

It's Not Flu As Usual

WHAT HEALTH CARE PROFESSIONALS
NEED TO KNOW ABOUT PANDEMIC FLU



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If a Pandemic Flu Occurs...



Hospitals will be quickly overwhelmed. Higher disease rates are likely to stress inpatient and outpatient care, and the situation will likely be complicated by high rates of absenteeism among health care workers who are likely to be at increased risk of exposure and illness, or who may have to care for family members during a pandemic.

WHAT PANDEMIC FLU COULD MEAN TO THE MEDICAL COMMUNITY

Each winter, the flu kills approximately 36,000 to 40,000 Americans, hospitalizes more than 200,000, and costs the U.S. economy over \$10 billion in lost productivity and direct medical expenses.¹

Recently, however, influenza experts worldwide, such as the World Health Organization, have sounded the alarm about a different type of flu. They warn of the “inevitable” emergence of a new, severe strain of the influenza virus against which people have no natural immunity. This could result in a rapidly spreading pandemic, the severity of which would be determined by the particular strain of the virus and how efficient human-to-human transmission becomes. A moderately severe influenza pandemic could kill over half a million Americans, hospitalize more than two million, and cost the U.S. economy a staggering \$70 to \$160 billion.²

In a worst-case scenario, “business as usual” may cease. Government health officials may have to implement dramatic measures, including shutting down businesses that involve high levels of interaction with the public, such as restaurants and theatres. Health officials may have to restrict travel, cancel public gatherings such as concerts or sports events, and close schools.

Access to, and provision of, quality medical care are among the most important strategies to reduce morbidity and mortality during a pandemic, especially since an effective vaccine will probably not be widely available for two to six months following identification of the pandemic strain. Due to limited supplies worldwide, antivirals for treatment or prophylaxis may not be readily available either. Higher disease rates are likely to stress inpatient and outpatient care, and the situation will likely be complicated by high rates of absenteeism among health care workers who are likely to be at increased risk of exposure and illness, or who may have to care for family members during a pandemic.

Healthcare professionals, particularly physicians, will be the first point of contact and advice for many as a pandemic evolves. Doctors will be responsible for delivering a substantially increased level of care. Therefore, the protection of the health of all staff is essential to combating a pandemic event.

At the onset of a pandemic, government health officials will issue information and warnings and work with the media to disseminate advice on how to avoid becoming ill. More detailed patient management guidance will be distributed to doctors and other medical professionals as specific information on the illness, treatment, and the availability of vaccine becomes available. In the meantime, this brochure offers broad guidance on how to plan for pandemic influenza, by:

- Describing the differences between “annual” flu and pandemic flu
- Encouraging immediate planning within a physician practice or clinic for a pandemic event
- Encouraging patients to take basic precautions during the annual flu season, which will also serve them well during a pandemic outbreak

Key Differences Between Annual Flu And Pandemic Flu

ANNUAL FLU	PANDEMIC FLU
Occurs every year during the winter months.	Occurs three to four times a century and can take place in any season. May come in “waves” of flu activity that could be separated by months.
Affects 5% to 20% of the U.S. population.	Experts predict an infection rate of 25% to 50% of the U.S. population, depending on the severity of the virus strain.
Globally, kills 500,000 to 1 million people each year; 36,000 to 40,000 in the U.S.	The worst pandemic of the last century -- the “Spanish flu” of 1918 -- killed 500,000 in the U.S. and 50 million worldwide.
Most people recover within a week or two.	Usually associated with a higher severity of illness and consequently a higher risk of death.
Deaths generally confined to “at risk” groups, such as the elderly (over 65 years of age); the young (children aged 6 to 23 months); those with existing medical conditions like lung diseases, diabetes, cancer, kidney, or heart problems; and people with compromised immune systems.	All age groups may be at risk for infection, not just “at risk” groups. Otherwise fit adults could be at relatively greater risk, based on patterns of previous epidemics. For example, adults under age 35 years (a key segment of the U.S. workforce) were disproportionately affected during the 1918 pandemic.
Vaccination is effective because the virus strain in circulation each winter can be fairly reliably predicted.	A vaccine against pandemic flu may not be available at the start of a pandemic. New strains of viruses must be accurately identified, and producing an effective vaccine could take six months or more.
Annual vaccination, when the correct virus strain is used, is fairly effective and antiviral drugs are available for those most at risk of serious illnesses.	Antiviral drugs may be in limited supply, and their effectiveness will only be known definitively once the pandemic is underway.



1 Cutler, David, (Otto Eckstein Professor of Applied Economics, Department of Economics and Kennedy School of Government, Harvard University) cited in “Flu Vaccine Shortage Could Cost U.S. \$20 Billion,” *Associated Press* article in *USA Today*, (21 October 2004).

2 Meltzer, et. al., “The Economic Impact of Pandemic Influenza in the United States: Priorities for Intervention,” *Emerging Infectious Diseases*. 5:5 (September-October 1999).



What To Do Now

No one can precisely predict the timing or the virus strain that might trigger a global flu pandemic. At present, health authorities are particularly concerned about the H5N1 avian bird flu circulating widely in Asia and the former Soviet Republics. To date, 57 individuals are known to have died from the avian flu. For more information about avian influenza issues, visit the Centers for Disease Control and Prevention Web site at www.cdc.gov or the World Health Organization Web site at www.who.org.

No one knows with certainty how long it will take to identify the virus strain, develop an effective vaccine against it, or distribute it to the population. It is almost certain that physicians will not be able to prescribe antivirals to every patient who needs them, given scarce supplies, and governments around the world have stockpiled the limited antivirals for priority populations. But there are measures that can be taken now to prepare medical practices for an influenza pandemic:

- ✓ Be sufficiently educated about pandemic influenza and transmission risks.
- ✓ Be vigilant for the possibility of severe or emerging respiratory disease, especially in patients who have recently traveled internationally.
- ✓ Plan for how to manage high-risk patients and communicate the plan to your staff.
- ✓ Develop a plan to prevent contagion, including use of close-fitting surgical masks in isolation areas, and for patients and staff. Distribute alcohol-based hand rubs to all sites of patient care.
- ✓ Review staff infection control procedures and train staff in the use of personal protective equipment.
- ✓ Get vaccinated against annual influenza each year and urge all staff to be vaccinated annually, too.
- ✓ Plan accordingly for possible interruptions of essential services like sanitation, water, power, and disruptions to the food supply.
- ✓ Work to ensure that the practice or clinic has access to adequate supplies of antibiotic and antiviral medications, as well as commonly prescribed drugs like insulin or warfarin, in the event of a disruption to the pharmaceutical supply chain.

Emphasizing Annual Flu Prevention To Patients: Practice Now Will Pay Off During A Pandemic

As with the annual flu, an effective vaccine, when available, will be the best safeguard against pandemic flu.

Encourage patients 65 or older and those with underlying medical conditions to also get a one-time pneumococcal vaccine to decrease rates of secondary bacterial infection. Because large-scale pneumococcal vaccination might not be feasible once a pandemic occurs, the ideal time to deliver this preventive measure is now.

The following simple, common-sense precautions can also help. Recommended by the Centers for Disease Control and Prevention and the American Medical Association, these precautions should be communicated to patients and posted in prominent places in waiting rooms, treatment rooms and common areas:

- **Avoid close contact with people who are sick.** If you are sick, keep your distance from others to protect them from getting sick, too.
- **Stay home when you're sick or have flu symptoms.** Get plenty of rest and check with your doctor.
- **Cover your mouth and nose with a tissue when coughing or sneezing.** It may prevent those around you from getting sick.
- **Clean your hands.** Washing your hands often will help protect you and others against germs. When soap and water are not available, use alcohol-based disposable hand rubs or gel sanitizers.
- **Avoid touching your eyes, nose or mouth.** Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose or mouth.
- **Practice other good health habits.** Get plenty of sleep, be physically active, manage stress, drink plenty of fluids, and eat nutritious foods. Avoid smoking, which may increase the risk of serious consequences if you do contract the flu.