PANDEMIC FLU RESPONSE BY HEALTH CARE RISK MANAGERS

Globalization is shrinking the world, and the smaller the world, the easier for infectious diseases to spread across continents. A new subtype of influenza virus, A(H1N1), has been reported in Mexico, the U.S. and several more countries. Genetically, it appears to be a reassortment of American-Eurasian swine influenza viruses. Documented cases began to appear on March 17, 2009.

Large clusters now being reported have led the World Health Organization (WHO) to raise its pandemic alert level to Phase 5. Public health efforts will be focused on containing and delaying the spread at the source and on reducing morbidity, mortality, social distribution and evaluating process effectiveness.

The newer a virus, the more impact it may have on a population. In the case of pandemic flu, the human population has no previous exposure to a particular virus and thus has developed no immunity to it. Even healthy people are therefore at risk for serious complications from infection.

Symptoms of swine flu include high fever, cough and sore throat – symptoms similar to typical influenza – with some patients experiencing diarrhea and vomiting. There is potential for cases to rapidly progress to severe and unusual pneumonia.

No one knows if the H1N1 component of this season’s influenza vaccine provides any protection against the new strain. The U.S. Centers for Disease Control and Prevention (CDC) has taken a sample of the H1N1 virus, produced a vaccine virus strain and is now growing it in eggs, the first stage in a vaccine production process. “We certainly know that the work has begun to produce a vaccine,” A CDC spokesperson said, adding that “it would typically be five to six months from this initial development before a vaccine was ready for use and on shop shelves.” (Reuters Alert, April 27, 2009.)

A reemergence of the virus some months after the initial outbreak is likely. Although a reemergence can be more severe than the initial outbreak, by that time a vaccine may be available.
PANDEMIC ALERT PHASES

<table>
<thead>
<tr>
<th>Inter-Pandemic Period</th>
<th>Phase 1</th>
<th>No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Phase 2</td>
<td>No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.</td>
</tr>
<tr>
<td>Pandemic Alert Period</td>
<td>Phase 3</td>
<td>Human infection(s) with a new subtype but no human-to-human spread, or at most rare instances of spread to a close contact.</td>
</tr>
<tr>
<td></td>
<td>Phase 4</td>
<td>Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.</td>
</tr>
<tr>
<td></td>
<td>Phase 5</td>
<td>Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).</td>
</tr>
<tr>
<td></td>
<td>Phase 6</td>
<td>Pandemic exists, with transmission in general population.</td>
</tr>
</tbody>
</table>

Source: WHO

STEPS FOR HEALTH CARE PROVIDERS

Health care organizations of all types (acute care, continuing care, ambulatory care, etc.) plan and hold drills for just such emergencies as a pandemic disease outbreak. Because of the differences among providers (their size, services and patients) each organization’s response plan will be unique. Proactive implementation of an effective plan can have a major impact on the how severely a health care provider is affected by a pandemic. Health care risk managers should also consider the following suggestions:

- Determine that mechanisms for surveillance, detection and reporting of infections among patients, staff and visitors are in accordance with organizational policy.
- Monitor public health advisories and announcements (see resources below).
- Monitor ongoing compliance with your written response plan.
- Review formal communications with the public, media, employees and visitors. Consider a fully operational call center for 24/7 access during this situation and post a link to http://www.pandemicflu.gov on your organization’s homepage.
- Monitor facility access and regularly evaluate the need for additional security measures.
- Remove all magazines, books and toys from waiting areas.
HEALTH PRECAUTIONS

THE BASICS
The precautions that apply to average citizens are especially important for health care professionals.

- Regular hand washing
- Maintaining a clean work environment
- Healthy eating, sleeping and exercise routines
- Proper cough and sneezing etiquette
- Instructing employees on how to prepare their homes and families should a pandemic occur (See http://www.pandemicflu.gov/health/#families for information on preparing homes and families.)

BROADER ACTIONS
Organizations may need to consider several steps for curtailing the spread of disease.

- Non-pharmaceutical
  - Closing of select public venues
  - Quarantine
  - Ban on mass gatherings
  - Travel restrictions
- Pharmaceutical
  - Appropriate use of antiviral drugs
  - Eventual vaccination
- Communicating risks to the public, employee and visitors
  - Maintain confidence in the system and reliability of information
  - No warranties or promises
  - Provide basic education
    - Signage (multilanguage, graphics)
    - Consider looping videos in entrances, waiting rooms and patient rooms

- Eliminate or decrease patient use of shared items, such as pens, clipboards, etc.
- Keep track of expenses associated with your pandemic flu response (there may be potential for federal reimbursement of some costs).
- Document response steps taken.
- Retain documentation of directives or orders from officials.
- Confirm that your ethics committee is prepared to address ethical questions that could arise.
- Confirm that the process for emergency credentialing or activation of volunteer staff is in place.
- Confirm with human resource experts compliance with occupational health rules addressing staff absences, work schedules, time keeping and potential WC claims.
- Form or activate a rounding team that can check on employees for flu symptoms (or fatigue) and provide drinks, nourishment and support.
- Regularly evaluate supply chain adequacy (pharmacy, food, supplies, utilities, etc.).
- Evaluate travel advisories and monitor employees who are traveling. Prepare guidance for traveling/expatriate employees who return home (well and unwell).
- Continue vigilance in IT security measures.
- Monitor surge capacity and alternative treatment locations.
- Schedule updates with off-site locations for improved communication and safety.
- Initiate communication programs for at-risk populations, addressing language barriers, special needs, abandoned people, cancer patients, pregnant patients, etc.
- Confirm that counseling is available for staff. On-site access to employee assistance counselors can be beneficial but also consider telephonic access.
- Confirm that succession planning and contingency planning are in place in case of illness, death or unavailability of key personnel.
- Review your organization’s insurance programs to determine the degree (if any) of coverage for associated losses and claims. Also evaluate any restrictions or exclusions that may apply.
- Consider utilizing the knowledge and services of your Willis HRH insurance broker/Client Advocate to clarify insurance and risk mitigation concerns.
RESOURCES

WILLIS HRH RESOURCES
http://www.willis.com/What_We_Think/Publications

Employee Benefits:
Alert, Vol. 2, No. 6 – Swine Flu and the Workplace

Claim and Risk Control:
Alert: Pandemic Flu: Time for Preparation, Not Panic

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
http://www.osha.gov

Guidance on workplace preparation and safety.
- Guidance on Preparing Workplaces for an Influenza Pandemic. Also available as a PDF.
- Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers. Also available as a PDF.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
http://pandemicflu.gov

Government site dedicated to information on influenza.
- Access to current information on the outbreak of human cases of swine influenza A (H1N1) virus infection.
- Checklists, news releases, plans, recovery guides, etc.
- Widget to include on your website

WORLD HEALTH ORGANIZATION
http://www.who.int

WHO is the directing and coordinating authority for health at the United Nations. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.
Interim WHO guidance for the surveillance of human infection with swine influenza A(H1N1) virus

CENTERS FOR DISEASE CONTROL & PREVENTION
http://www.cdc.gov

- Long-Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist
- Home Health Care Services Pandemic Influenza Planning Checklist
- Medical Offices and Clinics Checklist
- Emergency Medical Service and Medical Transport Checklist
- Hospital Pandemic Influenza Planning Checklist
- Long-Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist
- Travel Advisories: http://wwwn.cdc.gov/travel
For further information, please contact any of the following.

**Mary S. Botkin**  
Practice Leader  
Houston, TX  
281 584 1646  
mary.botkin@willis.com

**Deana Allen**  
Atlanta, GA  
404 302 3807  
deana.allen@willis.com

**Jacqueline Bezaire**  
Los Angeles, CA  
213 607 6343  
jacqueline.bezaire@willis.com

**Frank Castro**  
Los Angeles, CA  
213 607 6304  
frank.castro@willis.com

**Ken Felton**  
Hartford, CT  
860 756 7338  
kenneth.felton@willis.com

**Pamela Haughawout**  
Lombard, IL  
630 324 2798  
pam.haughawout@willis.com

**Neil Morrell**  
Chicago, IL  
312 621 4923  
neil.morrell@willis.com

**Sandy Berkowitz**  
Malvern, PA  
610 651 7704  
sandy.berkowitz@willis.com

**Paul A. Greve, Jr.**  
Nashville, TN  
615 872 3320  
paul.greve@willis.com

**E. Dow Walker, Jr.**  
Nashville, TN  
615 872 3311  
dow.walker@willis.com