

# **The shots heard 'round the world -**



## **Call Centre preparedness for the H1N1 pandemic of 2009**

*A survey conducted by the  
Contact Professionals Alliance in October 2009*

# Introduction

2009 has been a very confusing year.

First, the recession and the global financial crisis led us to wonder: should I spend, or save? Buy now, or buy later? What should I do with my money?

And then: is the recession over, or are we simply at the bottom of the curve?

Now, during the Fall of 2009 we are being hit with news of another crisis. This time it's a medical one: the H1N1 influenza outbreak. Now we ask: should I be scared, or am I a victim of media scaremongering? Should I get vaccinated? Which vaccine: the regular/ seasonal flu shot, the H1N1 one, or both? Are the vaccines safe?

For both crises, the decisions you make all come down to personal beliefs.

In October 2009 the Contact Professionals Alliance, the largest Contact Centre community in Canada conducted an on-line survey about Call Centre preparedness for the H1N1 pandemic. We asked questions to understand the 'company line' about how Canadian Call/ Contact Centres were preparing for the pandemic.

We also asked about the respondent's private opinion about the H1N1 pandemic, and how they planned to prepare on a personal basis.

The link to the on-line survey was offered to approximately 3,500 people who work in Call Centres, and was open for approximately 3 weeks. The survey closed on October 30, 2009.

120 people responded to the survey, and the largest number of responses came from people who live and/or work in the Greater Toronto Area (GTA).

In preparing this report, information was gathered from the official websites of the World Health Organization (WHO), the U.S. Centers for Disease Control and Prevention (CDC), the Mayo Clinic, Health Canada, the Public Health Agency of Canada (PHAC), and various provincial Ministries of Health. Please refer to the Appendix for links to these reference sites.

In compiling this research, we would like to note that H1N1 information few sourced was not only inconsistent, but changed almost every day.

This report was completed on Monday, November 16<sup>th</sup> 2009, and is correct as of that date.

# What is a pandemic?

A **pandemic** (from Greek ) is an epidemic of infectious disease that is spreading through human populations across a large region; for instance a continent, or even worldwide.

Throughout history there have been a number of pandemics, such as smallpox and tuberculosis. More recent pandemics include the HIV pandemic and the 2009 flu pandemic.

## ***Definition and stages***

According to the [World Health Organization](#) (WHO), a pandemic starts when three conditions have been met:

- ◆ a disease that is new to a population emerges;
- ◆ agents infect humans, causing serious illness; and
- ◆ agents spread easily and sustainably among humans.

A disease or condition is not a pandemic merely because it is widespread or kills many people; it must also be infectious. For example, cancer is not a pandemic.

## **Quantitative indicators**

Dr Margaret Chan, Director-General of the World Health Organization (WHO), gave a statement on 11 June 2009 confirming that the H1N1 strain was indeed a pandemic, with nearly 30,000 confirmed cases worldwide.

As of 8 November 2009, there have been more than 504,000 laboratory confirmed cases of pandemic influenza H1N1 2009 worldwide, and at least 6,260 deaths have been reported to WHO.

[http://www.who.int/csr/don/2009\\_11\\_13/en/index.html](http://www.who.int/csr/don/2009_11_13/en/index.html)

# Flu 101

## From Health Canada

Influenza is a respiratory infection caused by the influenza virus. Various strains of the virus circulate throughout the world -- causing local outbreaks -- year-round.

In Canada, flu season usually runs from November to April, and an estimated 10-25% of Canadians get the flu each year. Although most of these people recover completely, an estimated 4 000 to 8 000 Canadians -- mostly seniors -- die every year from pneumonia related to flu. Many others may die from other serious complications of flu.

Flu vaccines have been around since the 1940s. The vaccine is made from fragments of inactivated influenza viruses, grown in fertilized hens' eggs and then purified. The flu viruses are capable of changing from year to year, so the composition of the vaccine has to be updated annually.

After you get a flu shot, your immune system produces antibodies against the strains of virus in the vaccine. When you are exposed to the influenza virus, these antibodies will help to prevent infection or to reduce the severity of the illness.

# Symptoms of H1N1

When someone develops a cough and sore throat in flu season, there are several things that tend to distinguish flu from another kind of infection. A person with influenza is more likely to experience the following:

- symptoms start abruptly—over just a few hours
- feel very sick (no energy for anything)
- high fevers (100° F to 105° F) that rise to this level rapidly, in the first 12 to 24 hours
- bad headaches, aching muscles, aching joints, pain on moving the eyes, and discomfort in bright light—along with the cough and sore throat

This chart comes from the CDC in the US:

<http://www.flu.gov/individualfamily/about/symptoms/index.html#symptoms>

<b>Seasonal Flu</b>	<b>H1N1 Flu</b>
<p>All types of flu can cause:</p> <ul style="list-style-type: none"><li>• Fever</li><li>• Coughing and/or sore throat</li><li>• Runny or stuffy nose</li><li>• Headaches and/or body aches</li><li>• Chills</li><li>• Fatigue</li></ul>	<p>Same as seasonal flu, but symptoms may be more severe.</p> <ul style="list-style-type: none"><li>• Fever</li><li>• Coughing and/or sore throat</li><li>• Runny or stuffy nose</li><li>• Headaches and/or body aches</li><li>• Chills</li><li>• Fatigue</li></ul> <p>In addition to the above symptoms, a number of H1N1 flu cases reported:</p> <ul style="list-style-type: none"><li>• Vomiting</li><li>• Diarrhea</li></ul>

The Mayo Clinic has an excellent flu symptoms self-assessment test at <http://www.mayoclinic.com/health/flu-symptoms/FU00013>

These are the warning signs of severe flu in adults from the **Canadian Lung Association**

Get emergency help if you have one or more of these signs:

- ◆ it's hard to breathe or you're short of breath
- ◆ blue or grey lips
- ◆ pain or pressure in your chest or stomach
- ◆ suddenly dizzy
- ◆ confused
- ◆ dehydrated, not peeing (no urine)
- ◆ lots of vomiting
- ◆ seizures
- ◆ your flu symptoms improve but then come back; your cough is worse and you have a fever.

## To Purell or not to Purell?

The Centers for Disease Control and Prevention (CDC) have recommended the use of alcohol-based hand sanitizers when soap and water are not available and hands are not visibly dirty.

Purell<sup>®</sup> Instant Hand Sanitizer is manufactured by Johnson & Johnson and contains 62% Ethyl Alcohol.

Washing your hands with soap and water is best because it not only gets rid of germs, but also washes away other toxic products and chemicals you may come in contact with. Purell may kill the germs, but the dirt stays.

Are there any problems with Purell? There have been reports of children getting alcohol poisoning from consuming globs of it.

Also, because alcohol is a solvent it can dissolve floor wax and leave a dull or discolored spot if dripped on the floor. In certain situations, product may be "splashed" onto the floor from the user's hands as it is being rubbed in.

So use Purell with moderation, but don't forget the importance of soap and water.

From About.com Infectious Diseases Blog - Ingrid Koo, Ph.D. and the Purell website:

<http://www.purell.com/page.jhtml?id=/purell/include/news.inc> .

## Some information about H1N1

### 1. The H1N1 vaccine has not been tested by Health Canada.

[http://www.hc-sc.gc.ca/dhp-mps/prodpharma/sbd-smd/phase1-decision/drug-med/nd\\_ad\\_2009\\_arepanrix\\_h1n1\\_132070-eng.php](http://www.hc-sc.gc.ca/dhp-mps/prodpharma/sbd-smd/phase1-decision/drug-med/nd_ad_2009_arepanrix_h1n1_132070-eng.php)

On October 13, 2009, an Interim Order was issued by the Minister of Health at the request of the Public Health Agency of Canada to allow the authorization for sale of a vaccine for the novel Influenza A H1N1 virus. An Interim Order is issued by the Minister of Health in rare situations where the Minister believes that immediate action is required to deal with a significant risk to human health, public safety, or the environment.

The Minister authorized the sale of the Arepanrix™ H1N1 vaccine on October 21, 2009 based on limited clinical testing in humans under the provision of the Interim Order.

Based on the Health Canada review of the available data on quality, safety and immunogenicity, Health Canada considers that the benefit/risk profile of the Arepanrix™ H1N1 vaccine is favourable for active immunization against the H1N1 2009 influenza strain.

**A prototype or “mock” vaccine** was developed in the pre-pandemic period using an H5N1 strain. During this period, Health Canada inspected the vaccine manufacturing facilities, evaluated data on the vaccine production process, and reviewed results from both animal and human studies conducted with the mock vaccine. In addition, the safety and effectiveness of the AS03 adjuvant to be used with the vaccine was assessed by Health Canada. All results were considered acceptable.

## **2. H1N1 is less worrisome than other medical issues**

According to the CDC (the US Centres for Disease Control and Prevention), on average approximately 5% to 20% of U.S. residents get the flu each year. More than 200,000 persons are hospitalized for flu-related complications each year and about 36,000 Americans die per year from the complications of flu.

Compare that to an average of 195,000 people in the USA who die due to potentially preventable, in-hospital medical errors according to a study of 37 million patient records released in 2004.

## **3. There are drugs that can treat the H1N1 flu virus.**

Early research indicates that two prescription antiviral drugs, oseltamivir (Tamiflu) and zanamivir (Relenza) are effective in treating the H1N1 Flu Virus.

- ◆ What are the Public Health Agency of Canada (PHAC) recommendations for the use of antivirals?

PHAC recommends that antivirals be used to treat H1N1 Flu Virus when the illness is moderate to severe and the patient is at a great risk for complications. PHAC is not recommending that antivirals be given for a mild disease or on a preventive basis at this time.

PHAC does not have sufficient information to suggest that this influenza virus requires the use of antivirals. Most patients in Canada are recovering well on their own.

#### 4. Past precaution may be hazardous

Recent Canadian studies have suggested that people might be more susceptible to the H1N1 virus if they have been vaccinated against the seasonal flu.

Similar studies from other countries have not shown this. PHAC asked an international expert panel to review the studies. This panel concluded that the Canadian studies hold merit and are worthy of further research.

At the same time, the panel also concluded that various vaccine program options remain valid – so in the end, provinces and territories will make their own decisions. Canadians should consult the recommendations from their provincial or territorial office of health.

#### 5. What is an adjuvanted versus an un-adjuvanted vaccine?

An adjuvanted vaccine includes a substance that boosts an individual's immune system and increases their response to a vaccine. An unadjuvanted vaccine has no “booster” element.

Examples of adjuvanted vaccines are common vaccines such as tetanus and Hepatitis B.

Many of the commonly used vaccines in Canada contain an adjuvant. However, they have not previously been approved for use with influenza vaccines in Canada.

- ◆ Are adjuvanted influenza vaccines safe for use?

The adjuvant used by GSK (Glaxo Smith Kline] has been tested in approximately 45,000 people around the world and has been evaluated by Health Canada and other regulatory authorities as part of the review of the **H5N1 “mock” vaccine** in the pre-pandemic period.

No significant safety concerns regarding the use of the adjuvanted vaccine were detected.



## Contact Centre / Corporate preparedness

**How is your Contact Centre preparing for the potential H1N1 epidemic in 2009? Check all that apply.**

<b>We are not doing anything, to my knowledge</b>	<b>5</b>
We will screen employees before they enter the Call Centre	6
We will re-assign / spread out desks	14
We will provide masks and/or gloves to workers	14
We have/ are putting all training and documentation on-line	27
We are doing an inventory of skills and qualifications to ensure service levels	29
<b>We have a committee that is making policy/ plans</b>	<b>52</b>
<b>Our company has already circulated its policy re: H1N1</b>	<b>71</b>
We have hand sanitizers in place	94

It is surprising that 4% of respondents say that their Call Centre is not doing anything to prepare for the H1N1 pandemic. Of course, we know that not everyone pays attention to the information that's made available to them.

It is also interesting to note that 52 respondents said that their Centre was still in the 'planning' phase. One respondent wrote: "I am VERY disappointed that my company is not prepared. We are unable to advise staff accordingly. We only know that it is under advisement."

The US Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed guidance for employers as they develop or review and update plans to respond to swine flu.

<http://www.cdc.gov/h1n1flu/business/toolkit/>

## What is your company's policy on H1N1 regarding coming to work?

Multiple answers were accepted.

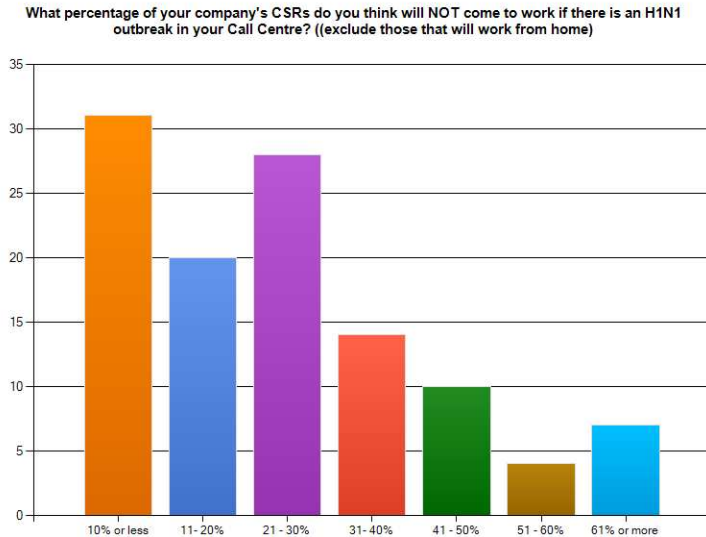
I am not sure	1.7%
At the moment, we are preparing for H1N1 just like normal flu/ any other illness	47.4%
<b>We have a published policy on when to come to work and when to stay home if you have symptoms of H1N1</b>	<b>55.2%</b>
We are set-up to allow people to work from home	27.6%
We are offering incentives and hazard compensation to key personnel	0.0%
Other	5.2%

No respondent's Contact Centre offered hazard pay. This info is from Transcom's report on **Pandemic Recovery for the Contact Center**: *"For some employees, however, the decision to work in the office or simply not to work altogether may be a difficult one. They may not be comfortable and/or able to work at home, but also reluctant to work in the office.*

*In these situations, you may need to consider some kind of incentive program. As long as call volume exceeds the staff available, these borderline (or on-the-fence) employees may be the difference in business continuity surviving through the pandemic.*

*The nature of the incentive will be directly determined by the value the employees bring to the organization."*

**What percentage of your company's CSRs do you think will NOT come to work if there is an H1N1 outbreak in your Call Centre? (exclude those that will work from home)**



As you can see from the chart above, the largest numbers of respondents believe that fewer than 10% of CSRs will stay home if there is an H1N1 outbreak in their Centres.

The CDC estimates that in a worst-case scenario as many as 40% of the workforce may be unable to work at the peak of the pandemic. This is due to the need for healthy adults to stay home and care for an ill family member.

The CDC advises that persons in the workplace should stay home sick for seven days after getting the flu, or 24 hours after symptoms end, whichever is longer.

**Do you think your Call Centre is doing enough to prepare for the potential H1N1 epidemic?**

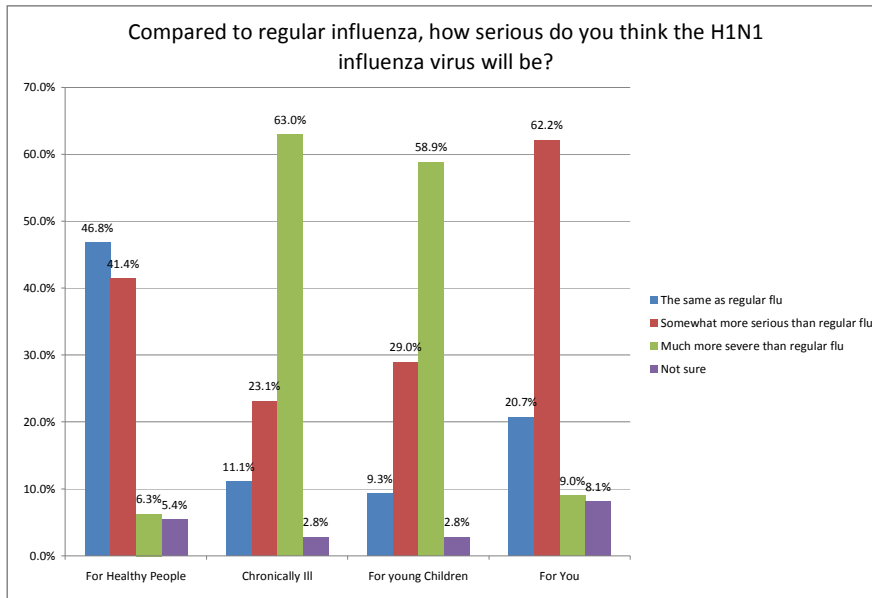
<b>Yes</b>	<b>71.3%</b>
<b>No</b>	<b>13.9%</b>
<b>Not sure</b>	<b>14.8%</b>

Interestingly, almost 30% of respondents did not feel that their Call Centre was doing enough to prepare for H1N1, despite that more than a third of respondents who had an opinion did not think that H1N1 would be a serious issue this winter.

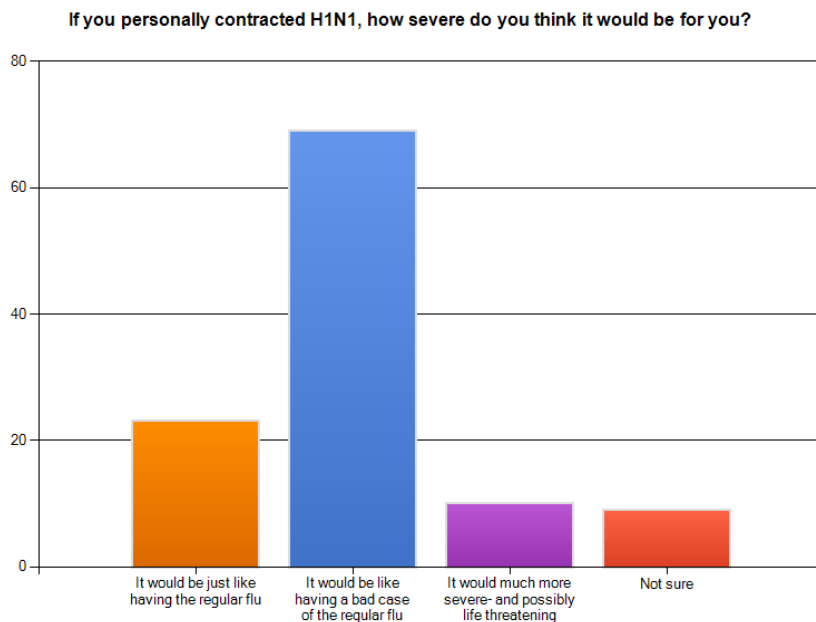
**Do you believe that H1N1 will be a serious medical issue in the Fall- Winter of 2009/ 2010?**

<b>Yes</b>	<b>19.1%</b>
<b>Probably yes</b>	<b>30.0%</b>
<b>No</b>	<b>16.4%</b>
<b>Probably no</b>	<b>21.8%</b>
<b>Not sure</b>	<b>12.7%</b>

## Compared to regular influenza, how serious do you think the H1N1 influenza virus will be?



## If you personally contracted H1N1, how severe do you think it would be for you?



- ◆ **Were you vaccinated against influenza last year (2008-2009 season)?**
- ◆ **Do you plan to get vaccinated with the seasonal (regular) influenza vaccine this year?**
- ◆ **If available, do you plan to get immunized against the H1N1 influenza virus this year?**

	Flu shot last year	Get regular flu shot in 2009	Get H1N1 shot in 2009
Yes	36.9 %	31.8	33.3
No	63.1 %	50.9	34.2
<b>Not sure</b>	<b>n/a</b>	<b>17.3</b>	<b>32.4</b>

It appears that opinions about being vaccinated are changing. Note the same percentage of 'yes' responses in 2008 vs. 2009, and a higher potential set of 'yes' decisions based on the 17-32% of respondent who were undecided in 2009.

With all the confusing media reports of vaccine safety and necessity, it is not surprising that opinions about immunization against H1N1 are almost evenly split between yes, no and not sure.

**In regards to yourself, are you confident that you would be able to differentiate between the symptoms of regular seasonal flu and H1N1?**

Yes	27.0%
<b>No</b>	<b>50.5%</b>
Not sure	22.5%

According to the World Health Organization, a person will not be able to tell the difference between seasonal flu and influenza A (H1N1) without medical help. Only a doctor can confirm H1N1

[http://www.who.int/csr/disease/swineflu/frequently\\_asked\\_questions/what/en/index.html](http://www.who.int/csr/disease/swineflu/frequently_asked_questions/what/en/index.html)

There is the potential that the 27% of people who self-diagnose may stay away from work longer than necessary.

**The Mayo Clinic has an excellent Flu symptoms self-assessment test at <http://www.mayoclinic.com/health/flu-symptoms/FU00013>**

## Would you come to work if you had symptoms that might be the H1N1 virus?

Yes	5.4%
<b>No</b>	<b>88.3%</b>
Not sure	6.3%

Call Centres are perfect places to spread infection, with colleagues sitting in close proximity and shared keyboards, telephones, headsets, etc.

It is quite alarming that 11.7% of people who felt ill may potentially come to work. This data reflects the issue of companies not having – or not sharing- clear guidelines and policies about infectious diseases. (Page 11)

**Would you come to work if you knew that someone in your Centre had influenza caused by the H1N1 virus?**

**Would you come to work if you knew that a colleague who sat PHYSICALLY CLOSE TO YOU in your Centre had influenza caused by the H1N1 virus?**

**Would you come to work if a colleague from your Call Centre was seriously ill with the H1N1 virus and was hospitalized?**

	<b>Someone had H1N1</b>	<b>Someone physically close had H1N1</b>	<b>Someone ill and hospitalized with H1N1</b>
Yes	66.4%	53.6	64.0
No	3.6%	<b>18.2</b>	9.0
Not sure/ it depends	<b>30.0%</b>	28.2	27.0

Note the change in 'no' responses (3.6% to 18.2%) depending on the respondent's proximity to the ill person.

This data shows that it will be very important to have a plan to manage hysteria to avoid potentially losing 27-30% of your staff if there is an outbreak of H1N1 in your Centre.

It was surprising that only around 14% of Contact Centres had plans to spread-out desks or reassign workspaces as a counter-infection method. (page 11)

And only around 44-53% of Contact Centres have published policies on when to come to work / not come to work during flu season. It may make sense to sit someone who is not concerned about catching H1N1 next to someone who is concerned.

For info about overall Canadian attitudes to catching H1N1, refer to the Ipsos-Reid survey done on October 23<sup>rd</sup>, 2009.

<http://www.globalnational.com/story.html?id=2138409>.

It appears that Call Centre staff are- on average- less concerned with catching H1N1, and are slightly less likely to be immunized than the Canadian public in general.

## Verbatim comments about H1N1

We also have a hazard group doing extra cleaning to any work stations if anyone shows even flu like symptoms and the cleaning will be done after hours to avoid alarming staff.

I am VERY disappointed that my company is not prepared. We are unable to advise staff accordingly. We only know that it is under advisement.

Encourage employees to remain home and away from the public when infected with flu or cold. Promote hygiene, educate, reinforce overall good health. Rather than worry about cures for everything promote prevention and maintaining a healthy immune system.

Keeping employees who have or may have H1N1 at home until they are completely well will be crucial.  
Vigilance in hand washing, and disinfecting keyboards and shared work areas must become everyone's responsibility.

Concerned the testing will not be real time results, to be proactive, concerned staff will not report if officially H1N1, due to not affording to be off work, if out of sick time.

A lot of unknowns regarding this virus so it's difficult to answer these questions.

The sooner people start receiving the H1N1 vaccine, it will reduce infection, spread and severity.

We have a business continuity plan in place. We are asking employees to act responsibly, to take precautions and get an H1N1 and a seasonal flu vaccine.

My company does not allow any employee to come to work if they are sick with flu or H1N1 virus

This vaccine came out quickly, as did the hysteria. Healthy people recover from illnesses much easier than non-healthy people.

establishing work at home will be paramount if there is a breakout

It is a serious flu however ratio of catching it is unknown and it affects thus creating such a concern for everyone.

Not sure answers awaiting discussion with doctor

I believe that there is just too much hype about H1N1. Awareness is good but I believe that all the frenzy about H1N1 is feeding off itself.

I do not agree with the flu vaccine or the H1N1 vaccine. They are full of chemicals and sometimes cause more harm than good.

Your questions are not well worded. Like any infectious disease you employees would be asked to stay home until they are better. Whether that be seasonal flu, H1N1 or a regular cold. I would always attend work unless I was ill. We expect all employees to do the same. Some of the questions are hard to answer because it can be interpreted that the employee is sick and is still at work. That would not be acceptable!

It's just a bad flu

Think the media isn't doing any one any favours by the way it is being portrayed. My spouse is in the medical field and will not be getting either vaccine this year.

We are currently planning our workplace pandemic policy and procedures which will outline a contingency plan for positions that may need to be filled due to temporary illness. I believe personally that the virus will affect people differently if exposed and is not cause for too much alarm. It seems the media has confused everyone on the issue and often these things tend not to be as bad as broadcasted to be.

I have the ability to divide my office into two parts. I could then split departments and isolate the two sides to split my risk. This is part of my floor plan. However the company has yet to accept this as a potential practice and is not prepared to implement this because other Call Centres do not have this capability and they fear the repercussions .

Swine flu, avian flu, SARS, bovine flu, mad cow disease, chicken flu, what's next? Y2K ring a bell? I think you hit the nail on the head: scaremongering...

Our company seems to be as well prepared as we can be for H1N1 . We have a pandemic preparedness plan (has been in place for several years, but recently updated) as well as space reserved at an emergency offsite facility.

## Resources

- The U.S. Centers for Disease Control and Prevention  
FluView – weekly updates on the spread of H1N1 in the USA.  
<http://www.cdc.gov/flu/weekly/weeklyarchives2009-2010/weekly41.htm>
- US Government H1N1 site [www.flu.gov](http://www.flu.gov)
- The World Health Organization  
Info about H1N1 flu, including weekly updates and FAQs.  
<http://www.who.int/csr/disease/swineflu/en/index.html>
- The Mayo Clinic has an excellent flu symptoms self-assessment test  
<http://www.mayoclinic.com/health/flu-symptoms/FU00013>
- Health Canada <http://www.hc-sc.gc.ca/index-eng.php>
- The Public Health Agency of Canada (PHAC)  
[http://www.phac-aspc.gc.ca/alert-alerte/h1n1/faq\\_rg\\_h1n1-eng.php](http://www.phac-aspc.gc.ca/alert-alerte/h1n1/faq_rg_h1n1-eng.php)
  - a) Call the H1N1 flu hotline at 1 800 O-Canada
  - b) The Public Health Agency of Canada's toll-free public information line for H1N1 flu questions is 1-800-454-8302.
- Ontario Ministry of Health and Long-term care  
<http://www.health.gov.on.ca/en/default.aspx>
- Ipsos Reid/ Global TV survey: Few Canadians concerned about getting H1N1 flu; half of Canadians "tepid" on getting vaccinated :  
<http://www.globalnational.com/story.html?id=2138409>



## About the CPA

**The Contact Professionals Alliance** is the largest peer-to-peer Call Centre community in Canada. [www.cpacan.com](http://www.cpacan.com)

CPA was founded in 2001 and has two main objectives:

- ◇ To provide networking and personal development opportunities for Call Centre professionals and
- ◇ To provide in-house and public training to advance the competency and professionalism of Call Centre Operations staff.

CPA has the most comprehensive set of all-Canadian, peer-to-peer Contact Centre training in Canada. We created the unique ***Certificate of Technical Expertise in Contact Centre Management program***, and more than 800 professionals in Canada have completed at least one course towards their Certificate.

CPA also offers seminars, Call Centre tours, and research reports like this one.

For more information about CPA please contact

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