



Preparing for an Influenza Pandemic

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Challenges and Preparation for Pandemic Flu: Individuals and Families

A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges for which people have little or no immunity and for which there is no vaccine. The disease spreads easily person-to-person, causes serious illness, and can sweep across the country and around the world in very short time.

It is difficult to predict when the next influenza pandemic will occur or how severe it will be. The effects of a pandemic can be lessened if preparations are made ahead of time.

As you plan, it is important to think about the challenges that you might face, particularly if a pandemic is severe. It may take time to find the answers to these challenges. Below are some situations that could be caused by a severe pandemic and possible ways to address them.

Social disruption may be widespread

- Plan for the possibility that usual services may be disrupted. These could include services provided by hospitals and other health care facilities, banks, stores, restaurants, government offices, and post offices.
- Prepare back-up plans in case public gatherings, such as volunteer meetings and worship services, are canceled.
- Consider how to care for people with special needs in case the services they rely on are not available.

Being able to work may be difficult or impossible

- Find out if you can work from home.
- Ask your employer about how business will continue during a pandemic.
- Plan for the possible reduction or loss of income if you are unable to work or your place of employment is closed.
- Check with your employer or union about leave policies.

Schools may be closed for an extended period of time

- Help schools plan for pandemic influenza. Talk to the school nurse or the health center. Talk to your teachers, administrators, and parent-teacher organizations.
- Plan home learning activities and exercises. Have materials, such as books, on hand. Also plan recreational activities that your children can do at home.
- Consider child care needs.

Transportation services may be disrupted

- Think about how you can rely less on public transportation during a pandemic. For example, store food and other essential supplies so you can make fewer trips to the store.
- Prepare back-up plans for taking care of loved ones who are far away.
- Consider other ways to get to work, or, if you can, work at home.

People will need advice and help at work and home

- Think about what information the people in your workplace will need if you are a manager. This may include information about insurance, leave policies, working from home, possible loss of income, and when not to come to work if sick.
- Meet with your colleagues and make lists of things that you will need to know and what actions can be taken.

- Find volunteers who want to help people in need, such as elderly neighbors, single parents of small children, or people without the resources to get the medical help they will need.
- Identify other information resources in your community, such as mental health hotlines, public health hotlines or electronic bulletin boards.
- Find support systems—people who are thinking about the same issues you are thinking about. Share ideas.

Be prepared

Stock a supply of water and food. During a pandemic you may not be able to get to a store. Even if you can get to a store, it may be out of supplies. Public waterworks services may also be interrupted. Stocking supplies can be useful in other types of emergencies, such as power outages and disasters. Store foods that:

- are nonperishable (will keep for a long time) and don't require refrigeration
- are easy to prepare in case you are unable to cook
- require little or no water, so you can conserve water for drinking

Stay healthy

- Get a flu shot to help protect yourself from seasonal flu. It won't protect you against pandemic influenza but it will help you stay healthy.
- Get a pneumonia shot to prevent secondary infection if you are over the age of 65 or have a chronic illness such as diabetes or asthma. For specific guidelines, talk to your health care provider or call the Centers for Disease Control and Prevention (CDC) Hotline at (800) 232-4636.
- Make sure that your family's immunizations are up-to-date.

Take common-sense steps to limit the spread of germs. Make good hygiene a habit:

- Wash hands frequently with soap and water.
- Cover your mouth and nose with a tissue when you cough or sneeze.
- Put used tissues in a waste basket.
- Cough or sneeze into your upper sleeve if you don't have a tissue.
- Clean your hands after coughing or sneezing. Use soap and water or an alcohol-based hand cleaner.
- Stay at home if you are sick.

It is always a good idea to practice good health habits:

- Eat a balanced diet. Be sure to eat a variety of foods, including plenty of vegetables, fruits, and whole-grain products. Also include low-fat dairy products, lean meats, poultry, fish, and beans. Drink lots of water and go easy on salt, sugar, alcohol and saturated fat.
- Exercise on a regular basis and get plenty of rest.

Get informed

Knowing the facts is the best preparation. Identify sources you can count on for reliable information. If a pandemic occurs, having accurate and reliable information will be critical.

- Reliable, accurate and timely information is available at www.pandemicflu.gov.
- Another source for information on pandemic influenza is the Centers for Disease Control and Prevention (CDC) Hotline at: (800) CDC-INFO (800-232-4636). This line is available in English

and Spanish, 24 hours a day, seven days a week. TTY: (888) 232-6348. Questions can be e-mailed to cdcinfo@cdc.gov.

- Look for information on your local and state government Web sites. Links are available to each state department of public health at www.cdc.gov/other.htm#states.
- Listen to local and national radio, watch news reports on television, and read your newspaper and other sources of printed and Web-based information.
- Talk to your local health care providers and public health officials.

As you begin your individual or family planning, you may want to review your state's planning efforts and those of your local public health and emergency preparedness officials. Many of the state plans and other planning information can be found at <http://pandemicflu.gov/plan/tab2.html>.

Source: U.S. Government, www.pandemicflu.gov

How Does Seasonal Flu Differ From Pandemic Flu?

Seasonal Flu	Pandemic Flu
Outbreaks follow predictable seasonal patterns; occurs annually, usually in winter, in temperate climates	Occurs rarely (three times in 20th century, last in 1968)
Usually some immunity built up from previous exposure	No previous exposure; little or no pre-existing immunity
Healthy adults usually not at risk for serious complications; the very young, the elderly and those with certain underlying health conditions at increased risk for serious complications	Healthy people may be at increased risk for serious complications
Health systems can usually meet public and patient needs	Health systems may be overwhelmed
Vaccine developed based on known flu strains and available for annual flu season	Vaccine probably would not be available in the early stages of a pandemic
Adequate supplies of antivirals are usually available	Effective antivirals may be in limited supply
Average U.S. deaths approximately 36,000/year	Number of deaths could be quite high (e.g., U.S. 1918 death toll approximately 500,000)
Symptoms: fever, cough, runny nose, muscle pain. Deaths often caused by complications, such as pneumonia.	Symptoms may be more severe and complications more frequent
Generally causes modest impact on society (e.g., some school closing, encouragement of people who are sick to stay home)	May cause major impact on society (e.g. widespread restrictions on travel, closings of schools and businesses, cancellation of large public gatherings)
Manageable impact on domestic and world economy	Potential for severe impact on domestic and world economy

Source: U.S. Government, www.pandemicflu.gov

Frequently Asked Questions About Pandemic Influenza

What is an influenza pandemic?

A pandemic is a global disease outbreak. An influenza pandemic occurs when a new influenza A virus emerges for which there is little or no immunity in the human population, begins to cause serious illness and then spreads easily person-to-person worldwide.

How do pandemic viruses occur?

New influenza viruses emerge as a result of a process called antigenic shift, which causes a sudden and major change in influenza A viruses. These changes occur when proteins on the surface of the virus combine in new ways as a result of mutation or exchange of genetic material between multiple influenza viruses. If such changes result in a new influenza A virus subtype that can infect humans and spread easily from person to person, an influenza pandemic can occur.

Is a pandemic imminent?

Many scientists believe it is a matter of time until the next influenza pandemic occurs. However, the timing and severity of the next pandemic cannot be predicted. Influenza pandemics occurred three times in the past century—in 1918-19, 1957-58, and 1968-69.

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Why are pandemics such dreaded events?

Influenza pandemics are remarkable events that can rapidly infect virtually all countries. Once international spread begins, pandemics are considered unstoppable, because the virus spreads very rapidly by coughing or sneezing. The fact that infected people can share the virus before symptoms appear adds to the risk of international spread via travelers.

The severity of disease and the number of deaths caused by a pandemic virus vary greatly, and cannot be known prior to the emergence of the virus. During past pandemics, attack rates reached 25 percent to 35 percent of the total population. Under the best circumstances, assuming that the new virus causes mild disease, the world could still experience an estimated 2 million to 7.4 million deaths (projected from data obtained during the 1957 pandemic). Projections for a more virulent virus are much higher. The 1918 pandemic, which was uniquely severe, killed at least 40 million people. In the US, the mortality rate of people infected with the virus during that pandemic was around 2.5 percent.

During a severe pandemic, such as the one that occurred in 1918, there would be large surges in the numbers of people requiring or seeking medical or hospital treatment, temporarily overwhelming health services. High rates of worker absenteeism could also interrupt other essential services, such as law enforcement, transportation, and communications. Because populations will be fully susceptible to a pandemic virus, rates of illness could peak fairly rapidly within a given community. This means that local social and economic disruptions may be temporary. They may, however, be amplified in today's closely interrelated and interdependent systems of trade and commerce.

As all countries are likely to experience emergency conditions during a pandemic, opportunities for inter-country assistance, as seen during natural disasters or localized disease outbreaks, may be curtailed once international spread has begun and governments focus on protecting domestic populations.

What age groups are most likely to be affected during an influenza pandemic?

Although scientists cannot predict the specific consequences of an influenza pandemic, it is likely that many age groups would be seriously affected. The greatest risk of hospitalization and death—as seen during the last two pandemics in 1957 and 1968 and during annual influenza—will be infants, the elderly, and those with underlying health conditions. However, in the 1918 pandemic, most deaths occurred in young adults. Few if any people would have immunity to the virus.

Source: U.S. Government, www.pandemicflu.gov

Swine Influenza and You

What is swine flu?

Swine influenza (swine flu) is a respiratory disease of pigs caused by type A influenza viruses. Outbreaks of swine flu happen regularly in pigs. People do not normally get swine flu, but human infections can and do happen. Most commonly, human cases of swine flu happen in people who are around pigs but it's possible for swine flu viruses to spread from person to person also. Are there human infections with swine flu in the U.S.?

In late March and early April 2009, cases of human infection with swine influenza A (H1N1) viruses were first reported in Southern California and near San Antonio, Texas. CDC and local and state health agencies are working together to investigate this situation.

Is this swine flu virus contagious?

CDC has determined that this virus is contagious and is spreading from human to human. However, at this time, it not known how easily the virus spreads between people.

What are the signs and symptoms of swine flu in people?

The symptoms of swine flu in people are similar to the symptoms of regular human flu and include fever, cough, sore throat, body aches, headache, chills and fatigue. Some people have reported diarrhea and vomiting associated with swine flu. In the past, severe illness (pneumonia and respiratory failure) and deaths have been reported with swine flu infection in people. Like seasonal flu, swine flu may cause a worsening of underlying chronic medical conditions.

How serious is swine flu infection?

Like seasonal flu, swine flu in humans can vary in severity from mild to severe. Between 2005 until January 2009, 12 human cases of swine flu were detected in the U.S. with no deaths occurring. However, swine flu infection can be serious. In September 1988, a previously healthy 32-year-old pregnant woman in Wisconsin was hospitalized for pneumonia after being infected with swine flu and died 8 days later. A swine flu outbreak in Fort Dix, N.J., occurred in 1976 that caused more than 200 cases with serious illness in several people and one death.

How do you catch swine flu?

Spread of swine flu can occur in two ways:

- Through contact with infected pigs or environments contaminated with swine flu viruses.
- Through contact with a person with swine flu. Human-to-human spread of swine flu has been documented also and is thought to occur in the same way as seasonal flu. Influenza is thought to spread mainly person-to-person through coughing or sneezing of infected people.

Are there medicines to treat swine flu?

Yes. CDC recommends the use of oseltamivir or zanamivir for the treatment and/or prevention of infection with these swine influenza viruses. Antiviral drugs are prescription medicines (pills, liquid or an inhaler) 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. For treatment, antiviral drugs work best if started soon after getting sick (within 2 days of symptoms).

How long can an infected person spread swine flu to others?

People with swine influenza virus infection should be considered potentially contagious as long as they are symptomatic and possible for up to 7 days following illness onset. Children, especially younger children, might potentially be contagious for longer periods.

What can I do to protect myself from getting sick?

There is no vaccine available right now to protect against swine flu. There are everyday actions that can help prevent the spread of germs that cause respiratory illnesses like influenza. Take these everyday steps to protect your health:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze.
- Alcohol-based hand cleaners are also effective.
- Try to avoid close contact with sick people.
- If you get sick with influenza, CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.
- Avoid touching your eyes, nose or mouth. Germs spread this way.

What should I do if I get sick?

If you live in a community with confirmed cases and become ill with influenza-like symptoms, including fever, body aches, runny nose, sore throat, nausea, or vomiting or diarrhea, you may want to contact their health care provider, particularly if you are worried about your symptoms. Your health care provider will determine whether influenza testing or treatment is needed.

If you are sick, you should stay home and avoid contact with other people as much as possible to keep from spreading your illness to others.

If you become ill and experience any of the following warning signs, seek emergency medical care.

In children emergency warning signs that need urgent medical attention include:

- fast breathing or trouble breathing
- bluish skin color
- not drinking enough fluids
- not waking up or not interacting
- being so irritable that the child does not want to be held
- flu-like symptoms improve but then return with fever and worse cough
- fever with a rash

In adults, emergency warning signs that need urgent medical attention include:

- difficulty breathing or shortness of breath
- pain or pressure in the chest or abdomen
- sudden dizziness
- confusion
- severe or persistent vomiting

Can I get swine influenza from eating or preparing pork?

No. Swine influenza viruses are not spread by food. You cannot get swine influenza from eating pork or pork products. Eating properly handled and cooked pork products is safe.

Source: Centers for Disease Control and Prevention

Is it a Cold or the Flu?

Symptoms	Cold	Flu
Fever	Rare	Characteristic, high (102° F to 104° F; occasionally higher, especially in young children); lasts three to four days
Headache	Rare	Common
General aches, pains	Slight	Usual; often severe
Fatigue, weakness	Sometimes	Usual; can last up to two to three weeks
Extreme exhaustion	Never	Usual; at the beginning of the illness
Stuffy nose	Common	Sometimes
Sneezing	Usual	Sometimes
Sore throat	Common	Sometimes
Chest discomfort, cough	Mild to moderate; hacking cough	Common; can become severe

Complications

Cold	Flu
Sinus congestion, middle ear infection, asthma	Bronchitis, pneumonia, can be life-threatening

Prevention

Cold	Flu
Wash your hands often. Avoid close contact with anyone with a cold.	Annual vaccination; antiviral medicines—see your doctor

Treatment

Cold	Flu
Antihistamines, decongestant, nonsteroidal anti-inflammatory medicines	Antiviral medicines—see your doctor

Source: National Institute of Allergy and Infectious Diseases

Key Facts About the Flu and Flu Vaccine

The flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death.

Symptoms and complications of flu

Symptoms of flu include:

- fever (usually high)
- headache
- extreme tiredness
- dry cough
- sore throat
- runny or stuffy nose
- muscle aches
- stomach symptoms, such as nausea, vomiting and diarrhea (much more common among children than adults)

Some of the complications caused by flu include bacterial pneumonia, dehydration and worsening of chronic medical conditions, such as congestive heart failure, asthma or diabetes. Children may get sinus problems and ear infections.

How flu spreads

The flu spreads in respiratory droplets caused by coughing and sneezing. It usually spreads from person to person, though occasionally a person may become infected by touching something with virus on it and then touching her mouth or nose.

Adults may be able to infect others beginning one day *before* getting symptoms and up to five days *after* getting sick. That means that you can give someone the flu before you know you're sick as well as while you are sick.

Preventing the flu

The best way to prevent the flu is to get a flu vaccine each fall. There also are certain good health habits that can help prevent the flu. In addition, antiviral medications may be used to prevent the flu.

Flu vaccine

There are two types of vaccines:

- The "flu shot"—an inactivated vaccine (containing killed virus) that is given with a needle. The flu shot is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions.
- The nasal-spray flu vaccine—a vaccine made with live, weakened flu viruses that do not cause the flu (sometimes called LAIV for "live attenuated influenza vaccine"). LAIV is approved for use in healthy people 5 years to 49 years of age who are not pregnant.

About two weeks after vaccination, antibodies that provide protection against influenza virus infection develop in the body.

When to get vaccinated

October or November is the best time to get vaccinated, but you can still get vaccinated in December and later. Flu season can begin as early as October and last as late as May.

Who should get vaccinated?

The Centers for Disease Control and Prevention recommends that certain people be given priority for getting the flu shot. People in the following groups should seek vaccination:

- all children aged 6 to 23 months
- adults aged 65 years and older
- persons aged 2 to 64 years with underlying chronic medical conditions
- all women who will be pregnant during the influenza season
- residents of nursing homes and long-term care facilities
- children aged 6 months to 18 years on chronic aspirin therapy
- health care workers involved in direct patient care
- out-of-home caregivers and household contacts of children aged <6 months

These are people who are at high risk for serious flu complications or are in contact with people at high risk for serious flu complications.

Who should not be vaccinated

There are some people who should not be vaccinated. These include:

- people who have a severe allergy to chicken eggs
- people who have had a severe reaction to an influenza vaccination in the past
- people who developed Guillain-Barré syndrome (GBS) within six weeks of getting a previous influenza vaccine
- children less than 6 months of age
- people who are sick with a fever (these people can get vaccinated once their symptoms lessen)

Good health habits

- **Avoid close contact with people who are sick.** When you are sick, keep your distance from others to protect them from getting sick too.
- **Stay home when you are sick.** If possible, stay home from work, school and errands when you are sick. You will help prevent others from catching your illness.
- **Cover your mouth and nose with a tissue when coughing or sneezing.** It may prevent those around you from getting sick.
- **Clean your hands.** Washing your hands often will help protect you from germs. Be sure to use soap and scrub vigorously for 10 to 15 seconds. It is especially important to wash your hands
 - before, during and after you prepare food
 - before you eat, and after you use the bathroom
 - after handling animals or animal waste
 - when your hands are dirty
 - more frequently when someone in your home is sick
- **Avoid touching your eyes, nose or mouth.** Germs are often spread when a person touches something that is contaminated with germs and then touches his eyes, nose or mouth.

Source: Centers for Disease Control and Prevention

What to Do for Colds and Flu

The Food and Drug Administration, or FDA, is part of the U.S. government. FDA makes sure medicines for illnesses like colds and flu work and are safe.

Is it a cold or the flu? For your safety, know the difference

A cold and the flu (also called influenza) are alike in many ways. But the flu can sometimes lead to more serious problems, like the lung disease pneumonia.

A stuffy nose, sore throat and sneezing are usually signs of a cold.

Tiredness, fever, headache, and major aches and pains probably mean you have the flu.

Coughing can be a sign of either a cold or the flu. But a bad cough usually points to the flu.

Know when to call your doctor

You usually do not have to call your doctor right away if you have signs of a cold or flu. But you should call your doctor in these situations:

- Your symptoms get worse.
- Your symptoms last a long time.
- After feeling a little better, you develop signs of a more serious problem. Some of these signs are a sick-to-your-stomach feeling; vomiting; high fever; shaking chills; chest pain or coughing with thick, yellow-green mucus.

Try to avoid getting a cold

- Wash your hands often. You can pick up cold germs easily, even when shaking someone's hand, or touching doorknobs or handrails.
- Avoid people with colds when possible.
- If you sneeze or cough, do it into a tissue and then throw the tissue away.
- Clean surfaces you touch with a germ-killing disinfectant.
- Don't touch your nose, eyes or mouth. Germs can enter your body easily by these paths.

Try to avoid getting the flu

A flu shot can greatly lower your chance of getting the flu. The best time to get the shot is from the middle of October to the middle of November, because most people get the flu in the winter.

The shot can't cause the flu. But you may feel sore or weak or have a fever for a couple of days.

Who should get a flu shot?

Almost all people who want to lower their chance of coming down with the flu can get a flu shot. Flu shots are most important for:

- people 65 or older
- nursing home patients
- children older than 6 months old with health problems, like asthma, or with long-term diseases, like HIV or heart disease
- children or teen-agers who must often take aspirin
- people who are often around the elderly or those with health problems

Who might not be able to get a flu shot?

Some people should talk to their doctor first. Talk to your doctor before you get the shot if you:

- have certain allergies, especially to eggs
- have an illness, like pneumonia
- have a high fever
- are pregnant

Prescription medicine can prevent flu, too

If you are one of those who should not get the flu shot, ask your doctor about prescription medicine to help prevent flu. And if you get the flu, taking this medicine within the first 48 hours can make your illness less serious.

But, do not take antibiotics for a cold or flu

Antibiotics won't work against cold and flu germs. And, antibiotics should be taken only when really needed.

Help yourself feel better while you are sick

A cold usually lasts only a couple of days to a week. Tiredness from the flu may continue for several weeks.

To feel better while you are sick:

- Drink plenty of fluids.
- Get plenty of rest.
- Use a humidifier—an electric device that puts water into the air.
- A cough and cold medicine you buy without a prescription may help.

Choose the right medicines for your symptoms

Make sure the label states that it treats your symptoms.

- If you want to do this: unclog a stuffy nose; choose a medication with this: nasal decongestant
- If you want to do this: quiet a cough; choose a medication with this: cough suppressant
- If you want to do this: loosen mucus so you can cough it up; choose a medication with this: expectorant
- If you want to do this: stop runny nose and sneezing; choose a medication with this: antihistamine
- If you want to do this: ease fever, headaches, minor aches and pains; choose a medication with this: pain reliever (analgesic)

Protect your children from "salicylates" in cold medicines

Do *not* give aspirin or other "salicylates" to children or teen-agers with symptoms of a cold or flu. If you aren't sure whether a product has salicylates, ask your doctor or pharmacist.

Young people can get sick or die from a rare condition called Reye syndrome if they take these medicines while they have these symptoms.

Source: U.S. Food and Drug Administration

Keeping Stress Under Control in a Crisis

After or during a crisis, you may sense that your stress levels have been rising. Although you want to focus on work and productive routines, you may find it difficult to deal with the crisis in addition to all of your personal responsibilities.

Manage stress levels with these tips

- **Avoid extreme thinking.** For example, if you find yourself thinking, “Since the crisis, my life is going downhill,” you are practicing extreme thinking.

Extreme thinking is not only depressing, but it also is inaccurate. Try replacing every extreme thought with something more realistic.

For instance, you could say: “This crisis is horrendous, but I will find ways to make my life better because of it.”

- **Stop “rehearsing” negative thoughts.** Remember that the quickest way to bring on full-scale depression is to repeat the same negative thoughts over and over.

Imagine that every negative thought you repeat over and over is similar to *using a shovel to dig yourself into a depression*. Instead, reflect on positive thoughts and ideas every day and use positive wording in conversations with others.

- **Use “thought stoppage.”** If grim thoughts and images fill your mind, try wearing a rubber band around your wrist. When a thought you want to get out of your mind appears, flip the rubber band hard and say, “No!” Then focus on something more pleasant. After two or three days of doing this exercise, you should find that you are able to steer your thinking away from disturbing thoughts.

Emergency responders often use this technique in getting over a critical incident that resulted in a grim scene they can’t forget. While this technique will not work on general stress or vague feelings of anxiety, it will help you to stop thinking about a specific thought or image that keeps playing in your mind like a tape.

Find “control buttons” to control stress levels

- **Place all of your worries into different “baskets.”** Do not lump all of your problems—money worries, job concerns or marriage problems—into one giant basket. If you do, you will feel overwhelmed trying to deal with them all.
- **Manage your problems in bite-size pieces.** You can do this by dividing every problem into small chunks. For example, if you have money worries, ask yourself: “How can I make one minor improvement in my finances every week for 10 straight weeks?”
- **Address the crisis, but keep boundaries around your personal life.** Naturally, you will want to do what you can to resolve the crisis.

However, resist linking too many personal problems and private thoughts to the crisis. In other words, don’t use the anxiety associated with the crisis as an excuse to neglect personal goals. Getting caught up in a crisis can help you avoid addressing important issues that you needed to deal with before this all came about. Focusing too much on the crisis will only hinder you from living productively.

- **Make all future decisions with caution instead of fear.** Although you can learn from the ordeal you went through, don’t let fear of another crisis paralyze you. Learn, grow and press on.

By Judith Light Hopson
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Media Coverage of the Influenza Pandemic: Watch What You're Watching

You might find it difficult to “look away” from extensive, real-time media coverage of events related to the influenza pandemic.

“In a time of increased stress, media coverage of events can take on a life of its own,” says Terry Fullerton, PhD, vice president of corporate medical affairs for ValueOptions. “For your well-being, you should limit how much you watch.”

Tips for adults

Especially if you are feeling anxious or stressed after watching a news program, cannot turn off the television or participate in recreational activities and are having trouble sleeping, you may want to consider limiting the amount and type of media coverage that you are viewing. Some strategies that may be useful include:

- limit your news intake to a half-hour per day, for example
- limiting viewing just prior to bedtime
- reading newspaper and journal articles rather than watching television

Also, if you want to talk about current events, Dr. Fullerton suggests that you “find someone who is supportive and can help you keep perspective, rather than someone who heightens and exacerbates your worries and concerns.”

Special considerations for children

Depending upon your child's age and maturity, you may want to limit the amount of news your child watches. Talking to your child about what she watches or hears will help her put frightening information into a more balanced and reasonable context. If you allow your child to watch the news, experts suggest that you:

- **Monitor your child's TV watching, and his response.** If it is causing him to have less concentration, trouble with sleep or agitation, that is a clue that limiting the amount of news or eliminating it altogether might be helpful.
- **Watch the news with your child and talk about what she is seeing on television.** For example, explain to a young child that despite seeing an event, over and over on television, that this was a single incident on one day.

Dr. Fullerton points out that you can help normalize the coverage of events: “Be honest—don't give a false impression because when parents are scared, children know it. We can share our feelings and give them a framework for coping with them—for example, if your family believes in a ‘higher-being,’ say ‘We can pray that things work out for the best and people will be safe.’”

- **Put the news into context.** “The news media is trying to catch our attention so they magnify the issues,” says Dr. Fullerton. “Remind your child that there are a lot of good things going on in the world that don't make the news.” Also, explain that there are many good people who would do their best to keep them safe if something bad should happen.
- **Encourage your child to ask questions.** Your child may have irrational fears after watching a news report because he misunderstood something. If he shares those fears or asks clarifying questions, you can help alleviate his anxiety.

- **Redirect your child's attention to more positive activities.** Dr. Fullerton encourages parents to get their children outside to play, for both their physical and mental health. "Children are watching too much TV anyway," he says. "Besides being a distraction from the anxiety of what's on the news, physical activity itself can decrease anxiety."

Seeking help

Be alert to signs of anxiety:

- excessive worry
- feeling keyed up, restless or on edge
- being easily fatigued
- difficulty concentrating or mind goes blank
- irritability
- muscle tension
- sleep disturbances (difficulty falling or staying asleep, or having restless, unsatisfying sleep)

Keep in mind that some of these symptoms may be natural to have right after a disaster, especially with intense media coverage. However, if these symptoms persist and your own ways of lessening the impact of symptoms are not successful, consider seeking some additional support.

Sources: Terry Fullerton, PhD, vice president of corporate medical affairs for ValueOptions; The National Center for Posttraumatic Stress Disorder

By Sandy Werner
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Working From Home: Making the Most of “Plan B”

Working remotely from a home-based office can be a challenge if it is not your regular routine, especially if you add on the significant stressors and potential infrastructure breakdowns that may come with a flu emergency. But in the event of a pandemic, situations such as school closures, quarantines, lack of dependent care, family illness, limited transportation, and workplace measures to reduce person-to-person exposure may force employers and employees alike to rely on teleworking as part of a business continuation plan. It won't be “business as usual,” so here are some tips to consider.

Dependent care concerns: When the care you depend on isn't there

First, everyone recognizes that normal teleworking is not a substitute for child care or elder care. We all (should) know that caregiving is its own “job,” and that it is not possible to devote your full attention to work if you are busy taking care of others.

That said, you and your employer will need to set realistic expectations if you are in an emergency situation where schools are closed and child care and/or adult care are not available, very difficult to find, or carry health risks. Your employer will need to be kept informed of the reality of your situation, and you will need to be honest with yourself about the family demands that have been placed on you during a crisis. Consider these pointers:

- If you may be called upon to work from home even if your children are present, be sure to have extra “entertainment” supplies at home.
- Keep in mind that children may be more “needy” than usual; a flu crisis will take its toll on everyone's psyche and emotions, and children will need extra reassurance and attention. Be sure to limit their exposure to news coverage.
- In the absence of a quarantine, you may be able to work out informal child or elder care arrangements with neighbors, friends or relatives, but any such plans will hinge on all involved parties being symptom-free and not exposed to others who are ill. And you will need to keep in mind that the very young and very old are at increased risk from influenza infection.

Teleworking basics

Establish a routine and avoid overwork. Once you start teleworking, you will have 24-hour access to work. You may be tempted to work longer hours. However, working too much can cause stress, and this will not help you stay healthy and grounded during a challenging time. Knowing when to stop is essential for effective performance. One way to get around overwork is to implement specific business hours. Set firm starting and stopping times, and communicate these to your manager and co-workers. At the office, there are routines that structure your time. If you work at home, it may help to establish your own routine so that you don't overwork.

Establish goals. Develop daily lists of goals and assignments. At the end of each day, go over the list and see how much you've accomplished.

Plan in advance for “Plan B” teleworking

- List all of the tasks and upcoming work that you may need to perform remotely. It's helpful to start the list in advance so that you can arrange for all the resources you'll need at home.
- Assess your telecommunications services at home, as well as any computer hardware or software you may need. Be sure that you have all the information you need at home regarding logging in to systems over the Internet. It may also help to have this, as well as other contact information for your organization, in hard copy at home.

- Remember that during a severe pandemic, regular telecommunications services and power may be limited or interrupted, so be sure that you and your manager have worked out multiple communication channels.
- Be sure to have basic office supplies at home, as you may be forced to work using pen, paper, index cards, etc.

Avoid distractions. Although you will need to stay in touch with the news media for updates during any type of crisis, you may need to keep unnecessary distractions at bay.

Maintain regular communication with your manager. As a teleworker, you'll need to keep your supervisor informed about your progress and any difficulty you encounter.

Be accessible. Stay in touch with the office and/or your "central command." Set up a system so that you can be reached easily. Make sure that you stay informed about back-up communication protocols, and that you are "in the loop" so that you can remain abreast of any changes regarding your work team's or manager's plans.

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Influenza and Pandemic Preparedness “Go-to” Organizations

Preparedness information and planning checklists

U.S. Federal Pandemic Influenza Web site

www.pandemicflu.gov

State Departments of Public Health

www.cdc.gov/other.htm#states

Influenza and health information

The Centers for Disease Control and Prevention (CDC)

- www.cdc.gov
- Telephone hotline: (800) CDC-INFO (800-232-4636), English and Spanish, 24 hours a day, seven days a week
- TTY: (888) 232-6348
- Questions can be e-mailed to cdcinfo@cdc.gov

The World Health Organization (WHO)

- www.who.int/csr/disease/avian_influenza/en/index.html
- The WHO is charged with tracking influenza in humans worldwide and monitoring global responses to it. The WHO is also the lead international organization monitoring the threat of an influenza pandemic.
- The site provides the latest updates as well as useful fact sheets and frequently asked questions.

Support for Disaster Responders

National disasters, particularly large-scale disasters, have raised many questions about the emotional health of those workers who are called upon to respond.

Nothing can prepare someone. These catastrophes thrust first responders, maintenance, utility workers and clean-up crews into life-and-death situations, disorganization, death, confusion and the pain and suffering of victims. Without support and education, some of these men and women could become "secondary victims." They are at greater risk for disaster-related illness, stress disorders and psychological problems.

Effects of disaster on psychological health

Researchers have studied the effects of stress from natural disasters since the 1940s. Most disaster workers only have mild, normal stress reactions. Yet, as many as one out of every three have emotional problems.

In the case of Hurricane Katrina and the terrorist attacks in New York on September 11, 2001, the work to restore the community was overwhelming. It required long stress-filled days away from loved ones and familiar routines. For some, the toll on their lives was high.

- The good news is that there is something that workers can do to better prepare for, and cope with the aftermath of, a disaster. Here are some suggestions.
- Before a disaster
- Make decisions about daily routines. Making lunches, taking kids to school or practice, and grocery shopping may seem like small stuff but when no one is there to do them they can cause great distress.
- Prioritize the essentials and plan to cut out unnecessary activities until things stabilize.
- Ask your employer about available resources to you and your family, and how to make contact if needed.
- Make sure all your affairs are in order, including your will, your bank accounts, investments, etc. Be sure your spouse or significant other knows how to access joint accounts if a need arises for additional funds for emergency, travel or other expenses.
- Arrange for a family member, friend or caregiver to help out in the case of prolonged work duty.
- Talk about your feelings with your spouse or significant other. Assure your loved ones that you will take every precaution available.

After a disaster

- Attend any professional debriefings offered and learn what resources are available to you or your family.
- Talk about feelings as they arise, and be a good listener to your family and co-workers.
- Eat well and try to get caught up on your sleep (this may take several days).
- Understand that it's normal and healthy to want to talk about the disaster. It's also equally normal not to want to talk about it. Be judicious. Keep in mind that others may find it frightening or may simply be satisfied that you returned safely.
- Get "out of yourself." Avoid excessive introspection by focusing on the lives and activities of your loved ones. Ask them how they coped. Praise them for doing well in your absence.
- Find time to recharge doing something you enjoy. Go to a ballgame or to a movie. Get your mind off the disaster.
- Be patient with yourself and others. Remember your family and co-workers are stressed, too.
- Limit your exposure to news media reports about the disaster. While it is natural to want to know more, repetitive or sensationalized images and accounts can be harmful.
- Slow down. Get back to a normal pace in your daily life.

- Take it one day at a time. Each day provides a new opportunity to focus on what is really important in life. Many people turn to personal or spiritual resources during such times.

Personal support is essential

Although it is difficult to quantify, having someone (such as a family member) to talk with or simply “be with” after a disaster is a tremendous benefit. On the other hand, being alone or isolated from loved ones puts you at great risk for stress-related disorders, anxiety and depression. If you need help preparing for a disaster or coping in the aftermath, call the toll-free number on this site.

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Resilience in the Face of Disaster: Lessons From September 11 and Katrina

National disasters, such as Hurricane Katrina and the September 11, 2001 terrorist attacks, have shed light on the many psychological problems victims face when their world literally comes crashing down.

Since the 1940s, mental health professionals have studied the effects of stress caused by natural disasters. Some people who have been exposed to various disasters develop major depression and/or anxiety disorders, including posttraumatic stress disorder (PTSD). The American Psychiatric Association's diagnostic manual defines a traumatic event as a life-threatening situation that evokes feelings of intense fear, horror or helplessness.

In short, witnessing trauma, death and suffering at that magnitude takes a tremendous toll on one's emotions and mental health. Reasons for post-disaster psychological problems include:

- being injured or near death
- witnessing the suffering or death of others
- experiencing the loss of one or more friends, co-workers or loved ones

First responders—secondary victims

Not surprisingly, post-Sept. 11 research found that more than half of the workers and volunteers were at great risk for developing mental health problems, including depression and anxiety disorders. The risk for PTSD was four times greater for Sept. 11 rescue workers than would be found in the general population. Because of the unpredictability of large-scale disasters, workers are almost always under-prepared for the emotional and psychological consequences.

Resilience

For victims or responders there are no clear guidelines for how to cope or balance their lives. However, knowing the factors that affect psychological well-being (resilience) versus distress can help victims prepare for, and cope with, disaster.

Characteristics of personal resilience

- healthy detachment—distancing yourself emotionally from distress-provoking circumstances
- high initiative—taking charge and ownership of your circumstances and problems
- perspective—the ability to see the short- and long-term implications of challenges and difficulties
- perseverance—the ability to push ahead even when you don't feel like it
- accepting that it may take a long time and great effort to recover and feel better
- resourcefulness—using imagination and creativity in overcoming difficult circumstances
- insight—accurately identifying problems and challenges
- moving quickly into the solution
- willingness to try new things

Personal support

The link between levels of personal support, stress and depression following a disaster is undeniable. The loss of social support and sense of normality that come with familiar surroundings—a home, neighborhood, school and job—is a risk factor for serious psychological problems.

Victims of disaster vary in their psychological response based upon their personal resilience and the availability of personal support systems. The research is clear. Individuals with good family and social support are less likely to suffer stress disorders and depression after a traumatic event than individuals with low family or social support.

Having someone to talk with or simply “be with” after a traumatic event is a tremendous help. On the other hand, being alone or away from loved ones raises the risk of stress-related disorders and depression in normal life circumstances.

In the face of disaster, victims and first responders need adequate support systems. This can include professional support, such as employee assistance programs. These resources offer immediate comfort, as well as assessment and counseling for those in need.

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