2009 Pandemic H1N1 Influenza: Are you prepared for the Fall?

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Pandemic Influenza A (H1N1) – US Cases

- First human cases noted in Mexico
- First human cases in US
  - Linked to travel/link to Mexico
  - Southern California and Texas
  - Mid - April 2009
- From 15 April to 24 July 2009 in US:
  - 43,771 confirmed and probable cases
    (probably at least 1 million US cases)
  - 50 States and DC
  - > 5000 hospitalizations
  - 302 deaths
- Camp outbreaks in at least 16 States
Pandemic Influenza A (H1N1)

- **Symptoms:**
  - Somewhat similar to seasonal influenza
  - Fever, cough, sore throat, runny or stuffy nose, headache, fatigue, weakness, muscle aches, shortness of breath
  - Vomiting and diarrhea
Groups at Higher Risk for Severe Complications

• Children less than 5 years old
• Pregnant women
• Adults and children who have asthma, heart disease, diabetes, immunosuppressive diseases, and other chronic conditions
• 65 years and older (?)
Preparedness Resources

- CDC’s Business Guidance: [www.cdc.gov/h1n1flu/business/guidance/](http://www.cdc.gov/h1n1flu/business/guidance/)
- One-Stop: [www.flu.gov](http://www.flu.gov)
- CDC widgets: [www.cdc.gov/widgets/](http://www.cdc.gov/widgets/)
CDC Guidance for Businesses and Employers To Plan and Respond to the 2009-2010 Influenza Season

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CDC is releasing new guidance that recommends actions that non-healthcare employers should take now to decrease the spread of seasonal flu and 2009 H1N1 flu in the workplace and to help maintain business continuity during the 2009–2010 flu season. The guidance includes additional strategies to use if flu conditions become more severe and some new recommendations regarding when a worker who is ill with influenza may return to work. The guidance in this document may change as additional information about the severity of the 2009-2010 influenza season and the impact of 2009 H1N1 influenza become known. Please check www.flu.gov periodically for updated guidance.

Introduction

The U.S. Department of Health and Human Services’ (HHS) Centers for Disease Control and Prevention (CDC), with input from the U.S. Department of Homeland Security (DHS), has developed updated guidance for employers of all sizes to use as they develop or review and update plans to respond to 2009 H1N1 influenza now and during the upcoming fall and winter influenza season. Businesses and employers, in general, play a key role in protecting employees’ health and safety, as well as in limiting the negative impact of influenza outbreaks on the individual, the community, and the nation’s economy. Employers who have developed pandemic plans should review and revise their plans in light of the current 2009 H1N1 influenza situation.
Current Recommendations

• Sick persons should stay home
  – At least 24 hours after free of fever
  – Flexible sick leave policies
  – Do not require a doctor’s note
  – Care for sick family members
  – Encourage same policies for contract or temporary workers
Current Recommendations

- Sick employees at work should be asked to go home
  - Sick employee should be separated from other workers
  - Wear a surgical mask before they go home if cannot be placed away from others
  - For person assisting ill employee: See Interim Recommendations for Facemask and Respirator Use ([http://www.cdc.gov/h1n1flu/masks.htm](http://www.cdc.gov/h1n1flu/masks.htm))
  - Fellow employees should be informed of exposure and asked to monitor for symptoms and stay home if sick
Current Recommendations

• Cover coughs and sneezes
  – Provide tissues and no-touch disposal receptacles
  – Use posters

• Improve hand hygiene
  – Provide soap and water or alcohol-based hand cleaners
  – Ensure adequate supplies
  – Use posters
Current Recommendations

• Clean surfaces and items with frequent hand contact
  – Frequent routine cleaning

• Encourage employees to get vaccinated
  – Seasonal influenza (available now)
  – 2009 H1N1 influenza vaccine (available beginning mid-October)
  – Offer worksite vaccination or time off for off-site vaccination
  – Review health benefits with insurers to cover cost of influenza vaccination
Current Recommendations

• Protect employees at higher risk for complications
  – Pregnant women; children under 5 years of age; persons with chronic lung disease, heart disease, diabetes, immunosuppressive diseases, and other chronic medical conditions; and those who are 65 and older
  – Need to check with healthcare provider if ill
  – Encourage vaccination as soon as available
  – Protect privacy
Current Recommendations

• Prepare for increased absenteeism
  – Monitor absenteeism in workplace
  – Implement plans to continue essential functions
  – Cross-train personnel
  – Be prepared to change business practices to maintain critical operations
Current Recommendations

• Advise employees before traveling
  – Monitor for symptoms
  – If become ill while traveling:
    • Call a healthcare provider for advice
    • Notify supervisor
    • Follow your company’s policy for obtaining medical care outside the US
• See CDC’s Travel Website: (http://wwwn.cdc.gov/travel/content/novel-h1n1-flu.aspx)
Current Recommendations

• Prepare for school dismissals or temporary closure of child care programs
  – Allow workers to stay home and care for children
  – Recommend that parents do not bring children to work
  – Ensure flexible leave policies
  – Cross-train personnel
  – Read CDC’s Guidance for Schools to understand conditions for dismissal:
    http://www.cdc.gov/h1n1flu/schools/schoolguidance.htm
Increased Severity

• Consider active screening of employees who report to work
  – Assess symptoms and send home if ill

• Consider alternative work environments for employees at higher risk for complications
  – Telework or reassignment

• Consider social distancing
  – > 6 feet of distance
Increased Severity

• Consider canceling non-essential business travel
  – Possible disruptions while traveling overseas

• Other considerations
  – Monitor changing guidelines
  – Considerations for Antiviral Stockpiling (2008):
    http://www.flu.gov/vaccine/antiviral_employees.html
Respirator recommendations: Non-healthcare occupational settings

• N95 respirators or facemasks generally NOT recommended in non-healthcare settings

• Use of respirators or facemasks could be considered for workers who have contact with people who have possible influenza such as:
  – Escorting a sick person
  – Interviewing a sick person
  – Providing assistance to a sick person

• Workers who are at increased risk of severe complications should avoid contact (e.g. through reassignment)
Respirator recommendations: Non-healthcare occupational settings

• “Voluntary Use” policy
  – Outlined by OSHA Respiratory Protection Standard (1910.134)
  – Does not require fit testing
  – Requires a determination that no hazard exists in the workplace
Planning for Actions in the Fall

Actions will be based on local situation!
Judicious use of measures based on:

• Severity (rate of hospitalizations and deaths)
• Extent of disease (how many people get sick)
• Affected groups (children, teens, workforce)
• Impact on high-risk and vulnerable populations
• Timing from onset of outbreaks to vaccine availability

Public perception of risk
Willingness to comply
Effectiveness of measures

Individual, family and community disruption
Impact on vulnerable populations
Resources

• One-Stop:  www.flu.gov
• 2009 H1N1 Influenza:  www.cdc.gov/h1n1flu/
• 2009 H1N1 Influenza Business Resources:  www.cdc.gov/h1n1flu/business
• CDC/NIOSH 2009 H1N1 Influenza Topic Page:  www.cdc.gov/niosh/topics/h1n1flu/
• OSHA’s Guidance on Preparing Workplaces for an Influenza Pandemic:  www.osha.gov/Publications/influenza_pandemic.html
Discussion Questions

• How was your workplace impacted by the Spring 2009 H1N1 outbreak?
Discussion Questions

- How are you preparing for the Fall?
Discussion Questions

• What challenges are you facing around pandemic H1N1 planning?
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