

Occupational Medicine Newsletter

12th Issue, September 2009
www.tcohr.com

This is a Special Supplement addressing H1N1 in the workplace.

H1N1 – What is different?

This newsletter is intended to help employers and employees understand and prepare for the things that can be controlled to reduce the spread and severity of both H1N1 and the conventional, seasonal flu.

H1N1 influenza, combined with the conventional seasonal flu could result in workplace absenteeism rates as high as 35% - 40%. For the vast majority of infected people, flu illness will be mild to moderate. For a small number of people in high-risk groups, H1N1 could be devastating.

Because of the large number of 50+ year olds who were exposed to similar strains of influenza decades ago, many in that age group are at a lower risk of developing serious H1N1 infections, largely opposite from those at risk for seasonal flu.

The primary differences between H1N1 and seasonal influenza are severity, the age groups that each affects, and which groups will be the first to receive the H1N1 vaccine when it is first released, most likely in October.

As the vaccine begins shipping weekly, there will eventually be ample supply to vaccinate everyone who elects to receive it. Even though Minnesota will be in the midst of the 2nd wave of H1N1, vaccinations will provide protection for a 3rd wave of H1N1, expected this next spring.

Priority H1N1 vaccine-targeted groups consist of:

- ✓ Pregnant women
- ✓ Obese individuals
- ✓ Severe asthmatics

| Who is Most Affected? | | | | | | |
|----------------------------------|--------------|--------------|----------------|----------------|----------------|------------|
| Conventional Seasonal Flu | | | | | | |
| % of Ages Hospitalized | 16% | 3% | 3% | 19% | 15% | 44% |
| Age | 0 - 4 | 5 - 9 | 10 - 17 | 18 - 49 | 50 - 64 | 65+ |
| % of Ages Hospitalized | 22% | 19% | 15% | 31% | 10% | 3% |
| H1N1 Influenza | | | | | | |

Figure A

Individuals in the 18-49 year old risk group are the core of most workforces, so planning and prevention becomes especially critical. Adding to this, the reality that these workers are those with young children, also at higher risk for severe H1N1 reactions, HR planning becomes mission critical.

- ✓ Those with cardiac, neurological and neuromuscular conditions
- ✓ Those not protected by the 1976 'swine' flu vaccine
- ✓ Young, healthy adults < 25 years of age
- ✓ Children

70% of hospitalizations from H1N1 are in otherwise healthy adults under 25 years of age.

What else should I know?

- ♦ Schools are planning to remain open as much as possible, but children (and staff) will be expected to remain home when ill. This will place a greater burden on employees and employers alike.
- ♦ The convergence of seasonal flu with the 2nd wave of H1N1 will make it impractical for public health sources to culture and identify each case that will be seen. Therefore, human resource policies and strategies for handling all Influenza-Like Illnesses (I.L.I.) should be the same.
- ♦ The healthcare system cannot handle large surges in demand, so people with I.L.I. symptoms will be asked to stay out of emergency rooms, urgent care clinics and family clinics unless the most severe symptoms are present, such as difficulty breathing, dehydration from extreme vomiting or diarrhea and high fever that is not controlled by medicine.
- ♦ Anti-viral medicines like Tamiflu and Relenza are very effective, but are being used sparingly to treat very sick, high risk patients, not as a preventative. Unnecessary or over-use may result in the flu virus developing a resistance to these drugs.
- ♦ Coughs as much as one week *before* fever or other symptoms appear can spread H1N1. Infections can still be spread *after* fevers have ended, making hand-washing, cough-covering and the cleaning of shared surfaces, critical behavior changes. Social distancing is another behavior change that can reduce the exposure and the spread of I.L.I.'s.
- ♦ Return to work guidelines are generally 24 hours after fevers stop, without the use of medications. Keep in mind, H1N1 could still be spread by coughing, so safe behavior practices must still apply.

What policy changes should be planned for?

- ♦ ID critical operations and cross-train for job-shifting if it becomes necessary.
- ♦ When possible, encourage working from home.
- ♦ Consider N95 masks (keep in mind that specific respirators may require specific fit-testing).
- ♦ Provide hand and surface sanitizers, making them readily available throughout the workplace.
- ♦ Communicate with and educate both English and non-English speaking employees (translated documents are available at www.mdhflu.com .
- ♦ Redefine 'absenteeism' as employees take time off for their own illness and to care for family members. The average illness will run 5 - 7 days.
- ♦ Communicate how absenteeism will affect performance ratings.
- ♦ To reduce the flood on family clinics, suspend the requirement of a note before returning to work.
- ♦ **Know that things will get better!**

Get vaccinated

Stay home when you are sick

Cover coughs

Clean shared surfaces

Wash your hands

Practice social distancing

Although registered at this time, TCOHR has no specific information about if, when, and how much of the H1N1 vaccine we will receive to distribute. We will keep you posted.