

Food and Agriculture Sector Joint Council H1N1 Flu Outbreak Questions-and-Answers April 29, 2009

[Editor's Note: The following questions were raised by members of the food and agriculture sector, and responses were provided by U.S. government agencies, including the Centers for Disease Control, Food and Drug Administration, U.S. Department of Agriculture and U.S. Department of Homeland Security. The NGFA will update this document as new information becomes available.]

1.Q: How long can the virus live on a clean surface and what cleaning agents can be used to disinfect a surface (such as a hand rail or door knob)?

A: In CDC's Qs&As, they state that some viruses and bacteria can live 2 hours or longer on surfaces. An 1982 study shows influenza viruses surviving 24-48 hours on stainless steel and plastic. As far as the disinfection question, any disinfectant labeled for use against influenza A virus can be used to disinfect hard, non-porous surfaces.

2.Q: Has the virus been known to be transmitted in drinking water or non-potable recreational waters (swimming pools, lakes, etc.)? Are there limiting factors such as retention time or temperature in water?

A: EPA is working with HHS/CDC to address these and related water questions.

3.Q: If it can be transmitted through drinking or recreational waters, what disinfectants have been demonstrated to be effective, if any? Chlorine? Ozone?

A: EPA is working with HHS/CDC to address these and related water questions.

4. Q: In the interest of market stabilization, what is the USDA's level of confidence in the H1N1 negative test status of the U.S. swine herd?

A:

- USDA's Animal and Plant Health Inspection Service (APHIS) is working closely with state animal health officials and the swine industry to ensure that everyone is on high alert for any signs of swine influenza.
- A network of Federal veterinarians, state animal health officials, and private practitioners are regularly involved with monitoring U.S. swine for signs of significant disease.
- To date, there have been no reports that the influenza virus currently causing illness in humans is circulating anywhere in the U.S. swine herd.
- As a proactive measure, APHIS is reaching out to all state animal health officials to affirm they have no signs of this virus type in their state.
- Because swine influenza is endemic in the United States, it is highly likely we will receive reports of the disease – although not the strain currently causing human illness. This should not be cause for alarm as this is a common disease in swine.

- In response to the finding of 2009-H1N1 influenza in humans, APHIS has accelerated implementation of a pilot swine influenza virus (SIV) surveillance program, which we began developing in July 2008 in cooperation with the Centers for Disease Control and Prevention (CDC) and other stakeholders.
 - The program's overall objectives are to benefit both animal and human health by rapidly detecting SIV genomic changes; providing SIV diagnostic, epidemiologic, and experimental data for the development of improved diagnostic reagents, vaccines, and biosecurity practices for swine; and to collaborate with CDC to identify SIV viruses that may pose a threat to human health and that could be used to develop improved diagnostic reagents, vaccines, and other disease control measures.
 - On April 23, 2009, APHIS provided information to state laboratories with regard to immediate implementation of the SIV pilot project. We are asking laboratories to send to our National Veterinary Services Laboratory (NVSL) any SIV isolates that are difficult to subtype with current reagents or known to be associated with human illness. The project has been extended from an initial eleven laboratories to all state laboratories.
 - The SIV pilot will be used to identify cases that meet any one of the following three criteria: atypical case presentations in swine; untypeable or novel SIV isolates; and suspected concurrent SIV infection in humans and swine, particularly involving public swine exhibitions (e.g. fairs, shows).
 - This project is being conducted in coordination with USDA's Agricultural Research Service (ARS), the States and their National Animal Health Laboratory Network (NAHLN) diagnostic laboratories, National Pork Board, the American Association of Swine Veterinarians, CDC, and other stakeholders.
- It is important to note that there is no evidence to show that swine influenza can be transmitted through food. Eating properly handled and cooked pork and pork products are safe. Cooking pork to an internal temperature of 160°F kills bacteria and viruses.

5. Q: *How can states assist in assuring the marketplace that pork products are safe?*

A:

- States, through their departments of food and agriculture, can remind consumers that there is no evidence to show that swine influenza can be transmitted through food. Eating properly handled and cooked pork and pork products are safe. Cooking pork to an internal temperature of 160°F kills bacteria and viruses.
- States can also continue encouraging stakeholders to report to the appropriate animal health officials if their pigs begin exhibiting signs of disease. Samples from these animals can then be tested at an approved animal health laboratory, and the cause of their symptoms can be diagnosed.
- To date, there have been no reports that the influenza virus currently causing illness in humans is circulating anywhere in the U.S. swine herd.

6. Q: *Can the swine flu "jump" species and infect cows?*

A: 2009-H1N1 influenza, commonly referred to as swine flu, cannot infect cows. Cows are not susceptible to the influenza virus.

7. Q: *Is this an act of bioterrorism?*

A: FBI reported that, at this time, there is no reason to believe that this H1N1 virus was intentionally introduced.

8. Q: *What do we know about the origin of the "swine flu" virus and its relationship to swine or any other animals?*

A: H1N1 and H3N2 swine flu viruses are endemic among pig populations in the United States and something that the industry deals with routinely. Outbreaks among pigs normally occur in colder weather months (late fall and winter) and sometimes with the introduction of new pigs into susceptible herds. Studies have shown that the swine flu H1N1 is common throughout pig populations worldwide, with 25 percent of animals showing antibody evidence of infection. In the U.S. studies have shown that 30 percent of the pig population has antibody evidence of having had H1N1 infection. More specifically, 51 percent of pigs in the north-central U.S. have been shown to have antibody evidence of infection with swine H1N1. Human infections with swine flu H1N1 viruses are rare. There is currently no way to differentiate antibody produced in response to flu vaccination in pigs from antibody made in response to pig infections with swine H1N1 influenza.

9. Q: *Is there a chance the federal government people can/would start using different terminology (North American flu or influenza) when referring to this flu? Please see attachment.*

A: The Federal government is now referring to the disease as “H1N1 flu” instead of swine flu.

10. Q: *Why are the Mexican cases more deadly than those we're seeing here?*

A: It is too early to tell. CDC is still working on determining the number ill in Mexico.

11. Q: *There have been reports of fatality rates of between 6 and 10% in Mexico. What are those numbers based on? They seem extremely high.*

A: It is too early to tell. CDC is still working on determining the number ill in Mexico.

12. Q: *Is it not possible that our influenza shots confer at least some immunity to this virus since it contains a version of H1N1? There seems to be conflicting information on this.*

A: The seasonal influenza vaccine will likely help provide partial protection against swine H3N2, but not swine H1N1 viruses.

13. Q: *Can you elaborate on why younger people are dying from this? What is occurring with their immune systems – are their immune systems going into overdrive? Has this been demonstrated?*

A: Little is currently known about how this new S-OIV circulating in people may affect children. However, we know from seasonal influenza and past pandemics that young children, especially those younger than 5 years of age and children who have high risk medical conditions, are at increased risk of influenza-related complications.

Illnesses caused by influenza virus infection are difficult to distinguish from illnesses caused by other respiratory pathogens based on symptoms alone. Young children are less likely to have typical influenza symptoms (e.g., fever and cough) and infants may present to medical care with fever and lethargy, and may not have cough or other respiratory symptoms or signs.

Influenza-associated deaths among children, while uncommon, do occur with seasonal influenza with an estimated average of approximately 92 influenza-related pediatric deaths each year in the United States. Some deaths in children have been associated with co-infection with influenza and *Staphylococcus aureus*, particularly methicillin resistant *S. aureus* (MRSA).

14. Q: What are the potential risks for affliction of Swine Flu by people in areas where infected people may have landed on air crafts arriving from infected areas / Mexico?

A: Human-to-human transmission of swine flu can also occur. This is thought to occur in the same way as seasonal flu occurs in people, which is mainly person-to-person transmission through coughing or sneezing of people infected with the influenza virus. People may become infected by touching something with flu viruses on it and then touching their mouth or nose.

15. Q: Do you recommend wearing mask(s) i.e., surgical masks when we go to public places whether or not known to have been exposed to Swine Flu virus?

A: <http://www.cdc.gov/swineflu/masks.htm>

Information on the effectiveness of facemasks¹ and respirators² for the control of influenza in community settings is extremely limited. Thus, it is difficult to assess their potential effectiveness in controlling swine influenza A (H1N1) virus transmission in these settings. In the absence of clear scientific data, the interim recommendations below have been developed on the basis of public health judgment and the historical use of facemasks and respirators in other settings.

In areas with confirmed human cases of swine influenza A (H1N1) virus infection, the risk for infection can be reduced through a combination of actions. No single action will provide complete protection, but an approach combining the following steps can help decrease the likelihood of transmission. These actions include frequent handwashing, covering coughs, and having ill persons stay home, except to seek medical care, and minimize contact with others in the household. Additional measures that can limit transmission of a new influenza strain include voluntary home quarantine of members of households with confirmed or probable swine influenza cases, reduction of unnecessary social contacts, and avoidance whenever possible of crowded settings.

When it is absolutely necessary to enter a crowded setting or to have close contact³ with persons who might be ill, the time spent in that setting should be as short as possible. If used correctly, facemasks and respirators may help reduce the risk of getting influenza, but they should be used along with other preventive measures, such as avoiding close contact and maintaining good hand hygiene. A respirator that fits snugly on your face can filter out small particles that can be inhaled around the edges of a facemask, but compared with a facemask it is harder to breathe through a respirator for long periods of time. More information on facemasks and respirators can be found at www.cdc.gov/swineflu.

When crowded settings or close contact with others cannot be avoided, the use of facemasks¹ or respirators² in areas where transmission of swine influenza A (H1N1) virus has been confirmed should be considered as follows:

1. Whenever possible, rather than relying on the use of facemasks or respirators, close contact with people who might be ill and being in crowded settings should be avoided.
2. Facemasks¹ should be considered for use by individuals who enter crowded settings, both to protect their nose and mouth from other people's coughs and to reduce the wearers' likelihood of coughing on others; the time spent in crowded settings should be as short as possible.
3. Respirators² should be considered for use by individuals for whom close contact with an infectious person is unavoidable. This can include selected individuals who must care for a sick person (e.g., family member with a respiratory infection) at home.

These interim recommendations will be revised as new information about the use of facemasks and respirators in the current setting becomes available.

16. Q: How are Customs and Border Control interacting with state and local governments in responding to Swine Flu?

A: CBP works closely on planning and operations with its state and local partners at the headquarters and field levels. At the local level, CBP managers work with their State and Local equivalents to ensure open communication of ongoing enforcement activities and response plans for specific incidences. Through our established framework, CBP is working with these officials to address the ongoing and evolving threat of H1N1 influenza outbreak. At the headquarters level, trend analyses and intelligence are shared, strategic plans are formulated and CBP is supporting daily conference calls with the states.

17. Q: Are there actions being taking to screen on exit and entry on rail/train transportation?

A: There are no exit screening procedures. CBP is watching for illness in all methods of arrival to the United States.