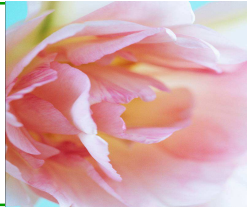




RHC Newsletter



Issue 26

April
2009

2009 H1N1 Influenza

HHS, DHS, and CDC Answers Questions from the American People

The Health and Human Services Secretary Kathleen Sebelius, Homeland Security Secretary Janet Napolitano and Acting Director of the Centers for Disease Control and Prevention, Dr. Rich Besser hosted a Webcast to answer questions and provide information directly to the American people regarding the 2009 H1N1 flu April 30, 2009.

"It's imperative that the American people know exactly what their government is doing, and exactly what they can do themselves to mitigate the spread of this virus," said Secretary Napolitano. "Everyone has a part to play in this, and it's important that the lines of communications are open."

Over 1,000 questions were submitted by citizens across the US. The following is a summary of the panel's answers. The overall goal of the pandemic flu program is to "contain and stop the spread of influenza."

HHS Secretary, Kathleen Sebelius reviewed a typical flu season: every year thousands become ill, some are hospitalized, and about 36,000 die. This strain is a new one, the situation is evolving, and it is anticipated that there will be more cases and some deaths. To date there are 109 confirmed cases in the US.

This virus is a re-assortment of four strains which include swine and bird. It is not related to the H5N1 frequently referred to as "bird flu;" the H5N1 is still being tracked as well as this new strain. Naming of the strains is not always unique like the naming of hurricanes. There have been previous H1N1 influenza strains.



In 1976 the US experienced a swine flu; the health organizations are responding with the hopes of not repeating the lessons learned during that outbreak. History leads public health to be vigilant and cautious. Dr. Besser cautioned that the first wave of the outbreak of 1918 outbreak occurred in the spring and it was mild. It came back more aggressive; however, there have been some viruses that come and never return.

Vaccine - prevention: Dr. Besser reported that they are "beginning to develop" a vaccine which they hope to have ready for the annual flu vaccine program this fall.

WHO raised the risk to phase 5: This has no impact on the US. Its purpose is to alert countries that have not seen any cases of influenza. The CDC always takes aggressive steps when a new organism causes an outbreak. It is anticipated that it will be raised to the top level, which is 6.

Close the borders: The Secretary of the DHS, Janet Napolitano said that closing the borders would not be effective. "Influenza is already here." Strategies are focused on containment.

School Closures: Decisions will be made locally. Dr. Besser asked schools with a single confirmed case to close for a week for the purpose of social isolation. It would

(Continued on page 2)

Register for IRHA's Annual Conference June 10-11

Marriott East Indianapolis

RHC Preconference Program & Exhibits June 9th.

Incident Command System (ICS) 100 for Health Care Professionals. Free Session. RHC reimbursement for staff time and travel for this session. 8 am – Noon EST

Rural Health Clinic Workshop
1pm – 5pm EST :

- Regulatory Update: new accreditation / survey options, current situation on CMS proposed rules, Transitioning from FI to the new MAC assignment
- RHC Policy Manual – CEO and RHC consultant Charles James
- Preparing for Initial Survey or Resurvey - RHC Consultant Joanie Perkins
- Billing/Coding - RHC Consultant Joanie Perkins
- Scope of Practice for the NP and PA Panel:
RHC Consultant Charles James
IN Professional Licensing Agency:
Kristen Kelley for the PA
Sean Gorman for the NP

Tuesday Night Events:

4-7 pm Guest Reception for Networking

Dinner at 7 pm for Preconference Registrants!

Wednesday Morning Full Conference Begins

To register online http://www.indianaruralhealth.org/clientuploads/Brochure_09Conf.pdf

H1N1 Influenza

be assumed that exposure had occurred and closure would limit the spread of illness. He said that closure is not being recommended for entire school corporations. He also recommended that families develop a contingency plan for school closure. The county health officer receives daily updates and will determine closures.

Travel: There is a health advisory against unnecessary traveling to Mexico. At this time there is no other warning against massive transit, e.g. bus, train, flights, etc. Avoid travel if ill.

Decontamination - isolation: There is no recommendation for extensive decontamination for coworker. Isolate family member in the home, if possible, frequent hand washing, and the family or sick one should wear a mask. Regarding how long the virus survives on inanimate objects, the response was that the scientists are studying that now. If you feel like you are coming down with something, they recommended self isolate for 7 days or at least one day post symptomatic.

Incubation time: Two to seven days. If student has been to Mexico for spring break and it has been longer than 7 days okay, they did not bring the virus home.



Finding patient zero: Despite reports, patient zero has not been found. It is anticipated that they are looking for a setting, an interface, rather than one patient. The purpose of determining a patient zero is to understand how the outbreak started and its elements: bird, animal, or human.

Confirmation Testing: Currently the testing is available from the CDC, New York, and California. Monday, May 3rd, confirmation testing should be available in every state.

Food safety: It is safe to eat fruits and vegetables from Mexico, and it is safe to eat pork. Consequently, to protect the pork industry it is recommended to call the virus H1N1 rather than swine flu.



Masks: Recommended for families with someone sick at home and/or for the sick. The N-95 mask is most effective if fit tested. Recommendations for health care workers can be found at www.cdc.gov.

Treatment: There are 50 million courses of antivirals in the strategic national stockpile (SNS) as well as other smaller stockpiles that have been set aside. Antivirals can be made quickly and replenished by its manufacturers. A portion of the SNS was released in case the outbreak would become rapid and masks are needed. Development of a new vaccine has begun and will be considered for the fall immunizations depending upon whether this strain becomes more serious or fades away. Twenty five percent of the SNS has been released. Health departments will have it by May 3rd. The stockpile includes masks and personal protective equipment. If the clinic has a need, contact the county health department.

At risk populations: Consult the provider if breastfeeding, and the baby or mother becomes ill. Patients with chronic diseases, in cancer treatment, and those with preexisting conditions are not at a higher risk for getting the flu; however, they are at higher risk for complications from the flu. Providers should be consulted if these groups begin to feel ill.

What to do:

- Turn concern into action. Family planning for child care and communication is a priority. If schools need to contact parents, do they have a working phone number for the child? Keep food in the house; however, there is no need to stockpile.
- The government is doing all that they can at this time: openly communicating with the public and responding quickly.
- Stay informed. Wash hands well and long enough. Keep alcohol based gels handy if water and soap are not available. Cover your cough appropriately.

This document provides interim guidance for state and local health departments conducting investigations of human cases of swine influenza A (H1N1) virus.

CDC Interim Guidance:

<http://www.cdc.gov/h1n1flu/mitigation.htm>

http://www.cdc.gov/h1n1flu/guidance_homecare.htm

<http://www.cdc.gov/h1n1flu/recommendations.htm>
(Confirmed or suspect patients with close contacts)

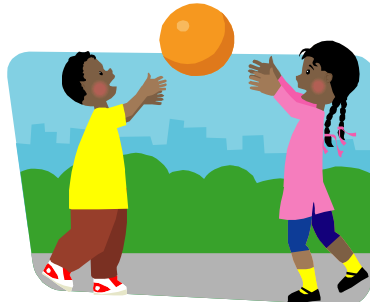
<http://www.cdc.gov/h1n1flu/masks.htm> (Face masks)

http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm
(Confirmed or suspect patients in healthcare settings)

http://www.cdc.gov/h1n1flu/casedef_swineflu.htm

RHCs' Response to Public Health's Call is Overwhelming: Improve Access for Immunizations for Underinsured Children

Rural Health Clinics' response to aiding the Local Health Departments by entering into a Delegation of Authority Agreement has been nothing less than amazing. The maps below show the increase in coverage of county health departments for Children funding to provide the public school. Previously under- clinic or FQHC for free immunizations. and FQHC designation of a clinic and example of communities coming together for healthier residents.



The local health departments in counties indicate a need for RHCs to authorize children: those with insurance that does not cover immunizations.

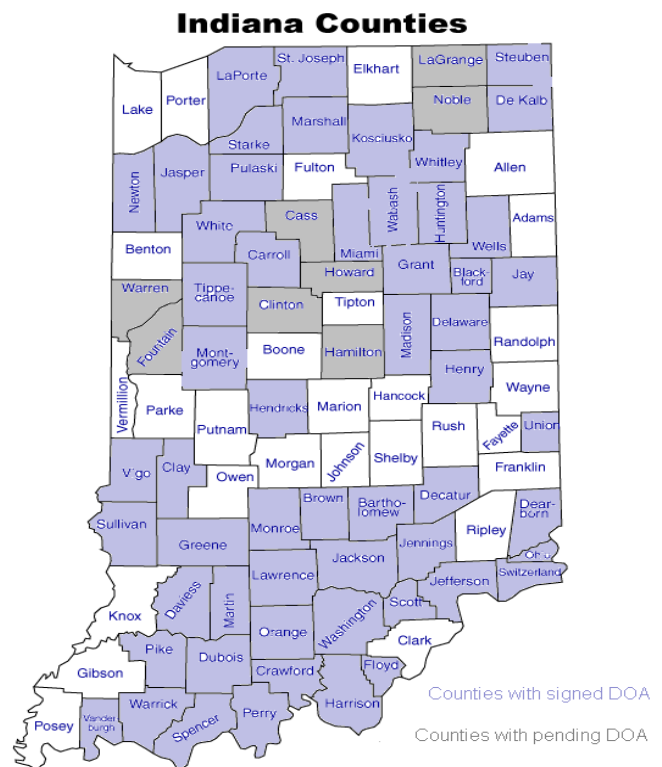
Most residents are not familiar with the RHC many times their location. This is a prime opportunity for the sake of preventive medicine

ties remaining white on the map below indicate them to immunize a particular group of children

A clinic can still enter into a Delegation Of Authority agreement (DOA) with any county. Request a copy of the agreement if you would like to make more counties blue.

Before

Now



Indiana Rural Health Association

1024 South 6th St., Suite 202
Terre Haute, IN 47807

Phone 812-478-3919
Fax 812-232-8602

Upcoming Events

May 12 CMS Rural Health Open Door Forum

2pm-3pm EST
1-800-837-1935
Reference Conference ID:
94278346.

May 27 RHC Constituency Call Noon EST

Christine Davidson
CMS Coordinator

Call in number **1-800-791-2345**
TeleConference **CODE is 77869#**

June 9th

ICS 100
RHC Preconference
Marriott East Indy

June 10-11

IRHA Annual Conference
Marriott East Indy

October

RHC Fall Workshop
Columbus, Indiana

Workplace Violence

It is sad to note that April has become known as the month for the most recorded workplace violence events. Familiar ones include the standoff in Waco, Texas; the Oklahoma bombing, Columbine School and Virginia Tech massacres, President Lincoln and Civil Rights Leader Martin Luther King were assassinated, bombing of US Embassy in Beirut, etc. The experts claim that workplace violence rarely strikes without warning; however one study found that the majority of the workforce does not recognize the warning signs. A survey by the American Association of Occupational Health Nurses Inc. (AAOHN), found that "when given a list of "red flag" behaviors, less than 4 percent of respondents were able to identify some of the most common warning signs usually seen in potential offenders. These warning signs include changes in mood, personal hardships, mental health issues (e.g. depression, anxiety), negative behavior (e.g. untrustworthy, lying, bad attitude), verbal threats and past history of violence."

[CRITICAL WARNING SIGNS OR WORKPLACE VIOLENCE NOT WHAT EMPLOYEES EXPECT](http://www.aohn.org/press_room/workplace_violence_120103.cfm) http://www.aohn.org/press_room/workplace_violence_120103.cfm

APHA Executive Director, Georges Benjamin, MD, stresses the need to recognize that there is workplace violence in rural areas both physically and emotionally. Rural communities have unique challenges. There are fewer people to help and everyone knows about everybody else's business. Consequently, it is important to discover unique ways to keep confidentiality.

Dr. Benjamin recommends that workplaces make a commitment to resolve problems by involving workers rather than a plan totally created by management. An employee questionnaire or survey can identify and confirm the need for improved security measures by getting employees' input on the potential for violent incidents. Training on this issue is needed so that employees know that violence in the workplace will not be tolerated, and staff feel safe in reporting issues.

[Online course: Workplace Violence in Rural Healthcare](http://www.workplaceviolenceinruralhealthcare.org/) <http://www.workplaceviolenceinruralhealthcare.org/>

[Recognizing and responding to domestic violence in the workplace](http://www.dss.virginia.gov/files/division/dfs/dv/resources/employers/dv_workplace.pdf): signs of abuse, talking about the abuse, workplace safety plan
http://www.dss.virginia.gov/files/division/dfs/dv/resources/employers/dv_workplace.pdf

[OSHA Guidelines for Preventing Workplace Violence for Healthcare](http://www.osha.gov/Publications/OSHA3148/osha3148.html) booklet, risk factors, Workplace Violence Program Checklists, Violence Incident Report Forms, etc.
<http://www.osha.gov/Publications/OSHA3148/osha3148.html>

[Indiana statistics and recommended resources](http://www.in.gov/dol/files/2006ViolenceInTheWorkplace.doc) <http://www.in.gov/dol/files/2006ViolenceInTheWorkplace.doc>