

(H1N1) Influenza – Update

Special Edition Newsletter



As we continue to hear about H1N1 (formerly referred to as swine flu) in the news, many of us are concerned that it continues to be a problem. The virus was first detected in the U.S. in April 2009 and new cases are still being discovered. H1N1 does spread through human contact; it is thought to spread in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza. The symptoms of novel H1N1 flu virus in people include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, and fatigue. There is no vaccine available right now to protect against novel H1N1 virus. However, a novel H1N1 vaccine is currently in production and may be ready for the public in the fall (please see additional information about vaccination in our article below).

Due to continuing concern about H1N1, we have compiled this special edition of *Balanced Living* for you. In this issue you will find the following information:

- Ways to protect yourself from contracting H1N1
- How to care for a sick person in your home
- Answers about H1N1 vaccines
- Recommended employer responses for the

2009-2010 flu season

- Recommended school responses for the 2009-2010 school year

We hope you find this information useful and put the included CDC recommendations into practice to help maintain the health of you, your family, and your community.

All information contained herein is courtesy of CDC.gov, August 2009

Protecting Yourself from H1N1

There are everyday actions that can help prevent the spread of germs that cause respiratory illnesses like influenza. Take these everyday steps to protect your health:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose, or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.) Keep away from others as much as possible to keep from making others sick.

Taking Care of a Sick Person in Your Home

Novel H1N1 flu virus infection can cause a wide range of symptoms, including fever, cough, sore throat, body aches, headache, chills, and fatigue. Some people have reported diarrhea and vomiting associated with novel H1N1 flu. Like seasonal flu, novel H1N1 flu in humans can vary in severity from mild to severe. Severe disease with pneumonia, respiratory failure, and even death is possible with

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novel H1N1 flu infection. Certain groups might be more likely to develop a severe illness from novel H1N1 flu infection, such as pregnant women and persons with chronic medical conditions. Sometimes bacterial infections may occur at the same time as or after infection with influenza viruses and lead to pneumonias, ear infections, or sinus infections.

The following information can help you provide safer care at home for sick persons during a flu outbreak or flu pandemic.



How Flu Spreads

The main way that influenza viruses are thought to spread is from person to person in respiratory droplets of coughs and sneezes. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and deposited on the mouth or nose of people nearby. Influenza viruses may also be spread when a person touches respiratory droplets on another person or an object and then touches their own mouth or nose (or someone else's mouth or nose) before washing their hands.

People with novel H1N1 flu who are cared for at home should:

- Check with their health care provider about any special care they might need if they are pregnant or have a health condition such as diabetes, heart disease, asthma, or emphysema.

- Check with their health care provider about whether they should take antiviral medications.
- Keep away from others as much as possible. This is to keep from making others sick. Do not go to work or school while ill.
- Stay home for at least 24 hours after fever is gone, except to seek medical care or for other necessities. (Fever should be gone without the use of a fever-reducing medicine.)
- Get plenty of rest.
- Drink clear fluids (such as water, broth, sports drinks, electrolyte beverages for infants) to keep from being dehydrated.
- Cover coughs and sneezes. Clean hands with soap and water or an alcohol-based hand rub often and especially after using tissues and after coughing or sneezing into hands.
- Wear a facemask - if available and tolerable - when sharing common spaces with other household members to help prevent spreading the virus to others. This is especially important if other household members are at high risk for complications from influenza.
- Be watchful for emergency warning signs that might indicate you need to seek medical attention.

Answers About H1N1 Vaccines from the CDC

Q. What are the plans for developing novel H1N1 vaccine?

A. Vaccines are the most powerful public health tool for control of influenza, and the U.S. government is working closely with manufacturers to take steps in the process to manufacture a novel H1N1 vaccine. Working together with scientists in the public and private sector, CDC has isolated the new H1N1 virus and modified the virus so that it can be used to make hundreds of millions of doses of vaccine. Vaccine manufacturers are now using these materials to begin vaccine production. Making vaccine is a multi-step process which takes several months to complete. Candidate vaccines will be tested in clinical trials over the few months.

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Q. When is it expected that the novel H1N1 vaccine will be available?

A. The novel H1N1 vaccine is expected to be available in the fall. More specific dates cannot be provided at this time as vaccine availability depends on several factors including manufacturing time and time needed to conduct clinical trials.

Q. Will the seasonal flu vaccine also protect against the novel H1N1 flu?

A. The seasonal flu vaccine is not expected to protect against the novel H1N1 flu.

Q. Can the seasonal vaccine and the novel H1N1 vaccine be given at the same time?

A. It is anticipated that seasonal flu and novel H1N1 vaccines may be administered on the same day. We expect the seasonal vaccine to be available earlier than the H1N1 vaccine. The usual seasonal influenza viruses are still expected to cause illness this fall and winter. Individuals are encouraged to get their seasonal flu vaccine as soon as it is available.

Q. Who will be recommended as priority groups to receive the novel H1N1 vaccine?

A. CDC's Advisory Committee on Immunization Practices has recommended that certain groups of the population receive the novel H1N1 vaccine when it first becomes available. Key populations include pregnant women, people who live with or care for children younger than 6 months of age, healthcare and emergency medical services personnel, persons between the ages of 6 months and 24 years old, and people ages of 25 through 64 years of age who are at higher risk for novel H1N1 because of chronic health disorders or compromised immune systems.

We do not expect that there will be a shortage of novel H1N1 vaccine, but availability and demand can be unpredictable. There is some possibility that initially the vaccine will be available in limited quantities. In this setting, the committee recommended that the following groups receive the vaccine before others: pregnant women, people who live with or care for children younger than 6 months of age, health care and emergency medical services personnel with direct patient contact, children 6 months through 4 years of age, and children 5 through 18 years of age who have chronic medical conditions.

The committee recognized the need to assess supply

and demand issues at the local level. The committee further recommended that once the demand for vaccine for these prioritized groups has been met at the local level, programs and providers should begin vaccinating everyone from ages 25 through 64 years. Current studies indicate the risk for infection among persons age 65 or older is less than the risk for younger age groups. Therefore, as vaccine supply and demand for vaccine among younger age groups is being met, programs and providers should offer vaccination to people over the age of 65.

Q. Where will the vaccine be available?

A. Every state is developing a vaccine delivery plan. Vaccine will be available in a combination of settings such as vaccination clinics organized by local health departments, healthcare provider offices, schools, and other private settings, such as pharmacies and workplaces.

Q. Are there other ways to prevent the spread of illness?

A. Take everyday actions to stay healthy.

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hands cleaners are also effective.
- Avoid touching your eyes, nose, or mouth. Germs spread that way.
- Stay home if you get sick. CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.

Follow public health advice regarding school closures, avoiding crowds, and other social distancing measures. These measures will continue to be important after a novel H1N1 vaccine is available because they can prevent the spread of other viruses that cause respiratory infections.

Q. What about the use of antivirals to treat novel H1N1 infection?

A. Antiviral drugs are prescription medicines (pills, liquid, or an inhaled powder) that fight against the flu by keeping flu viruses from reproducing in your body. If you get sick, antiviral drugs can make your illness milder and make you feel better faster. They may also

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prevent serious flu complications. This fall, antivirals may be prioritized for persons with severe illness or those at higher risk for flu complications.

Q. Will vaccination against the new H1N1 influenza be mandatory?

A. CDC and ACIP (The Advisory Committee on Immunization Practices, which provides advice and guidance on the control of vaccine-preventable diseases) will make recommendations for who should receive H1N1 vaccine, and state and local health departments and institutions will determine how to implement these recommendations. If the vaccine is recommended for use, those who choose vaccination for themselves or their children will be screened for contraindications to vaccination (such as an allergy to eggs) and will receive information sheets describing the vaccine's risks and benefits, possible adverse events associated with vaccination, and how to report these events.

Courtesy of CDC.gov, August 2009

Recommended Employer Responses for the 2009-2010 Flu Season

If the severity of illness in the fall and winter is similar to that observed in the spring and summer of 2009, the effects of 2009 H1N1 influenza may not have substantial impacts on absenteeism. When larger numbers of people become ill, correspondingly larger numbers of people will become seriously ill and may require hospitalization.

Sick persons should stay home

- Advise workers to be alert to any signs of fever and any other signs of influenza-like illness before reporting to work each day, and notify their supervisor and stay home if they are ill. Employees who are ill should not travel while they are ill.
- CDC recommends that employees with influenza-like illness remain at home until at least 24 hours after they are free of fever (100° F [37.8° C] or greater), 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, even if antiviral medications are used.

- Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are well aware of these policies.
- Talk with companies that provide your company with contract or temporary workers about the importance of sick workers staying home and encourage them to develop non-punitive leave policies.
- Do not require a doctor's note for workers who are ill with influenza-like illness to validate their illness or to return to work, as doctor's offices and medical facilities may be extremely busy and may not be able to provide such documentation in a timely way.
- Employees who are well but who have an ill family member at home with influenza can go to work as usual. However, these employees should monitor their health every day, and notify their supervisor and stay home if they become ill. Employers should maintain flexible policies that permit employees to stay home to care for an ill family member. Employers should be aware that more workers may need to stay at home to care for ill children or other ill family members than is usual.

Sick employees at work should be asked to go home

- CDC recommends that workers who appear to have an influenza-like illness upon arrival or become ill during the day be promptly separated from other workers and be advised to go home until at least 24 hours after they are free of fever (100° F [37.8° C] or greater), or signs of a fever, without the use of fever-reducing medications.
- Those who become ill with symptoms of an influenza-like illness during the work day should be:
 - Separated from other workers and asked to go home promptly. (For recommendations on personal protective equipment for a person assisting the ill employee, see [Interim Recommendations for Facemask and Respirator Use to Reduce Novel Influenza A \(H1N1\) Virus Transmission](http://www.cdc.gov/h1n1flu/masks.htm);
<http://www.cdc.gov/h1n1flu/masks.htm>.)
 - When possible and if they can tolerate it, workers with influenza-like illness should be given a surgical mask to wear before they go

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home if they cannot be placed in an area away from others.

- If an employee becomes ill at work, inform fellow employees of their possible exposure in the workplace to influenza-like illness but maintain confidentiality as required by the Americans with Disabilities Act (ADA). For more information on privacy issues, please refer to: http://www.flu.gov/faq/workplace_questions/eq_ual_employment/index.html#PrivacyIssues. Employees exposed to a sick co-worker should monitor themselves for symptoms of influenza-like illness and stay home if they are sick.

Cover coughs and sneezes

- Influenza viruses are thought to spread mainly from person to person in respiratory droplets of coughs and sneezes. Provide employee messages on the importance of covering coughs and sneezes with a tissue or, in the absence of a tissue, one's sleeve. Place posters in the worksite that encourages cough and sneeze etiquette.
- Provide tissue and no-touch disposal receptacles.

Improve hand hygiene

- Influenza may be spread via contaminated hands. Instruct employees to wash their hands often with soap and water or use an alcohol-based hand cleaner, especially after coughing or sneezing. Place posters in the worksite that encourage hand hygiene.
- Provide soap and water and alcohol-based hand sanitizers in the workplace. Ensure that adequate supplies are maintained. If feasible, place hand sanitizers in multiple locations or in conference rooms to encourage hand hygiene.

Clean surfaces and items that are more likely to have frequent hand contact

- Frequently clean all commonly touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
- No additional disinfection beyond routine cleaning is recommended.

Encourage employees to get vaccinated

- Encourage your employees to get vaccinated for seasonal influenza. For information on groups

prioritized for seasonal influenza vaccines, please see <http://www.cdc.gov/flu/protect/keyfacts.htm>.

- Encourage your employees also to get vaccinated for 2009 H1N1 influenza when vaccines are available to them. Different groups are prioritized for 2009 H1N1 influenza than for seasonal influenza. For information on groups prioritized for H1N1 influenza vaccine please see <http://www.cdc.gov/h1n1flu/vaccination/acip.htm>.
- Offer opportunities at your worksite for influenza vaccination. Consider granting employees time off from work to get vaccinated if not offered at the worksite.
- Review the health benefits you offer employees and work with insurers to explore if they can cover the costs of influenza vaccination.

Take measures to protect employees who are at higher risk for complications of influenza

- People at higher risk for complications from influenza include pregnant women; children under 5 years of age; adults and children who have chronic lung disease (such as asthma), heart disease, diabetes, diseases that suppress the immune system, and other chronic medical conditions; and those who are 65 years or older.⁷
- Inform employees that some people are at higher risk of complications from influenza and that if they are at higher risk for complications, they should check with their health care provider if they become ill. Early treatment with antiviral medications is very important for people at high risk because it can prevent hospitalizations and deaths.
- Encourage employees recommended for seasonal influenza vaccine and 2009 H1N1 vaccines to get vaccinated as soon as these vaccines are available. For information on groups prioritized for seasonal and H1N1 vaccines, please see <http://www.cdc.gov/flu/protect/keyfacts.htm> and <http://www.cdc.gov/h1n1flu/vaccination/acip.htm>.
- Employees who become ill and are at increased risk of complications from influenza and ill employees who are concerned about their illness should call their health care provider for advice. Their health care provider might want them to take antiviral medications to reduce the likelihood of severe complications from the influenza.

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- See <http://www.cdc.gov/h1n1flu/qa.htm> for more information.

Prepare for increased numbers of employee absences due to illness in employees and their family members, and plan ways for essential business functions to continue

- Employers should plan to monitor and respond to absenteeism at the workplace. Implement plans to continue your essential functions in case you experience higher than usual absenteeism. Elevated absentee rates can be due to sick workers, those who need to stay home and care for others, or from workers with conditions that make them at higher risk for complications from influenza and who may be worried about coming to work.
- Cross-train personnel to perform essential functions so that the workplace is able to operate even if key staff are absent.
- Assess your essential functions and the reliance that others and the community have on your services or products. Be prepared to change your business practices if needed to maintain critical operations (e.g. identify alternative suppliers, prioritize customers, or temporarily suspend some of your operations if needed).

Advise employees before traveling to take certain steps

- Advise workers to check themselves for fever and any other signs of influenza-like illness before starting travel and notify their supervisor and stay home if they are ill.
- Advise employees who will be traveling or on temporary assignment about precautions they may need to take to protect their health and who to call if they become ill.
- Employees who become ill while traveling and are at increased risk of complications from influenza and others concerned about their illness should promptly call a health care provider for advice.
- Ensure employees who become ill while traveling or on temporary assignment understand that they should notify their supervisor.
- If outside the United States, ill employees should follow your company's policy for obtaining medical care or contact a health care provider or

overseas medical assistance company to assist them with finding an appropriate health care provider in that country, if needed. A U.S. consular officer can help locate health care services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, and resources to evacuate or give medications, vaccines, or medical care to private U.S. citizens overseas.

- See CDC's Travel Website (<http://wwwn.cdc.gov/travel/content/novel-h1n1-flu.aspx>) for more information for travelers.

Prepare for the possibility of school dismissal or temporary closure of child care programs

- Although school dismissals or closures of child care programs are not likely to be generally recommended at this level of severity, they are possible in some jurisdictions.
- Be prepared to allow workers to stay home to care for children if schools are dismissed or child care programs are closed.
- Strongly recommend that parents not bring their children with them to work while schools are dismissed.
- Ensure that your leave policies are flexible and non-punitive.
- Cross-train employees to cover essential functions.
- Read CDC's Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses, which can be found at <http://www.cdc.gov/h1n1flu/schools/schoolguidance.htm>, to better understand the conditions under which schools may be dismissed.



Recommended School Responses for the 2009-2010 School Year

- Stay home when sick:**
Those with flu-like illness should stay home for at least 24 hours after they no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. They should stay home even if they are using antiviral drugs. (For more information, see [CDC Recommendations for the Amount of Time Persons with Influenza-Like Illness Should Be Away from Others.](#))
[See the Technical Report for more details about staying home when sick >>](#)
- Separate ill students and staff:**
Students and staff who appear to have flu-like illness should be sent to a room separate from others until they can be sent home. CDC recommends that they wear a surgical mask, if possible, and that those who care for ill students and staff wear protective gear such as a mask.
[See the Technical Report for more details about separating ill students and staff >>](#)
- Hand hygiene and respiratory etiquette:**
The new recommendations emphasize the importance of the basic foundations of influenza prevention: stay home when sick, wash hands frequently with soap and water when possible, and cover noses and mouths with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available).
[See the Technical Report for more details about hand hygiene and respiratory etiquette >>](#)

- Routine cleaning:**
School staff should routinely clean areas that students and staff touch often with the cleaners they typically use. Special cleaning with bleach and other non-detergent-based cleaners is not necessary.
[See the Technical Report for more details about routine cleaning >>](#)
- Early treatment of high-risk students and staff:**
People at high risk for influenza complications who become ill with influenza-like illness should speak with their health care provider as soon as possible. Early treatment with antiviral medications is very important for people at high risk because it can prevent hospitalizations and deaths. People at high risk include those who are pregnant, have asthma or diabetes, have compromised immune systems, or have neuromuscular diseases.
[See the Technical Report for more details about early treatment >>](#)
- Consideration of selective school dismissal:**
Although there are not many schools where all or most students are at high risk (for example, schools for medically fragile children or for pregnant students) a community might decide to dismiss such a school to better protect these high-risk students.
[See the Technical Report for more details about selective school dismissal >>](#)

CDC.gov, August 2009

For more information, please visit:
<http://www.cdc.gov/h1n1flu/>