

## H1N1 Pandemic: What Every Institution Needs to Know FAQ's About the Swine Flu and How to Prepare for the Fall Flu Season

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While the Novel A (H1N1) influenza virus (commonly known as Swine Flu) may be off the radar now for many North American financial institutions, business continuity experts warn that organizations must be prepared for the virus to return with a vengeance during the fall flu season.



So, what do we do when the Swine Flu returns?

We submitted several key questions to [Regina Phelps](#), an internationally recognized expert in the field of emergency management and continuity planning. Following are her answers to some of the most frequently asked questions about pandemic preparation and what it all means to financial institutions.

### **Q: How bad are conditions likely to be once the pandemic returns in full force to the US?**

**A:** "It's likely to be awful," says Phelps, CEO and founder of Emergency Management and Safety Solutions. "The wave, in reality, has not decreased, based on the number of cases we've seen here in the U.S. But it has leveled off in the past couple of weeks. The [Centers for Disease Control] CDC has talked about this in terms of this pandemic is different than others in past." One reason for the continuation is how people now move around the world, versus staying in one geographic region. Previous pandemics had waves and undulations. "We've not seen that in this pandemic," Phelps says. The CDC tracking has shown it to be a diagonal line for the last couple of weeks, a little flatter at the top. Not a good thing to hear, but some people aren't really paying attention to what's happening, she observes.

### **Q: How might this flu season be different than any other?**

**A:** Phelps' advice to the banks and credit unions: Plan on a very severe regular flu season. "We are already in a category 2 pandemic," she says. The CDC came out with a pandemic severity index in 2005. The severity index is like the hurricane index, it goes up to a 5. Category 2 is like the Singapore flu of 1957, she explains. "This is where we could have up to a .5 percent death rate -- that's 4 times the number of deaths we would normally see in a regular flu season." The U.S. normally sees 36,000 deaths from the seasonal flu every year, she says. An increase in number of deaths would also increase the number of hospital admissions. "Every year we have about 200,000 admissions because of the flu," Phelps says. "That number would quadruple to 800,000 to a million." Bottom line: We're looking at more widespread illness and a lot more deaths, Phelps says. "This is not cataclysmic, but it still is a big deal." In the U.S., hospitals barely get by on a daily basis, she explains. "We've lost that 'surge' capacity, and this pandemic influenza could overwhelm most existing medical communities. Sick patients are going to be backed up into the parking lots."

### **Q: What should institutions do to protect employees?**

**A:** There are four issues that institutions must address to make it safe for people who have to be present at an office or branch to do their jobs:

- **Social distancing** - The concept of social distancing will be a challenge for some, keeping employees and customers six feet apart. "If you can't be six feet apart, limit face-to-face interaction," Phelps says. "Also think to eliminate all face to face meetings too." Social distancing needs to be thought out very carefully. This will draw out all sorts of other discussions, including alternate work shifts and telecommuting/
- **The cleaning issue** - Most cleaning services don't clean what we are most concerned about in a pandemic -- especially those high-touch surfaces such as doorknobs, handrails, elevator buttons, light switches, telephones, shared keyboards, mouse, headsets, desk surfaces, anything that more than one person in an office or branch setting would touch needs to be wiped down. Phelps recommends issuing disinfectant wipes to all employees to wipe down their desks, surfaces and other areas where they work. At the same time, raise everyone's awareness of the need to clean.
- **Personal protective equipment** - "While 99 percent of the time, I do not say masks should be employed ...for those times you can't use social distance, i.e., two techs pulling servers out of racks and are standing close to one another, or walking to the bathroom, hallways, elevators, break rooms, tell people to wear masks," Phelps says. People are not going to be seated at their desks wearing masks, "but where they can't be safe, they should wear masks."
- **Education of employees** - Employers have a great opportunity to educate their employees on the mechanics of protecting themselves, including cough hygiene, hand washing, using sanitizers, not touching their face. All of that information should be

reinforced at work. "The awareness needs to be there," Phelps stresses.

**Q: What should businesses do ahead of the pandemic's return in the fall?**

**A:** The CDC has said that every business should have the policy in the fall - 'If you are sick, you do not come to work.'

If a worker has flu-like symptoms, employers are directed not to ask that their employees get a doctor's note to return to work. "Why? This will overwhelm doctors' offices and hospitals," Phelps says. "All you are doing is burdening them, and they're going to have trouble coping as it is. If you are just going to a doctor's office to say you're healthy, that is not right. They need to be seeing sick patients. If a patient is afebrile, (or without symptoms or temperature for 2 days) they can come back to work," Phelps says. She advises that institutions use this as a rule or yardstick for a return to work policy.

**Q: What are some expected events to result from the pandemic's return?**

**A:** Expect school closures. Argentina closed its entire school system for a month to stem the spread of the illness. "We will have school closures, and some of them will be protracted, so institutions need to consider those people who have school-aged children --what their policy will be on absenteeism because of closures," Phelps says. They have to manage this within their companies and decide if they will allow employees to work different hours to manage child care issues.

**Q: When will the H1N1 flu vaccine be available?**

**A:** The H1N1 flu vaccine is not expected to be available until sometime in mid to late October. A late July meeting, Phelps says, determined the "pecking order" of who will be the first to receive the vaccine:

- Pregnant women
- Health care workers and emergency medical responders
- People caring for infants under 6 months of age
- Children and young adults from 6 months to 24 years
- People aged 25 to 64 years with underlying medical conditions (e.g. asthma, diabetes)

After this group of people, which is estimated to be about 159 million, the next group will be emergency response workers, including EMTs, police, and fire.

**Q: What are the chances that the vaccine will be available to regular citizens in the first year?**

**A:** Phelps warns that it may take up to six months to a year to get a billion doses of the vaccine produced. This means that only one-fifth of the world's population will be immunized within the first year. This is important, she notes, "Because most people read headlines and see 'Vaccines being produced' and they think they'll have the vaccine shot and be covered." Most likely, that won't be the case. "Honestly, with all things considered, tamiflu and relenza will be their fallback," Phelps says.

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