



# **PANDEMIC FLU PLANNING**

**SEPTEMBER 15<sup>th</sup> UPDATE**

**Caroline Hamilton**  
**President, RiskWatch, Inc.**

**SPECIAL GUEST:**

**Laura Mallet (Mosley)**  
**Business Continuity Program Manager,**  
**ADT Security Services**



***PUBLIC TRANSPORTATION ?***



## HEALTH RESTRICTIONS

Here is a partial list of health restrictions ordered by the Mexican government .

**Customers must be asked to wash their hands with soap or anti-bacterial gel upon entering.**

**All staff must wear face masks and wash hands at least once an hour.**

**Pamphlets must be placed in a visible space with information on hygiene and flu prevention.**

**Waiters must wash hands every 15 minutes.**

**Establishments with air conditioning must maintain a temperature of 72 to 75 degrees Fahrenheit.**

**Buses and subways must provide disposable tissues and plastic bags. Surfaces including windows, seats, gearshifts and steering wheels must be washed with soap or industrial-strength cleanser twice a day.**

# *H1N1 has spread rapidly*

## *“Category 1” – low severity*

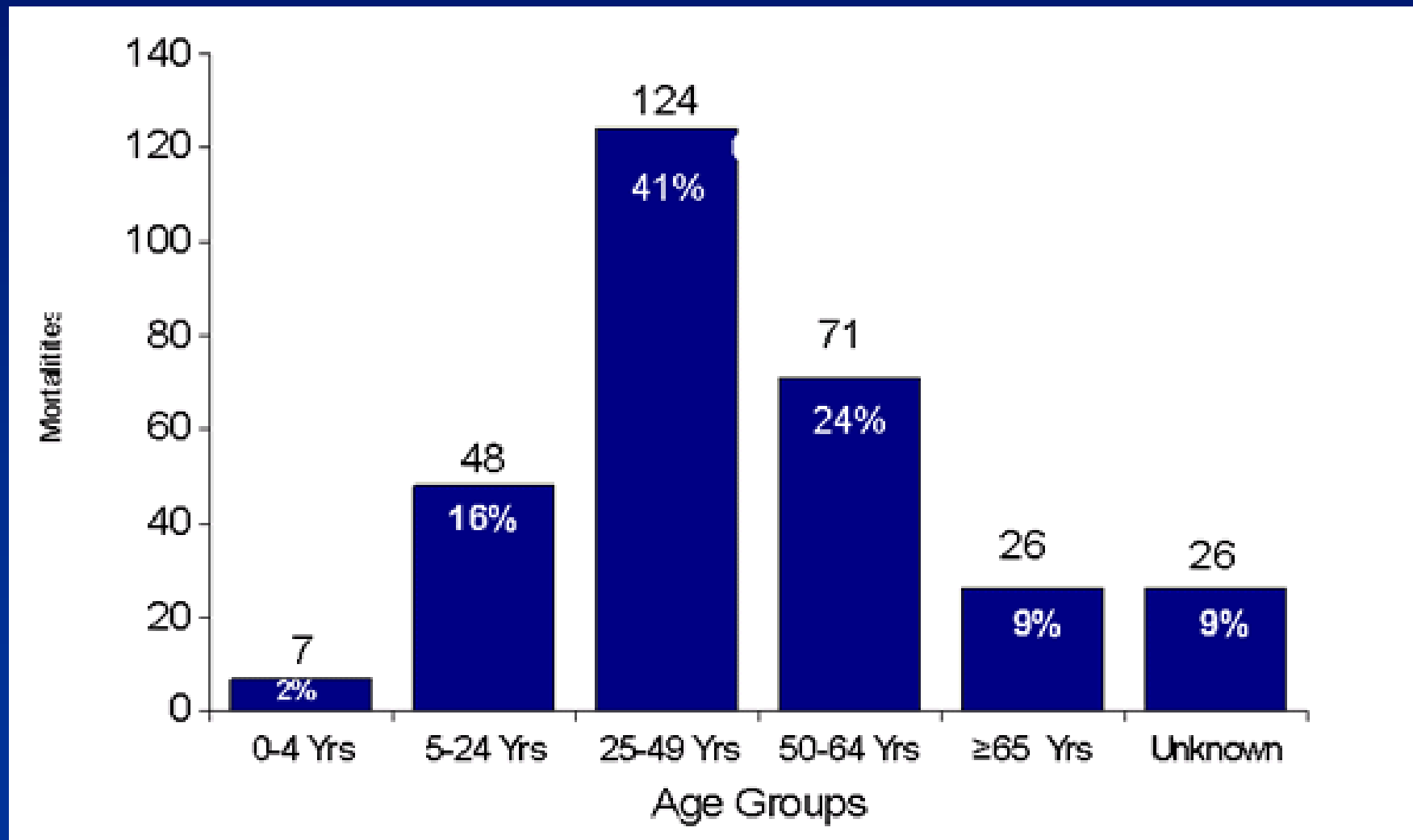
### Flu To Pandemic!

Start Date	Cases reported	Countries affected	World wide reported deaths
4/24	< 100	2 – USA, Mexico	None
4/26	< 100	2 – USA, Mexico	USA, Mexico
4/29	< 200	9	2
4/30	< 200	11	2
5/2	< 1000	15	3
5/6	< 1500	23	3
5/9	< 3000	29	3
5/11	4500-5000	29	4
5/17	8000+	40	74
5/27	14,000	48	95
6/11	W.H.O.→	LEVEL 6 ALERT	
6/26	59,814	55	264
6/29	70,893	55+	311

# *How Old Are You?*

## *Born after 1957 - more at risk.*

Graph C: Novel H1N1 U.S. Deaths, By Age Group



# *Assessment of Initial Actions*

- Case containment strategy did not work (exposure too widespread)
- Community containment strategy disruptive and questionable impact
- Frequent changes in guidance lead to confusion
- Media coverage extensive and fed widespread community concern

# ***OSHA GUIDANCE***

- To reduce the impact of a pandemic on your operations, employees, customers and the general public, **it is important for all businesses and organizations to begin continuity planning for a pandemic now.**

# ***OSHA Guidance***

Lack of continuity planning can result in a cascade of failures as employers attempt to address challenges of a pandemic with insufficient resources and employees who might not be adequately trained in the jobs they will be asked to perform.

- Proper planning will allow employers to better protect their employees and prepare for changing patterns of commerce and potential disruptions in supplies or services.

# ***What next and next steps***

*Identify what is important to your organization*

- Communication
- Policies
- Monitor and Track
- Business Continuity

Based on the CDC prediction of 30% impact and the demographics at most risk we can expect a 10-fold increase in absenteeism at it's peak.

# *Planning Assumptions*

- The clinical disease attack rate will be 30 percent in the overall population during the pandemic. Illness rates will be highest among school-aged children (about 40 percent) and decline with age.
- Among working adults, an average of 20 percent will become ill during a community outbreak.

# *More Assumptions*

Some persons will become infected but not develop clinically significant symptoms.

Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.

Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by an order of magnitude between more and less severe scenarios.

# ***Effects of Closing Schools***

**Certain public health measures (closing schools, quarantining household contacts of infected individuals, “snow days”) are likely to increase rates of absenteeism.**

# From August 2009 Report to the President

## *The Current Situation and a Plausible Scenario*

Indeed, the 2009-H1N1 influenza is already responsible for significant morbidity and mortality world-wide — from its appearance in the spring, its continued circulation in the U.S. this summer, and its spread through many countries in the Southern Hemisphere during their winter season. A plausible scenario is that the epidemic could:

- produce infection of 30–50% of the U.S. population this fall and winter**, with symptoms in approximately 20–40% of the population (60–120 million people), more than half of whom would seek medical attention.
- lead to as many as 1.8 million U.S. hospital admissions during the epidemic, with up to 300,000 patients requiring care in intensive care units (ICUs)**. Importantly, these very ill patients could occupy 50–100 percent of all ICU beds in affected regions of the country at the peak of the epidemic and could place enormous stress on ICU units, which normally operate close to capacity.
- cause between 30,000 and 90,000 deaths in the United States, concentrated among children and young adults**. In contrast, the 30,000–40,000 annual deaths typically associated with seasonal flu in the United States occur mainly among people over 65. As a result, 2009-H1N1 would lead to many more years of life lost.



# *Rates of Absenteeism*

- Rates of absenteeism will depend on the severity of the pandemic.
  - In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members, and fear of infection may reach 40 percent during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak.

# *Policies*

- Review policies for modification
- Develop trigger processes
- Identify strategy to limit the spread of an outbreak
- Develop business continuity policies that provide work-at-home options.
- Determine when to curtail employee travel, domestically and internationally.

# ***H1N1 Tracking in your organization***

- **Monitor workers health**
- **Develop consistent H1N1 tracking mechanism**
- **Consistent, focused, private, tracking and reporting of cases**
- **Simplify notification requirements from employees to management**
- **Ensure required management team members are aware of H1N1 incidents**
- **Develop a corporate wide view of incidents with trending over time**

# ***Communication***

***Proactive, timely and informative  
communication***

- Internal
- External
- Content
- Type
- Timeframe
- Message maps

**Consider appropriate recommended internal communication when a department has an employee with H1N1 (Content, type, timeframe)**

# ***DHS guidance – Private sector role***

- Establish a process for infection control in the workplace
  - Options for working offsite while ill
  - Systems to reduce infection transmission
  - Worker education
- Establish internal surveillance protocols
  - Monitor the health of workers and business stakeholders
  - Keep State and local public health officials informed
- Develop pandemic specific continuity of operations plans to maintain delivery of essential goods and services despite significant and sustained worker absenteeism
- Monitor regional/national/international pandemic threat levels for trigger-point changes that will affect the business

# *Planning Assumptions*

- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately 2 days.
  - Persons who become ill may shed virus and can transmit infection for one-half to one day before the onset of illness.
  - Viral shedding and the risk of transmission will be greatest during the first 2 days of illness.
  - Children will play a major role in transmission of infection as their illness rates are likely to be higher because they shed more virus over a longer period of time and they do not control their secretions as well.
- *On average, infected persons will transmit infection to approximately two other people.*

- Epidemics will last 6 to 8 weeks in affected communities.
- Multiple waves (periods during which community outbreaks occur across the country) of illness are likely to occur with each wave lasting 2 to 3 months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty

# ***Harvard Study says most companies not ready for H1N1***

*Harvard study: Most cos. not ready for H1N1 flu  
(AP) – 6 days ago*

BOSTON — A Harvard University study has found that many American businesses are unprepared to deal with widespread employee absenteeism during a swine flu outbreak.

The Harvard School of Public Health study, released Wednesday, found that two-thirds of the more than 1,000 businesses surveyed nationwide said they could not maintain normal operations if half their workers were out for two weeks. Four out of every five expect severe problems if half their workers are out for a month.

Robert Blendon, a professor of health policy and project leader, says companies need to change sick leave policies to deal with a possible flu pandemic.

Associated Industries Of Massachusetts says the organization is urging member companies to train workers to do the jobs of absent colleagues, and let employees work from home.

# *What next ??*

- Cases – likely to increase at start of school
- H1N1 will likely dominate during usual flu season, at least early season
  - Predominant strain in Southern Hemisphere
  - Less so in tropical areas
  - Implications for Florida unclear
- Pandemic Severity Index = 2
- Will older adults continue to be lower risk?

*Pandemic Flu Planning  
for Businesses and Healthcare*

**Now that Pandemic Flu has  
been Announced**

**What do I do now?**

**Contact: <http://www.pandemicflu.gov/plan/workplaceplanning>**

***Use the opportunity of a relatively mild flu strain to:***

1. Create awareness
2. Complete a Pandemic Drill
3. Help Employees w/Home Prep

# *Help Employees Prepare Kits*

- *You may need to survive on your own for 2-3 weeks or more. This means having your own water, food and emergency supplies. Try using backpacks or duffel bags to keep the supplies together. Assembling the supplies you might need following a disaster is an important part of your disaster plan. You should prepare emergency supplies for the following situations:*
- A disaster supply kit with essential food, water, and supplies for at least three days this kit should be kept in a designated place and be ready to "grab and go" in case you have to leave your home quickly because of a disaster, such as a flash flood or major chemical emergency. Make sure all household members know where the kit is kept.
- You should also have a disaster supply kit at work. This should be in one container, ready to "grab and go" in case you have to evacuate the building.
- A car kit of emergency supplies, including food and water, to keep stored in your car at all times. This kit would also include flares, jumper cables, and seasonal supplies.
- For pandemic flu – add hand sanitizers, soap and water, all prescriptions and medicine required for your family, including pets, to stay healthy, for example, extra Kleenex, aspirin, paper towels, toilet paper and trash bags.

# ***Pandemic Flu Assessment Checklists***

1. **PLAN** for the impact on business
2. **PLAN** for the impact on employees and customers
3. **SET UP POLICIES** to be followed
4. **ALLOCATE RESOURCES** for protection
5. **COMMUNICATE**
6. **COORDINATE** with community

## *Take H1N1 seriously, but no need for panic*

- (The world has good reasons to take seriously the spreading cases of influenza, especially since H1N1 can be fatal, but that doesn't mean we all have to panic. Prior pandemics, such as those that occurred in 1918, 1957 and 1968, have demonstrated that when the animal- or bird-derived influenza virus enters the human body, **it can adapt to become transmissible among humans themselves.**

It was reported, for example, in 1918 that a kitchen staff member of the US Army fell sick with flu one day, and 500 other soldiers contracted the same illness two days later. A week later, the flu spread around the US and one month later became a pandemic affecting the entire world. **Forty million people died as a result.**

# ***New Vaccine Ready Tamiflu & Relenza***

New Vaccine was announced yesterday.

In China, drug makers indicated that if the epidemic spreads, they will produce their own version of Tamiflu. Under the Patent Law of the PRC, it is permissible in case of a public health crisis and emergency.

In contrast to what was asserted by Roche, scientists agree it is easy to produce Tamiflu once its active ingredient shikimic acid can be reproduced first. It is derived from star anise, a spice widely grown and used in China, Japan and most Asian nations.

Understanding the situation, Roche has begun talks about licensing Tamiflu to more than 100 parties who are interested in making the drug. Without a proven vaccine for humans to be immune from the disease, governments around the world have pinned their hopes on this antiviral drug against any possible outbreak.

## **Outbreak may be preview of next flu season, experts say**

### **'Herald wave' often preceded past pandemics**

The late-spring outbreak of swine flu may offer the best-case scenario to control its spread, many health experts say, by providing a prelude of what is to come next flu season. These kinds of "herald waves" preceded past pandemics, and flu monitoring systems combined with the unusual timing for an outbreak may have allowed public health experts to detect the novel flu strain's existence before its expected retreat this summer.

- "It's one possible scenario, and it's the best possible scenario," said Dr. Paul Glezen, a flu specialist from Baylor College of Medicine in Houston who coined the term "herald wave" in a 1982 journal article. Glezen used it to describe an unusual pattern he found in flu outbreaks, in which a novel flu strain emerged toward the end of the season, in addition to the seasonal flu types, and then returned to cause the next year's outbreak.
- "It

That happened before the 1918 pandemic, which killed an estimated 50 million worldwide before the virus faded from existence in 1919. Glezen said researchers realized in retrospect that there was an earlier outbreak in 1917 that heralded the pandemic, in which soldiers at a French military camp were dying from the flu. That reflected the same pattern as the pandemic strain that rapidly spread the next year — it was particularly lethal in young, previously healthy adults.

The 1957 Asian flu, which killed 2 million people worldwide, also began with a herald wave in the spring in China.

The best known pandemic was the "Spanish Flu" of 1918-1919, which killed at least 20 million people, and by some estimates as many as 50 million worldwide. By contrast, World War One lasted from 1914 to 1918, resulting in 10 million battle deaths. So the Spanish Flu killed at least twice as many people in one year than all the combined battle deaths of the combatants in the First World War. Less severe pandemics were the 1957-1958 Asian Flu and the 1968-1969 Hong Kong Flu. **Based on the frequency of past pandemics, experts warn that the world is "overdue" for a new outbreak, but no one can predict with certainty when the next one will occur.**

Influenzas are highly infectious viral diseases. Unlike bacterial diseases -- which mutate slowly -- viruses can mutate quickly to form new strains. Because they are new, humans have no or only limited natural immunity, allowing the new diseases to spread quickly. These two factors explain why pandemics are almost always influenza based. And being virus based, flu strains cannot be treated by antibiotics. In fact, overuse of antibiotics only contributes to the growing medical problem of antibiotic resistance, which harms everyone in the long run.

All influenza outbreaks are serious. But because of their frequency -- the "flu season" occurs every year during the cold weather months -- **few people realize that the annual seasonal flu sickens millions of Americans and kills an average of 36,000.**

# ***TYPES OF AVAILABLE PANDEMIC FLU CHECKLISTS***

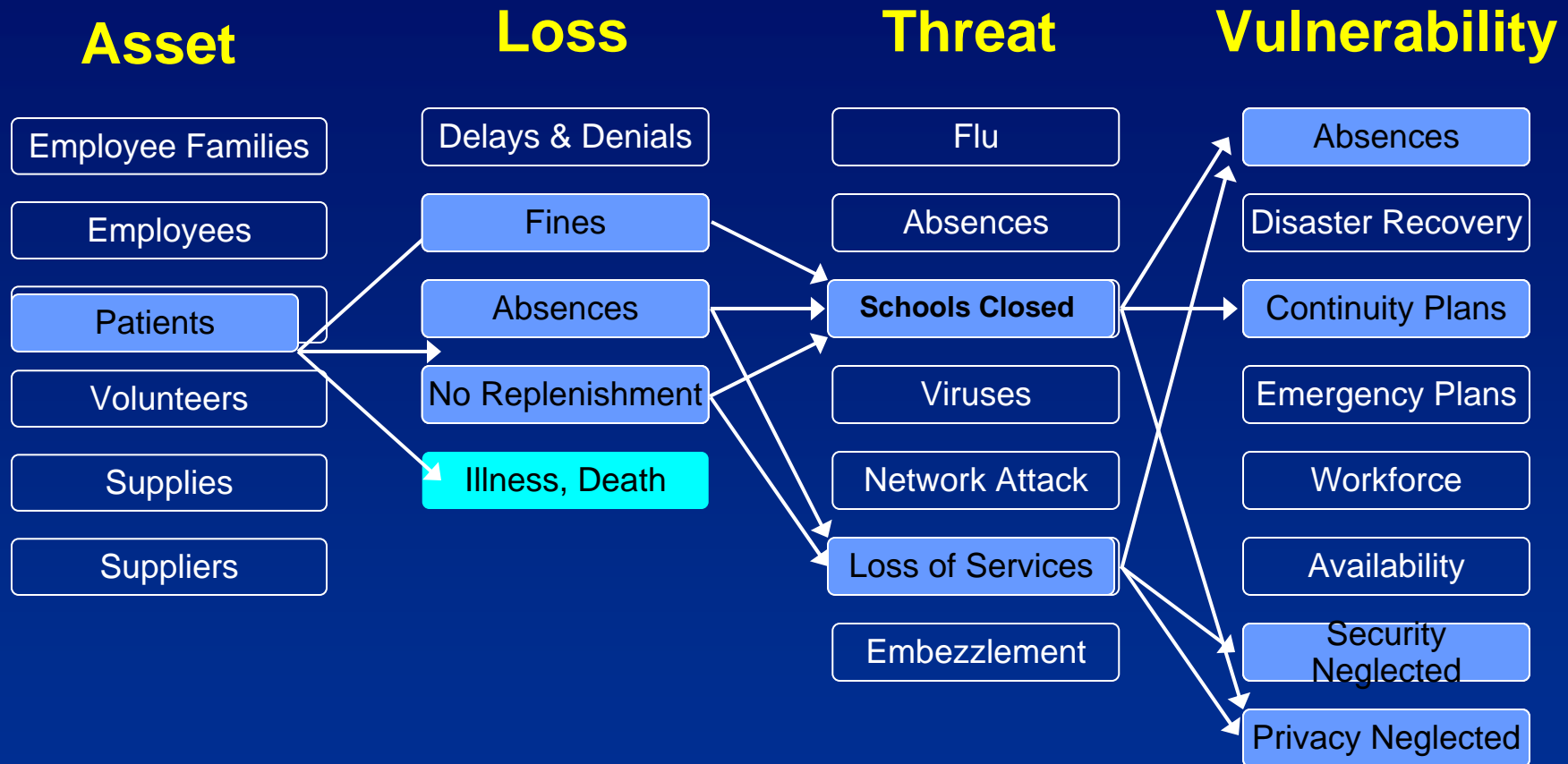
1. CDC – Preparedness Planning for Businesses
2. CDC – Planning for Businesses with Overseas Ops
3. CDC – Planning for Critical Industries
4. Hospital Planning Check – Planning for a Pandemic
5. Hospitals – Structure for Planning
6. Hospitals - Writing the Pandemic Flu Plan

# ***RiskWatch Solutions***

- **RiskWatch for Pandemic Flu Assessment**
- **RiskWatch for HIPAA Compliance**
- **RiskWatch for Hospital Security (Physical)**
- **RiskWatch for Information Systems & ISO 27001**
- RiskWatch for Financial Institutions
- RiskWatch for Federal Systems
- RiskWatch for Physical & Homeland Security
- RiskWatch Hosted RWANSWER
- **CASEWORKS**

# Pandemic Flu Analysis Model

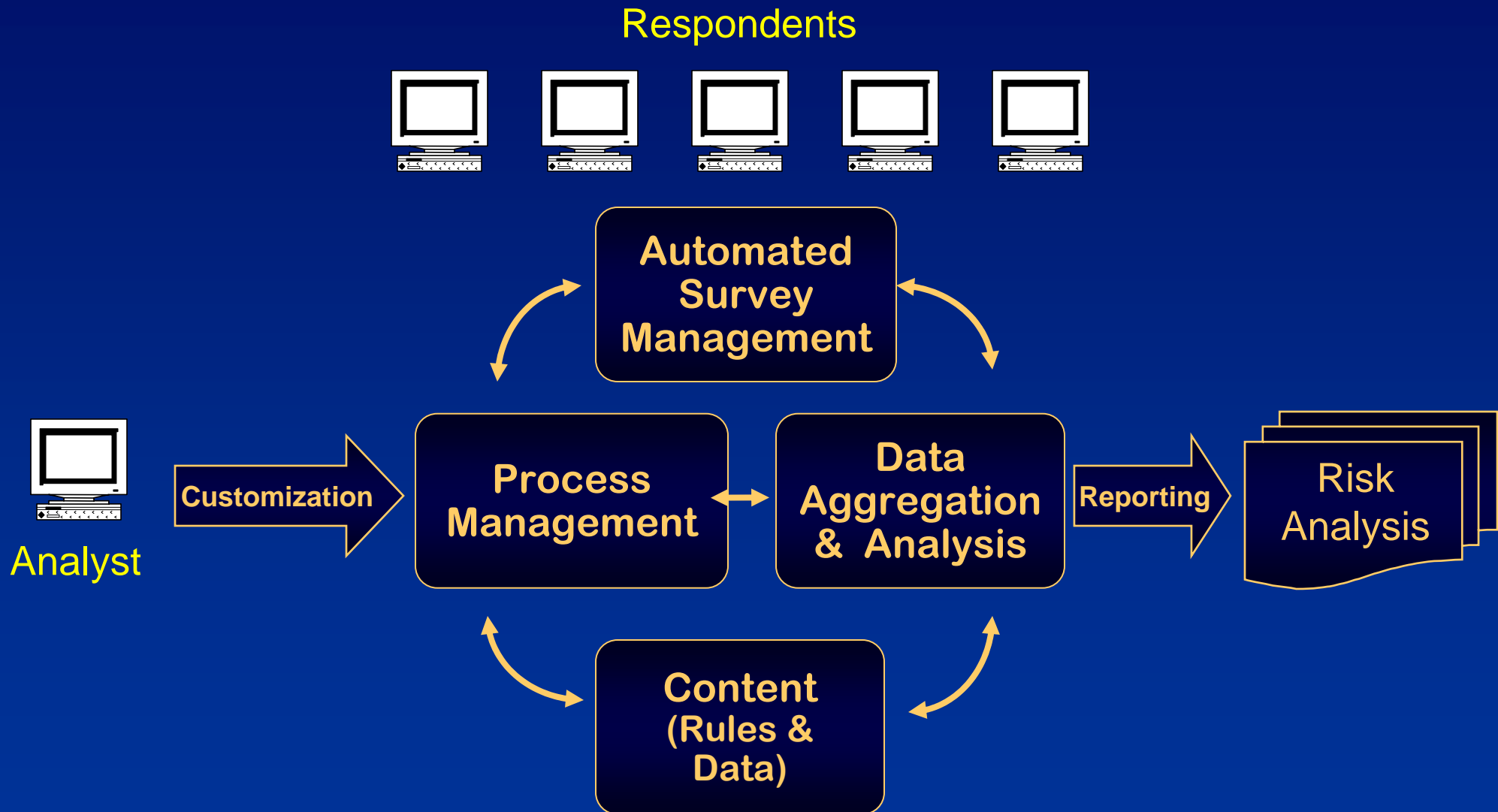
## Data Aggregation & Analysis



***Risk = Asset ⊗ Loss ⊗ Threat ⊗ Vulnerability***

Software Automatically Analyzes Over 3 Million Linking Relationships

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**RiskWatch, Inc.**

**[chamilton@riskwatch.com](mailto:chamilton@riskwatch.com)**

**Caroline Hamilton**

**410-224-4773 x105**

**[www.riskwatch.com](http://www.riskwatch.com)**