

**Q1: Are there human infections with 2009 H1N1 virus in the U.S.?**

**A1:** Yes. Human infections with the new H1N1 virus are ongoing in the United States. Most people who have become ill with this new virus have recovered without requiring medical treatment.

CDC routinely works with states to collect, compile and analyze information about influenza, and has done the same for the new H1N1 virus since the beginning of the outbreak. This information is presented in a weekly report, called FluView.

**Q2: Is 2009 H1N1 virus contagious?**

**A2:** CDC has determined that 2009 H1N1 virus is contagious and is spreading from human to human.

**Q3: How does 2009 H1N1 virus spread?**

**A3:** Spread of 2009 H1N1 virus is thought to occur in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching something – such as a surface or object – with flu viruses on it and then touching their mouth or nose.

**Q4: How severe is illness associated with 2009 H1N1 flu virus?**

**A4:** Illness with the new H1N1 virus has ranged from mild to severe. While most people who have been sick have recovered without needing medical treatment, hospitalizations and deaths from infection with this virus have occurred.

In seasonal flu, certain people are at “high risk” of serious complications. This includes people 65 years and older, children younger than five years old, pregnant women, and people of any age with certain chronic medical conditions. About 70 percent of people who have been hospitalized with this 2009 H1N1 virus have had one or more medical conditions previously recognized as placing people at “high risk” of serious seasonal flu-related complications. This includes pregnancy, diabetes, heart disease, asthma and kidney disease.

One thing that appears to be different from seasonal influenza is that adults older than 64 years do not yet appear to be at increased risk of 2009 H1N1-related complications thus far. CDC laboratory studies have shown that no children and very few adults younger than 60 years old have existing antibody to 2009 H1N1 flu virus; however, about one-third of adults older than 60 may have antibodies against this virus. It is unknown how much, if any, protection may be afforded against 2009 H1N1 flu by any existing antibody.

**Q5: How does 2009 H1N1 flu compare to seasonal flu in terms of its severity and infection rates?**

**A5:** With seasonal flu, we know that seasons vary in terms of timing, duration and severity. Seasonal influenza can cause mild to severe illness, and at times can lead to death. Each year, in the United States, on average 36,000 people die from flu-related complications and more than 200,000 people are hospitalized from flu-related causes. Of those hospitalized, 20,000 are children younger than 5 years old. Over 90% of deaths and about 60 percent of hospitalization occur in people older than 65.

When the 2009 H1N1 outbreak was first detected in mid-April 2009, CDC began working with states to collect, compile and analyze information regarding the 2009 H1N1 flu outbreak, including the numbers of confirmed and probable cases and the ages of these people. The information analyzed by CDC supports the conclusion that 2009 H1N1 flu has caused greater disease burden in people younger than 25 years of age than older people. At this time, there are

few cases and few deaths reported in people older than 64 years old, which is unusual when compared with seasonal flu. However, pregnancy and other previously recognized high risk medical conditions from seasonal influenza appear to be associated with increased risk of complications from this 2009 H1N1. These underlying conditions include asthma, diabetes, suppressed immune systems, heart disease, kidney disease, neurocognitive and neuromuscular disorders and pregnancy.

**Q6: How long can an infected person spread this virus to others?**

**A6:** People infected with seasonal and 2009 H1N1 flu shed virus and may be able to infect others from 1 day before getting sick to 5 to 7 days after. This can be longer in some people, especially children and people with weakened immune systems and in people infected with the new H1N1 virus.

**Q7: If I have a family member at home who is sick with 2009 H1N1 flu, should I go to work?**

**A7:** Employees who are well but who have an ill family member at home with 2009 H1N1 flu can go to work as usual. These employees should monitor their health every day, and take everyday precautions including washing their hands often with soap and water, especially after they cough or sneeze. Alcohol-based hand cleaners are also effective.\* If they become ill, they should notify their supervisor and stay home. Employees who have an underlying medical condition or who are pregnant should call their health care provider for advice, because they might need to receive influenza antiviral drugs to prevent illness.

**Q8: What is the best technique for washing my hands to avoid getting the flu?**

**A8:** Washing your hands often will help protect you from germs. Wash with soap and water or clean with alcohol-based hand cleaner. CDC recommends that when you wash your hands -- with soap and warm water -- that you wash for 15 to 20 seconds. When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used. You can find them in most supermarkets and drugstores. If using gel, rub your hands until the gel is dry. The gel doesn't need water to work; the alcohol in it kills the germs on your hands.

**Q9: What should I do if I get sick?**

**A9:** Stay Home. If you live in areas where people have been identified with 2009 H1N1 flu and become ill with influenza-like symptoms, including fever, body aches, runny or stuffy nose, sore throat, nausea, or vomiting or diarrhea, you should stay home and avoid contact with other people. CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.) Stay away from others as much as possible to keep from making others sick. Staying at home means that you should not leave your home except to seek medical care. This means avoiding normal activities, including work, school, travel, shopping, social events, and public gatherings.

**Q10: Are there medicines to treat 2009 H1N1 infection?**

**A10:** Yes. CDC recommends the use of oseltamivir or zanamivir for the treatment and/or prevention of infection with 2009 H1N1 flu virus. Antiviral drugs are prescription medicines (pills, liquid or an inhaled powder) that fight against the flu by keeping flu viruses from reproducing in your body. If you get sick, antiviral drugs can make your illness milder and make you feel better faster. They may also prevent serious flu complications. During the current

pandemic, the priority use for influenza antiviral drugs is to treat severe influenza illness (for example hospitalized patients) and people who are sick who have a condition that places them at high risk for serious flu-related complications.

**Q11: What is CDC's recommendation regarding "swine flu parties"?**

**A11:** "Swine flu parties" are gatherings during which people have close contact with a person who has 2009 H1N1 flu in order to become infected with the virus. The intent of these parties is for a person to become infected with what for many people has been a mild disease, in the hope of having natural immunity 2009 H1N1 flu virus that might circulate later and cause more severe disease.

CDC does not recommend "swine flu parties" as a way to protect against 2009 H1N1 flu in the future. While the disease seen in the current 2009 H1N1 flu outbreak has been mild for many people, it has been severe and even fatal for others. There is no way to predict with certainty what the outcome will be for an individual or, equally important, for others to whom the intentionally infected person may spread the virus.

CDC recommends that people with 2009 H1N1 flu avoid contact with others as much as possible. If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.) Stay away from others as much as possible to keep from making others sick.

**Q12: How long can influenza virus remain viable on objects (such as books and doorknobs)?**

**A12:** Studies have shown that influenza virus can survive on environmental surfaces and can infect a person for 2 to 8 hours after being deposited on the surface.

**Q13: What kills influenza virus?**

**A13:** Influenza virus is destroyed by heat (167-212°F [75-100°C]). In addition, several chemical germicides, including chlorine, hydrogen peroxide, detergents (soap), iodophors (iodine-based antiseptics), and alcohols are effective against human influenza viruses if used in proper concentration for a sufficient length of time. For example, wipes or gels with alcohol in them can be used to clean hands. The gels should be rubbed into hands until they are dry.

**Q14: What surfaces are most likely to be sources of contamination?**

**A14:** Germs can be spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth. Droplets from a cough or sneeze of an infected person move through the air. Germs can be spread when a person touches respiratory droplets from another person on a surface like a desk, for example, and then touches their own eyes, mouth or nose before washing their hands.

**Q15: How should waste disposal be handled to prevent the spread of influenza virus?**

**A15:** To prevent the spread of influenza virus, it is recommended that tissues and other disposable items used by an infected person be thrown in the trash. Additionally, persons should wash their hands with soap and water after touching used tissues and similar waste.

**Q16: What household cleaning should be done to prevent the spread of influenza virus?**

**A16:** To prevent the spread of influenza virus it is important to keep surfaces (especially bedside

tables, surfaces in the bathroom, kitchen counters and toys for children) clean by wiping them down with a household disinfectant according to directions on the product label.

**Q17: How should linens, eating utensils and dishes of persons infected with influenza virus be handled?**

**A17:** Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but importantly these items should not be shared without washing thoroughly first.

Linens (such as bed sheets and towels) should be washed by using household laundry soap and tumbled dry on a hot setting. Individuals should avoid "hugging" laundry prior to washing it to prevent contaminating themselves. Wash hands often with soap and water or suitable alcohol-based hand sanitizers immediately after handling dirty laundry.

Eating utensils should be washed either in a dishwasher or by hand with water and soap.

**Q18: Can I get infected with 2009 H1N1 virus from eating or preparing pork?**

**A18:** No. 2009 H1N1 viruses are not spread by food. You cannot get infected with novel H1N1 virus from eating pork or pork products. Eating properly handled and cooked pork products is safe.

**Q19: Is there a risk from drinking water?**

**A19:** Tap water that has been treated by conventional disinfection processes does not likely pose a risk for transmission of influenza viruses. Current drinking water treatment regulations provide a high degree of protection from viruses. No research has been completed on the susceptibility of 2009 H1N1 flu virus to conventional drinking water treatment processes. However, recent studies have demonstrated that free chlorine levels typically used in drinking water treatment are adequate to inactivate highly pathogenic H5N1 avian influenza. It is likely that other influenza viruses such as 2009 H1N1 would also be similarly inactivated by chlorination. To date, there have been no documented human cases of influenza caused by exposure to influenza-contaminated drinking water.

**Q20: Can 2009 H1N1 flu virus be spread through water in swimming pools, spas, water parks, interactive fountains, and other treated recreational water venues?**

**A20:** Influenza viruses infect the human upper respiratory tract. There has never been a documented case of influenza virus infection associated with water exposure. Recreational water that has been treated at CDC recommended disinfectant levels does not likely pose a risk for transmission of influenza viruses. No research has been completed on the susceptibility of 2009 H1N1 influenza virus to chlorine and other disinfectants used in swimming pools, spas, water parks, interactive fountains, and other treated recreational venues. However, recent studies have demonstrated that free chlorine levels recommended by CDC (1–3 parts per million [ppm or mg/L] for pools and 2–5 ppm for spas) are adequate to disinfect avian influenza A (H5N1) virus. It is likely that other influenza viruses such as 2009 H1N1 virus would also be similarly disinfected by chlorine.

**Q21: Can 2009 H1N1 influenza virus be spread at recreational water venues outside of the water?**

**A21:** Yes, recreational water venues are no different than any other group setting. The spread of this 2009 H1N1 flu is thought to be happening in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing of people with

influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose.

**Q22: Will the 2009 H1N1 influenza vaccines be safe?**

**A22:** We expect the 2009 H1N1 influenza vaccine to have a similar safety profile as seasonal flu vaccines, which have a very good safety track record. Over the years, hundreds of millions of Americans have received seasonal flu vaccines. The most common side effects following flu vaccinations are mild, such as soreness, redness, tenderness or swelling where the shot was given. The Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) will be closely monitoring for any signs that the vaccine is causing unexpected adverse events and we will work with state and local health officials to investigate any unusual events.

**Q23: Are there any side effects to the 2009 H1N1 influenza vaccine?**

**A23:** CDC expects that any side effects following vaccination with the 2009 H1N1 influenza vaccine would be rare. If side effects occur, they will likely be similar to those experienced following seasonal influenza vaccine. Mild problems that may be experienced include soreness, redness, or swelling where the shot was given, fainting (mainly adolescents), headache, muscle aches, fever, and nausea. If these problems occur, they usually begin soon after the shot and last 1-2 days. Life-threatening allergic reactions to vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot is given.

After vaccination you should look for any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, swelling around the eyes or lips, hives, paleness, weakness, a fast heart beat or dizziness. If any unusual condition occurs following vaccination, seek medical attention right away. Tell your doctor what happened, the date and time it happened, and when the vaccination was given. Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report yourself through the VAERS Web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov). You may call 1-800-822-7967 to receive a copy of the VAERS form. VAERS is not able to provide medical advice.

**Q24: Are there some people who should not receive this vaccine?**

**A24:** People who have a severe (life-threatening) allergy to chicken eggs or to any other substance in the vaccine should not be vaccinated.

**Q25: How will the 2009 H1N1 influenza vaccines be monitored for safety?**

**A25:** The CDC and FDA closely monitor the safety of seasonal influenza and other vaccines licensed for use in the United States in cooperation with state and local health departments, healthcare providers, and other partners.

The purpose of vaccine safety monitoring is timely identification of clinically significant adverse events following immunization that may be of public health concern. Adverse events, or possible side effects, following immunization may be coincidental to (meaning occurring around the same time but not related to vaccination) or caused by vaccination. The purpose of vaccine safety monitoring is timely identification of clinically significant adverse events following immunization that might be of public health concern.

CDC and its partners will use multiple systems to monitor the safety of 2009 H1N1 influenza vaccine. Two of the primary systems that will be used to monitor the safety of these vaccines

after they are in widespread use are: the Vaccine Adverse Event Reporting System (VAERS), which is jointly operated with FDA, and the Vaccine Safety Datalink (VSD) Project. Additionally, CDC will work with numerous partners including other federal agencies, state and local health departments, professional organizations, and academic institutions to actively follow individuals after vaccination to monitor for any potential adverse events.

**Q26: Will the 2009 H1N1 vaccines that are currently recommended contain adjuvants?**

**A26:** No. According to current federal plans, only unadjuvanted vaccines will be used in the United States during the 2009 flu season. This includes all of the 2009 H1N1 and seasonal influenza vaccines that will be available for children and adults in both the injectable and nasal spray formulations. None of these influenza vaccines will contain adjuvants\*.

2009 H1N1 vaccines with adjuvants are being studied to determine if they are safe and effective. Experts will review these data when they are available. There is no plan at this time to recommend a 2009 H1N1 influenza vaccine with an adjuvant.

\*adjuvant is a substance that helps and enhances the pharmacological effect of a drug or increases the ability of an antigen to stimulate the immune system.

**Q27: Will the 2009 H1N1 influenza vaccine contain thimerosal?**

**A27:** The 2009 H1N1 influenza vaccines that FDA is licensing (approving) will be manufactured in several formulations. Some will come in multi-dose vials and will contain thimerosal as a preservative. Multi-dose vials of seasonal influenza vaccine also contain thimerosal to prevent potential contamination after the vial is opened.

Some 2009 H1N1 influenza vaccines will be available in single-dose units, which will not require the use of thimerosal as a preservative. In addition, the live-attenuated version of the vaccine, which is administered intranasally (through the nose), is produced in single-units and will not contain thimerosal. For more information on thimerosal.

**Q28: Will the benefits of the 2009 H1N1 influenza vaccines outweigh the risks? Is this something I should talk to my healthcare provider about?**

**A28:** The CDC and FDA believe that the benefits of vaccination with the 2009 H1N1 influenza vaccine will far outweigh the risks.

Vaccination is the best way to prevent influenza infection and its complications. This is the reason that the CDC, national health organizations, and healthcare providers intensively promote vaccination for seasonal influenza, and the reason why so much work is being done to have a vaccine available in the fall for the 2009 H1N1 influenza virus.

Currently the 2009 H1N1 influenza virus (sometimes called “swine flu”) virus seems to be causing serious health outcomes for:

- healthy young people from birth through age 24;
- pregnant women; and
- adults 25 to 64 who have underlying medical conditions.

Seasonal influenza vaccines are highly effective in preventing influenza disease. The expectation is that a vaccine against 2009 H1N1 influenza would probably work in a similar fashion to the seasonal influenza vaccines.

Influenza vaccines do not protect against other viruses that cause respiratory illnesses. Even after you are vaccinated, it is still important to wash your hands well and often, to cover your coughs and sneezes, and to stay home if you are sick.

The CDC and FDA encourages you to ask your healthcare provider any questions you may have about the 2009 H1N1 influenza vaccine and the seasonal influenza vaccines that will be available during the 2009-2010 influenza season. Your healthcare provider is an excellent source for information on the benefits and risks of vaccination for protection against 2009 H1N1 influenza for you, your children, and other family members.

The CDC is working continuously to provide the public with the most current information about 2009 H1N1 influenza and the 2009 H1N1 influenza vaccine and its safety.

**Q29: Will there be a possibility of Guillain-Barré Syndrome (GBS) cases following the 2009 H1N1 vaccine?**

**A29:** Guillain-Barré syndrome (GBS) is a rare disease in which the body damages its own nerve cells, causing muscle weakness and sometimes paralysis. It is not fully understood why some people develop GBS, but it is believed that stimulation of the body's immune system may play a role in its development. Infection with the bacterium *Campylobacter jejuni*, which can cause diarrhea, is one of the most common risk factors for GBS. People can also develop GBS after having the flu or other infections (such as cytomegalovirus and Epstein Barr virus). On very rare occasions, they may develop GBS in the days or weeks following receiving a vaccination. In 1976, there was a small risk of GBS following influenza (swine flu) vaccination (approximately 1 additional case per 100,000 people who received the swine flu vaccine). That number of GBS cases was slightly higher than what is normally seen in the population, whether or not people were vaccinated. Since then, numerous studies have been done to evaluate if other flu vaccines were associated with GBS. In most studies, no association was found, but two studies suggested that approximately 1 additional person out of 1 million vaccinated people may be at risk for GBS associated with the seasonal influenza vaccine. FDA and CDC will be closely monitoring reports of serious problems following the 2009 H1N1 influenza vaccines, including GBS.

**Q30: What is the best source of information for 2009 H1N1 influenza vaccine safety?**

**A30:** In addition to talking openly with your healthcare providers, CDC also encourages you to stay informed by checking the following Web sites often for the most up-to-date news and information.

**Q31: Where can I find the most current H1N1 Update?**

**A31:** Visit: <http://www.cdc.gov/h1n1flu/update.htm>

**Q32: What are some employee options during a pandemic influenza?**

**A32:** Pandemic influenza may cause you to be unable to work from your office, or you may have obligations outside the office because of a pandemic which might prevent you from going to work. This could be for any number of reasons. It could be that you, or close family members, are ill or contagious. Or a decision may be made to reduce the potential for contact by recommending employees either recently sick, or in contact with those who were, remain home.

In the event of a pandemic, one way to slow the spread of disease is for people to decrease contact with each other, an approach known as "social distancing." Workplaces may provide opportunities for influenza to spread, so in the event of a severe pandemic, Federal employees who are able to do so may be afforded an opportunity to telework from home and/or work an alternative schedule. You may need to request an alternative work schedule in situations where

your time available to work is limited to periods when an alternative care provider is able to care for your family member.

The Alternative Work Arrangements (AWA) offered by the Federal Government are designed to assist you in balancing work and family responsibilities. Alternative work arrangements include flexible and compressed work schedules and telework arrangements.

- Flexible Work Schedules (FWS). Under normal circumstances, flexible work schedules (FWS) allow you – with supervisory approval – to choose your work arrival and departure time and FWS day off within limits set by your agency. In a pandemic, flexible work schedules may provide you with greater flexibility in meeting your biweekly work requirement. Within the requirements established by your agency’s FWS policy, you may request a flexible work schedule to meet your biweekly work requirement while recovering from the flu or caring for a sick family member. General information on is available at [www.opm.gov/oca/WORKSCH/HTML/AWSFWS.asp](http://www.opm.gov/oca/WORKSCH/HTML/AWSFWS.asp).
- Compressed Work Schedules (CWS). Compressed work schedules (CWS) are fixed work schedules that allow you – with supervisory approval – to complete your basic 80-hour biweekly work requirement in less than 10 workdays. Under a compressed work schedule, arrival and departure times and your scheduled work day off do not vary from one pay period to the next. Like an FWS, a CWS allows you maximum flexibility to manage work and family responsibilities in the event of a pandemic. Check with your agency to learn of any agency-specific rules regarding CWS. General information is available at: [www.opm.gov/oca/WORKSCH/HTML/AWSCWS.asp](http://www.opm.gov/oca/WORKSCH/HTML/AWSCWS.asp).
- Telework. Telework is an arrangement where a civilian employee and/or member of the Armed Forces performs assigned official duties at an alternative worksite on a regular and recurring or on a situational basis (not including while on official travel).

You may explore the possibility of telework for social distancing purposes or to allow you to work part-time from home while recovering from the flu. You may also be able to telework during periods when an alternative care provider is available to care for a sick family member. If you are currently teleworking, discuss how to handle a pandemic scenario with your manager and make any necessary changes to your agreement.

Individuals not currently teleworking should discuss the possibility with their manager of emergency telework should it become necessary, and consider entering into an agreement. You should practice telework regularly enough to ensure computers and other communications systems work and ensure you establish a comfort level working from a remote location. General information is available at:

<http://www.opm.gov/pandemic/agency2a-guide.pdf>.

### **Q33: What about pay during a pandemic influenza?**

**A33:** Federal agencies are taking steps to ensure there will be no disruptions to your paychecks during an influenza pandemic. In the event of a flu outbreak, you may be asked to work from home or to work non-traditional hours, evening hours, weekends, or Federal holidays. In some cases, you may be eligible for premium pay. A wealth of information is available regarding the different types of premium pay offered by the Federal Government. The following Websites provide detailed information:



- Overtime Pay: [www.opm.gov/oca/pay/HTML/FACTOT.asp](http://www.opm.gov/oca/pay/HTML/FACTOT.asp)
- Night Pay for General Schedule Employees: [www.opm.gov/oca/pay/HTML/NIGHT.asp](http://www.opm.gov/oca/pay/HTML/NIGHT.asp)
- Sunday Premium Pay: [www.opm.gov/oca/worksch/HTML/sunday.htm](http://www.opm.gov/oca/worksch/HTML/sunday.htm)
- Federal Holiday Pay: [www.opm.gov/oca/WORKSCH/HTML/HOLIDAY.asp](http://www.opm.gov/oca/WORKSCH/HTML/HOLIDAY.asp)
- Evacuation Pay. During a pandemic health crisis, your agency may order you leave your office and work from an alternate work location, such as your house, under its evacuation payment authority. This is one way to facilitate social distancing. If you are ordered to evacuate your worksite under this authority, you will receive evacuation payments. Evacuation payments reflect your regular pay and are paid on your regular payday. For general information on evacuation payments, visit: [www.opm.gov/oca/pay/HTML/EVAC.htm](http://www.opm.gov/oca/pay/HTML/EVAC.htm)

**Q34: What are my leave options and leave program options during pandemic influenza?**

**A34:** Options include:

Sick leave. If you or a close family member gets sick, you have several different leave options available. Most Federal employees who become ill may request to use their accrued sick leave for their own illness or to care for a family member who is ill or receiving medical treatment. You may also use sick leave if health authorities or a health care provider determines your exposure to a pandemic influenza virus jeopardizes the health of others by your presence on the job, even if you have not fallen ill yourself. See your agency policy guidance for specifics on the use of sick leave.

Annual leave. You may also have the option of requesting the use of accrued annual leave during a pandemic health crisis. This option would most likely be used when you anticipate a longer absence than your available sick leave hours would enable you to take. For example, if you have accumulated 35 hours of sick time, but need 9 or 10 working days (72-80 hours) to recuperate from the flu, you may use annual leave for the remainder of the time you need to be out.

Compensatory time. In addition to annual leave, you may request to use available compensatory time off, earned compensatory time off for travel, or credit hours earned under a flexible work schedule. Contact your agency for specific policies in this regard.

Voluntary leave transfer and leave bank programs. You may qualify to receive donated annual leave if you or a family member has a medical emergency and you do not have available annual or sick leave. The voluntary leave transfer and leave bank programs allow you to receive donated annual leave from fellow employees. Each Federal agency must have a voluntary leave transfer program in place, and some Federal agencies also have voluntary leave banks. Check with your agency for more information about these programs.

Family and Medical Leave Act (FMLA). The Family and Medical Leave Act gives you the right to take up to 12 weeks of leave without pay for a serious health condition or to care for your spouse, son, daughter, or parent with a serious health condition. You may request to substitute any or all of the unpaid leave with available annual and/or sick leave within the rules for using annual/sick leave. For more information on the leave options available to you, consult with your agency's human resources office or visit [www.opm.gov/pandemic](http://www.opm.gov/pandemic).

**Q35: Why should organizations plan for a flu response?**

**A35:** It is possible that flu conditions may become more severe, so it is important to plan now for how to respond under those circumstances. A severe flu pandemic could have a major effect on our ability to get our mission accomplished. Planning for pandemic influenza is essential to minimize a pandemic's impact. Planning from the outset can help protect our personnel if flu conditions become more severe.

Planning can help minimize disruption to our mission, protect personnel's health and safety, and limit the negative impact to the community, economy, and society.

**Q36: Why should offices be concerned about the spread of flu in the workplace?**

**A36:** The workplace may act as a "point of spread," where personnel can easily spread flu to their fellow workers and subsequently to others in the community. Flu in the workplace can have a major impact on operations, causing workers to stay home because they are sick or because they need to care for sick family members.

**Q37: What should Managers do to prepare for a pandemic influenza?**

**A37:** Managers should take the following actions to prepare for a PI:

- Review your current pandemic flu plan or develop a new plan.
- Conduct an exercise, drill, or discussion to test key components of your plan.
- Share your plan with personnel and explain what policies, leave options, pay, and benefits will be available to them. Solicit help from J1 if needed.
- Establish directorate channels of communication and methods for dissemination of outbreak information.
- Review sick-leave policies and consider making them flexible and consistent with phase information.
- Make sure personnel are well-aware of these policies.
- Try to provide flexible leave policies to allow workers to stay home to care for sick household members or for children, if schools dismiss students or childcare programs close.
- Purchase supplies such as tissues, soap, and alcohol-based hand cleaners to encourage healthful habits in the workplace.

**Q38: What should be included in a pandemic flu plan?**

**A38:** A flu response plan should do the following:

- Provide measures that protect workers and ensure continuity of operations.
- Identify essential mission functions (MEFs) and critical personnel that will keep your directorate running. Plan how your office will operate if a high number of employees must stay home.
- Create and understand policies regarding: flexible sick leave, worksites (e.g., telework), work hours (e.g., staggered shifts) that promote social distancing, flexible leave, and alternate work schedules.
- Consider establishing a policy regarding workers who have flu-like symptoms.

- Develop and coordinate telework IT infrastructure support
- Consider ways to train and transfer PI environment course of action options employees. Cross train personnel key personnel.
- Establish a process to communicate information to workers on your pandemic flu response plans and the latest flu information.

**Q39: What steps can Managers take to keep personnel from getting sick with the flu?**

**A39:** Advise employees to stay home if they are sick. Sick employees should stay home at least 24 hours after they no longer have a fever (100 degrees Fahrenheit or 38 degrees Celsius) or signs of a fever (have chills, feel very warm, has a flushed appearance, or is sweating). This should be determined without the use of fever-reducing medicines (any medicine that contains ibuprofen or acetaminophen). They should stay home until at least 24 hours after they no longer have a fever, even if they are using antiviral medicines.

Encourage respiratory etiquette about covering coughs and sneezes with tissues, and easy access to tissues, and proper tissue disposal. Encourage hand hygiene regarding washing hands with soap and water or using alcohol-based hand cleaners. Separate employees who become sick at work from other staff and ask them to go home.

Routinely clean surfaces and items that are more likely to have frequent hand contact with cleaning agents that are usually used in these areas. Encourage higher risk of complications workers (e.g. pregnant women, people with chronic medical conditions) to contact their health care provider and understand their high risk of complication options. Taking antiviral medicines early may prevent severe complications from the flu, such as hospitalization or death. Prepare for employees to stay home from work and plan for continuity of operations. Employees may stay home because they are sick, need to care for sick household members, or because they need to care for their children. Encourage employees to get vaccinated.

**Q40: How long should a sick employee stay home?**

**A40:** Sick people should stay home, except if they need to get medical care, and they should avoid contact with others. Keeping people with a fever at home may reduce the number of people who get infected with the flu virus.

Health care professionals believe employees with flu-like symptoms should stay home for at least 24 hours after they no longer have a fever (100 degrees Fahrenheit or 38 degrees Celsius) or signs of a fever (have chills, feel very warm, have a flushed appearance, or are sweating). This should be determined without the use of fever-reducing medications (any medicine that contains ibuprofen or acetaminophen). If flu conditions become more severe, the sick employee should stay home for 7 days. A person who is still sick after 7 days should stay home until 24 hours after their symptoms have gone away.

**Q41: Should household members of sick people stay home, too?**

**A41:** No, an employee with an ill household member may go to work. However, it is important that these employees monitor themselves for illness.

**Q42: What are fever-reducing medications?**

**A42:** Fever-reducing medications contain acetaminophen (such as Tylenol®) or ibuprofen (such as Motrin®). These medicines can be given to people who are sick with flu to help bring their fever down and relieve their pain. Aspirin (acetylsalicylic acid) should not be given to children or teenagers under the age of 18. This can cause a rare but serious illness called Reye's syndrome.

**Q43: Can the flu virus live on surfaces, such as computer keyboards?**

**A43:** Yes, the virus can live on hard objects up to 8 hours. Routine cleaning of surfaces will help stop the virus from spreading in this way. Flu viruses may be spread when a person touches a hard surface (such as a desk or doorknob) or an object (such as a keyboard or pen). Avoid touching the eyes, nose, or mouth, especially during flu season.

**Q44: How do I know if someone has 2009 H1N1 flu or seasonal flu?**

**A44:** It will be very hard to tell if someone who is sick has 2009 H1N1 flu or seasonal flu. Public health officials and medical authorities will not be recommending laboratory tests. Anyone who has the symptoms of flu-like illness should stay home and not go to work. Symptoms of flu include fever or chills and cough or sore throat. In addition, symptoms of flu can include runny nose, body aches, headache, tiredness, diarrhea, or vomiting.

**Q45: How do I recognize a fever or signs of a fever?**

**A45:** A fever is when an individual's temperature is equal to or greater than 100 degrees Fahrenheit (38 degrees Celsius). If a sick employee's temperature cannot be taken, look for these signs of fever: if he or she feels very warm, has a flushed appearance, or is sweating or shivering.

**Q46: Who is at higher risk for complications from flu?**

**A46:** Anyone can get the flu (even healthy people) and anyone can have serious problems from the flu. However, children younger than 5 years of age, pregnant women, people of any age with chronic medical conditions (such as pulmonary disease, asthma, diabetes, neuromuscular disorders, or heart disease), and people 65 years of age and older are more likely to get complications from the flu.

**Q47: What additional steps should Managers and personnel take if the flu becomes more severe?**

**A47:** Managers should take the following steps if flu becomes more severe:

- Actively screen employees when they arrive at work.
- Ask employees about symptoms during the previous 24 hours. Symptoms of flu include fever or chills and cough or sore throat. In addition, symptoms of flu can include runny nose, body aches, headache, tiredness, diarrhea, or vomiting. Workers who have flu-like symptoms should be asked to consider going home. Continue to promote individual self assessment checking for any signs of illness before coming to work each day.
- Encourage sick employees to stay home to at least 7 days or until the no fever after 24 hours.
- People who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms have gone away, even if they feel better sooner. Review sick-leave

policies and consider making them flexible and consistent with public health recommendations.

- Try to change work duties, workspace, or work schedules for employees who are at higher risk for flu complications to reduce the possibility of getting sick at work. If this cannot be done, consider allowing these employees to work from home, or stay home, if feasible. These employees should make this decision in consultation with their health care provider.
- Prepare for employees to stay home from work and plan for sustaining continuity of operations. Find ways to increase social distances (the space between people) in the workplace, if possible. Make contingency plans for increased absenteeism caused by illness. This could include cross training and hiring temporary workers.
- Provide information about possible travel delays, health screenings, what to do if you become sick while traveling, and other activities targeted towards travelers leaving other countries for the United States.

**Q48: What can Managers do to increase social distance during a more severe flu outbreak?**

- **A48:** Managers should consider the following during a more severe outbreak: Cancelling non-essential face-to-face meetings and trying conference calls or Internet-based meetings instead
- Cancelling non-essential business travel
- Implementing social distancing such as spacing workers farther apart in the workplace
- Allowing flexible work hours so fewer workers will be in the workplace at the same time
- Offering telework options for employees



