

2009 H1N1 Flu: Tips for Plan Sponsors

In the short time since cases of 2009 H1N1 flu,¹ including more than 150 suspected flu-related deaths, were first reported in Mexico on April 25, public health officials around the world have started to prepare for a possible global pandemic. As cases of 2009 H1N1 flu have been reported in other countries, including the United States, the international news media has seized on the story, fostering widespread concern. This *Bulletin* focuses on 2009 H1N1 flu including both what plan sponsors can do to prepare themselves if 2009 H1N1 flu spreads to their workforce and what they can do to educate employees and allay their fears.

OVERVIEW OF 2009 H1N1 FLU

What It Is

2009 H1N1 influenza is a viral, not bacterial, respiratory disease of pigs caused by type A influenza viruses. It is thought that 2009 H1N1 flu is a combination of swine and avian, or bird, and North American Human virus flu viruses. A diagnosis of confirmed 2009 H1N1 flu requires laboratory testing of a respiratory sample (a simple nose and throat swab).

Information about 2009 H1N1 Flu and New Cases

Currently, the primary source of information about the 2009 H1N1 flu is the Centers for Disease Control and Prevention (CDC). The CDC Web site contains up-to-the-minute information about this flu.² The CDC is tracking the location and volume of people with confirmed 2009 H1N1 flu.³

¹ 2009 H1N1 flu was originally referred to as “swine flu,” a name the World Health Organization decided on April 30, 2009 was misleading.

² The Web page for 2009 H1N1 flu information is <http://www.cdc.gov/h1n1flu>

³ See the Web page link in footnote 2.

Treatment of 2009 H1N1 Flu

If a person gets sick, antiviral drugs can make the illness milder and make the person feel better faster. They may also prevent serious flu complications, such as pneumonia and respiratory failure. Doctors indicate that antiviral drugs work best if started within two days of the start of symptoms: runny nose, stuffy nose, sore throat, cough, headache, fever, body aches, chills and lack of energy. Some people have reported diarrhea and vomiting. The CDC recommends the use of two prescription antiviral drugs for the treatment and/or prevention of infection with 2009 H1N1 influenza viruses: Tamiflu (oseltamivir) or Relenza (zanamivir).

How 2009 H1N1 Flu Spreads among People

2009 H1N1 flu is believed to be spread between people in one of two ways: (1) infected people coughing or sneezing on others, and (2) uninfected people touching something with the virus on it and then touching their noses or mouths. 2009 H1N1 flu cannot be spread by eating pork products because the virus is not transmitted through food. The current outbreak of 2009 H1N1 flu in humans is most contagious during the first five days of the illness, although some people, most commonly children, can remain contagious for up to 10 days. The contagious period can begin as early as one to two days before symptoms begin to appear.

WHAT PLAN SPONSORS CAN DO NOW

Communicate

There are two categories of key messages plan sponsors might want to address:

- **Group Messages** Plan sponsors may let employees know what measures are being taken on an organizational level to combat the spread of the disease. Because new information about 2009 H1N1 flu is being made available daily, plan sponsors also may want to create a place, method or form (*e.g.*, Web site, intranet, bulletin board, e-mail or staff meeting) to provide daily updates and serve as a centralized resource (*e.g.*, links to relevant CDC Web site pages).

- **Individual Messages/Employee Education** This might include what 2009 H1N1 flu is, what are the symptoms, what to do if symptoms appear, and how long the symptoms might last. Designating a person or department to answer questions factually, or providing employees with the CDC Web site link, might help to squelch the “rumor mill.” Posting and routing the CDC’s Question and Answer document⁴ near restroom sinks may be helpful. Employees should be informed that the “flu shot” they or their family received in the fall of 2008 did not contain protection from the current outbreak of 2009 H1N1 flu. They should take the precautions noted in the box below.

Precautions for Preventing Flu

The following steps are recommended by the CDC to prevent infection by the 2009 H1N1 flu virus:

- Avoid close contact (within six feet) with sick people.
- Wash hands frequently with soap and water, especially after being out in public.
- Avoid touching hands to mouth, nose or eyes, unless hands have been washed recently.
- Cough/sneeze into a tissue and throw it in the garbage immediately. If a tissue is not available, cough/sneeze into an elbow or hand. If a hand is used, wash it immediately.

As a preventive measure, plan sponsors may want to advise employees who travel frequently to consider limiting their travel in the coming weeks, especially to Mexico.

Plan sponsors may want to remind employees that:

- If they or family members have the flu-like symptoms, it might be better if they stay home from work or school.
- Generally, people age 18 years or younger should not take aspirin or aspirin-containing products (*e.g.*, Bayer, St. Joseph’s or products with bismuth subsalicylate also called Pepto-Bismol) due to the risk of Reye syndrome, a potentially deadly condition that affects the brain and liver in young people who take aspirin when they have a virus. For relief of fever or aches, doctors generally recommend acetaminophen (*e.g.*, Tylenol) or non-steroidal anti-inflammatory drugs like ibuprophen (*e.g.*, Motrin, Advil) for younger patients.
- The best settings for flu treatment are a doctor’s office, an urgent care facility or retail medical clinic rather than an emergency room.

⁴ That document, “H1N1 Flu (Swine Flu) and You,” is on the following Web page: http://www.cdc.gov/h1n1flu/swineflu_you.htm

Check Prescription Drug Coverage

Tamiflu is a capsule generally to be taken twice a day for five days. Retail prices typically range from \$80 to \$95 for Tamiflu. Relenza is delivered as an inhaler to be used twice a day for five days at a retail cost of \$65-75 for a five-day course of treatment. Plan sponsors should see whether or not Tamiflu and Relenza are covered under their plans. They should also find out the out-of-pocket cost to employees and whether there are any limits per person over a given time period.

Consider Telecommuting

Employers may suggest employees work from home, if practical, if they or any family member have symptoms to avoid spreading their symptoms to coworkers and causing major disruption to productivity.

Expect Higher Claims

Sponsors of plans with a population hit by the flu are likely to see an increase in outpatient visits and retail pharmacy claims associated with the flu. Even sponsors of plans that are not affected by 2009 H1N1 flu may see higher claims, if people with colds and allergies decide to see their doctors in case they have 2009 H1N1 flu.



This Bulletin is not intended to provide medical advice. As with all issues involving personal health, individuals should seek the advice of a qualified health professional.



ATLANTA	678.306.3100
BOSTON	617.424.7300
CALGARY	403.692.2264
CHICAGO	312.984.8500
CLEVELAND	216.687.4400
DENVER	303.714.9900
HARTFORD	860.678.3000
HOUSTON	713.664.4654
LOS ANGELES	818.956.6700
MINNEAPOLIS	952.857.2480
MONTREAL	514.989.3735
NEW ORLEANS	504.483.0744
NEW YORK	212.251.5000
PHILADELPHIA	215.854.4017
PHOENIX	602.381.4000
PRINCETON	609.520.2700
RALEIGH	919.233.1220
SAN FRANCISCO	415.263.8200
TORONTO	416.969.3960
WASHINGTON	202.833.6400

www.segalco.com