work  
remotely

**Category Three**  
Can work  
remotely but not  
essential

**Category Four**  
Not essential- no  
need for them to  
work at this time



## Category One Employees

- **Essential staff who must be work:**
  - Social Distancing
  - Masks
  - Health education on handwashing
  - Spread people out on different shifts to spread them out
  - Employee cleans area frequently
  - Eliminate all face-to-face meetings
  - Antivirals?



## Category Two Employees

- **Essential staff but can be remote:** install a robust work from home program:
  - High-speed connection
  - Company sponsored computer and all necessary peripherals
  - Work from home at least one day a month
  - Demonstrate in advance that can work from home
  - Desktop support for the home
  - Plan for what to do if working remotely fails



## Category Three and Four Employees

- **Not essential to work:**
  - How long do you pay those who aren't working?
    - Pay partially?
    - How long do you continue benefits?
- **Other HR issues**
  - What if they refuse to come to work?
  - What if a family member is sick but the employee is well - do you have them come in?
  - What if schools are closed?

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## Volunteer Management



- How can we make it safe for volunteers to continue to help?

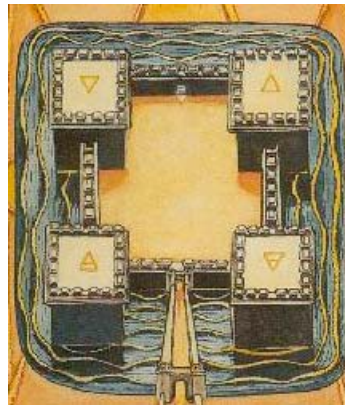
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## Four Pillars

1. Education and communication
2. Social Distancing
3. Cleaning
4. Personal Protective Equipment (PPE)



## Communicate

- A consistent message is critical.
- What impacts your messaging?
  - Different local conditions, varying infection rates and diverse public health instructions may require different actions.
- Proactive versus reactive communication is critical to “get in front” of the situation.
  - Employees, clients other key stakeholders need to hear a consistent message from your company.



## WHO Communication Guidelines

1. Communicate in ways that build, maintain or restore trust.
2. Announce early – message timing, candor and comprehensiveness is essential.
3. Maintaining trust throughout requires transparency.
4. Understand your audience – “this is a dialogue.”
5. Communication is most effective when it is integrated with analysis and planning.

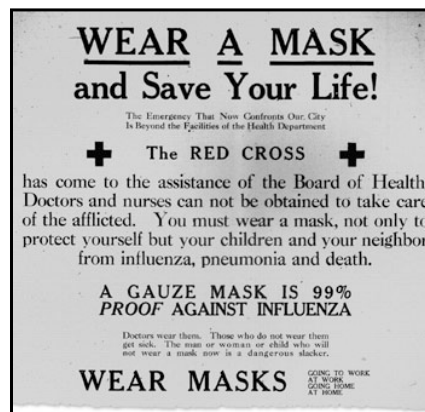
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## Education

- Influenza Basics
- Workplace cleaning
- Hand washing technique
- “Cover Your Cough” campaign
- Polite social distancing
- Stay Home if you are sick policy
- Virtual meeting techniques and strategies
- Strategies to minimize face to face contact with customers



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## Education- Hand Sanitizers



- Work by stripping away the outer layer of oil on the skin.
  - Must be at least 60% alcohol.
- Almost as good as handwashing but not quite.
  - However a great alternative when handwashing is not possible.

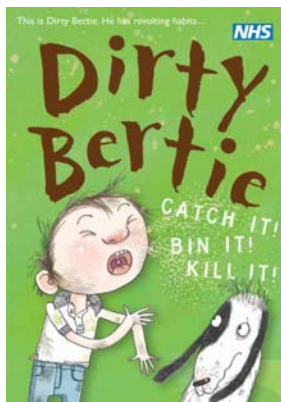
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## Education Programs to Emulate

- UK
  - Catch It, Bin It, Kill It
  - Dirtie Bertie



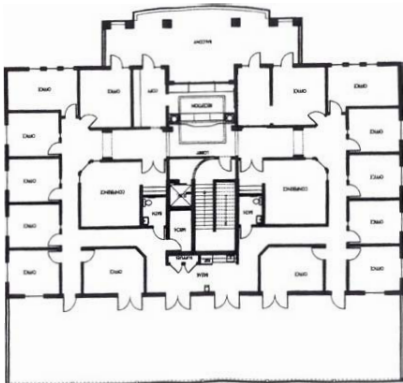
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## Social Distancing



- Develop guidelines for social distancing.
  - Floor plans for spreading staff out at least six feet from each other.
  - Investigate shift work, weekends.
  - Avoid shared equipment.
    - Clean often if you must share

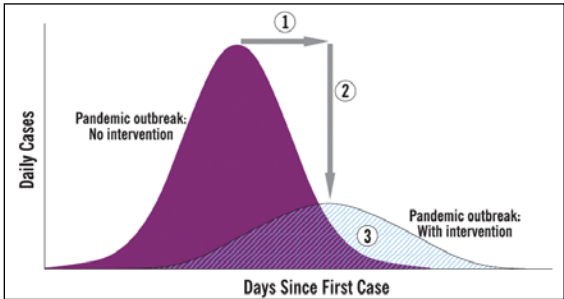
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## The Impact of Social Distancing



1. Delay outbreak peak
2. Decompress peak burden on hospitals & infrastructure
3. Diminish overall cases and health impacts

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Out of  
Danger  
Comes  
Opportunity

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# Cleaning



- Cleaning
  - Cleaning procedures
  - Disinfectants that match the surface needs.
- Virus survival:
  - Virus lives on hard non-porous surfaces > 24 hours
  - On porous surfaces 24 - 48 hours
  - Swiss banknotes up to 17 days!

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Out of  
Danger  
Comes  
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# Cleaning



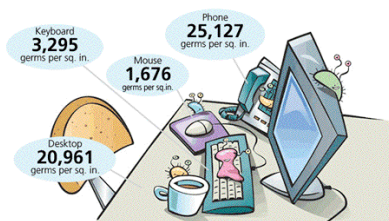
- Surface cleaning and disinfecting
- **High Touch Areas and surfaces** require increased frequent and more intense cleaning
  - Doorbells
  - Intercoms
  - Handrails
  - Door handles
  - Elevator buttons
  - Steering wheels
  - Common controls (levers, buttons)

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## Cleaning - Infection Control at Work



- Cleaning work areas
  - What are the top four germiest office work areas?
    - Telephone
    - Keyboard/Mouse
    - Desk surface
    - Doorknob

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## Personal Protective Equipment (PPE)



- Should you wear PPE?
  - When
  - Why?
- Masks
  - N95
  - Surgical masks
- Gloves
  - Latex
  - Nitrile

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## PPE Recommendations

- Surgical masks for most employers
- N95 for health care providers
  - New standards in California for protecting employees



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## What should you be doing?

- Evaluate your preparedness.
  - Revisit your plans.
  - Be ready to react to a host of different issues and situations.
  - Communicate.
- Stay tuned.
  - What happens next in anyone's best guess.
  - Anyone that tells you that know what is going to happen is kidding themselves.
- This is a wake up call
  - We only have a few months to be ready.
  - Imagine a serious seasonal flu season...

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## Flu Season

- The Northern Hemisphere Flu Season is from October – May:
  - That is roughly a little more than a month away!
    - And this year will likely be early!



## Your Challenge

- Be ready for what could possibly happen – no one knows the likely results.





# Thank you

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