DSPN Continuity IQ

Disaster Survival Planning Network

Fast Facts for our Valued Friends and Clients May 2009

Here are some bullets and brain teasers about current events from your friends at Disaster Survival Planning Network (DSPN). In this issue, we provide an update on the 2009 outbreak of influenza A (H1N1) virus. If you'd like to forward this message to your colleagues, just click the "Forward Email" link at the bottom of this page.

Fast Facts about Pandemic Planning

Did you know...

- According to the Center for Disease Control (CDC), H1N1 (referred to as "swine flu" early on) is a new influenza virus causing illness in people. This new virus was first detected in people in the United States in April 2009. This virus is spreading from person-to-person, probably in much the same way that regular seasonal influenza viruses spread.

- According to CDC, 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.

- 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.

- Worldwide the common human H1N1 influenza virus affects millions of people every year, according to World Health Organization (WHO) officials, and "these annual epidemics result in about three to five million cases of severe illness, and about 250,000 to 500,000 deaths" annually. In industrialized countries most of these annual deaths occur in people aged 65 or older. However, the current outbreak seems to be milder for older people and more virulent for infants and toddlers.
- Influenza epidemics historically have occurred every thirty to fifty years. The 1918 flu pandemic infected twenty five percent of the world's population and caused between 20 million and 50 million deaths world wide. The most recent influenza pandemic, the Hong Kong Flu occurred in 1967-1968 and was more mild killing about 700,000 worldwide.
- The high humidity of summer and the increase in exposure to ultraviolet light typically leads to the end of the flu season as the virus becomes less likely to spread. In Mexico City, May marks the end of the dry season, and experts speculate that the spread of this flu may slow.

- The outbreak comes at the beginning of the flu season for Southern Hemisphere countries such as New Zealand, Australia, South Africa, and parts of South America.

- By May 3, 2009, more than 400 schools in the U.S. had closed due to confirmed or probable cases in students or staff, affecting 250,000 students. However, on May 5, U.S. health officials began encouraging schools to re-open, saying that the shut-downs were not needed.

- According to CDC, washing your hands often will help protect you from germs. Wash with soap and water or clean with alcohol-based hand cleaner. CDC recommends that when you wash your hands -- with soap and warm water -- that you wash for 15 to 20 seconds. When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used. You can find them in most supermarkets and drugstores. If using gel, rub your hands until the gel is dry. The gel doesn't need water to work; the alcohol in it kills the germs on your hands.

- U.S. health officials warn that this virus can mutate and return like the Spanish flu of 1918 which was mild when it first appeared in the spring but a killer when it mutated and returned in the fall.

Brain Teasers

True or False

1. There is no vaccine available right now to protect against this new H1N1 virus.
2. You cannot catch this new virus by eating or preparing pork.
3. Tap water that has been treated by conventional disinfection processes does not likely pose a risk for transmission of influenza viruses.
4. The manufacturer of Tamiflu is still 12 months behind on filling world-wide orders. (Tamiflu is an anti-viral medication that is effective against this new strain.)
5. Telecommuting can be an effective aspect for a pandemic plan.

Check your answers here...

Answers to the above questions:

1. *True*. Vaccines require several months to prepare. Most likely, next year's seasonal flu vaccine will include protection from this new virus.
2. *True.* H1N1 viruses are not spread by food. You cannot get this new HIN1 virus from eating pork or pork products. Eating properly handled and cooked pork products is safe.
3. *True*. Current drinking water treatment regulations provide a high degree of protection from viruses. No research has been completed on the susceptibility of the novel H1N1 flu virus to conventional drinking water treatment processes. However, recent studies have demonstrated that free chlorine levels typically used in drinking water treatment are adequate to inactivate highly pathogenic H5N1 avian influenza. It is likely that other influenza viruses such as novel H1N1 would also be similarly inactivated by chlorination. To date, there have been no documented human cases of influenza caused by exposure to influenza-contaminated drinking water.
4. *False*. Swiss-based Roche said in April 2007 that it was cutting production because supply of Tamiflu now exceeds demand.
5. *True*. Your organization should consider telecommuting, but beware of complications that can come from bandwidth constraints or from authentication mechanisms. Moreover, employees who typically work onsite may not have remote access authority or the necessary technology infrastructure to work at home.

Readiness Check

Hard-to-remember details:

1. Does your pandemic plan provide for the monitoring of pandemic stages?
2. Does your pandemic plan clearly assign responsibilities for planning, preparing, testing, responding, and recovering?
3. Have you incorporated pandemic risks into your routine BIA update?
4. Have you reviewed the pandemic plans that have been developed by your state and county?
5. Have you developed special policies for compensation and absenteeism that can be implemented should a pandemic occur?

Comments and Contributions

Tell us what you think...

Thanks to all of you have sent us comments about this mailing.

In responding to recent incidents, did you discover an interesting detail that you would like to share with our readers? If so, send it along and we'll consider it for a future issue. If you want us to print a comment or submission about your company, be sure to give us permission when you write.

Paul Klier

Popular Services from DSPN

- DSPN consultants are available to help you benchmark your current plans.
- DSPN can provide a customized workshop or exercise at your site that will be very engaging for your employees or executives.