

Planning for the Fall Flu Season: What Companies Need to Know

Webinar:

August 12, 2009

1pm EST



Agenda

- Logistics
- Influenza Refresher
 - Avram Nemetz, MD: Medical Director
- Preparing for the Fall: What Companies Need to Know
 - Andrew Shulman: Chief Operating Officer
- Polling Questions
- Q & A



About Affiliated Physicians

- Founded 1982
- Corporate Health Care Service Provider
 - Fortune 500 Clients
- National Service Provider
 - National Physician Network



About Affiliated Physicians

- Executive Physical Examinations
- Pre-Employment Examinations
- Travel Inoculations
- Seasonal Flu Vaccination Programs
- Pandemic Flu Programs
- Drug Screening
- Corporate Wellness Programs
- Corporate Medical Consultation



Affiliated Physicians' Experience

- Seasonal Flu Vaccination Provider
 - Over 25 Years
 - 100,000+ Shots in 2008
- Antiviral Program Provider
 - Largest in the Country
- Corporate Medical Consultation
 - Emergency Response



Avram Nemetz, MD
Medical Director
Affiliated Physicians



The Basics

- What is Flu
- How it is Spread
- Current Situation (H1N1 and H5N1)
- Vaccine Production
- Antivirals



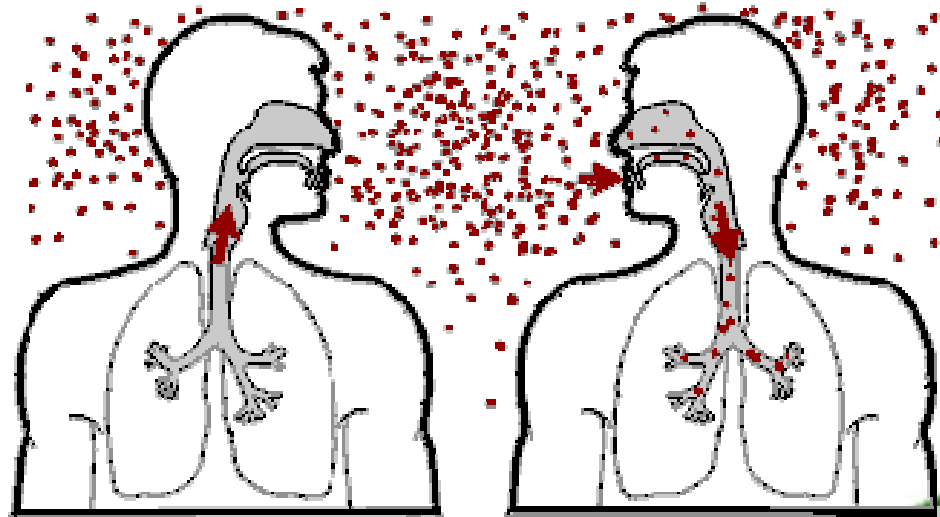
About Flu

- Influenza
 - Respiratory Illness Caused by the Influenza Virus
- Flu
 - High Fevers
 - Shaking Chills
 - Painful Cough



How One Becomes Infected by Influenza

- Influenza is Spread by Microscopic Droplet Nuclei
 - Radius of 3 to 6 Feet
- Droplet Nuclei are Spread When an Infected Person
 - Coughs
 - Sneezes
 - Talks
 - Breathes



Outbreak of H1N1

- First News Reports – Mexico: April 23, 2009
 - New Virus Had Emerged
 - Caused Significant Illness
 - Easily Transmitted from Person to Person
- 7 Weeks Later: Phase 6 Pandemic Declared (WHO)
- Category 1 – Low Severity



Terminology

- Pathogenic
- Virulent
- H1N1 (Current)
 - Highly Pathogenic (spreads easily)
 - Low Virulence (does not cause high death rate)
 - Analysis:
Lots of Illness & Absenteeism; Low Death Rate



Avian Flu

- Remains a Threat
- Still in Animal Population
 - South Asian Countries
- Has Never Developed Capability of Easy Person-to-Person Spread



© Reuters



Flu Vaccine



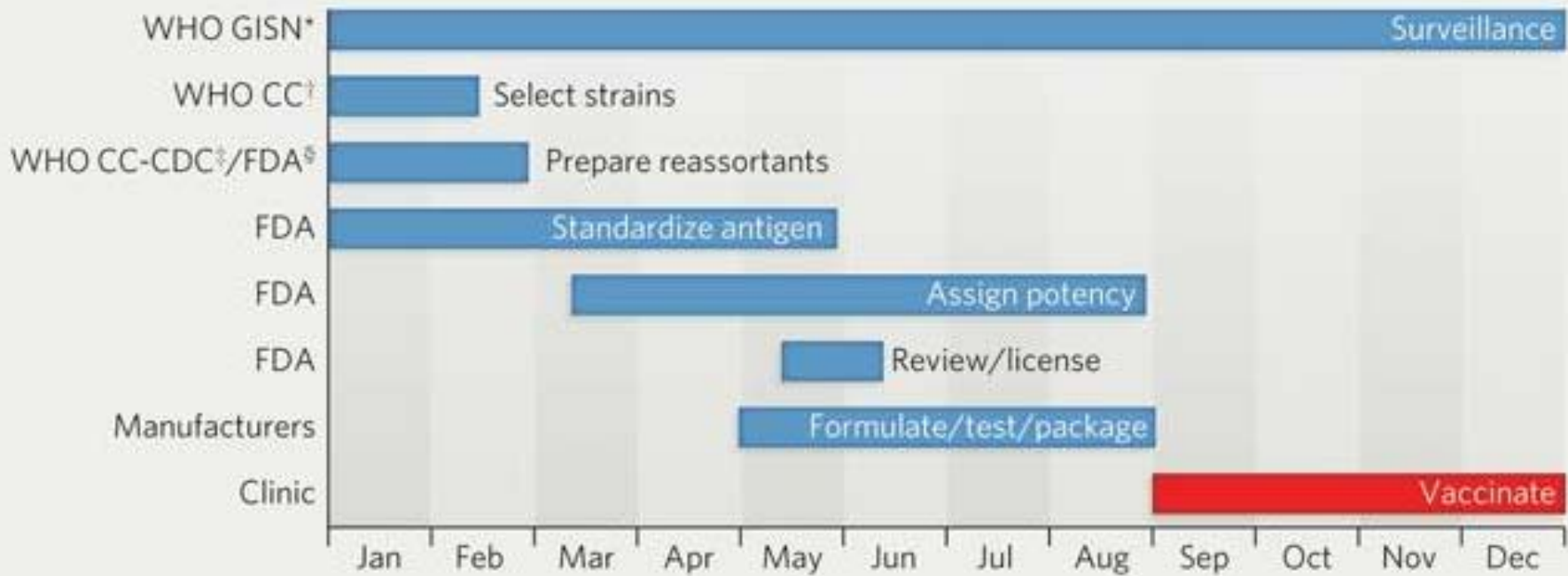
- Made from Inactivated (Not Live) Virus
- Stimulate Immune System to Provide Protection
- Grown in Chicken Eggs



Race For a Vaccine

THE PRODUCTION CYCLE

Rushing a swine flu vaccine is difficult; this timeline, using the United States as an example, illustrates how vaccine production takes at least six months from selecting a strain to producing the vaccine.



H1N1 Will Return to the United States this Fall

- Much Has Gone as Predicted
 - Virus Poised to Sweep Across the North
- Already Infecting the Southern Hemisphere
 - Northern Hemisphere: Higher Population
- Greater Quantity of Virus in the Population Compared to Spring 2009
- New Flu Wave Expected Between Nov & March



Antiviral Medications

- Tamiflu and Relenza
 - Different than Vaccines
 - Block Virus from Replicating
- Uses
 - Prophylactically (Prevention)
 - Timing is Critical
 - Post-Exposure
 - Timing is Critical
 - Onset of Flu Symptoms (Treatment)
 - Timing is Critical



Andrew Shulman
Chief Operating Officer
Affiliated Physicians



Fall and Winter 2009

- Seasonal Flu
 - Returning as Usual
- H1N1
 - Hopefully Will Not Return More Virulent



Fall 2009: What to Expect in the Workplace

Absenteeism

- H1N1 Illness in General Population
 - Up to 30% of Population (according to CDC)
 - 50 to 100 Million People
- Compare to Seasonal Flu
 - Mostly Affects Elderly and School-Aged Children
 - H1N1 Will Have a Greater Affect on Workforce Population
- Therefore: You Can Expect a 10-Fold Increase in Absenteeism at the Pandemic's Peak



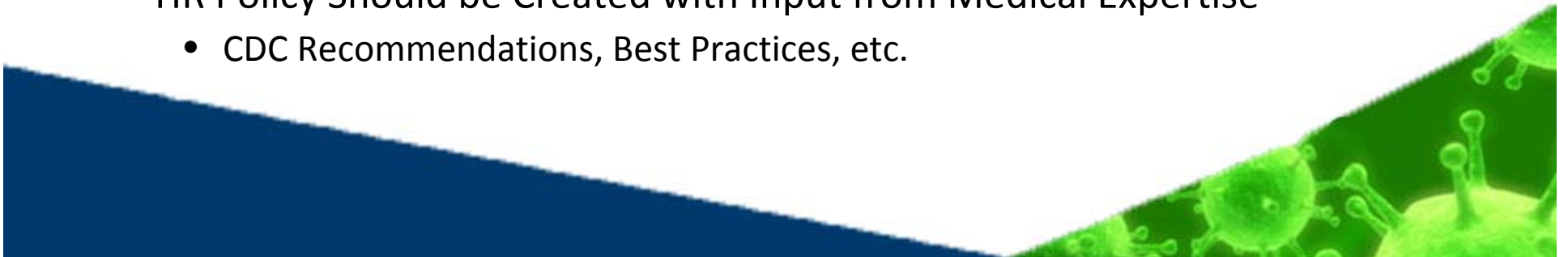
Absenteeism

- Multiplier Effect
 - Sick Employees (H1N1 & Seasonal Flu)
 - Sick Family Members (H1N1 & Seasonal Flu)
 - School Closures
 - CDC Guidelines
 - No Vaccination (H1N1)
 - Employees Apprehensive to Come to Work
 - Longer Duration of Absences
- Don't Compare to April 2009
 - Flu Thrives in the Cold Weather
 - Greater Magnitude in the Fall & Winter
 - Learn but Don't Compare



Plans & Policies

- Test Your Business Continuity/Pandemic Plan
- HR Policies
 - Employees with Flu-Like Symptoms
 - Payroll Policies
 - Return to Work Policies
 - Employee's Family Member Has the Flu
 - Payroll Policies
 - Return to Work Policies
 - Employee Develops Flu Symptoms While at Work
 - Fellow Employees
 - Encourage Sick Employees to Stay Home
 - HR Policy Should be Created with Input from Medical Expertise
 - CDC Recommendations, Best Practices, etc.



Fall 2009: Mitigation

- Vaccination Programs
 - Seasonal
 - H1N1
 - Shot 1
 - Shot 2
- Antiviral Programs
- Hygiene and Personal Protective Equipment
- Education and Communication



H1N1 Vaccination Program*

- H1N1 Vaccine Not Yet Available
 - Expected October 2009
- Initial Amount
 - 40, 80, or 160 Million Doses During First Month
 - Large Spread
- Subsequent Weekly Production
 - 10 to 30 Million Doses



*Per CDC COCA Presentation 7/15/09

H1N1 Vaccination Program

- 2 Shots Per Person
 - Cuts Available Doses into Half
- Shots Administered 3 Weeks Apart
- Plan for 3 Vaccination Programs
 - Seasonal Flu & H1N1 will NOT be Done Together due to Timing of Vaccine Availability



Who Gets Vaccinated

- First Availability: October 2009
 - Eligible Population: High Risk Individuals
 - Students and Staff Associated with Schools (K-12)
 - Staff and Children >6 mos. in Child Care Centers
 - Children Aged 6 mos. To 4 Years
 - Pregnant Women
 - New Parents and Household Contacts of Children <6 Mos.
 - Adults <65 Years Old w/ Medical Conditions that Increase Risk
 - Health Care Workers and Emergency Personnel
 - **Most of Your Workforce: Not Included**
- Second Availability: Date Unknown
 - Eligible Population: General Public



2 Shots
Per
Person

*Per CDC COCA Presentation 7/15/09



Government Distribution Plan*

- US Govt. Will Control All H1N1 Vaccine Stock
- Vaccine Will be Allocated Across States
 - Proportional to State Population
- Vaccine Sent to State-Designated Receiving Sites
- Effort to Blend Vaccinations in Public Health-Organized Clinics & in Private Sector
- Govt. Will Pay for ALL Vaccine and Related Materials (not for administration of vaccine)

*Per CDC COCA Presentation 7/15/09



Government Plan: Analysis

- Vaccine Available Soon
 - Rapid Production; Well Coordinated
- No Firm Timelines for General Population... Yet
- No Firm Logistics Regarding Administration of Shots...Yet
- Concerns
 - Usual Year: Large Percentage of Seasonal Flu Vaccinations are Performed by the Private Sector
 - Little Involvement w/ Private Sector ... Yet
 - Past Performance: Flu Vaccine Shortage of 2004
 - Millions of Doses Leftover
 - Distribution Shortfalls



Government Plan: Summary

- Many Unknowns Remain Re: H1N1 Vaccine
- Government Will Hopefully Engage the Private Sector
- Important Takeaways
 - Government Will Control All Vaccine
 - Private Sector Will Have Little Control
 - Be Ready to Implement an H1N1 Vaccine Program if it Becomes Available
 - Get on a Provider's List (There will be HIGH demand)
 - Focus on Other Mitigation Efforts



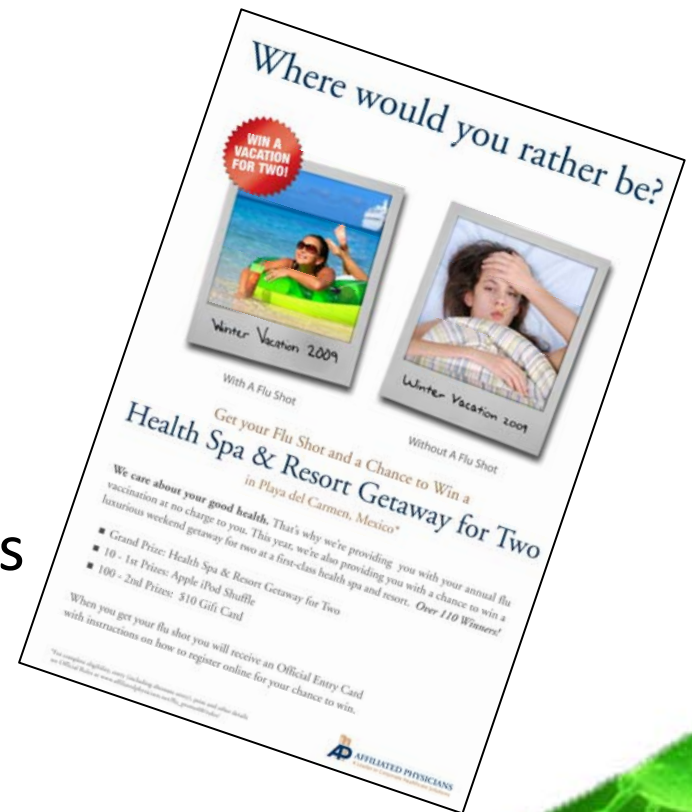
Seasonal Flu Vaccine

- Seasonal Flu Programs SHOULD be Done as Early as Possible
 - Vaccine is Available
 - Provides for Easier Implementation for H1N1 Programs Later
 - Same Efficacy
- Plan for Greater Participation
- More Important Than Ever to Stress Participation...



Seasonal Flu Vaccination Programs: How to Increase Participation

- Important to Offer an On-Site Program
 - Company Funded
- Education and Communication
 - Ensure You Have VERY STRONG Materials
 - Frequency of Education/Communications
 - Who the Message Comes From (CEO)
- Increase Access to Vaccination Programs
 - Consider Multiple Program Days/Weeks
- Incentive Programs
 - Giveaways, etc.



Antiviral Screening & Distribution Programs

- Close Window of Vulnerability Before Vaccine is Widely Available
 - Tamiflu & Relenza
 - Shelf Life is Excellent (Tamiflu: 7 Years)
- Works for All Type A & B Flu Types
 - H5N1
 - Take the Opportunity to Sell to Leadership



Antiviral Screening & Distribution Programs

- Mission Critical / Business Essential Employees
 - Prophylactic/Preventive
 - Prevent Absenteeism
- General Employee Population
 - Treatment Courses
 - Reduces Duration & Severity



Hygiene and Protective Personal Equipment (PPEs)

- Hygiene
 - Promote Hand Washing
 - Consider Installing/Purchasing Hand Sanitizer
 - Proper Cough/Sneeze Etiquette
- Social Distancing
 - Fewer Face-to-face meetings
 - Work From Home
- PPEs
 - Masks for Employees
 - OSHA Guidelines



Education and Communication

- Critical to Tell Employees You are Monitoring the Situation
 - Communicating Something is Better than Communicating Nothing
- Vaccination Programs & Antiviral Programs
 - Multiple Communications Achieve High Levels of Participation
- Many Employees Rely on their Employer for Education and Information



Summary

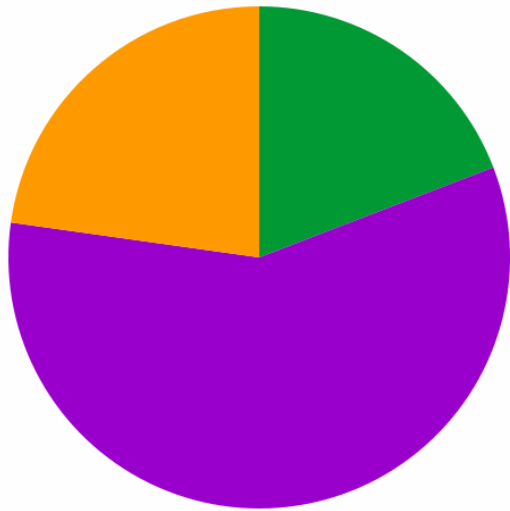
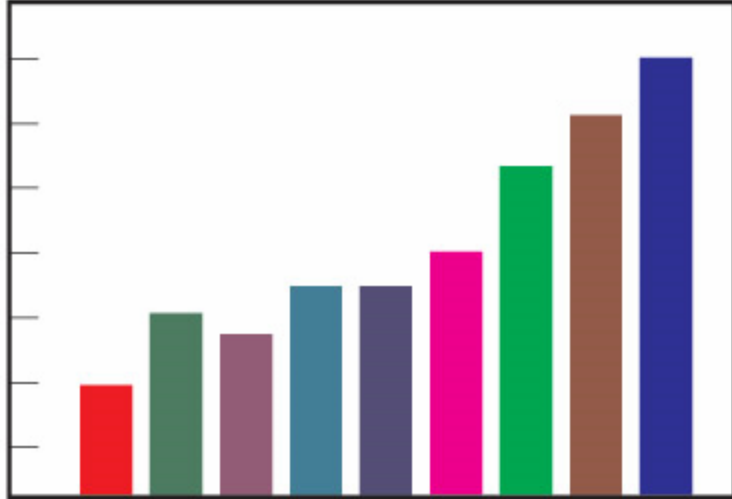
- Create Policies and Test Your Plan
- Vaccinate
- Educate Yourself & Stay Informed
- Educate your Employees
- Communicate
- Consider Antivirals
- Access Corporate Medical Expertise
- Stay Flexible and Fluid – Be Able to Adapt



Affiliated Physicians' Services

- Seasonal Flu Vaccination Programs
 - Education, Incentives
 - Dates Available
- Turnkey Antiviral Programs
- Medical Consultation
 - Access to Occupational Health Experts





Polling Questions



Q & A

For more information & consultation:

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