HEALTH SCIENCES ASSOCIATION
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HSA

BULLETIN

Protect yourself, Protect the public

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It has many names. Pandemic influenza, swine flu. Novel H1N1 influenza strain. The media, which has been considerable since the first infections were reported has adopted the shorthand H1N1. Yet despite the growing coverage, most people dont know much about what it is, and how it will affect them.

WHY ALL THE EXCITEMENT AND CONCERN? The 2009 Novel Human Influenza A (H1N1) is a new strain of H1N1 influenza A virus that was first detected by public health agencies in March. The virus is a very unusual four-way combination of human genes and genes from swine viruses found in North America, Asia and Europe. It contains an influenza surface protein that up to now has only circulated in pigs. This means that human immune systems have never encountered the influenza protein employed by H1N1. We likely have no immunity to it. Thats one of the crucial requirements for a pandemic.

Free from immune resistance, H1N1 will spread rapidly around the planet. That much is known. Much less is known about how it will manifest itself in the infected in the season to come. At this point, the majority of people infected suffer a mild form, with symptoms lasting up to seven days after onset. However, in some cases, infection can lead to serious illness and death. Complications tend to arise in people with diabetes, asthma, heart disease, cancer and in pregnant women. There may be some greater prevalence in First Nations and other indigenous populations. Unlike seasonal flu, which normally takes a greater toll on the very young and the very old, H1N1 seems to spread most rapidly among people between 10 and 45 years of age, particularly women, while people born prior to 1957 seem to have some immunity.

Among adults, symptoms which require medical attention are difficultly breathing or shortness of breath, pain or pressure in the chest or abdomen, sudden dizziness, confusion, severe or persistent vomiting, and flu-like symptoms which improve but then return with fever and a worse cough.

HSA report leads to better protection for staff and patients
An HSA-commissioned report has resulted in dramatically improved protection for staff working with H1N1-infected individuals.
-It became apparent this summer that there was no consistent protocol across the province, let alone across the country, about the level of personal protective measures health care workers need to take to minimize the risk of spreading or contracting the virus," HSA President Reid Johnson said.
HSA and its national union, the National Union of Public and General Employees (NUPGE), acted on these concerns and commissioned the study by John Murphy of Resource Environmental Associates, Ltd., a firm that specializes in occupational and environmental health and safety.
-The report analysed the science and came to the conclusion that health care workers have a right and responsibility to make an assessment of the risk of spreading the infection, and to take appropriate infection control measures to protect themselves and their patients," Johnson said.
In mid-September, this standard was supported in a policy directive issued by BCs Chief Medical Health Officer Perry Kendall. Kendall has directed health authorities that health care workers who conduct a point of care risk assessment and conclude that personal protective equipment is required have a right to choose the level of protective equipment they use, including N95 masks to prevent aerosol contamination, in addition to gowns and gloves and other protective measures.

All of this could change, quickly. The medical community is watching the second wave of infections, which began in September, very closely, monitoring for signs of mutation that could herald a more serious illness. While flu activity seems to have begun earlier than in previous years, some comfort can be taken from the experience of Southern Hemisphere countries, which have just gone through their winter influenza season. Infection rates of 15 to 20 per cent were observed, about half the rate predicted just months ago. Theres no sign, to date, that the virus is mutating to a more lethal form.

HOW IS IT SPREAD? Like seasonal flu, H1N1 is spread by person-to-person contact ... direct or indirect contact with an infected person, followed by touching your eyes, mouth or nose. It can also be spread by airborn transmission, but there is some controversy about just how this occurs.

In June, with the scientific evidence at that time somewhat inconclusive, the Center for Disease Control (CDC) in Atlanta recommended N95 respirators for workers exposed to infected individuals, a decision based on caution in the face of uncertainty. A few weeks later, the Public Health Agency of Canada (PHAC) issued recommendations that surgical masks were adequate and N95 respirators should be issued in limited circumstances only.

Sheila Vataiki, senior labour relations officer for the HSA, started to get concerned.

-The jury on transmission was still out,\ said Vataiki. -Was it spread by large droplets like saliva or mucus, or did it spread through a fine aerosol that would get around surgical masks? The CDC had convened a panel of experts to make recommendations on the appropriate level of care by September, but in the meantime employers were deciding, based on the recommendations from PHAC, that workers would be fine with surgical masks."

-We needed to find out how to keep people safe."

Vataiki explains that this concern led HSA and the National Union of Public and General Employees to commission their own scientific study. Vataiki began working with John Murphy, President of Resource Environmental Associates, a firm that specializes in occupational health and safety. Murphy became a key resource for the HSA, which led other health care unions in questioning the existing assumptions about transmission and advocating for the provincial government to adopt a higher standard of protection.

-Murphy considered all the science, reviewed all the documents and concluded that evidence suggested aerosol transmission. The HSA then got down to work and pushed hard to get a higher level of protection."

Working together with the Occupational Safety Association of BC, the BC Nurses Union, the BC Government Employees Union and the Hospital Employees Union, HSA spoke out.

And it worked. While Murphys report was not published until later, the provincial government relented in mid September, issuing a letter from Provincial Health Officer Perry Kendall that gives employees the right to make their choice about the level of protection they use ... including N95s.

PROTECT YOURSELF, PROTECT THE PUBLIC. Employees have a responsibility to conduct point of care risk assessments to determine their own level of risk of exposure. The assessment consists of three basic questions which help workers to recognize the parts of their daily routine that might bring them into contact with H1N1 and the people infected by it.

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