

It's Not Flu As Usual

WHAT THE NURSING COMMUNITY NEEDS
TO KNOW ABOUT PANDEMIC INFLUENZA



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If a Pandemic Flu Occurs...



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

WHAT PANDEMIC INFLUENZA COULD MEAN TO THE NURSING COMMUNITY

Each winter, seasonal influenza 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.

Recently, however, influenza experts worldwide, such as the World Health Organization, have sounded the alarm about a different type of influenza. 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 \$160 to \$675 billion.

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 theaters. 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 nursing 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 several months following identification of the pandemic strain. Due to limited supplies worldwide, antivirals for treatment or prophylaxis may not be readily available either.

Healthcare professionals, including the nursing community, will be the first point of contact and advice for many as a pandemic evolves. Registered nurses 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 health care 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 seasonal influenza and pandemic influenza
- Encouraging immediate planning within the healthcare setting for a pandemic event
- Encouraging health care professionals and their patients to take basic precautions during the annual influenza season, which will also serve them well during a pandemic outbreak

Key Differences Between Seasonal Influenza and Pandemic Influenza	
SEASONAL INFLUENZA	PANDEMIC INFLUENZA
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 influenza 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 Influenza” 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 influenza 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.
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.



What To Do Now

No one can precisely predict the timing or the virus strain that might trigger a global influenza pandemic. At present, health authorities are particularly concerned about the H5N1 avian virus circulating widely. To date, more than half of those individuals infected with the H5N1 virus have died. Virtually all of those infected had direct and close contact with infected birds or poultry. For more information about avian influenza issues, visit the Centers for Disease Control and Prevention Web site at www.cdc.gov; the federal government’s pandemic influenza Web site at www.pandemicflu.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, and distribute it to the population. It is almost certain that health care professionals will not be able to treat every patient who needs them with antiviral medications, given scarce supplies. There also may be a shortage of other medications, medical supplies and personal protective equipment needed to protect health care professionals during a pandemic influenza outbreak. Many of these issues may be beyond the control of individual health care providers due to worldwide supply shortages and widespread illness. But there are measures that registered nurses can take now to prepare for an influenza pandemic:

- ✓ First and foremost, get vaccinated against seasonal influenza each year.
- ✓ Become 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 coworkers.
- ✓ Develop a plan to prevent contagion, including use of close-fitting surgical masks in isolation areas 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. Advocate for building an adequate supply of N95 respirators, protective gloves and goggles and other supplies. In addition, prepare now by getting fit tested with a N95 respirator. Consider the need to refit your N95 mask if you experience a weight change of 15 lbs or more; have orofacial or dental surgery that impacts the shape of your face; shave a beard; or experience a change in your health status.
- ✓ Plan accordingly for possible interruptions of essential services like sanitation, water, power, and disruptions to the food supply.
- ✓ Advocate for sufficient 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 Seasonal Influenza Prevention To The Nursing Community And Their Patients: Practice Now Will Pay Off During A Pandemic

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

Encourage high-risk patients to get an influenza vaccination each year, which is the easiest way to prevent the disease. All registered nurses should make it a priority to get a seasonal influenza vaccination, which will help reduce the rate of illness in the nursing community and prevent the spread to patients.

Encourage patients aged 65 years or older and those with underlying medical conditions to also get a one-time pneumococcal vaccine.

The following simple, common-sense precautions can also help. Recommended by the Centers for Disease Control and Prevention and the American Nurses 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 – approximately 36 inches -- from others to protect them from getting sick, too.
- **Stay home when you’re sick or have influenza symptoms.** Get plenty of rest and check with your health care provider.
- **Cover your mouth and nose with a tissue when coughing or sneezing.** If you don’t have a tissue, cough or sneeze into your sleeve, not your hands. It may prevent those around you from getting sick.
- **Clean your hands.** Washing your hands often will help protect you and others against microorganisms. When soap and water are not available, use alcohol-based disposable hand rubs or gel sanitizers.
- **Avoid touching your eyes, nose or mouth.** Pathogens are often spread when a person touches something that is contaminated 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 influenza.