Communications Plan For The H1N1 Influenza Virus (swine flu)

Complement WHO, PAHO, Ministry of Health and NODA

Objective:

To enlighten relevant stakeholders, including the Media, Government agencies, Non-Governmental organizations and the wider population about the influenza H1N1 pandemic ensuring that the accurate information is disseminated to the public.

BACKGROUND:

What is H1N1 (swine flu)?

The H1N1 virus (referred to as “swine flu”) is a new influenza virus causing illness in people. This new virus was detected in April 2009, in Mexico and then in Canada and the USA and many other countries worldwide. This new virus is spreading from person-to-person, probably in much the same way that regular seasonal influenza viruses spread.

Why is H1N1 virus sometimes called “swine flu”? This virus was originally referred to as “swine flu” because laboratory testing showed that many of the genes in this new virus were very similar to influenza viruses that normally occur in pigs in North America. But further study has shown that this new virus is very different from what normally circulates in North American pigs. It has two genes from flu viruses that normally circulate in pigs in Europe and Asia and avian genes and human genes. Scientists call this a "quadruple reassortant" virus.

Why are we so worried about this flu when hundreds of thousands die every year from seasonal epidemics?
Seasonal influenza occurs every year and the viruses change each year - but many people have some immunity to the circulating virus which helps limit infections. Some countries also use seasonal influenza vaccines to reduce illness and deaths.

But influenza (H1N1) is a new virus and one to which most people have no or little immunity and, therefore, this virus could cause more infections than are seen with seasonal flu. The World Health Organization (WHO) is working closely with manufacturers to the development of a safe and effective vaccine but it will be some months before it is available.

The new influenza A (H1N1) appears to be as contagious as seasonal influenza, and is spreading fast particularly among young people (from ages 10 to 45). The severity of the disease ranges from very mild symptoms to severe illnesses that can result in death. The majority of people who contract the virus experience the milder disease and recover without antiviral treatment or medical care. Of the more serious cases, more than half of hospitalized people had underlying health conditions or weak immune systems.

**How do people become infected with the H1N1 virus?**

The virus is spread from person-to-person. It is transmitted as easily as the normal seasonal flu and can be passed to other people by exposure to infected droplets expelled by coughing or sneezing that can be inhaled, or that can contaminate hands or surfaces.

To prevent spread, people who are ill should cover their mouth and nose when coughing or sneezing, stay home when they are unwell, clean their hands regularly, and keep some distance from healthy people, as much as possible.

There are no known instances of people getting infected by exposure to pigs or other animals.

**What can I do to protect myself from catching influenza (H1N1)?**

The main route of transmission of the new influenza A (H1N1) virus seems to be similar to seasonal influenza, via droplets that are expelled by speaking, sneezing or coughing. You can prevent getting infected by avoiding close contact with people who show influenza-like symptoms (trying to maintain a distance of about 1 metre if possible) and taking the following measures:

- avoid touching your mouth and nose;
- avoid close contact with people who might be ill;
What are the signs and symptoms of infection?

The symptoms of this new H1N1 flu virus in people are similar to the symptoms of seasonal flu and include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with this new H1N1 virus also have reported diarrhea and vomiting. The high risk groups for novel H1N1 flu are not known at this time but it’s possible that they may be the same as for seasonal influenza. People at higher risk of serious complications from seasonal flu include people age 65 years and older, children younger than 5 years old, pregnant women, people of any age with chronic medical conditions (such as asthma, diabetes, or heart disease), and people who are immunosuppressed (e.g., taking immunosuppressive medications, infected with HIV).

What should I do if I think I have the illness?

Avoid Contact With Others:
If you are sick, you may be ill for a week or longer. You should stay home and avoid contact with other persons, except to seek medical care. If you leave the house to seek medical care, wear a mask or cover your coughs and sneezes with a tissue. In general you should avoid contact with other people as much as possible to keep from spreading your illness. At the current time, health officials believe that this virus has the same properties in terms of spread as seasonal flu viruses. With seasonal flu, studies have shown that people may be contagious from one day before they develop symptoms to up to 7 days after they get sick. Children, especially younger children, might potentially be contagious for longer periods.

So, If you feel unwell, have high fever, cough or sore throat:

- stay at home and keep away from work, school or crowds;
- rest and take plenty of fluids;
• cover your nose and mouth when coughing and sneezing and, if using tissues, make sure you dispose of them carefully. Clean your hands immediately after with soap and water or cleanse them with an alcohol-based hand rub;
• if you do not have a tissue close by when you cough or sneeze, cover your mouth as much as possible with the crook of your elbow;
• use a mask to help you contain the spread of droplets when you are around others, but be sure to do so correctly;
• inform family and friends about your illness and try to avoid contact with other people;
• If possible, contact a health professional before traveling to a health facility to discuss whether a medical examination is necessary.

**Target Groups:**

**Pregnant Women/Breast feeding women**

**What if I get this new virus and I am pregnant?**

We don’t know if this virus will cause pregnant women to have a greater chance of getting sick or have serious problems. We also do not know how this virus will affect the baby.

We do know that pregnant women are more likely to get sick than others and have more serious problems with seasonal flu. These problems may include early labor or severe pneumonia. We don’t know if this virus will do the same, but it should be taken very seriously.

**What about breastfeeding? Should I stop if I am ill?**

No, not unless your health care provider advises it. Studies on other influenza infections show that breastfeeding is most likely protective for babies - it passes on helpful maternal immunities and lowers the risk of respiratory disease. Breastfeeding provides the best overall nutrition for babies and increases their defense factors to fight illness.

**What can I do to protect my baby?**
Take everyday precautions. In addition, take extra care to wash your hands often with soap and not to cough or sneeze in the baby’s face while feeding your baby, or any other time when you and your baby are close. If you are ill, or coughing and sneezing consider wearing a mask.

**Educational institutions:**

**Guidance for Child Care Programs, Schools, Colleges and Universities**

**Child Care Programs (Pre-Schools)**

Child care programs should follow the recommendations below for schools along with the other recommendations in this section.

- Child care programs should work closely and directly with their local and State public health officials to make appropriate decisions and implement strategies in a coordinated manner.

- Child care providers should conduct daily health checks on all children. Although daily health checks have always been recommended for child care programs before the current H1N1 flu situation, programs that do not conduct routine daily health checks should institute this practice.

- Ill children should stay home and not be taken out of one child care program and put into another child care program even temporarily.

Childcare facilities should clean and sanitize frequently-touched surfaces, (such as desks, doorknobs, computer keyboards, toys) routinely and if they become visibly soiled. Child care programs can help serve as a focus for educational activities aimed at promoting ways to reduce the spread of influenza, including hand hygiene and cough etiquette.

- At this time, health officials recommend the primary means to reduce spread of influenza in schools and child care programs focus on early identification of ill students and staff, staying home when ill, and good cough and hand hygiene etiquette. Decisions about school and child care program closure should be at the discretion of local authorities based on local considerations, including public concern and the impact of school or child care program absenteeism and staffing shortages.

**Elementary schools**
School dismissal is not advised for a suspected or confirmed case of influenza A (H1N1) and, in general, is not advised unless there is a magnitude of faculty or student absenteeism that interferes with the school’s ability to function.

- Students, faculty or staff with influenza-like illness (fever with a cough or sore throat) should stay home and not attend school or go into the community except to seek medical care for at least 7 days even if symptoms resolve sooner.
- Students, faculty and staff who are still sick 7 days after they become ill should continue to stay home from school until at least 24 hours after symptoms have resolved.
- Students, faculty and staff who appear to have an influenza-like illness at arrival or become ill during the day should be isolated promptly in a room separate from other students and sent home.
- Parents and guardians should monitor their school-aged children, and faculty and staff should self-monitor every morning for symptoms of influenza-like illness.
- Ill students should not attend alternative child care or congregate in other neighborhood and community settings outside of school.
- School administrator’s should communicate regularly with local public health officials to obtain guidance about reporting of influenza-like illnesses in the school.
- Schools can help serve as a focus for educational activities aimed at promoting ways to reduce the spread of influenza, including hand hygiene and cough etiquette.

Students, faculty and staff should stringently follow sanitary measures to reduce the spread of influenza, including covering their nose and mouth with a tissue when coughing or sneezing (or coughing or sneezing into their sleeve if a tissue isn’t available), frequently washing hands with soap and water, or using hand sanitizer if hand washing with soap and water is not possible.

**Secondary schools, colleges and universities:**

- The Ministry of Health is not currently recommending that institutions cancel or dismiss classes or other large gatherings.
- If confirmed cases of influenza A (H1N1) virus infection or a large number of cases of influenza like illness (ILI) (i.e. fever with either cough or sore
throat) occur among students, faculty, or staff or in the community, institutions officials should consult with state and local health officials regarding an appropriate response.

Because the spread of influenza A (H1N1) within a health professions school may pose special concerns, school administrators are strongly encouraged to contact their public health authorities if they suspect that cases of ILI are present on their campuses.

- Students, faculty or staff who live either on or off campus and who have ILI should self-isolate (i.e., stay away from others) in their dorm room or home for 7 days after the onset of illness or at least 24 hours after symptoms have resolved, whichever is longer.
- If possible, persons with ILI who wish to seek medical care should contact their health care provider or campus health services to report illness by telephone or other remote means before seeking care. Institutions should assure that all students, faculty and staff receive messages about what they should do if they become ill with ILI, including reporting ILI to health services.
- If persons with ILI must leave their home or dorm room (for example, to seek medical care or other necessities) they should cover their nose and mouth when coughing or sneezing. A surgical loose-fitting mask can be helpful.

**Parents and Care Givers**

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

People with swine 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
- stay home for 7 days after your symptoms begin or until you have been symptom-free for 24 hours, whichever is longer
- 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.
• avoid close contact with others – do not go to work or school while ill
• be watchful for emergency warning signs (see below) that might indicate you need to seek medical attention

Steps to Lessen the Spread of Flu in the Home
When providing care to a household member who is sick with influenza, the most important ways to protect yourself and others who are not sick are to:

• keep the sick person away from other people as much as possible (see “placement of the sick person”)
• remind the sick person to cover their coughs, and clean their hands with soap and water or an alcohol-based hand rub often, especially after coughing and/or sneezing.
• have everyone in the household clean their hands often, using soap and water or an alcohol-based hand rub
• ask your healthcare provider if household contacts of the sick person—particularly those contacts who may have chronic health conditions—should take antiviral medications such as oseltamivir (Tamiflu®) or zanamivir (Relenza®) to prevent the flu

Placement of the sick person

• Keep the sick person in a room separate from the common areas of the house. (For example, a spare bedroom with its own bathroom, if that’s possible.) Keep the sickroom door closed.
• Unless necessary for medical care, persons with the flu should not leave the home when they have a fever or during the time that they are most likely to spread their infection to others (at the current time, CDC believes that this virus has the same properties in terms of spread as seasonal flu viruses. With seasonal flu, studies have shown that people may be contagious from one day before they develop symptoms to up to 7 days after they get sick.
Children, especially younger children, might potentially be contagious for longer periods.

- If persons with the flu need to leave the home (for example, for medical care), they should cover their nose and mouth when coughing or sneezing and wear a loose-fitting (surgical) mask if available.
- Have the sick person wear a surgical mask if they need to be in a common area of the house near other persons.
- If possible, sick persons should use a separate bathroom. This bathroom should be cleaned daily with household disinfectant (see below).

**Protect other persons in the home**

- The sick person should not have visitors other than caregivers. A phone call is safer than a visit.
- If possible, have only one adult in the home take care of the sick person.
- Avoid having pregnant women care for the sick person. (Pregnant women are at increased risk of influenza-related complications and immunity can be suppressed during pregnancy).
- All persons in the household should clean their hands with soap and water or an alcohol-based hand rub frequently, including after every contact with the sick person or the person’s room or bathroom.
- Use paper towels for drying hands after hand washing or dedicate cloth towels to each person in the household. For example, have different colored towels for each person.
- If possible, consideration should be given to maintaining good ventilation in shared household areas (e.g., keeping windows open in restrooms, kitchen, bathroom, etc.).

Antivirals can be used to prevent the flu, so check with your healthcare provider to see if some persons in the home should use antiviral medications.

**If you are a caregiver of the physically challenged or the elderly**

- Avoid being face-to-face with the sick person.
- When holding small children who are sick, place their chin on your shoulder so that they will not cough in your face.
• Clean your hands with soap and water or use an alcohol-based hand rub after you touch the sick person or handle used tissues, or laundry.
• Talk to your health care provider about taking antiviral medication to prevent the caregiver from getting the flu.
• Caregivers should, as much as possible, minimize exposure of self to large crowds, events or gatherings.
• **Monitor yourself and household members for flu symptoms and contact a telephone hotline or health care provider if symptoms occur.**

**Using Facemasks or Respirators**

• Avoid close contact (less than about 6 feet away) with the sick person as much as possible.
• If you must have close contact with the sick person (for example, hold a sick infant), spend the least amount of time possible in close contact and try to wear a facemask (for example, surgical mask) or N95 disposable respirator.
• An N95 respirator that fits snugly on your face can filter out small particles that can be inhaled around the edges of a facemask, but compared with a facemask it is harder to breathe through an N95 mask for long periods of time. More information on facemasks and respirators can be found at [H1N1 Flu (Swine Flu)](http://www.cdc.gov/h1n1flu) website.
• Facemasks and respirators may be purchased at a pharmacy, building supply or hardware store.
• Wear an N95 respirator if you help a sick person with respiratory treatments using a nebulizer or inhaler, as directed by their doctor. Respiratory treatments should be performed in a separate room away from common areas of the house when at all possible.
• Used facemasks and N95 respirators should be taken off and placed immediately in the regular trash so they don’t touch anything else.
• Avoid re-using disposable facemasks and N95 respirators if possible. If a reusable fabric facemask is used, it should be laundered with normal laundry detergent and tumble-dried in a hot dryer.
• After you take off a facemask or N95 respirator, clean your hands with soap and water or an alcohol-based hand sanitizer.
Household Cleaning, Laundry, and Waste Disposal

- Throw away tissues and other disposable items used by the sick person in the trash. Wash your hands after touching used tissues and similar waste.
- Keep surfaces (especially bedside tables, surfaces in the bathroom, and toys for children) clean by wiping them down with a household disinfectant according to directions on the product label.
- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but importantly these items should not be shared without washing thoroughly first.
- Wash linens (such as bed sheets and towels) by using household laundry soap and tumble dry on a hot setting. Avoid “hugging” laundry prior to washing it to prevent contaminating yourself. Clean your hands with soap and water or alcohol-based hand rub right after handling dirty laundry.

Eating utensils should be washed either in a dishwasher or by hand with water and soap.

What Adults with HIV Infection Should Know About the H1N1 Flu virus.

Are people with HIV/AIDS at greater risk than other people of infection with novel H1N1 flu?

At the present time, we have no information about the risk of the novel H1N1 flu in people with HIV/AIDS. In the past, people with HIV/AIDS have not appeared to be at any greater risk than the general population for infection with routine seasonal influenza. However, HIV-infected adults and adolescents, and especially persons with low CD4 cell counts or AIDS, can experience more severe complications of seasonal influenza. It is therefore possible that HIV-infected adults and adolescents are also at higher risk for complications from infection with the H1N1 flu virus.

What can people with HIV/AIDS do to protect themselves from H1N1 flu?
HIV-infected patients should take precautions to protect themselves from novel H1N1 flu.

1. Wash your hands often (or using an alcohol-based hand sanitizer if soap and water aren’t available)
2. Avoid touching your eyes, nose or mouth with your hands – germs spread this way
3. Try to avoid close contact with sick people

HIV-infected persons should maintain a healthy lifestyle; eat right, get enough sleep, and reduce stress as much as possible. Staying healthy reduces your risk of getting infected by influenza and other infections. Staying health also helps your immune system fight off a flu infection should it occur.

If you are currently taking antiretrovirals or antimicrobial prophylaxis against opportunistic infections you should adhere to your prescribed treatment and follow the advice of your health care provider in order to maximize the health of your immune system.

HIV-infected people should do the same things as they would do for routine seasonal flu – contact your health care provider and follow his or her instructions. He or she will determine if laboratory testing or treatment is needed.

**Information for the Travel Industry**

**Airlines**

**Interim Recommendations**

The following recommendations should be implemented immediately to protect workers and to delay the spread of this newly emerged influenza virus via airline travel. All airline personnel should follow the practices and instructions described below to prevent spreading infectious disease and becoming ill.

During the H1N1 flu outbreak, extra vigilance is required to identify and report passengers with respiratory symptoms or fever. Any passenger who appears ill, or
who reports not feeling well, should be observed or queried for the following signs or symptoms:

- Feeling feverish or temperature greater than 100° F (37.8° C) if measured. For children, feeling warm by parent’s report.
- Sore throat
- Cough
- Stuffy or runny nose

Any passenger(s) observed to have or who report having two or more of these symptoms should be reported immediately to the health authorities in the jurisdiction of the airport where the plane is expected to land.

Flight and cabin crew should follow airline guidelines for preventing spread of infection when interacting with these travelers.

**Cruise Ships**

**Interim Recommendations**

_The following should be implemented immediately in order to protect passengers and crew members from infection and prevent the spread of this virus via cruise ship travel. All cruise ship personnel and passengers should follow the practices and instructions described below to prevent spreading infectious disease and becoming ill._

**Stay Home If You Are Sick**

If you get sick, stay home for 7 days after your symptoms begin or until you have been symptom-free for 24 hours, whichever is longer. Limit contact with others to keep from infecting them. If you are sick you should not board the ship.

**Hand Washing**

Wash your hands often with soap and warm water for at least 20 seconds, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective. Avoid touching your eyes, nose and mouth because germs spread that way.

**Cough Etiquette**
Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.

Gloves

Crew members should wear impermeable, disposable gloves if they need to have direct contact with ill passengers or potentially contaminated surfaces, rooms, or lavatories used by ill passengers. They should avoid touching their face with gloved or unwashed hands. Improper use of gloves may actually increase transmission.

People with symptoms of influenza-like illness (ILI) should not leave home or travel. Crew members or passengers who develop symptoms of ILI should protect others by wearing a facemask, if available and tolerable, to reduce the number of droplets coughed or sneezed into the air. If a facemask can not be tolerated, they should use a tissue to cover their nose and mouth when coughing or sneezing.

- Cruise ship personnel should be aware of the possible symptoms of novel influenza A (H1N1) virus including fever, cough, sore throat, body aches, headache, runny or stuffy nose, chills, fatigue, and in some cases, diarrhea and vomiting.
- Minimize the number of personnel directly exposed to the ill person.
- Separate the ill person from others as much as possible (at least 6 feet).
  - Move the sick person to an isolated area such as their cabin quarters. They should remain in their cabins for the duration of their illness except to seek medical care or for other necessities.
  - Consider isolating the sick person with a family member or companion if necessary for control, comfort, or compliance. The companion should take appropriate precautions to protect themselves.
- When the ill person must be in a common area or is within about 6 feet of another person, have the ill person wear a facemask, if it can be tolerated, to reduce the number of droplets coughed or sneezed into the air. Facemasks should not be reused.
- If a facemask can not be tolerated, provide tissues and ask the ill person to cover his or her mouth and nose when coughing or sneezing.
• Wash hands for 20 seconds with soap and warm water before tending to the sick person and after handling garbage, touching commonly touched surfaces, contacting respiratory secretions or tending to the sick person.
• Wash hands before removing a facemask or respirator and after removing gloves and a facemask or respirator.
• Use waterless, alcohol-based hand gels when soap is not available and hands are not visibly soiled.

Personnel tending to the ill person or contacting potentially infectious materials should use impermeable, disposable gloves. Gloves are not intended to replace proper hand hygiene. Gloves should be carefully removed and discarded and hands should be cleaned immediately after activities involving contact with body fluids. Gloves should not be washed or reused.

Emergency Warning Signs:
If you become ill and experience any of the following warning signs, seek emergency medical care.

In children emergency warning signs that need urgent medical attention include:

• Fast breathing or trouble breathing
• Bluish or gray skin color
• Not drinking enough fluids
• Severe or persistent vomiting
• Not waking up or not interacting
• Being so irritable that the child does not want to be held
• Flu-like symptoms improve but then return with fever and worse cough

In adults, emergency warning signs that need urgent medical attention include:

• Difficulty breathing or shortness of breath
• Pain or pressure in the chest or abdomen
• Sudden dizziness
• Confusion
• Severe or persistent vomiting
• Flu-like symptoms improve but then return with fever and worse cough.