

H1N1

Written by us

Disease Profile

- $R_0 = 4$
 - 1 in 20 Americans will get sick
- Incubation: 1-4 days
- Mortality: Past H1N1: 0.01-0.03%,
Current H1N1: ~10-15%
- Vectors: None
- Transmission: direct contact,
contaminated objects, inhalation by
contaminated aerosols
- Distribution/seasonality: Targeting
adults 18-49, cases peaking now

Symptoms:

- Unlike Cold, flu comes on very quick
- Fever
- Cough
- Sore throat
- Body and head aches
- Fatigue,
- vomiting
- Diarrhea (more common in kids)

Important note: Not everyone with the flu will get a fever but it is very common.

Course of Action

- 1. Educational outreach based on personal responsibility to prevent transmission**
- 2. Advocate for increase vaccination efforts**
- 3. Increase the number of available health care workers**
- 4. Create resources for rapid burial/disposal of bodies**
- 5. Avoid closing public spaces, cancelling public events, and screening travellers**
- 6. Communicate schedule of information releases to the public and the media**

Educational outreach based on personal responsibility to prevent transmission

- **What are we recommending**
 - increased hand washing using alcohol based sanitizers or antimicrobial soaps
 - reduced social contact
 - NO face masks or respirators
- **How are we recommending this**
 - Utilizing CDC website and social media
 - Hold press conferences regularly to keep the public updated on the disease
 - Commercials on television and radio
- **Why are we recommending this**

Advocate for increase vaccination efforts

- **What are we recommending**

- Collaborative network of research labs to share virus samples to develop antivirals and vaccines
 - Global Influenza Surveillance and Response System (GISRS) is overseen by the WHO
- government subsidies to pharmaceutical companies to develop vaccines rapidly without concern for production cost
 - government can buy a specific number of vaccines up front to set the retail price or the government can offer to reimburse companies for unused vaccines
- the team does not recommend reducing regulations
- invest funds in developing a universal flu vaccine based on the influenza M2 protein
- Medical workers first, children second, elderly next, adults last
 - 70% coverage

- **How are we recommending this**

- Anti-Vax Movement
 - Non-combative approach

En: data for estimating accessibility for children's health

Increase the number of available health care workers

- **What are we recommending**

- Red Cross and Doctors Without Borders can be encouraged to pursue full mobilization of their members
- Interstate and international medical licensing programs should be expanded
- temporarily accelerate medical school examinations and licence medical students as doctors
- Keep current workers safe and healthy

- **How are we recommending this**

- health care workers should be mandated to wear face masks and respirators when dealing with patients and should be given the appropriate training on how to use them
- hospitals should be mandated to have air filters or purifiers installed in as many areas as possible
- Emergency Management Assistance Compact allows for state employees to temporarily practice medicine out of their home state, the Uniform Emergency Volunteer Health Practitioners Act allows volunteer health workers to work across state borders when a state of emergency is called, and the Nurse Licensure Compact allows nurses to practice across states lines in an emergency

- **Why are we recommending this**

Create resources for rapid burial/disposal of bodies

- **What are we recommending**
 - Low-cost caskets should be provided for those of low socioeconomic status and cremation should be encouraged
 - temporary morgues in ice rinks or refrigerated trucks
 - body bags should be used to contain bodies immediately
- **How are we recommending this**
- **Why are we recommending this**
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Avoid closing public spaces, cancelling public events, and screening travellers

- **What are we recommending**
 - Public events should only be closed if they are expected to draw >5,000 people and attendees are coming from far away to attend
 - No travel restrictions or increased screening of travellers
- **How are we recommending this**
- **Why are we recommending this**
 - shown to be fairly ineffective when dealing with influenza
 - generally highly criticized in the public and this leads to poor compliance



Communicate schedule of information releases to the public and the media

- **What are we recommending**

- PR task force
 - Schedules press conferences
 - Announce schedule ahead of time
- Online case reporting system
 - suspected cases should not be reported
 - reporting of cases should be based on laboratory confirmed cases and not on cases confirmed through RDTs

- **How are we recommending this**

- delegated to the existing Pandemic Influenza Task Force which is run by the Infectious Disease Society of America
- Utilize Social Media
- Update website frequently

- **Why are we recommending this**