



Q&A: Edelman Global Task Force on H1N1 (Swine) Flu

April 29, 2009

Question: If we have employees that are currently in Mexico or recently returned from Mexico, would you recommend that they be checked – even if they’re symptom free, by their doctors before they come back to work? We would like guidance on how to treat any employees that are currently in Mexico, coming back, or having recently returned from Mexico.

Answer: Dr. Julie Gerberding, former Director of the CDC, now of counsel to Edelman

Maintain as much consistency as possible with what the CDC traveler advisories are and what the State Department is advising people. Generally speaking, returning travelers from an area where there are known cases should be given information that if they begin to develop symptoms of flu-like illness, they should contact a medical provider. The CDC and Homeland Security are giving notices to people when they are coming in from these countries that tell them what symptoms should prompt them to seek medical attention. Additional screening is not recommended at this point in time. If an asymptomatic person were to go to the doctor, nothing would happen. It would just simply clog up the facility with people who do not need to be seen medically. The recommendation is that returning travelers should be alert to symptoms of flu-like illness for seven days. If they develop fever or flu-like symptoms, they should contact a medical provider for additional advice and consultation.

Question: In your experience, since we know this is going to go on for a while, should we establish a practice where people can expect daily updates at a certain time either through a Web site or through any information



channel? Or is it best to “ad hoc it” when you have something to say every other day, or every two or three days?

Answer: Mike Seymour, International Director, Crisis & Issues Management, Edelman

It is better to have a regular forecasted time that you’re going to send updates. If, for instance, we move into a more cyclical pattern, which we have seen with the avian flu, and it drops away and you feel it’s not necessary to send daily updates, then you announce that you’re going to change the frequency of it. By sharing information at a time when people expect it, in a format in which they expect it, it means that you’ve become a source of information they will turn to. Equally, even if you keep daily communications, report that there is no change in status – we found this to be a powerful way to reassure people in Canada during SARS. The important part is that you become a source of trusted information. In this flu situation, we have seen 3.5 million unique posts in online activity related to this subject. With such a deluge of information – some of which is credible but some of which is not – referring employees to credible sources of information is critical. To offer them other places to go for reliable information is also important.

Question: Is there something that the government's looking into as far as containing people coming in from outside of the country, and if anything is in place for Europe as well?

Answer: Nancy Turett, Global President, Health, Edelman

This is a really hard question because if we could keep it out, it would be so much easier for everyone, and yet the reality is that with this much disease in Mexico and now in the United States in so many different states, the chances of containing this geographically are essentially zero, no matter what we do at the airport. Just keep in mind that most of the movement of people between



Mexico and the United States is across the land border, not the airspace. So the complexities of trying to identify travelers who have been in the area is remarkable. For example, Mexico City is a hub, so lots of people coming in from other parts of Central and South America will fly through there. Those people presumably would not have been exposed in the airport, but the web of travel is very complicated. So the approach the government is taking, it's called a passive approach and it means simply trying to do things to heighten travelers' awareness; there will be fines and I'm sure little brochures that will be passed out to incoming travelers, particularly on flights that are easily recognized as coming from Mexico. It takes a little while for that to get set up because it involves several thousand workers going into the airports, believe it or not, to cover all the flights and all the passengers. So it's quite a complex logistical thing, even to go that far. Right now, there's no indication for testing people coming in for either flu or for fever, and we learned during SARS that those methods, although they may have created an aura of reassurance, really did very little to affect the ultimate transmission of the infection. I'm not surprised to hear that some passengers have returned without support or information or advice. Hopefully, everyone coming in will be alert one way or another to the fact that if they have any symptoms of flu in next seven days, they should seek medical attention. Beyond that, realistically and practically, sealing off borders is just not likely to be effective and of course many people can come through who are carrying the virus asymptotically, and they wouldn't recognize that they have a problem until they're home. So the most important method is if you're returning and you get a flu-like illness, to contact your health provider.

They're finding the virus in most Mexican states now, and to try to say that there's a cordoned area where you wouldn't have a chance of being exposed is probably not realistic. I just think it's more important to remind everyone generically, and I'm sure people will be soon doing the same thing for people



who've been in the United States. Simply, if you've been in this country, and you return to your home country and you'll probably be told if you're sick within seven days, to contact your provider. This will go on until either this flu dies down or we discover that the vast majority of this is no worse than regular flu or it gets so widespread that these border issues become completely irrelevant, and we just accept that flu is here and we've got to deal with it wherever it is.

Answer: Mike Seymour, International Director, Crisis & Issues Management, Edelman

I can confirm that there's total inconsistency in Europe as to how this is being handled. So I think this goes to the importance of informing people about the symptoms and advising on what the medical action should be.

Question: I have a rather unique situation being in such close proximity to the Mexican border. We also have a rather unique situation in which we have at least one employee that we've identified that actually lives in Mexico and crosses the border daily to come to work. I'm certain this is going to raise concerns among other staff that the individual might be working with, as well as the concern with the fact that he's crossing the most populous border in the world every day. Any advice or recommendations on how we might deal with this?

Answer: Dr. Julie Gerberding, former Director of the CDC, now of counsel to Edelman

In a situation like this where there's a great deal of uncertainty, I don't think anyone is going to say that any particular person is immune or non-immune, but people have essential requirements to be in Mexico or move among people who may have been exposed. It's important to remember there are personal protection issues that are highly recommended, and that includes common



sense, respiratory hygiene practices of covering your mouth when you see someone cough, keeping your hands clean, and so on and so forth, which are all widely posted on the CDC Web site and other resources. The travel advisory that CDC has put out to remind people not to have unnecessary travel to Mexico includes some specific recommendations about additional measures to protect people at higher risk from flu complications. That travel advisory does tell people who need to be in these areas that have underlying medical conditions or conditions that would put them at high risk for more severe complications of influenza to take antiviral prophylaxis. This is a new recommendation – if we can protect the small subset of people at the highest risk who need to travel, that's good for them and may or may not contribute anything to the overall spread of the disease. Those specific guidelines about adding antiviral prophylaxis are on the CDC traveler's Web site. A person who's in good health who is moving back and forth for essential business would not generally be recommended to take prophylaxis, but it is something that perhaps the person in that situation would want to discuss with his or her personal physician.

Question: When sending people to hospitals or their doctors to get checked, provided they see symptoms within seven days, is it wise to ask them to call first or to make sure that the protocol is in place in those medical settings so that hospitals and doctors' offices and other medical settings don't become de facto incubators of the disease?

Answer: **Dr. Julie Gerberding, former Director of the CDC, now of counsel to Edelman**

People should be advised to contact health care providers by telephone – unless they're very sick, in which case they would go to their doctor. If they would have gone in to be seen for another reason, they should not defer medical attention. If people feel ill with flu, they should stay home, and if they



felt that they were short of breath or had more severe illness typical with flu, then they should come in to be seen. So that is an important aspect of policy development and tailoring consistent advice, both to travelers as well as to employees or customers. The worried will be clogging up the system soon enough, and anything we can do to decompress is a good idea. These are also the kinds of things that we could easily create generic versions of that people could put on their corporate Web sites and so forth, so that it's made explicitly clear to employees what their particular company is recommending.