

# Avian Influenza Pandemic – Do California Employers Need to be Prepared?

By Leslie Gray.....

When I first started my research into the Avian Influenza pandemic *potential* (aka Bird Flu), I quickly learned that websites hosted by the Center for Disease Control (“CDC”), the World Health Organization (“WHO”) and countless others are releasing updates almost daily. So, in an attempt to provide our members with the most current information available, I waited until the very last minute possible to finalize this article.

Yes, you read correctly. I said “potential” because, based upon research available to date, all evidence indicates that the highly-pathogenic avian influenza H5N1 virus does not spread easily from birds to infect humans. The risk, according to the WHO, remains highest in persons who reside in countries with widespread outbreaks in poultry, and who have had direct contact with infected poultry, or surfaces and objects contaminated by their droppings (i.e., persons exposed during slaughter, de-feathering, butchering and preparation of poultry for cooking). There is no evidence that properly cooked poultry or poultry products have been a source of infection.

## **Only in Asian countries so far**

Regardless, there is no disputing the fact that over 124 deaths have been reported in various countries throughout Asia. Deaths in both Viet Nam and Indonesia account for half of the total currently reported. Presently, only one case involving a mother and her ill daughter in Thailand can be confirmed as human-to-human transmission. Most recently, seven family members died in Indonesia, however, whether or not the human-to-human transmission from one family member to others occurred, has yet to be substantiated.

## **Symptoms and vaccine possibility**

Frequent clinical signs and symptoms of Bird Flu include fever, shortness of breath, cough and diarrhea. However, in one case, a young boy experienced seizures and went into a coma before he died. These symptoms can progress rapidly to development of severe pneumonia and multi-organ failure. Currently, no vaccine to protect humans against H5N1 infection is currently available; however, an inactivated human H5N1 vaccine is undergoing clinical trials in the United States at the present time. The H5N1 viruses currently infecting birds and some humans in Asia are resistant to amantadine and rimantadine, two antiviral medications commonly prescribed for influenza.

## **California businesses need to be on guard**

Californians may perceive themselves as being a ‘world away’ from the countries where this influenza is causing fear in the hearts and minds of its residents. I submit, however, that California is in a key location and could be one of the first states to possibly be

affected given its many ports of entry and frequent and heavy air travel to and from Asia and neighboring European countries.

Since much of the travel abroad is done by the business traveler, California business owners and employers should be mindful of their obligation to maintain a safe and healthy work environment. All precautions should be taken when assimilating employees who have been traveling internationally back into the work environment immediately upon return from a country where questionable exposure may have taken place.

### **History offers lessons**

Think back 30 years ago when the CDC reported the death of an army recruit at Fort Dix, New Jersey as a result of an influenza strain. Following the testing of several other soldiers at that base, it was discovered that a mutated strain of the 1918 Spanish Flu (aka the “Swine Flu) gained the ability to infect people, and had actually lead to the death of this soldier. The possibility that the Swine Flu had reemerged was frightening since in the 1970’s the global mortality rate from the Spanish Flu was thought to be about 25 million people. This mortality rate was recently upgraded to 50 million deaths globally with an upper limit encroaching on 100 million deaths from 1918-1919.

The severity of this outbreak at Fort Dix was immediately recognized by federal health officials and an immediate meeting with the CDC was held to discuss the next steps. On March 24, 1976, Gerald Ford announced on television that he was asking Congress for \$135 million to ‘inoculate every man, woman and child in the United States’ against the Swine Flu. Pharmaceutical companies engaged in ‘crash’ programs to create enough of the vaccine to meet the upcoming flu season in October, however, it turned out that the virus obtained from the Fort Dix soldiers grew slowly, if at all, in chicken eggs.

Translated, this meant that yields would be about half of what was needed to carry out the President’s plan. One pharmaceutical company used the wrong virus and was forced to begin again. As a result, the insurance industry announced that it would no longer insure manufacturers of the vaccine against liability arising from inoculations, so an act of Congress shifted that liability to the federal government.

What followed was the largest health-care debacle in American history. People vaccinated were dying or developing Guillian-Barre syndrome, a rare, usually reversible, but occasionally fatal form of paralysis. About eight months after the vaccination order from the President, inoculations were halted. The federal government paid out \$90 million in damages to recipients of the inoculations for the Swine Flu who developed Guillain-Barre. Including the cost for the development of the vaccine, the total bill for the program was more than \$400 million.

### **Preparing now for a “potential” pandemic?**

Now, somewhere between rational and the prior example, is a reasonable place to find ourselves preparing for a pandemic flu, that is to say that at some point, the virus may mutate so that it would be possible for transmissions to go from human to human in airborne/droplet form, i.e., sneezing and coughing, through international travel, thereby

creating a pandemic situation. Since an infected person could be a carrier of the virus for two days before symptoms develop, it is likely that the infected person could continue his/her regular daily activities for up to 48 hours, thereby infecting hundreds of unsuspecting by-standers with whom the carrier would interact with casually or intimately. In light of this potential scenario, it is prudent for all to be adequately prepared for the possibility of a pandemic that would have significant social and economic costs globally.

In a letter dated December 6, 2005, from the Secretary of Homeland Security, Michael Chertoff, to businesses nationwide, Secretary Chertoff stresses the need for organizations to assist themselves and the government by being prepared for the possibility of an Avian Flu Pandemic. Businesses are encouraged to seek out materials that assist in the planning process for a pandemic outbreak, as well as other comparable catastrophes, such as another terrorist attack the size or larger than 9/11 and potential use of biological warfare.

### **The planning process**

Since my last article in January of this year addressing Business Continuity Planning, many California businesses have contacted us to determine what is necessary to prepare for business disasters. The plans created for these businesses have included Pandemic Preparation and Response segments, addressing issues and providing employers advice and guidance to weather a potential storm the experts say could last for up to a minimum of three (3) months from the first outbreak.

When engaging in the planning process, you must assess the potential impact of a pandemic on your business. You need to plan for the impact on your employees and customers and establish policies to be implemented during a pandemic. Specific resources should be allocated to protect your employees and customers during a pandemic, and communication with your employees is crucial before, during and after a pandemic.

(1) Plan on the impact of a pandemic on your business.

- Identify a Pandemic Coordinator and/or team with defined roles and responsibilities for preparedness and response planning. If a “Recovery Team” from a formal business continuity plan has previously been appointed, consider using the same individuals.
- Identify essential/crucial employees and other critical inputs (i.e., raw materials, suppliers, sub-contractors services/products and logistics) required to maintain business operations by location and function during a pandemic.
- Train and prepare ancillary employees (redundancy is key) commence the cross-training process immediately, consider the use of contractors, employees in other jobs/titles, even retirees.
- Develop and plan for scenarios likely to result in an increase or decrease in demand for your products and/or services during a pandemic (i.e., effect of restriction of mass gatherings at work facilities, need for hygiene supplies).

- Determine potential impact of a pandemic on company business financials using multiple possible scenarios that affect different product lines/services and sites that produce or provide those materials or services.
- Communicate with local public health, emergency management and other sources to make sustainable links and to learn up to date information.
- Establish an emergency communications plan, updating periodically. This plan includes identification of key contacts (with back-ups) chain of communications and processes for tracking and communicating business and employee status.
- Implement an exercise drill to test your plan and drill until the plan is running without incident.

(2) Plan on the impact of a pandemic on your employees, customers and/or clients.

- Forecast and allow for employee absences during a pandemic due to factors such as personal illness, family member illness, community containment measures and quarantines, school and/or business closures and public transportation shut downs.
- Implement guidelines to limit face-to-face contact (i.e., hand-shaking, seating in meetings, shared workstations, etc.)
- Evaluate employee access to and availability of mental, healthcare and social services during a pandemic, and improve services as necessary.
- Establish policies for flexibility in work schedules by considering telecommuting, employment of shifts and working 7 day workweeks on a rotational basis limiting employee contact.
- Establish policies for employees who have been exposed to pandemic influenza, are suspected of being ill or become ill at the worksite, (i.e., immediate and mandatory sick leave for symptomatic employees).
- Establish policies for restricting travel to affected geographic locations (both domestically and internationally) evacuating employees working in or near an affected area when an outbreak begins, and guidance for employees returning from affected areas. The CDC has guidelines and travel recommendations in this regard.

(3) Consider the allocation of resources to protect your employees and customers/clients during a pandemic.

- Provide sufficient and accessible infection control supplies (i.e., hand-washing products, Kleenex and receptacles for their proper disposal) in all business areas.
- Enhance communications and information technology infrastructures to support employee telecommuting and remote customer access. Consider website enhancements for ordering product/services online and step up delivery methods to ensure supply/demand.
- Ensure availability of medical consultation and advice for emergency response.

(4) Communicate with and educate your employees.

- Develop and disseminate programs and materials addressing pandemic issues such as how to recognize signs and symptoms, when to report, methods of transmission, personal and family protection, preparation and response strategies i.e., coughing, sneezing, etiquette.
- Anticipate employees engagement in rumors and the spreading of misinformation. Correct as necessary and engage in further ongoing education.
- Ensure that these communications are all culturally linguistically appropriate. Speak to your audience.
- Educate employees about YOUR specific preparedness and response plan.
- Provide information for the in-home care of ill family members.
- Identify community resources for timely and accurate pandemic information and resources for obtaining vaccines and anti-viral medications.

(5) Collaborate with external Organizations to Help your Community.

- Collaborate with health plans and local healthcare facilities to share pandemic plans and understand their capabilities and limitations.
- Collaborate with local, state and federal public health agencies and/or emergency responders in your area about ideas in your planning process.
- Share best practices with other businesses in your communities, networking groups and associations to improve community response efforts, if and/or when the pandemic hits.

### **Stocking supplies**

In addition to planning efforts, good old-fashioned, on-hand supplies are always essential in an emergency. Recently, we observed victims of Hurricanes Rita and Katrina resort to crime and violence when help didn't arrive within 24-48 hours. Many citizens were homeless and hungry and resorted to human survival strategies with an 'every man for himself' mentality. This type of animalistic survival mentality can be prevented by engaging in planning and prevention. Easier said than done, I admit. Consider storing bottled water and dry and canned goods. Basic health items, like soap and toilet paper. Flashlights, batteries and radios. Strong anti-bacterial soaps, cell phones and cash, since most financial institutions will be shut down.

I doubt that anyone reading this article believes that this could happen, yet none of us expected 9/11 or the havoc wreaked last year by natural disasters. Isn't it time for you to be a planner and to expect the unexpected?