

## **Pandemic Flu**

It is difficult, I think, for us to be motivated by a story that we cannot relate to. If we know someone who could at least pass along a gripping story of, say, what their grandmother witnessed, and our family maintained the oral history with the retelling of that story, we stand a better chance of understanding the importance of and paying attention to the topic. The 1918 flu pandemic happened far enough in the past that people do not hear first-hand stories of it anymore and only a small percentage of us would be able to hear a second hand story. I recall a story told to me by a woman when I was a young mother living in Quincy. She passed along her mother's account of mass burials and wagon drivers going down the street each day calling out to the households, asking if they had any dead people that day. Stories don't get much grimmer than that. Yet, it really happened.

The word pandemic describes a disease that spreads so rapidly and is so infectious that it affects people worldwide. Flu pandemics have been occurring every 20 to 30 years. The last three were in 1918, 1957 and 1968. The one in 1918 killed more people than the First World War.

We may not all benefit from a rich oral tradition in the U.S but what we do have in our favor today is a wealth of scientific knowledge about viruses and how they do and do not spread. Our State Department of Public Health and our Country's Center for Disease Control want to pass along that knowledge. They are very interested and invested in educating the public about influenza, otherwise known as "the flu," and for good reason, too. The international medical profession is braced for the world's next pandemic flu. As they say, "It is not a matter of if. It is a matter of when."

We can be better prepared for the next pandemic flu by putting into practice the scientific lessons learned and applying them to the ordinary annual flu. For instance, we now know that the flu virus is an upper respiratory disease spread through the saliva and mucous. We know that, on the whole, those sneezed and coughed-out droplets of saliva are fairly large and heavy, and therefore, do not travel very far horizontally before gravity pulls them down. This knowledge has guided the primary means of limiting the spread of the disease. The primary means of mitigation are hand washing, social distancing and cough etiquette.

When I think of hand washing, I am reminded of John Belushi's SNL fast food skit. "Cheeseburger, cheeseburger, cheeseburger," over and over again. That's how public health people feel about washing the hands. Do it before; do it after; do it often. Hand washing, hand washing, hand washing.

The washing of hands is the most important health promotion measure you can implement to prevent the spread of disease. That is true of the food industry. It is true of hospitals. It is true at home. It applies to both viruses and bacteria. Wash your hands before you eat. Wash them after touching your nose or mouth or using the bathroom. You don't need antibacterial soap, either. The mechanical action of rubbing the hands together with warm water and soap removes the germs. Surfaces such as doorknobs, telephones and keyboards can be wiped with antibacterial disposable cloths, thus applying a stop measure at a critical control point.

After hand washing, cough etiquette is an important means of disease prevention. There are two parts to it. Remember how the droplets go out for a few feet and then drop? Learn from this by staying an arm's distance away from sick people and from others when we are sick. Coughing or sneezing into your sleeve/elbow area is the second application of this knowledge. Stop those droplets in an area where they can do less or no damage. We do not open doors with our elbow and the droplets that escaped the sleeve, at least fell down to the floor rather than out a few feet.

For a memorable and humorous video on cough etiquette, go to the Massachusetts Department of Public Health Web site, where you will find it in the influenza section. I wish every supermarket, pharmacy and doctor's office played it instead of all that paid advertising we see in those settings.

The third way to interfere with the spread of influenza is to implement social restrictions. Stay at home when sick. Do not go to work. Do not send the children to school. Remember, you already gave it to others the day or so before you had your first symptoms. That is quite enough generosity. Social restrictions, otherwise known as "isolation and quarantine" (I & Q) were key elements in controlling SARS a few years back. Canada provided the world with a very successful and hopeful example of enforcing this crucial component of public health response to serious threats. Only a handful of people balked at their I & Q orders. All but one complied when given more information convincing them of its importance and the one remaining protestor changed his mind when faced with legal action. We should be so lucky.

Lastly and firstly, DPH reminds us that vaccination is the first measure in preventing the flu. The flu is serious enough that CDC tells us that about 15 percent of the American population gets the flu each year, more than 200,000 people are hospitalized and there are about 36,000 flu-related deaths each year.

There are many free and inexpensive flu prevention clinics available at this time of year. Call you local board of health for more information. Halifax's 2008 clinic will be held in the Great Hall of Town Hall on November 17 from 9 to 11 a.m.

By getting the flu prevention vaccine and by practicing the three disease prevention practices all year long, we can participate in a major public health campaign.

*Cathleen Drinan is the health agent for the Town of Halifax. She hopes that our children never sing, "I had a little bird, Its name was Enza. I opened the window, and in-flu-enza." Tell her what's on your mind at 781- 293 -6768 or [cdrinan@town.halifax.ma.us](mailto:cdrinan@town.halifax.ma.us)*