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THE WORKPLACE GUIDE FOR MANAGERS: **AVIAN INFLUENZA**



**THE WORKPLACE GUIDE FOR MANAGERS:
AVIAN INFLUENZA**

Prepared for the USAID Avian Influenza Program
by the Academy for Educational Development

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INTRODUCTION

With increasing urgency over the past year, a variety of governments, nongovernmental organizations and industry groups have underscored the potential dangers of avian influenza. Much of this concern stems from the fear that an influenza pandemic along the lines of the 1918 Spanish Flu will emerge.

Thus far, the spread of the avian virus to humans has largely been accomplished through contact with infected birds. A few cases of human-to-human transmission have been confirmed, and additional cases continue to be investigated. These cases mostly involved families where prolonged daily contact and exposure existed. Although unlikely at this point, the possibility that the virus will mutate to allow sustained human-to-human transmission is a consideration for both health authorities and businesses around the world.

Regardless of whether avian influenza remains largely a bird-to-bird problem or becomes a bird-to-human illness, it is important for international businesses to educate their employees on the risks of avian influenza, as well as ensure that their emergency-response and business-continuity plans include specific planning for addressing the possibility of a pandemic.

ABOUT THIS GUIDE

Due to the complexity of the avian influenza situation, *The Workplace Guide for Managers: Avian Influenza* provides guidance and resources on three distinct yet overlapping areas: 1) how to address and control avian influenza in the animal population; 2) how to address possible “breakout transmission” of avian influenza to humans; and 3) how to address the possibility of an influenza pandemic. To accomplish this, the Guide provides a systematic approach to developing workplace preparedness plans, as well as workplace avian influenza prevention and support programs.

Although the order of the Guide provides a logical progression for workplace action, each Module may be used independently, and Modules can be implemented in varying orders. (The Guide includes three Modules plus detailed appendices.) Workplace teams can use the Guide as a reference tool, to be consulted both for better understanding of avian influenza’s influence on the workplace, and for its detailed guidelines on how to address specific needs.

This document can assist both individual employers and members of collaborations involving government, labor, employers, and nongovernmental organizations (NGOs). Specifically, it is intended for managers and others who have responsibility for employee productivity and health. This typically includes the managing director, chief financial officer, human resources and benefits coordinator, risk manager, medical director (if the employer provides health care), and labor representatives such as union shop stewards, health and safety representatives, and union presidents.

The Guide may be used to support workplace avian influenza efforts in a broad array of formal workplace settings, including, but not limited to: government agencies and facilities, such as schools, hospitals, and public services; nongovernmental organizations; state-owned or -sponsored enterprises; and joint public-private ventures.

Moreover, enterprises of any size should find the Guide helpful, although they are likely to choose avian influenza activities of different scopes and components. For example, smaller employers may depend on collaborative efforts or outside relationships with NGOs, while mid- to large-size employers (those with more than 250 employees) are more likely to have medical and human resources personnel to develop and manage a comprehensive avian influenza education and support program. We encourage users to adapt these materials as appropriate for their organizations and networks—and to share them widely.

In the end, the goals are to:

- Promote employee and family well-being
- Protect company assets and infrastructure
- Ensure business continuity
- Answer the questions of all stakeholders, including employees, contractors, vendors, suppliers, shareholders, the media, and the surrounding community

THE SMARTWork MODEL

This Guide builds on the success of the *SMARTWork Workplace Guide for Managers and Labor Leaders: HIV/AIDS Policies and Programs*. Developed by the Academy for Educational Development, this program provides a thorough, step-by-step approach to help workplaces respond to the risks of HIV/AIDS through policies, prevention education, care, and support programs. Offering examples, best practices, and references from diverse employers and trade unions all over the world, the guide is designed to jointly engage employers and managers, labor unions and workers, and government representatives in forming and

implementing workplace HIV/AIDS programs and policies. A SMARTWork process for developing workplace HIV/AIDS programs and policies has been successfully used in countries including the Dominican Republic, Haiti, Nigeria, Zimbabwe, Ukraine and Vietnam.

We hope that this Guide for Avian Influenza will be as useful to the international business community.

MODULE I

MAKING THE CASE FOR A WORKSITE AVIAN INFLUENZA PROGRAM

This Guide is intended to help managers and other workplace officers address worker information needs and concerns related to avian influenza, as well as the possibility of pandemic influenza. In today's fast-paced business environment, however, it can be difficult for organizations to expend the time and other resources to address an issue that they may not think is relevant to them, or has a slim possibility of affecting their business. Thus, advocates of preparedness and education plans are often called upon to demonstrate the need for such planning activities to senior executives or other corporate decision-makers. The information contained in this Module may assist managers in making the case for a work-site avian influenza plan.

CORPORATE PREPAREDNESS

Some businesses, particularly large multinational corporations, have already established avian influenza or pandemic planning preparedness committees. Other companies are creating task forces combining their strategic planning, operations-continuity procedures, human resources, and health services staff to adopt event-specific measures in anticipation of an avian influenza pandemic.

For the most part, however, many companies are not making any special preparations in advance of what they see as the slim likelihood of an avian influenza pandemic. Most employers are operating under the assumption that a pandemic will not occur, or that they can respond as the need arises.

It is important for corporations to proactively draft crisis communication and preparation strategies to reassure their workforce that they are ready to act if avian influenza or a related pandemic hits their area. This is particularly important for companies in areas where avian influenza has already taken hold in the animal population. Moreover, companies in these geographic areas should keep in mind that they can play a major role in helping to prevent and control the spread of avian influenza in the animal population (and thereby transmission to humans) by educating their workers and the surrounding community.

Underscoring the importance of corporate preparedness, U.S. business associations received a letter in December 2005, urging them to support influenza pandemic preparedness in the business community. Signed by the U.S. Departments of Health and Human Services, Homeland Security and Commerce, the letter recommends that businesses “develop specific plans for the ways that [they] would protect employees and maintain operations during a pandemic,” particularly if they provide critical infrastructure services such as power or telecommunications.

GLOBAL IMPLICATIONS

It has been posited in the news media that, unless animal outbreaks are contained effectively, it is only a matter of time before a human influenza pandemic could develop. Unlike natural disasters, a pandemic would likely not limit its damage to a single geographic region, but rather would have worldwide consequences.

The severity of the 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 25-35% of the total population¹. Even under the best circumstances (that the virus causes only mild disease), the world could still experience an estimated 2 million to 7.4 million deaths based on projected data from the 1957 influenza pandemic. Projections for a more virulent virus are much higher².

Moreover, the U.S. Government has predicted that an H5N1 pandemic would disrupt supply chains, cause mass staff level reductions and drive corporate medical costs higher. Even though it is difficult to predict what a possible influenza pandemic would look like, many have estimated that 25 percent to 30 percent of a company’s workforce could become ill at the same time, and another 25 percent may not go to work because they fear getting infected. High rates of worker absenteeism can also interrupt essential services such as law enforcement, transportation, communications, and health care.

¹ U.S. Health and Human Services, HHS Pandemic Influenza Plan, November 2005.

² World Health Organization, January 2005

Regardless of industry, the most vulnerable companies are likely to be those with worldwide operations, global supply chains, and international customers. Already, some local, state, and national governments have considered plans to curtail travel, close schools, implement quarantines, and ban public gatherings.

Similar steps were taken during the epidemic of Severe Acute Respiratory Syndrome (SARS) in 2003, particularly in Asia where the disease was most prevalent. Indeed, SARS provides an interesting case study on how corporations might react if they are not prepared – namely, by canceling or postponing travel, and fleeing from areas where the SARS outbreak was reported. Such measures, although necessary to help slow the spread of the disease and allow time for medical efforts to ramp up, were found to impede commerce³. Moreover, this approach is not likely to be effective in the case of a worldwide human outbreak of avian influenza. (*Additional lessons learned from the SARS outbreak are discussed in Module 2*).

Even a relatively mild pandemic could “slow or halt economic growth in Asia and lead to a significant reduction in trade, particularly of services,” according to an analysis by the Asian Development Bank⁴.

SPECIFIC HEALTH CARE SYSTEM CONCERNS

A pandemic will likely affect every business sector, but few will be as heavily affected as the health care industry — from the doctors, nurses, and others treating patients, to the manufacturers of antiviral drugs. While companies in many other industries may be able to tell their workers to work from home or take time off, health care providers in most instances will not only be expected to get to work, but also to work longer hours. At the same time, they may be under the same stresses as others — having family members become ill and require care, getting sick themselves, and facing the fear of being exposed to the virus at work.

Numerous government agencies and other industry groups have prepared guidelines for health care facilities and workers to help them prepare for a pandemic. Patient-education materials, planning guides for health care facilities, diagnostic-testing guidelines, infection-control guidelines, and more are available from the U.S. Centers for Disease Control and Prevention (CDC), and other organizations. *Some of these resources are listed in Appendix C⁵.*

³Kroll Worldwide, “Risk Alert - Avian Flu: Preparing for a Pandemic”. www.krollworldwide.com/news/avian_flu

⁴Asian Development Bank, “Potential Economic Impact of an Avian Flu Pandemic on Asia,” November 2005.

⁵U.S. Centers for Disease Control and Prevention, www.cdc.gov/flu/flusurge.htm

To quantify these concerns, the CDC created its “FluSurge” software program, which aims to help hospitals and public health experts estimate the potential for increased hospital usage during a pandemic.

The program estimates the number of hospitalizations and deaths that would occur during an influenza pandemic and compares the number of people hospitalized, the number requiring treatment in the intensive care unit (ICU), and the number requiring ventilators to a community’s existing supplies. Users can plug in several variables, including the severity of the virus.

As an example, the CDC used a scenario involving the Atlanta metropolitan area during a hypothetical eight-week pandemic with a 25 percent infection rate. Based on those numbers and available information about Atlanta’s hospitals, the CDC said the demand on resources would peak in the pandemic’s fifth week, during which an additional 2,013 people would be hospitalized, 583 of whom would need ICU treatment; and 292 of whom would need ventilators. For the Atlanta metro area, that represents 28 percent of hospital beds; 77 percent of ICU capacity; and 42 percent of ventilators. Overall estimated impact is shown in the table below:

| | LOW IMPACT | HIGH IMPACT |
|----------------------------|-------------------|--------------------|
| Total number infected | 38 million | 90 million |
| Outpatient hospital visits | 18 million | 42 million |
| Hospitalized | 314,000 | 734,000 |
| Deaths | 89,000 | 207,000 |
| Estimated economic impact | \$71.3 billion | \$166.5 billion |

These figures indicate that an influenza pandemic may overwhelm existing hospital resources, especially given that hospitals increasingly operate at nearly full capacity, CDC officials wrote in the FluSurge manual. The potential stress on resources could be even more severe in areas where health care is not as modern or effective. Clearly, health care industry workers need to be prepared for this worst-case scenario.

REDUCING THE IMPACT OF AVIAN INFLUENZA IN THE WORKPLACE AND BEYOND

Working together with government agencies and NGOs, employers can help prevent and control the spread of avian influenza in both animals and humans by educating workers about avian influenza transmission and risk behaviors; allow at-risk employees to continue to be productive; create a positive and supportive

work environment; and contribute to activities aimed at reducing avian influenza transmission in the surrounding community. *Specific steps on how to implement such activities are outlined in Modules 2 and 3.*

Indeed, workplace policies and programs affect not only the organization and its workers, but also workers' families and the surrounding community. For example, workers who are well informed about avian influenza transmission can also educate their families and friends. A key way to control the spread of influenza, for instance, is to educate and encourage families to practice good hygiene at home, including proper hand washing and food preparation.

It has been shown that good workplace health often extends to the community beyond. For example, the World Health Organization (WHO) has noted that proper attention to workers' health and safety has extensive benefits, as outlined below.

- Healthy workers are productive and raise healthy families. Thus, healthy workers are a key strategy/goal, for overcoming poverty.
- Workplace health risks are higher in the informal sector and small industry which are key arenas of action on poverty alleviation, where people can work their way out of poverty.
- Safe workplaces contribute to sustainable development, which is the key to poverty reduction.
- Occupational safety and health can contribute to improving the employability of workers through workplace (re)design, maintenance of a healthy and safe work environment, training and retraining, assessment of work demands, medical diagnosis, health screening and assessment of functional capacities.
- Occupational health is fundamental to public health, for it is increasingly clear that major diseases (e.g. AIDS, heart disease) need workplace programs as part of the disease control strategy.

| BENEFITS TO THE ORGANIZATION | BENEFITS TO THE EMPLOYEE |
|--|--|
| A well-managed health and safety program | A safe and healthy work environment |
| A positive and caring image | Enhanced self-esteem |
| Improved staff morale | Reduced stress |
| Reduced staff turnover | Improved morale |
| Reduced absenteeism | Increased job satisfaction |
| Increased productivity | Increased skills for health protection |
| Reduced health care/insurance costs | Improved health |
| Reduced risk of fines and litigation | Improved sense of well-being |

The WHO also outlined the following benefits of workforce health promotion activities to both employees and employers.

WHO notes that these benefits are greater for low-paid workers in high-risk occupations and settings, and in this way occupational health interventions can reduce inequities.

CONCLUSIONS

In the end, there are a number of steps companies should be taking and issues they should be considering before an avian influenza outbreak in their area, during an outbreak, and after an outbreak in animals and/or humans. Although the following Modules do not present an exhaustive picture of such preparations, they are intended to foster discussion within each organization and to provide guidelines for determining the type of activities each company wants to pursue.

It is important to note that, even though this Guide touches upon business continuity plans, and corporate issues related to information technology capabilities, finances, corporate benefits and policies, and other operations issues, there is not necessarily specific guidance on making these decisions in the existing modules. These considerations are essential, however, to developing any health-related workplace program on avian influenza. Workplace preparedness and education cannot occur in a vacuum. In addition, the basic process, can be applied to considering these operational issues, if desired.

In the end, regardless of whether avian influenza emerges as a pandemic, much of the planning and preparation can be applied to other potential pandemics, bioterrorist events, terrorist events, or even natural disasters. Preparedness and educational activities in the workplace also can go a long way in preventing and controlling the impact of the current avian influenza outbreak in animals. Now is the time to move forward.

MODULE 2

GETTING STARTED: PROGRAM PLANNING USING A TEAM MODEL

Similar to the SMARTWork model that has already been developed by the Academy for Educational Development for implementing HIV/AIDS programs in the workplace¹, this Guide for avian influenza planning also operates under a team model. Specifically, it underscores the importance of engaging a diverse group of stakeholders to establish a workplace planning committee that will direct all future activities. The success of most workplace programs hinges on acceptance at all levels of the company.

Following are specific steps to organizing a planning committee and commencing planning activities. *Training Guidelines for undertaking these activities are available, and are located after Module 3 on page W.2.*

The basic initial planning steps are as follows:

1. **Organize a Workplace Planning Committee.** Be sure to learn about avian influenza, including recent information about avian influenza transmission and developments in prevention and care. Find out the types of information your employees need or would like to have.
2. **Address a series of key questions that will help you prioritize and plan activities related to developing a program to address avian influenza.** This should be accomplished at the aforementioned planning committee meetings. These questions should address existing company and external resources, the basic level of corporate preparedness, as well as company response before, during and after an epidemic of avian or other influenza. *Examples of some of these key planning questions are provided at the end of this Module.*
3. **Develop a checklist to guide development of your program.** *A sample checklist is provided later in this Module on page 2.8.*
4. **Plan how you will work through the checklist, agreeing on a timetable and clear assignment of responsibilities for each item.**

¹Academy for Educational Development, "Strategically Managing AIDS Responses Together in the Workplace (SMARTWork)," www.smartwork.org.

I. ORGANIZE A WORKPLACE PLANNING COMMITTEE

It is important to establish a team whose members represent various aspects of the workplace, share a commitment to addressing avian influenza and the possibility of a pandemic, and have the credibility and skills to “sell” the program to others in the workplace.

Thus, identifying the appropriate persons to represent the diverse interests and needs of the employer and workforce is the first step in the planning process. It is important to keep the committee small enough to be easily managed, yet large enough to be representative. At the beginning, you might want to include representatives from most company functions over time, some of these departments might not be deemed as crucial to the committee, depending on the direction the workplace program takes.

Typical members of a Workplace Planning Committee include:

- Human Resource Manager and/or other senior manager(s) responsible for workplace policies and benefits (e.g., health and safety officer, training department officer)
- Risk Manager (if one exists)
- Union representative or other elected labor representatives from within the organization
- Financial representative (e.g., company accountant)
- Medical Director and/or nurse
- Current or potential peer educator
- Union health and safety representative, and/or education director from the local union (optional)
- Staff member of an area NGO that provides medical services
- Information Technology representative
- Operations manager or senior corporate manager

To ensure success of the committee, try to have an equal number of management and non-management representatives. As a committee is formed, it may be helpful to keep the following points in mind:

- **Include key people who represent the various interests of the organization and workplace.**

Rationale: Most medium- to large-sized organizations have a diverse set of employees who have a range of work responsibilities, skills, and other differences that can affect the ways programs and policies in turn affect them. You may need union or other labor representatives as well as management, representatives from production or service and administrative and support units. This ensures that differences will be taken into account and policies and programs can be developed that work for all areas of the workplace.

- **Include representatives from all appropriate departments and levels.**

Rationale: Being aware of the needs and concerns of people at all levels of the workforce helps ensure that policies and programs will serve everyone properly. The policy development process can best address the needs of all employees if the committee includes both workers and managers.

- **Include people who are committed to addressing avian influenza.**

Rationale: Just because someone represents a significant part of the workplace does not necessarily mean that s/he would be effective on the committee. A strong committee encourages participation from people who recognize the value of addressing avian influenza and workplace preparedness.

- **Include people who are able to communicate and gain support for the committee's decisions.**

Rationale: The planning committee should include people who are liked and respected, because their credibility can build support for the committee's decisions throughout the workplace. Individuals who are effective oral communicators are also of special value in helping explain the work and decisions of the committee.

- **Get support from top management.**

Rationale: For any workplace program to succeed, it must have visible support from both top management. Ideally, you want management support from the beginning and from the most senior officer—or a business owner. If the initiative does not originate from the top, one of the first tasks is to convince senior management that an avian influenza policy and prevention and support program makes sound “business sense” for the employer. Top managers are likely to be concerned about both the costs of programs and the health and safety of workers. Preparing budget estimates of the costs of various policy and program options will likely be helpful in preparing to meet with top managers. In any workplace, involve and seek the support of respected employee leaders. It may also be helpful to find out if other employers, business associations, and/or labor organizations in the area have developed avian influenza programs and to share information about what worked, what did not work, and why.

- **Keep the committee size manageable.**

Rationale: Ideally, the committee will be large enough to represent the employer and various interests within it, yet small enough to get the job done. Determine the size that is right for your workplace—usually between six and ten people.

- **Leave time for emphasizing areas of agreement and resolving differences among members of the committee.**

Rationale: For a host of reasons, committee members may have differing views about how best to address the issues surrounding avian influenza. You can help the planning process by immediately establishing processes to resolve differences. It may also be helpful to begin by creating a shared base of understanding about avian influenza by providing background information on its impact in your country and in the workplace. It is important to make participants feel comfortable expressing differing points of view and allocate sufficient time for working through differences. Where differences are substantial or difficult to resolve, use of an external facilitator will ensure that all voices are heard and that the committee is not delayed by disagreements or differences of opinion.

- **Identify leadership within the committee.**

Rationale: Good leadership is essential to creating an effective program and policy. One or two motivated individuals can provide the ongoing leadership necessary to develop a successful program. Sometimes leaders are top executives or middle managers, and often they are workers. It only takes one or two champions to get the process rolling.

- **Make labor representatives an integral part of the planning process.**

Rationale: Labor representatives are often a trusted source of information for other workers and have valuable experience in allaying fears in the workplace. They also have access to internal communication networks about sensitive topics and can be ongoing sources of information for other workers. If the workplace is not unionized, it is still important to include respected worker representatives.

2. ADDRESS KEY QUESTIONS TO HELP PRIORITIZE AND PLAN ACTIVITIES

After reviewing and agreeing to the basic planning steps listed at the beginning of this Module, the next step for your workplace planning committee is to address a series of key planning questions. *A listing of some of these key planning questions is provided at the end of this Module.* Another resource that can be used is the CDC's "Business Pandemic Influenza Planning Checklist," which, although created for U.S. businesses, has applicability to all companies in the global marketplace. *The CDC checklist is included in Appendix C – Resource Materials.*

Before going through the list of planning questions, a “homework” exercise that may be useful to the workplace committee is to gather information on existing company and external resources, as well as insights into the information needs of your workers. More information on this exercise is provided in the following section.

Identifying Internal and External Program Resources

An early step in the planning process is to identify the human and financial resources available within the organization. Be sure to look for at least the following existing services and capacity:

- Emergency response or evacuation instructions;
- Worksite health promotion programs, such as HIV/AIDS policies or general wellness programs; and
- Other health services, regardless of whether they are preventive or treatment focused.

In reviewing existing activities that are related to but not directly focused on avian influenza (such as HIV prevention activities or existing emergency plans), ask employees how they feel such programs could be enhanced or expanded. You may want to run informal discussions or focus groups, or even conduct an employee survey with the cooperation of supervisors and the direct involvement of labor representatives. Often, it makes sense to conduct the survey before your plan is developed.

In identifying individuals with relevant program skills, send communications to all sectors and levels of the workforce. Ask for specific information about employee experience, skills, and interests. Some may be potential peer educators. Others may have experience in emergency management or in the human or animal health care sectors. Once you have identified such employees, engage them in the planning process or ask them to review program plans in their areas of expertise.

In addition to identifying internal resources and capabilities, the program committee should identify and assess external resources. Focus initially on the local surrounding community and then look more broadly. Many employers find that they benefit from external expertise, as outside organizations can provide technical assistance or collaborate with your workplace program. These outside organizations include: business-oriented groups, such as business coalitions and employers’ federations; health clinics; national ministries of labor and health; NGOs such as the Red Cross/Red Crescent (both national and local chapters); provincial and local public health offices; animal health care worker associations; local representatives of Veterenarians Without Borders or the UN Food and

Agriculture Organization; and unions and other workers' associations including labor federations.

Systematically consider various categories of organizations. Assign responsibility to follow up with these entities. Also identify "key informants" — individuals in the community you know are involved in issues related to pandemic planning and are well connected to other people and organizations. Assign committee members to contact these individuals and ask them to identify other individuals and organizations that have specific expertise or run program activities.

Among external resources that are already available for use by employers are "webinars" being held by the American College of Occupational and Environmental Medicine. These two-part webinars have been developed to provide information on issues surrounding pandemic flu and the regional response to the current avian influenza strain H5N1. They are designed to respond to questions of corporate preparedness and the appropriate issues to address in a crisis management plan. During the first webinar session, a representative from the CDC provides an overview of the current virus' pandemic potential and an update on H5N1. Pandemic preparedness issues for occupational health professionals also are addressed. During the second session, participants discuss the issues that corporations, medical centers, small-to-medium-sized companies, and community-based occupational health clinics face in developing a response plan surrounding influenza, outbreaks, pandemic preparedness planning, and avian influenza.

The CDC also offers webcasts and online courses on avian influenza and pandemic preparedness. The webcast, "Avian Influenza: State, National & Worldwide Response," addresses the impact of a flu pandemic on public health organizations and communities and how to plan responses. The webcast is provided (in collaboration with CDC) by the Center for Public Health Preparedness at the University at Albany School of Public Health. The online course, "Preparedness & Community Response to Pandemics," is a continuing education course for public health professionals and community responders. The course explores the epidemiology, historical context, and response efforts related to both seasonal and worldwide flu outbreaks, and is provided (in collaboration with CDC) by the Center for Public Health Preparedness at the University at Albany School of Public Health. Additional information and resources can be found at www.pandemicflu.gov and www.who.int

Information Needs of Employees

After reviewing existing knowledge on the needs of company employees, the planning committee may feel a need for more information about employee attitudes or behaviors. In this case, as mentioned earlier, you should consider

conducting a knowledge, attitude, practices, and behaviors (KAPB) survey of employees. Often, you will find that such a survey has been conducted in your community or region, and tested forms and procedures exist. Public health agencies, NGOs, and universities can be useful contacts to learn more about past surveys and get help in conducting a survey in your workplace if desired. Use survey results in program development.

If you have access to trained facilitators, consider conducting focus groups with employees at various levels. The depth of discussion will provide information for program planning that is not available through quantitative surveys. Consider informal meetings or other ways to involve employees at all levels in program implementation—their direct involvement can greatly enhance support for workplace programs and successful communication of prevention education messages. In all employee consultation and research, ensure anonymity and confidentiality, and explain that results will be used for program design and improvement only.

3. DEVELOP A CHECKLIST TO GUIDE DEVELOPMENT OF YOUR PROGRAM

On the following page is a sample checklist that your organization can use to help guide the planning and development of any program related to avian influenza preparedness and prevention/control, as well as pandemic planning.

4. SET A TIMETABLE

As any organizational planners know, it is crucial to agree on a timetable and assign clear responsibilities for each item. The committee can provide a deadline for each of the sections in the checklist above, as well as assign staff to take the lead on each section.

PLANNING CHECKLIST

AVIAN INFLUENZA PREPAREDNESS AND PREVENTION EDUCATION PROGRAMS

The following is a sample checklist that your organization can use to help guide the planning and development of a program related to avian influenza preparedness and prevention/control. You may want to develop your own checklist that reflects more closely the needs of your particular organization.

Please note: The Questions to Consider are not an all-inclusive list of issues to address. They are intended to help guide discussion and spark ideas for additional issues that should be considered by your organization. These questions may also be supplemented by the additional planning questions that immediately follow this section.

| ACTION | | QUESTIONS TO CONSIDER |
|---------------------------|--|---|
| PRE-PLANNING TASKS | | |
| <input type="checkbox"/> | Secure the approval of senior corporate officials | <ul style="list-style-type: none"> • Is there sufficient information that would ensure the buy-in of senior executives? • What would convince company decision-makers to move forward with a preparedness plan/prevention education program? • Do you need to request funds or other resources to support your planned activities? |
| <input type="checkbox"/> | Organize a Workplace Planning Committee | <ul style="list-style-type: none"> • Do you want to identify a coordinator or leader for the group? • Which employees would you want to serve on this committee to ensure all viewpoints are represented? • Do you want to include labor representatives on the committee? • When and where would the committee meet? |
| <input type="checkbox"/> | Set a timetable or schedule for accomplishing activities and assign responsibilities to staff members. | <ul style="list-style-type: none"> • Do you have a deadline you need to adhere to (internal or external)? • Are there enough staff to carry out the activities you want to pursue? |
| <input type="checkbox"/> | Develop a list of planning questions to guide development of your plan | See sample planning questions on page 2.12 |

AVIAN INFLUENZA PREPAREDNESS AND PREVENTION EDUCATION PROGRAMS (Continued)

| ACTION | QUESTIONS TO CONSIDER |
|--|---|
| INFORMATION AND RESOURCE PLANNING | |
| <input type="checkbox"/> Review existing workplace health-related policies and prevention and support programs in your organization and in the broader community | <ul style="list-style-type: none"> • What preparedness plans are already in place and are they applicable to avian influenza? • What worksite health policies are already in place, and are they applicable? • What existing internal company resources can be applied to this effort? • What existing external/community resources can be used? • Can reliable information be obtained from local public health offices? |
| <input type="checkbox"/> Assess existing knowledge on employee information needs | <ul style="list-style-type: none"> • Have employees provided feedback on existing emergency preparedness plans, business continuity plans, or health promotion programs? • Can any of this feedback be applied to this effort? |
| ACTIVITIES PLANNING | |
| <input type="checkbox"/> Plan for the development and implementation of an influenza prevention education and support program | <ul style="list-style-type: none"> • What do you want the program to encompass (lectures, training sessions, handout materials, posters/brochures/pamphlets and other worksite aids, videotape presentations, etc.)? • Which employees would be the target of these education efforts (e.g., senior staff, all onsite workers)? • Do you have existing subject matter resources? • Will you train peer educators from within your organization, or use outside resources? |
| <input type="checkbox"/> Plan for the development and production of prevention/education materials | <ul style="list-style-type: none"> • Do you want to provide educational materials to your employees? If so, do you want to use existing materials or develop company-designed materials? • Do you have the resources to develop and disseminate company-specific materials? • What types of information do you want to provide (e.g., signs and symptoms, transmission, good worksite hygiene such as hand washing and cough etiquette, personal and family preparedness)? • Should your company offer the materials in more than one language or format? • How will you distribute these materials to staff, especially if there are workers at many different sites? |
| <input type="checkbox"/> Consider providing materials that would support prevention activities | <ul style="list-style-type: none"> • What types of infection control items would you want to provide to your workers (e.g. bar of soap, disinfectant, mask, gloves)? • What mechanisms does your company have to obtain and distribute these items? • Do you want to provide accompanying educational/how-to materials? |

AVIAN INFLUENZA PREPAREDNESS AND PREVENTION EDUCATION PROGRAMS (Continued)

| ACTION | | QUESTIONS TO CONSIDER |
|---|--|---|
| ACTIVITIES PLANNING (continued) | | |
| <input type="checkbox"/> | Consider diagnosis and treatment services | <ul style="list-style-type: none"> • Do you want to offer these services to employees? Their family members? • Do you have onsite health care staff (e.g., occupational health nurses) that would be able to provide these services? • If you already have onsite health care staff, do they need to attend additional training to be able to deliver diagnostic and treatment services? • Do you want to offer mental health services, and where would you obtain such services? • Do you have a policy for addressing employees who become ill at the workplace? |
| <input type="checkbox"/> | Consider the provision of antivirals in the case of infection with avian influenza or other pandemic influenza | <ul style="list-style-type: none"> • Do you have the resources and channels through which to purchase antivirals? • Do you need to consult with legal staff on liability concerns? |
| BUSINESS OPERATIONS AND CONTINUITY - PLANNING FOR OUTBREAK/PANDEMIC SITUATIONS | | |
| <input type="checkbox"/> | Identify resources and employees that are critical to maintain business operations | <ul style="list-style-type: none"> • Are there materials or supplies that are essential for the continued functioning of your business? • Which employees or job functions need to be maintained? • Are any subcontractors or other vendors crucial to business operations? • Should emergency/backup staff be trained to lead operations in the case of illness of key staff? • Do you have information technology and communications capabilities to support telecommuting or working offsite? |
| <input type="checkbox"/> | Discuss human resources issues | <ul style="list-style-type: none"> • Do you need to train backup employees in case key staff become ill? • Would you use contractors for certain job functions if regular staff are not available? • Does your company leave policy need to be revised to take into account pandemic influenza issues (e.g., family illness, personal illness, quarantines and other containment measures, closing of public transportation and schools)? • Do you have a telecommuting or flexible work hours/shifts policy that could be enacted? • Do any employees have special needs that should be taken into account? |

AVIAN INFLUENZA PREPAREDNESS AND PREVENTION EDUCATION PROGRAMS (Continued)

| ACTION | | QUESTIONS TO CONSIDER |
|---|--|---|
| BUSINESS OPERATIONS AND CONTINUITY - PLANNING FOR OUTBREAK/PANDEMIC SITUATIONS (continued) | | |
| <input type="checkbox"/> | Develop an emergency communications plan | <ul style="list-style-type: none"> • Who would key contacts be? • What would the chain of communications entail? • Do you have processes for tracking and communicating business and employee status? • Should you develop a company website or hotline for communicating to employees in emergency situations? |
| <input type="checkbox"/> | Implement a drill to test your plans | <ul style="list-style-type: none"> • Does your communications plan reach the desired audiences? • Does your plan need to be revised based on the drill/exercise? |

SAMPLE PLANNING QUESTIONS AND ISSUES TO CONSIDER

As mentioned earlier in this Module, following are examples of issues that should be addressed during committee planning meetings. These are not intended to serve as an all-encompassing or verbatim list of questions to be considered. Rather, they should be used as a springboard for discussion on the specific situation and needs of the company in question.

PRE-OUTBREAK

The workplace committee should consider the following overarching questions when initiating discussions on avian influenza. This is somewhat akin to a “brainstorming session” to get the committee members in the mindset to consider issues related to avian influenza or a possible future pandemic.

- What risks from avian influenza or a pandemic have the potential to harm the company? What are the potential means by which avian influenza could directly and indirectly affect operations, resources, reputation and finances?
- Are we prepared to respond effectively to the threat of a pandemic?
- What should we do if employees are exposed to or develop avian influenza?
- Can we keep our business operating if employees or a critical employee is infected? Can business continue with reduced staff onsite?
- Can employees work off-site, if necessary?
- How should we communicate to our customers, employees, and suppliers the steps we are taking to address avian influenza?
- Will property and/or casualty policies cover pandemic-related claims?
- Who are the critical suppliers or vendors and what are the potential effects to them and our supply chains?

As part of this exercise, the worksite committee should also consider the following issues:

- Are there existing corporate-preparedness plans, procedures, and policies, including business-continuity plans, human-resource policies, and communications capabilities, that are applicable? Do they need to be tested or updated?
- Is there someone within the corporation who might be willing and able to conduct training on avian influenza or pandemic preparedness?
- Are there existing resources or guidance available from governments, international agencies, and industry groups from which the company and its staff could benefit?
- Do employees/management know what to do and whom to inform if they identify a suspected case of avian influenza among the employees? What should employees do if they feel sick, and whom should they contact?
- What circumstances relative to avian influenza would trigger the enactment of a business continuity plan? Has a business continuity plan already been developed and tested using various outbreak scenarios?

- Are there existing employee health procedures or resources to minimize the potential for transmission of infectious diseases to other workers?
- Do senior managers have the skills to manage such an event before it becomes a crisis? Are there managers who are trained or able to address the media, company shareholders, or other public inquiries?

UPON OUTBREAK

During an outbreak of avian influenza or even a pandemic situation, the ability of an organization to identify problems and respond quickly and effectively will make a significant difference to the success or failure of protecting staff and the company in general.

Companies should review their existing preparedness plans and consider whether they would be able to answer the following questions during an outbreak. Again, please note that these questions are intended to serve as a guide and are not an all-encompassing list of issues that should be considered by employers.

Information and Communication Concerns

During an outbreak, companies should be able to effectively communicate answers to the following questions:

- What is the nature of the disease? How is it transmitted, what are its symptoms, and what health care precautions are appropriate?
- Do employees know what to do and whom to contact if they are infected or may have been exposed to the virus?
- How will the company communicate with its employees if they are not at work?
- At what point do managers need to communicate to upper management that there is a potential problem?
- How will potential problems be communicated to clients?
- Have mechanisms been set up to maintain contact with suppliers, clients, and employees?

Human Resource/Benefit Concerns

- What is the company's position if an employee wants to work at home?
- What happens if an infected employee comes to work?
- What if a non-native employee wants to be temporarily transferred to another region? What about his/her family?
- Should the company provide family death support?
- Will the current corporate health care benefit be sufficient to address influenza treatment and prevention?

Operational Concerns

- Can the company operate with 25 percent or greater absenteeism?
- Can the company have employees work remotely? What infrastructure support is needed to support a shift to a telecommuting work force?
- How will clients and others be assured that products are not contaminated?
- What are the procedures to decontaminate the facility and its heating, ventilation, air-conditioning systems, electronic equipment, and soft materials (blankets, curtains, and so forth)?
- What assurances need to be provided to employees that they are safe at work? Do certain materials need to be provided, such as disinfectants, gloves or masks?
- At what point does the company prohibit staff from traveling to certain geographic areas?
- How will traveling employees be brought home, particularly if they are sick?
- Is there a trained crisis-management team that includes on-call staff? Do the team members know what is expected of them? Are the correct personnel—management and others—designated to participate on the team?

Risk-Communication Concerns

- Are executives ready and capable of delivering the right messages?
- Have press releases been prepared that can be adapted to fit the situation?
- Are mechanisms in place for managing internal and external communications?
- Are there backup plans if the current means of communication fail?
- Are there trained spokespeople for dealing with the media and other stakeholders?

During outbreaks or pandemics, it might be useful to consider a few of the “lessons learned” by corporations from the SARS epidemic in 2003. (*A Case Study on SARS is provided at the end of this Module.*) Another point to keep in mind is that, in April 2005, President George W. Bush approved use of quarantine in the event of a U.S. outbreak of “influenza caused by novel or re-emergent influenza viruses that are causing, or have the potential to cause, a pandemic,” which includes, but is not limited to the H5N1 strain of avian influenza.

Timing of Corporate Responses

As stated earlier, the aforementioned questions are intended only as a starting point for companies. The actual timing and severity of an outbreak, the nature of a particular business or industry, and other variables will all come into play during an actual incident and subsequently if the disease spreads.

A key aspect in the area of corporate communications is to issue periodic “news releases” to employees to educate them about the disease and what health care precautions they need to take at home and in the workplace. *More information on these types of education activities are discussed in Module 3.*

In addition, helpful guide that companies can use to keep their employees well-informed about travel restrictions and precautions, especially those who may be traveling to areas where avian influenza is endemic, has been issued by the CDC and is included in Appendix B. The CDC has also advised travelers and U.S. citizens living in countries with known avian influenza outbreaks to avoid poultry farms and contact with animals in live food markets, to ensure poultry and eggs are thoroughly cooked before eating, and to frequently wash their hands with soap and water, or alcohol-based hand rubs.

For specific guidance on media and crisis communications, there are several documents online, including the WHO's "Effective Media Communication during Public Health Emergencies."

In the end, it is unknown whether the H5N1 strain of avian influenza will mutate into a disease transmissible from human-to-human. However, due to predictions that a global pandemic is likely within this lifetime, is imperative that corporate officers ensure that their companies have evaluated the risks and implemented the appropriate steps to mitigate those risks.

IMPORTANT NOTE: Even though some of the planning questions articulated in the previous pages have addressed business continuity, information technology, corporate finances and liability/insurance issues, the existing Modules of this Guide do not provide specific steps for developing plans related to these company functions. The questions are mainly included to assist team members in envisioning different scenarios that would necessitate different health communication/education needs in an organization. Moreover, the questions serve as a reminder that these issues should also be addressed by an organization, if they have not been addressed already, as part of a comprehensive influenza preparedness program.

Many specialized, private companies can provide guidance on these issues, as can local Chambers of Commerce and local, regional and international business associations and other organizations such as the Asia-Pacific Economic Cooperation.

CASE STUDY

Corporate Lessons Learned From SARS

By the time the SARS outbreak ended in July 2003, about 800 people in 26 countries had died from the disease — just under 10 percent of those believed to have been infected. The vast majority of SARS cases were reported in Asia, although 38 people in Canada also died and 75 cases were reported in the United States. Concerns about the disease led to severe travel restrictions in some countries, closure of premises by government authorities, quarantines, and other business disruptions. The Asian Development Bank estimated the total lost business revenue at about \$60 billion.

For businesses with employees working or traveling overseas, particularly in Asia, some of the “lessons learned” from SARS could be relevant should an avian influenza outbreak occur. For example, if you or your employees are coming from an infected area, some companies and organizations may require you to spend a week or more in a hotel before coming into the office.

Although SARS provides a recent case study to which managers can look for ideas in planning for avian influenza, they should keep in mind that SARS was mild compared to the potential impact of an influenza pandemic. SARS is a droplet infection that spreads when a relatively large droplet containing the virus is coughed or sneezed by an infected person and then inhaled or otherwise ingested by another. Influenza, on the other hand, typically spreads more quickly, as it is an aerosol infection involving smaller droplets able to suspend in the air and travel greater distances.

The following are some additional recommendations to keep in mind based on the relatively recent SARS experience¹:

- Maintain regular communication between the home office and other operations, with frequent and detailed updates about the unfolding situation. It’s critical to give employees consistent guidance, thus avoiding confusion.
- Work closely with your office building’s management to get complete and updated information on any containment, safety, or other measures implemented, and any incidents involving other building tenants. If necessary, press them hard to reveal the true situation—they will be in direct contact with civil authorities on these issues. Good information from the building’s management will help reassure employees.
- Anticipate that the anxiety among your work force may be driven by concerns over being sent to a quarantine camp (as was done in China during the SARS epidemic) if infections be discovered in your office building.
- Be ready to permit staff to work from other cities or from home.
- Anticipate that companies will respond to government instructions and refuse to accept visits or meetings. (This was the case in China during SARS.)
- Maintain close contact with clients by phone. Respect any requirements they may have limiting or eliminating physical contact, such as in-person meetings.

¹ Kroll Worldwide “Risk Alert - Avian Flu: Preparing for a Pandemic” www.krollworldwide.com/news/avian_flu

MODULE 3

THE NEXT STEP: DEVELOPING AN AVIAN INFLUENZA PREVENTION EDUCATION AND CONTROL PROGRAM

PROGRAM COMPONENTS

Workplace prevention education and support programs are at the core of an organization's response to avian influenza and a possible pandemic. Effective programs are not one-time events, but rather a variety of coordinated and ongoing activities and services. A well-designed education and support program usually includes a comprehensive set of complementary components.

Employers should consider establishing four types of prevention education and support activities:

1. Formal and informal avian influenza prevention education activities for all employees.
2. Avian influenza prevention support, including the provision of protective equipment, where appropriate.
3. Avian influenza diagnosis and treatment services for employees and/or family members.
4. If possible or necessary, the provision of antivirals or other treatments in the case of infection with avian influenza or other pandemic influenza.

As you design your organization's program, consider the relationships among components and how best to coordinate them.

Who Delivers Services

Employers vary in the extent to which they can, or should choose to, provide services directly. Mid-size (50–249 workers) to large employers (250+ workers) are likely to have medical staff and resources to directly manage a comprehensive prevention/education program. Smaller organizations may not have designated staff to provide such services, and are less likely to operate their own clinic or have staff that are medically trained. They often need assistance from other organizations with expertise in setting up prevention education and support programs.

Depending on the resources and capabilities of the organization, your worksite planning committee may choose to seek outside help to operate the program. For example, as an alternative to having designated personnel, you may be able to contract with individual avian influenza prevention specialists or with an NGO. They could conduct formal avian influenza education sessions and/or provide counseling services for employees. You might also consider using outside training assistance.

Even if you decide to contract out some or most of your program, your organization must still address the basics for employees:

- Learn the facts about avian influenza (e.g., how it is transmitted and prevented among animals and people);
- Decide what program activities and materials to offer;
- Agree on program parameters and standards;
- Select service providers;
- Communicate the importance of avian influenza prevention and control as well as support for those infected and affected; and
- Implement and monitor the program.

Managers will still need to:

- Understand avian influenza-related issues;
- Encourage employee use of available activities and resources; and
- Monitor the program for quality and effectiveness.

PROGRAM DEVELOPMENT

This section explores in some detail the six recommended components of an Avian Influenza Prevention Education and Control Program. It provides suggested steps and identifies sources for program information.

Program Area 1: Avian Influenza Prevention Education Activities

Workplace prevention education activities inform employees about avian influenza and thus help to reduce the spread of avian influenza. Depending on

how they are structured, formal education sessions may take as little as 45–60 minutes (an hour is a “rule-of-thumb” minimum to allow enough time for discussion) and as long as a couple or more hours to address factual information about avian influenza, its transmission among animals and humans, and implications for a pandemic. It is recommended that such presentations be made to all employees during regular work hours and be offered periodically, such as every three months, to reach new employees. Some employers provide a series of several sessions providing basic information.

Formal sessions typically have a defined agenda, include handouts or other materials, and are led by someone who is extremely knowledgeable about avian influenza and its transmission. Formal sessions often include discussion time and small-group activities to enhance learning. Informal education approaches are often conducted by co-workers who have been specially trained as “peer educators.”

Informal, small-group, and one-on-one interactions can be used to discuss avian influenza, answer questions, discuss fears, and distribute pamphlets and other materials. This style of informal dialogue fosters an environment of greater awareness and understanding about avian influenza.

Regardless of whether your company is pursuing formal or informal prevention education activities, it helpful to consider the following guidelines for development of worker education activities.

A. Learn about the target audience

Part of the process of developing education programs is identifying the different groups of people to be reached and the communication messages appropriate for each group. For workplace programs, the primary target audience is typically employees. However, because of the nature of avian influenza, prevention education efforts should reach all employees and their families—even if formal sessions may only reach the workers themselves. Sometimes the employer will also provide sessions in the community, or in the workplace for family members, to maximize the program’s reach.

Workers within a single workplace or organization vary almost as much as the work that they do. Workers may differ in their cultural/ethnic/racial backgrounds, country of origin, preferred language, gender, age, level of education and training, and other factors. They may vary in awareness of avian influenza. Workforce characteristics and differences help determine the appropriate approaches to prevention and control efforts. Presentations should be adapted to fit different preferred styles of communication and other worker characteristics.

The best way to find out what is understandable to a group of employees is to ask them directly. This is one good reason to include workers at several levels on the program committee. This can be done in many different ways, such as organizing small focus groups of workers to react to different education strategies and program formats.

This helps test the appropriateness of the activities and materials while they are still being developed. Ask diverse groups of workers to participate in program activities and review materials. Afterwards, ask participating workers for feedback and assess their understanding and reactions.

There are several areas of important information about workers that should be explored in order to ensure that prevention activities are well targeted. If the organization's prevention planners cannot do this kind of assessment, consider seeking help from health educators or other specialists. The key issues and topics include:

- How do members of the target audience communicate with each other, where and when do they meet, and who makes up their immediate social network?
- How likely are they to read written materials?
- Where and how (e.g. jointly or separately) should they be provided?

During the preliminary planning phase for program development, the committee will probably have identified people with useful skills. In many cases, international and national organizations already doing avian influenza education work can help. They may have educational materials and program designs that can be adapted to particular workplaces and target populations with minimal effort and at low cost. Many organizations have medical or personnel staff who can serve both as resource specialists to the program committee and as formal health educators for a workplace program.

B. Identify subject-matter resources

Although an avian influenza planning committee may be able to plan prevention education activities, members may not have the detailed knowledge necessary to develop the specific content material needed for the activities.

If your planning committee is in this situation, it should seek assistance and advice from experienced people and organizations to determine the appropriate content of its prevention education efforts. The same consultation and advice will also be useful when developing the activities and services for other program areas.

C. Plan to use peer educators

In addition to health professionals and educators who may conduct formal

education activities, employers should consider the use of peer educators—employees trained to provide informal prevention education sessions, including group activities and one-on-one advice and consultation. Peers are people in the workplace similar to the target population in age, background, experience, and interests. Peer education has been proven effective in health promotion programs because people are more likely to listen to and follow advice from their peers. Peers also have greater influence on each other than non-peers, a significant factor in changing behaviors.

Consider using peer educators to:

- Communicate issues of importance to employees;
- Lead large-group meetings in the workplace and/or community;
- Work with small groups in the workplace and/or community;
- Talk one-on-one with others to help encourage and support them to reduce risk behaviors; and
- Distribute pamphlets and brochures.

You may want to seek the assistance of a health-related NGO to assist in the initial training of peer educators and to provide follow-up monitoring and training as needed.

Workplace experience in various countries across the world indicates that peer educators are most successful when chosen by co-workers, with the strong involvement and support from workplace stakeholders, such as shop stewards, line supervisors, and upper-level managers.

D. Identify essential content for the avian influenza prevention education activities

Because avian influenza involves many issues, education activities about the disease must also cover a wide range of issues. Following are core topics and issues that should be included in avian influenza prevention education programs:

- How avian influenza is and is not transmitted among animals and humans;
- How to prevent the spread of avian influenza in animals and humans;
- How to recognize the signs and symptoms of avian influenza in animals and humans;
- How to assess personal risk and develop personal behavior change plans;
- Treatment options for humans, as well as what can be done with infected animals.

Following is a listing of some messages that could be incorporated into employee communications in areas where avian influenza is currently endemic and workers may be in contact with poultry. As described later in this Module, such information could be passed along to family members and the greater community to further help to stem the spread of avian influenza.

PREVENTION AND CONTROL OF BIRD-TO-BIRD TRANSMISSION OF AVIAN INFLUENZA

KEY MESSAGE POINTS FOR FARMERS AND THOSE WHO HAVE CLOSE AND DAILY CONTACT WITH POULTRY OR OTHER BIRDS, GROUPED BY TOPIC

NOTE: Even though all the message points are important and helpful in preventing and controlling avian influenza, specific aspects of topics will be more important in different local contexts and there will be times when specific information is particularly important. Users should select the message points that are most appropriate for local conditions and outbreak phase (pre-outbreak, outbreak, and post-outbreak) and transform them into suitable messages, using local expressions and language.

There is a new disease called avian influenza that is more serious than other poultry diseases.

- Avian influenza can kill all the birds on a farm very quickly.
- All kinds of birds can get avian flu and can spread it to other birds – chickens, ducks, geese, quails, turkeys, pigeons, wild birds and even pet birds.
- Domestic poultry and humans can get the disease from the droppings, mucus, blood or feathers of infected wild or domestic birds.

Learn the signs and symptoms of avian influenza in humans, and know what to do if you think you have avian flu.

- The reported symptoms of avian influenza in humans have ranged from typical influenza-like symptoms (e.g., fever, cough, sore throat, and muscle aches) to eye infections (conjunctivitis), pneumonia, acute respiratory distress, viral pneumonia, and other severe and life-threatening complications.
- If you suspect that someone has avian influenza, take them to a health care provider immediately.
- Contact your [INSERT LOCAL OR NATIONAL HEALTH ORGANIZATION] for additional guidance

SAMPLE MESSAGES ON PREVENTION AND CONTROL OF ANIMAL-TO-HUMAN TRANSMISSION OF AVIAN INFLUENZA

Avian influenza can spread to humans, and has the potential to make you very sick or even kill you. The easiest way to avoid getting avian influenza is to avoid touching poultry or their droppings, washing hands with ash or soap and water immediately before and after contacting poultry, and cooking poultry and eggs thoroughly before eating. Following is some more specific information.

Practice overall good hygiene

- Wash hands with soap and water or ash before and after handling food.
- Wear a mask when cleaning or sweeping your farmyard.
- Use other protective equipment if you have contact with poultry or other birds.
- If practical, change your clothing once you arrive at the workplace — especially if you have poultry in your backyard or come in contact with poultry on your way to work.

Avoid close contact with birds.

- If poultry have to be kept indoors, keep them in a specific area that is away from where the family sleeps and eats.
- Do not let poultry in your house.
- Keep children away from birds and collecting eggs if possible – this includes pet birds if they are not exclusively kept indoors.

If you come across any dead or sick birds, do not touch them unless you are wearing gloves.

- Report sick or dead birds immediately to the authorities.
- All kinds of birds can get avian flu – chickens, ducks, geese, quails, turkeys, pigeons, wild birds and even pet birds.
- Some birds such as ducks can be infected even when they don't look sick.
- If you become sick after contact with dead or sick birds, seek immediate treatment.

Ensure that poultry meat and eggs are thoroughly cooked.

- Conventional cooking (temperatures at or above 70°C in all parts of a food item) will kill the avian influenza virus.
- The avian influenza virus, if present in poultry meat, is not killed by refrigeration or freezing.
- Do not eat runny eggs or poultry meat that is not well-cooked, and do not consume raw duck blood.
- Raw eggs should not be used in foods that will not be cooked.
- Eggs can contain avian influenza virus both on the outside (shell) and the inside (whites and yolk), so it is important to wash hands after handling eggs in addition to cooking them thoroughly.

Do not slaughter or prepare sick or dead poultry for food.

- The greatest risk of exposure to avian influenza is through the handling and slaughter of live infected poultry.
- Good hygiene practices are essential during slaughter and post-slaughter handling to prevent exposure via raw poultry meat or cross contamination from poultry to other foods, food preparation surfaces or equipment.
- Keep raw meat, poultry, fish, and their juices away from other foods.
- After cutting raw meats, wash hands, cutting board, knife and counter tops with hot soapy water, and use bleach if available.

Take precautions if you are visiting farms or other areas where poultry are kept.

- When visiting a farm or entering a yard where poultry is kept, wash hands with ash or soap and water before entering and after you leave.
- Brush and disinfect clothing, shoes/sandals, and the wheels of bikes/motorcycles/etc. after leaving, especially before going indoors.

If you unintentionally come into contact with poultry in an affected area (such as touching the bird's body or its feces, or walking on soil contaminated with poultry feces):

- Wash your hands well with soap and water or ash after each contact;
- Remove your shoes outside the house and clean them of all dirt; and
- If you develop a high temperature, visit a doctor or the nearest health care facility immediately.

Farmers/Poultry Industry

If you are a farmer or have contact with poultry or other birds in your yard or community, there are many ways to help keep avian influenza away from yourself and your family – in addition to the basic precautions mentioned above. Here are some of the additional ways to protect yourself against avian influenza:

Regularly clean the areas where poultry are kept.

- Clean or sweep feces and unconsumed feed from the yard every day. Wear a mask while sweeping the farmyard.
- Burn or bury feathers and other waste away from the farmyard. Bury waste deep and with lime so that scavengers do not dig it up.
- Allow manure to decompose for several weeks to allow any virus to die before using it as fertilizer.
- Clean small farm equipment daily.

Don't bring contamination from other poultry farms or markets

- Make sure you brush or wash off your shoes and the wheels of your bicycle/motorcycle if you visit farms or poultry markets so you don't carry the virus home on your clothing or shoes.
- Do not buy or accept any animals, eggs, or manure from other farms.

Protect yourself and your family.

- Keep children away from birds and collecting eggs if possible – this includes pet birds if they are not exclusively kept indoors.
- If birds have to be kept indoors, then keep them in a specific area that is away from where the family sleeps and eats.
- Do not keep birds as pets.
- Make sure you and your family always wash and brush your shoes and sandals when leaving the farmyard – and especially before going indoors.

If you come across any dead or sick birds, do not touch them.

- Contact the proper authorities in your area immediately.
- Dead birds should not be thrown in a river, pond or other body of water.
- Dead birds should be placed in a bag or other container away from other animals until the authorities can inspect the situation.
- If you see one or more birds that look sick, don't leave them in the yard. Take them out of the flock using gloves and place them in a closed cage. Then contact the paravet (or other authorities) immediately.

Workers involved in culling operations should protect themselves.

- Because of the high risk of exposure during the culling process, workers who might be exposed to infected poultry should wear proper personal protective equipment such as protective clothing, masks, goggles and gloves.
- Cullers should follow a decontamination procedure when taking off their protective equipment.
- Workers involved in mass culling operations, transportation and burial/incineration of carcasses should be vaccinated with the current human influenza vaccine (to avoid co-infection with avian and human strains of influenza).
- Thoroughly clean and disinfect equipment and vehicles (including tires and undercarriage) entering and leaving the farm.
- Do not loan to, or borrow equipment or vehicles from other farms.

SAMPLE MESSAGES ON PREVENTION AND CONTROL OF ANIMAL-TO-ANIMAL TRANSMISSION OF AVIAN INFLUENZA

There is a new, serious disease that is killing poultry called avian influenza, or the H5N1 virus or bird flu. It is spread in the droppings and fluids of birds that have it. Poultry and humans can get the disease from the droppings, mucus, blood or feathers of infected wild or domestic birds. If you are a farmer or have contact with poultry or other birds in your yard or community, there are many ways to protect your animals from avian influenza. Here are some of the ways:

Report sick and dead poultry to the authorities.

- Report instances of sudden death among poultry immediately.
- Report instances of sickness of your poultry immediately.

Separate your poultry from wild birds and any domestic birds that might come into contact with wild birds.

- Keep all poultry in a fenced area or enclosed building, away from other animals and wild birds.
- Keep your chickens separated from any ducks or other birds that roam free.
- Keep poultry away from any source of water that could have been contaminated by wild birds.
- Keep poultry brought to the farm/homestead from outside separate from your flock for at least 14 days.

Regularly clean the areas where poultry are kept.

- Clean or sweep feces and unconsumed feed from the yard every day.
- Burn or bury feathers and other waste away from the farmyard. Bury waste deep and with lime so that scavengers do not dig it up.
- Allow manure to decompose for several weeks to allow any virus to die before using it as fertilizer.
- Clean small farm equipment daily.

Don't bring contamination from other farms or markets.

- If your poultry does not sell at the market, keep the birds separate for at least 14 days before you return them to the rest of your flock.
- Make sure you brush or wash off your shoes and the wheels of your bicycle/motorcycle and change clothing after coming back from farms or live-bird markets so you don't carry the virus home on your clothing, shoes, or equipment.
- Clean or disinfect anything coming into the farm that may have contacted poultry or poultry droppings outside the farm. This includes clothing, tools and equipment such as cages, bicycle and automobile tires.
- Do not borrow equipment or vehicles from other farms.
- Do not transport live or dead chickens, ducks or other poultry from one place to another -- even if you think your birds are healthy.
- Handling of poultry in areas affected by avian influenza should be done within the area, and not by transporting the poultry to other areas.
- Don't bring other animals, such as chicks, ducklings or piglets, from another farm.

If you find any dead or sick birds, contact the authorities in your area immediately.

- Dead birds should be placed in a bag or other container away from other animals until the authorities can inspect the situation.
- If you see one or more birds that look sick, don't leave them in the yard; take them out of the flock using gloves and place them in a closed cage. Then contact the paravet or agriculture extension worker (or other authorities) immediately.
- Dead birds should not be thrown in a river, pond or other body of water.

If you are involved in culling activities, practice safe and humane culling procedures.

- Process each lot of birds separately, and clean and disinfect poultry houses between flocks.
- Thoroughly clean and disinfect equipment and vehicles (including tires and undercarriage) entering and leaving the farm.
- Practice good biosecurity: use personal protective equipment and disinfectant

SAMPLE MESSAGES FOR GOOD WORKPLACE HYGIENE IN AREAS WHERE AVIAN INFLUENZA IS ENDEMIC

You can help protect yourself against influenza by making sure you wash your hands properly (and often), working to improve your general health, and taking precautions at home.

Some of the easy things you can do while you are at work are:

- *Cover your cough* - Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.
- *Hand hygiene* - Wash your hands often with soap and water, or hand sanitizers. This will help protect you from germs.
- *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.
- *Stay healthy/get healthy* - Do everything you can to improve your health. The healthier you are, the more resistant your body is to disease. Adopting healthy behaviors such as eating nutritious foods, being physically active and avoiding tobacco can prevent or reduce the damage done by many diseases, including influenza.
- *Take precautions* - If practical, change your clothing once you arrive at the workplace — especially if you have poultry in your backyard or come in contact with poultry on your way to work.

E. Agree on the range of activities to be offered

Workplace prevention education activities can employ a variety of approaches, tailoring them to the target population. The planning committee should agree on specific types of activities, methods, and priorities to guide initial implementation. Additional activities may be added later. The activities used should be complementary, so that the messages are positively reinforced. Among the types of activities and approaches that may be used for a workplace program are the following:

- *Formal lectures with an opportunity for questions and discussion.* Lectures can be used to deliver basic information to large groups of people at the same time. Lectures can be an effective way to present policy issues or basic information on avian influenza, and should be as participatory as possible.
- *Work-group training sessions and interactive small-group discussions.* Work-group training sessions bring people within the same unit, category of employee, or other affinity group together to focus on an issue or activity. Group sessions should be as interactive as possible, involving such things as role plays and other participatory activities that help people remember and apply what they are learning. Such sessions can be carefully structured or quite informal. They may be led by trained facilitators or peer educators.
- *Behavior Change Communication (BCC) materials.* BCC materials are usually most effective as part of a more interactive approach, such as a workshop, but can also be useful as handouts. Ask local NGOs and public health offices to help identify culturally appropriate materials.
- *Posters.* Posters placed strategically throughout the workplace can provide and reinforce key messages about avian influenza and highlight the company's policies and programs.
- *Brochures and pamphlets.* Brochures and pamphlets can provide factual information about avian influenza and are an effective way to reinforce prevention education activities. Brochures and pamphlets reach a large audience when employees take them home and into their communities. Be sure they are attractive, easy to understand, and designed for your target audience. If you develop your own brochures or pamphlets, use focus groups to test messages and format.
- *Videotape presentations.* Video presentations, if available, can be useful for promoting discussion in small groups. Presentations featuring well-known or recognizable people also lend strong credibility to the information. Such presentations are most effective when combined with guided discussion and other supporting activities.
- *Other creative mechanisms.* Many employers have found that usual education strategies can be enhanced by using a variety of presentation methods. For example, Chevron of Nigeria has successfully used jokes, cartoons, poetry, drama, music video shows, and story telling to deliver messages about HIV/AIDS in the workplace. All of these approaches are followed by question and answer sessions and supplemented by handouts.

F. Outline the “Curriculum”

To develop the content of the avian influenza education activities or materials, decide what information should be included in each piece and how they should be organized or linked to each other. Consider what interactive exercises you may need, and what written or audio-visual materials are available that you will use.

Local organizations and/or health educators in or outside of your workplace may be able to offer considerable assistance in developing your curriculum. Whether you or another organization designs the program, be sure the information about avian influenza transmission, prevention methods, and treatment is up to date.

G. Agree on scheduling

To smoothly implement a program, you must develop a practical schedule of implementation. For example, in scheduling education/prevention programs, some questions to address are:

- How long will the sessions be—30 minutes, one hour, two hours, or more?
- How often will these worker education sessions be offered? Will they be part of new employee orientation training?
- Will sessions be mandatory or voluntary?
- Where will sessions be held? Is transportation needed?
- When will sessions be scheduled? (During work hours? During lunchtime and/or other breaks? Before and/or after work?)
- How will session schedules be coordinated with production needs?
- Will employees receive regular pay when participating in mandatory sessions, voluntary sessions, and/or only during working hours?
- How many employees will participate in each session? What mix or categories of employees will be included in each type of session?
- How frequently will the same work group be provided new information or activities?

H. Introduce the activities

Companies should plan for the introduction of avian influenza education activities. This might involve making a joint announcement by labor leaders and managers; introducing the peer educators and/or others who will facilitate activities; describing the prevention education activities, how employees can participate in them, and how they will be coordinated with normal work requirements; and describing how other workplace prevention, care, and support activities will complement these activities (e.g., distribution of protective equipment such as masks, provision of antivirals).

When you introduce these activities, use the kind of communication styles you will also use in delivering prevention education services. For example, involve peer educators, use varied communication modes, and provide opportunities for questions and interaction. Emphasize the importance your organization places on educating its employees about avian influenza to prevent transmission and other negative consequences.

Program Area 2: Avian Influenza Prevention and Control Support

Prevention support programs are activities designed to prevent the transmission of avian influenza, complementing the education employees receive about the virus. Examples of practical prevention support systems for workplace programs include implementing protective equipment distribution systems. This could be as simple as providing each of your employees with a pair of gloves, a mask and a bar of soap to encourage good hygiene practices in the workplace and beyond. This not only helps to prevent the spread of infectious diseases, but also sends a message to employees that their employer cares about their health and well-being.

Companies might also want to consider adopting (and/or publicizing) a policy that provides adequate sick leave and encourages employees to stay home if they believe they are ill with a contagious illness.

Program Area 3: Avian influenza diagnosis and treatment services for employees and/or family members

There are many benefits associated with workplace treatment services. If you have an on-site medical clinic and can ensure confidentiality for employees, you should seriously consider offering diagnostic and treatment services on site. Among the benefits of this are the avoidance of employee absenteeism and reduction in medical costs for the employees. In addition, sometimes the company clinic is the only—or most convenient—medical service in the immediate vicinity. Employees are much more likely to seek diagnosis and treatment, even if they have no symptoms, if services are easily accessible. Some employees find the cost of outside services to be prohibitive and avoid treatment, or may seek less expensive and inappropriate treatment.

To provide diagnosis and treatment in the workplace, the clinic will need medically trained personnel, some testing procedures and equipment, and—perhaps most important—adequate supplies of pharmaceuticals. If you do not have a workplace clinic or it has limited staff, you can contract with medical personnel to provide services off site or to visit your facility regularly to provide diagnosis and treatment, perhaps with other AI prevention activities in the workplace. *CDC guidelines for testing and diagnosis for avian influenza, as well as an infection control guide for health staff, are found in Appendix C – Other Resources.*

Training for Worksite Health Staff

Program development should include training for occupational health staff (such as nurses) at your corporation. This training should address issues such as avian influenza transmission, symptoms and treatment options. Specifically, training modules should cover the following areas: Key Facts for Clinicians; Overview of Avian Influenza (infection in humans, infection in birds, transmission between animals and people, transmission among birds, avian influenza vaccine development); Training Opportunities; Review of Worldwide Outbreaks; Professional Guidance; Infection Control; Vaccination Issues; Treatment Options; Health Education (standard precautions, good hygiene); Travel Advice; Prevention (vaccines, infection control, agricultural/poultry precautions); and Other Resources.

Counseling

There are many stressors associated with the threat of avian influenza and the possibility of a future pandemic. For this reason, employers might want to consider offering counseling and support services to employees and their families, especially if an employee or their family member becomes ill with avian influenza.

One of the challenges of offering counseling and support services, however, is the lack of skilled counselors in most workplace programs. Peer educators may be able to offer some basic referral assistance, and can be trained to facilitate support groups and secondary prevention sessions. However, because of the level of skills and training required to be an effective counselor, peer educators are not necessarily good candidates to offer in-depth support services. Some organizations have medical and/or human resources staff trained to offer counseling assistance; these individuals could also be trained in avian influenza-related counseling. Alternatively, such staff may be able to refer employees seeking counseling or support to other organizations.

Workplaces may wish to follow the following principles for counseling and support services for employees and families:

- Employees and family members should have ongoing access to counseling.
- Counseling services should be voluntary.
- Counseling should be confidential and provided by a skilled/trained counselor.
- Counseling should be language and culturally appropriate.
- If an employee or family member becomes ill, both the sick person and family members should have access to support services and referrals to appropriate services.
- Support services should include information and skill building to assist family members in caring for individuals who have contracted avian influenza, as well as stress-relief techniques.

Additional guidance, including role-playing scenarios, can be found in the Training Guidelines following this Module.

Program Area 4: Provision of antivirals or other treatments in the case of infection with avian influenza or other pandemic influenza

At present, only two classes of antivirals are known to show an ability to combat avian influenza — adamantanes and neuraminidase inhibitors. The adamantanes have not been effective against some of the avian viruses isolated and they also can have side effects such as seizures. The second class of antivirals is known as neuraminidase inhibitors and contains the drugs oseltamivir (sold as Tamiflu) and zanamivir (sold as Relenza). Both need to be administered within 48 hours of the onset of symptoms to be effective. Clinical data on their use against avian influenza is, of course, limited.

In assessing the issue of providing antivirals, the planning committee will need to consider both economic and ethical factors, as well as practical considerations related to delivering such treatment services. For example, some companies are tempted to stockpile antivirals in the case of an outbreak, but doing so might prove to be harmful in the long-run. For instance, organizations such as the American Medical Association (AMA) have urged companies not to stockpile medications. The AMA notes: “Stockpiling of antivirals, such as Tamiflu, to have on hand ‘just in case’ is not recommended for individuals because of the risk that symptoms not related to avian influenza will prompt people to initiate unnecessary treatment. In addition, these drugs are needed to confront the real risk of human flu-related illness and deaths that occur annually in the elderly and other high-risk individuals. Needlessly taking an antiviral may contribute to the problem of resistance to that antiviral drug, which would then make the drug less useful in the event of an actual avian influenza outbreak. Responsible use of antivirals for flu is critical to the health of Americans—and the health of people throughout the world.”

This occurred in January 2006 in the U.S., when the CDC issued a health alert recommending against using Tamiflu and Relenza for seasonal flu (2005-2006 season) because “recent evidence indicates that a high proportion of currently circulating Influenza A viruses in this country are resistant to these medications.” At the very least, companies may want to consider how they could quickly obtain antivirals for their staff if they are ever needed. Ultimately, if your corporation decides to provide therapies, you will need to offer not only medications, but also monitoring by a physician or other health worker, and related medical care. You will want expert advice on how to build necessary capacity into your clinic or other health services component—or to ensure that any entity providing services on contract is meeting basic care standards. You will also want to be sure that medical personnel keep up with treatment advances, which may require different treatment protocols.

Down the road, companies may also need to consider encouraging vaccination for their employees. There is currently no available vaccine for the H5N1 influenza strain, although efforts are under way in several countries to produce one. Regardless, these efforts are not intended to yield a ready-for-production vaccine because a vaccine must closely match the actual strain of virus it is meant to protect against. Large-scale production, therefore, cannot begin until a virus mutates into a form that causes a pandemic to be declared. Thus, the trials currently under way are meant to lay the groundwork that will allow for rapid development of an avian influenza vaccine should one be needed.

With regard to publicizing medical/treatment services, information should be integrated into all communications about the avian influenza program. The services can be advertised through posters, brochures, and pamphlets. Communications weaving together all these activities and services will attract workers and lead to the desired goal of avian influenza education and prevention.

CONCLUSION

You have now completed development of your organization's avian influenza prevention and support program. Once implemented, these activities will assist workers and their families to prevent the spread of avian influenza and will keep employees healthy and productive in a supportive workplace. Employers that provide this comprehensive and coordinated set of prevention components, or at least ensure that these components are accessible to all their employees, will have strong, cost-effective, and sustainable avian influenza and/or pandemic preparedness programs in the workplace.

Once your program has been implemented, everyone will benefit. The employer will gain the benefits of reduced costs, stable productivity, and a healthier workforce. They will also have the peace of mind that they are as prepared as possible, and have done everything in their power to prevent and control the spread of avian influenza in their workplace and the community.

Employees will gain direct services for themselves and their families, as well as a host of other benefits, such as information on avian influenza that is based on science rather than rumor; information/materials that they can share with their families, friends the community members, and the clear message that their employer cares about their health and well-being.

WORKSITE AVIAN INFLUENZA TRAINING PROGRAM

The Worksite Avian Influenza Training Program is designed to jointly engage employers and managers, labor unions and workers so that everyone has a stake in the training outcome — a better understanding of avian influenza, including planning, preparation and prevention.

The training model provides a building block approach to assist the employer to respond to all employees' anxieties or misunderstandings about avian influenza by providing training and keeping them well informed. To that end, the five building blocks recommended in the worksite are:

1. Workplace wide lectures
2. Training of trainers (ToT)
3. Interactive, small-group training for workers
4. Training of peer educators
5. On going training through one-on-one, peer education

I. WORKPLACE WIDE LECTURES

A series of one hour lectures for all employees—managers and workers—would be scheduled to announce that the employer is taking avian influenza very seriously. This one hour lecture could cover the basics of avian influenza and inform employees that future, small group trainings are planned. It is recommended that such presentations be made to all employees during regular work hours and be offered periodically, such as every three months, to reach all current and new employees.

Examples of the kind of information that could be communicated during a workplace wide lecture include, but are not limited to:

- Basic information about avian influenza.
- Symptoms of avian influenza.
- Differences in avian influenza and pandemic influenza
- Healthcare precautions performed by caregivers, including company nurses.
- How to prevent the spread of avian influenza.
- How to assess personal risk.
- Review of health procedures to minimize the potential for transmission of infectious diseases to other workers, including the dos and don'ts of respiratory etiquette.
- What to do and who to contact if an employee feels sick, is infected or may have been exposed to avian influenza.
- What to do if an infected employee comes to work.
- Review of the company's sick leave policy.
- Sharing any travel restrictions or precautions with all staff. Other informational resources available to the participants.

2. A TRAINING OF TRAINERS (ToT)

Training trainers first requires the identification of someone (or several individuals) within the corporation who might be able to conduct training on avian influenza or pandemic influenza. Possibilities include the company nurse or health provider, staff developers or human resource staff.

Training of trainers (ToT) content topics and planned activities could include, but would not be limited to:

- Overview of avian influenza-- infection in humans, infection in birds, transmission between animals and people, transmission among birds, avian influenza vaccine development
- Symptoms of avian influenza
- Treatment options—oral medications and vaccinations
- Review of worldwide outbreaks
- Safety and health education—including standard precautions for infection control, respiratory etiquette, and good hygiene
- Agricultural/poultry precautions
- Other resources available to the trainer and to the participants

Training of trainers includes supplying the participant with pre-scripted trainer notes so that they can practice delivering the content and encouraging group participation. See *Sample Trainer Notes on page W.8*. In addition to practicing communication of content, ToT participants would also have an opportunity to develop skills around planning and implementing a worksite training. Planning activities and exercises could include how to determine:

- The length of sessions - 30 minutes, one hour, two hours, or more.
- How often worker training sessions will be offered.
- If avian influenza training sessions will be a part of new employee orientation training?
- If sessions be mandatory or voluntary.
- Where sessions will be held.
- When sessions will be scheduled. (During work hours? During lunchtime and/or other breaks? Before and/or after work?)
- If refreshments will be served.
- How to coordinate training sessions with production/company needs.
- If workers will be compensated for attending the sessions. (Will they receive regular pay when participating in mandatory sessions? Will they be compensated if they attend training on their off hours?)
- The number of employees participating in each session.
- The audience for each session-- mix or categories of employees to be included.
- How participants will be provided new, up-to-date information.

3. INTERACTIVE SMALL GROUP TRAINING FOR WORKERS

Trainers will conduct one-hour workshops on each shift to train all workers on avian influenza. In addition to training employees, trainers will use the interactive training workshops to identify workers to train as future peer educators.

Interactive trainings would cover a variety of topics including:

- Basic information about avian influenza.
- Symptoms of avian influenza.
- Differences in avian influenza and pandemic influenza.
- How to prevent the spread of avian influenza.
- How to assess personal risk.
- How to reduce your personal risk if you shop for chicken, prepare chicken, or keep chickens in your yard at home.
- The dos and don'ts of respiratory etiquette—at work and beyond.
- What to do and who to contact if an employee feels sick, is infected or may have been exposed to avian influenza.
- What to do if an infected employee comes to work.
- Review of the company's sick leave policy.
- Other informational resources available to the participants.

Interactive small group training includes the following activities:

- Risk mapping (to identify risk in the family house, the family yard, larger community or workplace).
- Once risks have been identified through the risk mapping activity, participants (working in small groups) decide how they can avoid or eliminate the risks.
- Use of Participant Handouts to solve posed problems. Participant handouts are packaged along with the trainer notes and are an inexpensive way of providing each participant with a “take away” piece. The hope is, of course, that they take it home and share it with friends, families and neighbors. See *Sample of Participant Handout #1 on page W.5.*

PARTICIPANT HANDOUT #1

How to reduce your personal risk of avian influenza when buying poultry, preparing poultry or eggs to eat, or keeping poultry in your yard at home

There are several simple steps you can take to protect yourself and your family from avian influenza. Be careful every time you are in contact with any type of bird. Some birds such as ducks can be infected even when they don't look sick.

Controlling the spread of the avian influenza virus in poultry is the best way to keep you and your family safe and healthy. Here are some easy things you can do:

- If you visit a farm or yard where poultry is kept, adults and children should wash their hands with soap and water; and brush or disinfect their hands, shoes, sandals, and wheels of bicycles and motorbikes before they leave.
 - Do not let children play with poultry or poultry parts. Children should not gather eggs, or sleep with poultry.
 - Do not handle poultry unless absolutely necessary.
-
- Properly cook all poultry, eggs and duck blood pudding before eating it. (Do not eat undercooked poultry or eggs.)
 - Cook everything — meat or eggs — to 70 degrees C. Remember, no runny yolks and no “pink” meat.
 - Always wash your hands with soap and water after you handle or prepare ducks, chickens or eggs.
 - Do not drink or eat raw duck or duck's blood. You could get sick from avian influenza.
 - Avoid giving or receiving live chickens or ducks as gifts.
 - If practical, change your clothing once you arrive at the workplace — especially if you have poultry in your backyard or come in contact with poultry on your way to work.

4. TRAINING OF PEER EDUCATORS

In addition to health professionals and educators who may conduct formal education activities, employers should consider the use of peer educators—employees trained to provide one-on-one advice and consultation. Peers are people in the workplace similar to the target population in age, background, experience, and interests. Peer education has proven effective in health promotion programs because people are more likely to listen to and follow advice from their peers. Peers also have greater influence on each other than non-peers, a significant factor in changing behaviors.

Workplace experience in various countries across the world indicates that peer educators are most successful where chosen by co-workers, with the strong involvement and support from workplace stakeholders, such as shop stewards, line supervisors, and upper-level managers.

The peer education training would help participants gain new skills and build their capacity through extensive role play and case scenarios.

5. ONGOING TRAINING THROUGH ONE-ON-ONE PEER EDUCATION

Informal, one-on-one interactions can be used to discuss avian influenza, answer questions, discuss fears, and dispel myths. This style of informal dialogue fosters an environment of trust among the employees and a greater awareness and understanding about avian influenza.

Consider using peer educators to:

- Talk one-on-one with others to help encourage and support them to reduce risk behaviors
- Lead workshops in the workplace and/or community
- Distribute educational materials such as posters, or brochures
- Offer basic referral assistance to other services
- Facilitate support groups

SUPPORT MATERIALS

The five training building blocks would be supported through the use of various, audience appropriate materials. Consider using the following in your workplace training program:

- **BEHAVIOR CHANGE COMMUNICATION (BCC) MATERIALS.** BCC materials are usually most effective as part of a more interactive approach, such as a workshop, but can also be useful as handouts. Ask local NGOs and public health offices to help identify culturally appropriate materials.
- **POSTERS.** Posters placed strategically throughout the workplace can provide and reinforce key messages about avian influenza and highlight the company's policies, programs and procedures.
- **BROCHURES AND PAMPHLETS.** Brochures and pamphlets can provide factual information about avian influenza and are an effective way to reinforce prevention education activities. Brochures and pamphlets reach a large audience when employees take them home and into their communities. Be sure they are attractive, easy to understand, and designed for your target audience. If you develop your own brochures or pamphlets, use focus groups to test messages and format.
- **VIDEOTAPE PRESENTATIONS.** Video presentations, if available, can be useful for promoting discussion in small groups. Presentations featuring well-known or recognizable people also lend strong credibility to the information. Such presentations are most effective when combined with guided discussion, a chance to questions and answers and other supporting activities.

Reducing Personal Risk of Exposure to Avian Influenza



TIME REQUIRED

45 – 60 minutes

PREPARATION/MATERIALS NEEDED

- Set up training space. The training room can be set up in many different ways. The recommended arrangement is a circle or a U shape so that participants can see and interact with one another.
- Pens, pencils, paper and name tags for participants.
- Accompanying Participant Handouts (found at the back of these trainer notes). Photocopy one handout for each participant.
- Blank flip chart for taking group notes. If no flip chart is available, then use blank 8 1/2 x 11 inch paper or a dry-erase board.
- Prepare and post the following information well before the participants enter the room (see diagram below):
 - Training title
 - Welcome
 - Purpose of training
 - Small group activities, group discussions, closing

REDUCING PERSONAL RISK

Welcome

Purpose: To provide you with an opportunity to learn more about quick and easy ways that you can reduce your risk and your family's risk of exposure to avian influenza.

SMALL GROUP ACTIVITIES

Using Handout #1

Risk Mapping

Groups determine how each person can avoid or eliminate risks.

SMALL GROUP ACTIVITIES

*Large Group Discussion:
Q & A*

Other announcements

Closing

Welcome and Statement of Purpose

(5 minutes)

Trainer states out loud:

Welcome to the training on Reducing Personal Risk of Exposure to Avian Influenza. I really appreciate all of you coming to the workshop today. This is the second training we've had for employees on avian influenza. You'll remember that our first training covered some of the basics on what avian influenza is.

You'll see here that I've written the purpose of today's training on the flip chart. Would any one volunteer to read it out loud to the group?

PARTICIPANT READS OUT LOUD: *The purpose of the training is to learn more about quick and easy ways that you can reduce your risk and your family's risk of exposure to avian influenza.*

Thanks for volunteering to read for us. Are there any questions before we get started?

Using Handout #1

(15 minutes)

Trainer states out loud:

So let's start by taking a look at Handout #1. Why don't you take a few minutes to look over it? Look at the illustrations. Read over it if you'd like. Then we'll come back together and talk about it.



NOTE TO TRAINER: Wait about 3-4 minutes and then ask the group to come back together.

Trainer states out loud:

Okay. Let's come back together and talk about what you saw or what you read. Who can tell me what kind of poultry can spread avian influenza?



Listen for, and post, answers like:

- Ducks
- Chickens
- Roosters
- Hens
- Any poultry
- Even wild birds



The trainer should add their own answers if the list isn't as complete as it needs to be.

Trainer states out loud:

Right all of the birds that you mentioned can spread avian influenza. Now let me ask you this. Can someone tell me at least three things we can do to protect our children from being exposed to a sick bird?



Listen for, and post, answers like:

- Children should always wash their hands before and after they visit a farm or poultry yard.
- Never let your child play with live poultry.
- Never let your child play with any poultry parts—including the head or feet.
- Children should not gather eggs.
- Children should not play in the chicken coop.
- Children should never sleep with poultry.
- Parents should make sure that all meat or eggs are cooked to 70 degrees C.

Trainer states out loud:

Right. You all came up with a good list of some fairly quick and simple things we can do to protect our children. But what about adults. There are some things we can do for ourselves too. Let's think a moment about preparing our family meals. What does cooking have to do with lowering our risk of exposure to avian influenza



Listen for, and post, answers like:

- We should wash our hands before and after handling the poultry or eggs
- Meat should be cooked to 70 degrees C.
- Meat should never be eaten 'pink.'
- Eggs should be cooked to 70 degrees C.
- Eggs should never be eaten raw or runny.
- Duck blood should never be eaten, even in soup.

Trainer states out loud:

Right. You all came up with a great list about safety and food preparation. Do you all have any questions about any of the drawings that you saw, or anything that you read in Handout #1?

Now let's think about our own families, yards and houses. Thinking about either having chickens in our yard or in our village, and thinking about our kitchens and preparing food, we're going to draw a risk map of our house and yards.

NOTE: Sample Trainer Notes end here. Actual Trainer Notes would include an explanation about how to do the Risk Map Exercise, an activity where real solutions would be discussed to lower risk, group discussion with Q and A and finally, a closing.

Questions/Closing

(5 minutes)

Trainer states out loud:

You all did a great job on at the training today. It sounds like we all learned some pretty easy ways we can lower our risk of exposure to sick birds. It's especially gratifying to hear from you all the importance of protecting our children too! Did anyone have any additional question or comment?



ANSWER ANY QUESTIONS or acknowledge comments.

I want to thank you all for coming to the training today. You all did a great job! I'll see you at our next training on _____.

I'm also passing out more information that you can take home with you.

APPENDIX A – FREQUENTLY ASKED QUESTIONS

AVIAN INFLUENZA IN BIRDS

What is Avian Influenza?

The disease commonly referred to as “bird flu” is an animal infection caused by the H5N1 virus. The virus occurs naturally among birds. Wild birds carry the virus in their intestines, but usually they do not get sick. But some domesticated birds— like chickens, turkeys and ducks — get very sick and can die from the virus.

Which birds carry the virus?

Avian influenza can kill domesticated birds, including chickens, ducks, geese, and turkeys. Traditionally, wild waterfowl and shorebirds have been credited as the sources for the many strains of avian influenza, but rarely fell ill. The current H5N1 strain has caused mortality in 40 species of wild birds, including geese, storks, egrets, herons, and falcons, and some mammals.

How does it spread?

The virus can remain viable in droppings for long periods, spreading among birds and animals through ingestion or inhalation of the droppings. Virus can also be excreted from the eyes, nose and mouth of infected birds. Transmission from flock to flock is usually by humans — avian influenza viruses can be spread by manure, equipment, vehicles, egg flats, crates, and people whose clothing or shoes have come in contact with the virus.

What are the control measures in birds?

The most common practice to contain the spread of the virus is culling of all infected or exposed birds, proper disposal of carcasses and the quarantining and rigorous disinfection of farms and poultry markets. Vaccination has also been used but is impractical outside commercial settings and the vaccine requires regular updating. The virus is killed by heat (56 degrees C for 3 hours or 60 degrees C for 30 minutes) and common disinfectants, such as formalin and iodine compounds. Thorough cooking of any poultry meat will destroy the virus, however, if poultry appears sick or is dead do not prepare it for cooking or consumption. Dispose of the poultry properly.

How could avian influenza reach a country?

Despite any country's controls, avian influenza could be introduced to poultry through the migration of wild birds, the importation of dead chickens, the illegal importation of live birds or the entry of an infected person.

What should I do if I think my flock is infected with avian influenza?

Call the relevant authorities immediately. Because the signs of avian influenza are so variable, it is important to get the help of an expert for diagnosis. Keep children and pregnant women away from the birds. If you are instructed to handle or dispose of a dead or infected bird, you should wear protective equipment and clothes (including gloves) and place the dead birds into a bag. Dead birds should not be disposed of in a river or a pond, or left in the yard. Protective clothing or equipment should be kept away from other people and thoroughly disinfected after use.

AVIAN INFLUENZA IN PEOPLE

Are people at risk for avian influenza?

To date, risk to humans has been limited to people who have had contact with infected poultry or contaminated surfaces. Most of these human cases have occurred in rural or suburban areas where households keep small poultry flocks.

What can people do to reduce the risk of getting avian influenza?

There are several key behaviors people who come in close contact with poultry can adopt to reduce the risk of contacting the virus. These include protecting their healthy flocks from the introduction of new poultry by quarantining new poultry for 14 days; separating ducks from chickens; keeping poultry in a closed building, cleaning up yards and coops daily to remove droppings; washing their hands with soap and water before and after handling birds; and cleaning off their shoes before entering their homes.

If possible, children and pregnant women should be kept away from poultry and poultry parts, and should not handle eggs.

If poultry appears sick, people should not touch it or handle it, but rather call the local authorities. (Keep in mind that ducks often do not show symptoms of the virus.) If people must handle a dead bird, they should wear protective equipment and clothes (including gloves) and place the dead birds into a bag. Dead birds should not be disposed of in a river or a pond, or left in the yard.

Why is there so much concern about this virus?

Although the current outbreaks have been happening since mid-2003, beginning in Asia and spreading around the world, this is the first time that so many countries been affected at the same time by this virus. The animal and human health experts' concern is that the virus is crossing the species barrier and is infecting humans. Scientists are closely monitoring the virus to see if it will mutate, making it easier to spread from human to human.

What is the difference between regular, seasonal flu and avian influenza?

These are different viruses. The difference that makes the most distinction to the layman is that that avian influenza is transmitted from birds to birds and birds to humans, but at this point not human to human. That is one of the reasons it is being watched so carefully to see if the virus changes – or mutates – and can be transmitted from human to human. Unlike normal seasonal influenza, where infection causes mild respiratory symptoms in most people, H5N1 has been found to cause more severe symptoms and leads to faster deterioration in condition. In the present outbreak, many of those infected with the virus have died, and many cases have occurred in previously healthy children and young adults.

Can we treat avian influenza?

There is some evidence that recent H5N1 viruses are susceptible to a class of antiviral drugs called neuraminidase inhibitors — oseltamivir (also known as Tamiflu) and zanamivir (also known as Relenza). H5N1 appears to be resistant to the alternative M2 inhibitors — amantadine and rimantadine. Most experts agree that neuraminidase inhibitors will be vital in controlling a future pandemic. However, flu viruses can become resistant to drugs.

Is there an avian influenza vaccine for people?

Not yet. There are several potential vaccines for protecting humans from infection with avian influenza, at various stages of testing. Whether they would be suitable for use against a new pandemic flu strain depends on how much that strain may have mutated from the original H5N1 virus strain. In addition, due to production issues, it is not likely that an effective vaccine would be widely available until several months after the start of a pandemic.

Will a regular flu shot protect against avian influenza?

No. The annual flu vaccination will not provide protection against avian influenza. Current vaccines protect only against circulating human strains.

What are the symptoms of avian influenza in people?

The symptoms are similar to those of other forms of influenza, including fever, sore throat, cough, headache and muscle aches and pains. These symptoms may vary in severity.

What should I do if I think I have avian influenza?

Keep in mind that people get respiratory infections quite regularly, and that the chances that your symptoms are from avian influenza are extremely low. If you have recently returned from Asia (or another area where avian influenza in humans has been reported) and you are experiencing any of the symptoms outlined above, you should seek medical advice and tell your health care provider of your recent travel and activities, including any visits to farms or markets in Asia.

I'm traveling to a region where avian influenza has been reported. What should I do to protect myself from the virus?

Although the risk of infection to travelers to areas affected by avian influenza is currently considered low, people can reduce their risk of infection by avoiding situations where they may have contact with farms and live bird markets, and by ensuring that all uncooked poultry and eggs are handled hygienically with careful attention to hand washing after handling. Proper cooking destroys the virus in poultry and eggs. You can also discuss the risk of avian influenza with your health care provider as part of your routine pre-travel health checks.

Travelers who stay in an avian-influenza affected area for extended periods should consider, as a precautionary measure, having access to influenza antiviral medicine for treatment. This is because long-term residents are at greater risk of exposure to avian influenza over time and, in the event of a more widespread outbreak amongst humans, there may be difficulties encountered in accessing appropriate medicines. Medical advice should be sought before antiviral medicines are used, however.

Is it safe to buy and eat chicken?

Yes, as long as import controls are strictly enforced. In countries where avian influenza has been reported, poultry and poultry products should be properly cooked and handled during food preparation. Normal temperatures used for cooking (70 degrees C for at least 30 minutes) will kill the virus. Consumers need to be sure that all parts of the poultry are fully cooked (no "pink" parts) and that eggs are also properly cooked (no "runny" yolks).

PANDEMIC RISK

What are the chances that avian influenza could cause a human pandemic?

Not likely. There are several critical steps that must occur before a human pandemic can happen. These include: a new influenza virus subtype emerges; it infects humans, causing serious illness; and it spreads easily and sustainably among humans. The H5N1 virus has met the first criterion, but it has not yet efficiently and sustainably infected humans nor been transmitted from human-to-human. The risk that the H5N1 virus will acquire this ability remains as long as there are opportunities for human infection; however, control measures that are being undertaken worldwide continue to minimize these risks.

Can a pandemic be averted?

Yes. That is why so much attention by governments and the health professionals is being placed on how to prevent and control the virus. The first priority is to reduce opportunities for human exposure to infected or potentially-infected poultry. Computer modeling has suggested that a human pandemic could be stopped or slowed with concerted action such as washing your hands with soap and water before and after handling poultry, separating ducks and chickens, keeping poultry fenced or penned in, and keeping new poultry separated from existing flocks for 14 days.

This is a compilation of information from sources including U.S. Department of Health and Human Services' Centers for Disease Control and Prevention; World Health Organization; and writers for the Telegraph and South China Morning Post. For further information go to: www.fao.org and www.cdc.gov

APPENDIX B – GUIDELINES FOR TRAVEL TO AVIAN INFLUENZA-AFFECTED AREAS

It is important for companies to keep their employees well-informed about travel restrictions and precautions, especially those who may be traveling to areas where avian influenza is endemic.

The Centers for Disease Control and Prevention (CDC) recommends the following precautions regarding travel:

BEFORE travel to areas affected by avian influenza

- Visit <http://www.cdc.gov/travel> for up-to-date information.
- Check with your doctor or health care provider to be sure all vaccinations are up to date.
- Put together a traveler's health kit, including thermometer and alcohol-based hand gel.
- Identify health resources before entering the country.
- Check your health insurance coverage for medical evacuation coverage.

DURING travel in an affected area

- Avoid all direct contact with poultry and handling of surfaces that have been in contact with poultry feces or secretions. Avoid visiting poultry farms or live poultry markets.
- Cleanse hands often with soap and water.
- Ensure all poultry-based foods are thoroughly cooked.
- If you become sick with symptoms that include fever, cough, sore throat, or difficulty breathing, a U.S. consular officer can assist you in locating medical services and contacting family and friends.

AFTER return from an affected area

- Monitor your health for 10 days.
- If you become ill with a fever, cough, sore throat, or difficulty breathing during the 10 days, consult a health care provider. Be sure to alert the provider before your visit that you have been in a known avian influenza area. Also, inform him/her if you have had contact with poultry during that visit.
- If ill, limit travel and contact with others as much as possible.

APPENDIX C – OTHER RESOURCES

Influenza Pandemic Business Planning Checklist (U.S. Centers for Disease Control and Prevention)

<http://www.cdc.gov/flu/pandemic/pdf/businessChecklist.pdf>

Interim Recommendations for Infection Control in Health-Care Facilities Caring for Patients with Known or Suspected Avian Influenza (U.S. Centers for Disease Control and Prevention)

<http://www.cdc.gov/flu/avian/professional/infect-control.htm>

Influenza Antiviral Medications: 2005-06 Interim Chemoprophylaxis and Treatment Guidelines (U.S. Centers for Disease Control and Prevention)

<http://www.cdc.gov/flu/professionals/treatment/0506antiviralguid.htm>

Health Care Provider Algorithm for Management of Suspected Avian Influenza (U.K. Health Protection Agency) http://www.hpa.org.uk/infections/topics_az/influenza/avian/algorithm.htm

World Health Organization Avian influenza Fact sheet -- January 2006

http://www.who.int/csr/disease/avian_influenza/avianinfluenza_factsheetJan2006/en/index.html

Cover Your Cough Poster

<http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/cover/general.html>

APPENDIX D – AVIAN INFLUENZA GLOSSARY

Definitions and explanations of commonly used words and terms related to avian influenza.

Antibiotics

Antibiotics are medicines designed to kill bacteria and to treat and prevent bacterial diseases and infections. Antibiotics are not used to prevent or treat influenza (which is a virus, not a bacteria) but may be used to treat bacterial infections that may occur as complications of influenza infection.

Antivirals

Antivirals are drugs that kill or prevent the growth of viruses, including influenza. Tamiflu is an example of an antiviral drug used to treat influenza.

Avian Influenza

Avian influenza, also known as avian flu or “bird flu,” is an infection caused by the avian influenza viruses. These flu viruses occur naturally among birds. Wild birds worldwide commonly carry the viruses in their intestines or respiratory tracts but usually do not get sick from them. However, bird flu can be contagious among birds and can make some domesticated birds including chickens, ducks, and turkeys – very sick and kill them. The risk to humans of avian flu is generally low to because the viruses occur mainly among birds and do not easily infect humans. However, during an outbreak of avian flu among poultry, there is a possible risk to people who have contact with infected birds or surfaces that have been contaminated with excretions from infected birds that carry the virus.

Breakout Transmission

The spread of a disease (in this case, avian influenza) that occurs in a route different from the norm. For example, avian influenza is usually spread from animal to animal, but a transmission from animals to humans would serve as a “breakout” transmission.

Endemic

A condition that is present in a community at all times but in relatively low frequency. Something that is endemic is typically restricted to a locality or region.

Epidemic

An epidemic is when a disease or infection spreads quickly at one time within a population or area. Epidemic and outbreak are often used synonymously.

FluMist

FluMist is a nasal-spray flu vaccine. The vaccine offers similar protection from the flu as the traditional “flu shot.” It is different from the other licensed influenza vaccine (also called the “flu shot”) because it contains weakened live influenza viruses instead of “killed” viruses and is administered by nasal spray instead of injection. You cannot get the flu from FluMist.

H5N1

The H5N1 virus is one of 16 different known subtypes of avian flu (bird flu) viruses. Some H5N1 viruses are highly pathogenic, meaning they can cause severe disease and death in humans. H5N1 viruses have been found in birds around the world. As the spread of H5N1 infection among birds increases, so does the opportunity for H5N1 to be transmitted directly from birds to humans. Recently, human H5N1 infection has been confirmed in only a few cases.

KAPB survey

A Knowledge, Attitudes, Practices and Behavior (KAPB) survey is a research methodology to determine how individuals and communities think, feel, and respond toward a specific issue such as avian influenza.

Mutation

A change in the genetic structure of the influenza virus that has the potential to improve the virus’ ability to survive despite treatments, or to spread to different types of organisms. For example, health officials fear that a mutation in the H5N1 virus may enable it to spread easily from human to human and potentially cause a pandemic. Mutations can be caused by many factors.

Outbreak

An outbreak is the confirmed presence of disease in at least one individual in a defined location and during a specified period of time. Outbreak is often used synonymously with epidemic.

Pandemic

A pandemic is an epidemic that quickly spreads throughout the world. It differs from an epidemic because it infects far greater numbers of people, and could take a much longer time to run its course - perhaps months or even years.

Pandemic Influenza

Pandemic influenza occurs when a new strain of influenza virus emerges, spreading around the world and infecting many people at once. An influenza virus capable of causing a pandemic is one that people have no natural immunity to, can easily spread from person to person, and is capable of causing severe disease.

Relenza

Relenza is an antiviral medicine to treat infection caused by influenza virus. It does not prevent you from getting the flu. These medications attack the influenza virus and prevent it from spreading inside your body. Relenza is used to treat seasonal or annual flu viruses.

Seasonal Flu

“Seasonal flu” is a contagious respiratory illness caused by influenza viruses. It is commonly known as “the flu” or that “bug” that brings aches, pains, coughing, and fever to millions of people around the world every winter.

SARS

Severe acute respiratory syndrome. A severe form of pneumonia which appeared in outbreaks in 2003.

Stockpile

A stockpile is a reserve supply of (in the case of influenza and avian flu) medicine, supplies and equipment necessary to manage an outbreak. The stockpile is accumulated over time and is set aside for use in response to an acute outbreak situation.

Tamiflu

Tamiflu is an antiviral medicine to treat infection caused by influenza virus. Tamiflu does not prevent you from getting the flu. These medications attack the influenza virus and prevent it from spreading inside your body. Tamiflu is used to treat seasonal or annual flu viruses. Studies suggest that Tamiflu could work in preventing and treating avian flu infection in humans.

Union Representative

An individual who represents employees who are members of a particular union. This person can be the shop steward, the union's health and safety expert, or someone who works on staff directly for the union.

Vaccine

A vaccine is a medication intended to prevent infection. Trivalent influenza vaccine and FluMist are examples of vaccines used to prevent infection by the seasonal influenza virus. Trivalent influenza vaccine is a vaccine against annual or seasonal influenza that contains three inactivated (or “killed”) flu viruses that protect against three different strains of influenza virus. The effectiveness of the trivalent vaccine depends upon the “match” between strains of influenza that are circulating and the viruses in the vaccine.

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