Throughout the State of Massachusetts health agents are gearing up for the summer season. Public pools will be inspected. Camps will register with a whole packet of information and be inspected. Ice cream truck owners will apply for a license, have their truck inspected and a photo taken of the driver and truck. Farmer's markets are preparing for another season of selling a variety of foods, including eggs, produce, baked goods and even locally raised meat. Public beach waters will be sampled once a week, with samples sent to the labs to be tested for bacteria levels determining whether a beach stays open or closes. Irrigation wells will be dug and water quality tests submitted, if required by their town's board of health. Even with the slump in the real estate market, Title V inspections will be done for all those homes to be sold, including the bank owned ones. Building applications will be reviewed and signed. Food establishments will be inspected. On a continual basis, little by little, the emergency preparedness plans are updated and reviewed and, hopefully, practiced in numerous small ways, if not large, in the day-to-day real events faced by Boards of Health, Police, Fire, Highway, Building and their helpers, such as the Medical Reserve Corps (MRC) and the Community Emergency Response Team (CERT).

This summer of 2009 will most likely be bringing a new task. Boards of Health will be at least reviewing, if not practicing, the use of their Emergency Dispensing Sites, now that a new influenza virus is spreading human to human and has reached many countries. The initial news of the Swine Flu, more accurately known as $H_1 \, N_1$, did not necessitate the opening of an emergency dispensing site because a vaccine did not exist for this newcomer. As time goes by and scientists watch, learn and develop protocol, there may be time to prepare a vaccine to prevent most of the new influenza virus, just as there is each year for the seasonal flu (short for influenza). Talk of that possibility causes health agents to want to be informed, stay informed and to be working on their plans for flu clinics that would be much larger and more complicated than the usual autumn clinic.

For instance, a few years ago there was a shortage of the seasonal flu vaccine. The shortage resulted in the disbursement being prioritized, with the very young, the old, those with chronic conditions and pregnant women being the top priority groups. People became concerned, many calls were made to local health departments and at the clinics many were down right cranky, even though we provided coffee and cookies. I guess that's to be expected when people are worried and that was just an ordinary kind of flu.

If a vaccine is made in time for this fall, will it be held back or administered as a mass prophylaxis as it was in 1976? Will there be two clinics, one for the "swine flu" and one for seasonal? We don't know at this time.

We do know how to respond to influenza, though. We prevent it and/or at least reduce its capacity to spread with the H-B-4 Prevention Methods. That's Hygiene Behaviors Four: Cough etiquette, Hand washing, Isolation/Quarantine and Social distancing. That's it. It's in our hands and off our hands, if we washed them.

The reason that our State's Communicable Disease people feel so confident about this protocol and this message is that it has been used and watched and used and tested and compared and studied for a long time. What they found out is that if the germ is so tiny that it is aerosolized, that many measures are needed to prevent it from spreading, including negative pressure rooms in health care settings and the use of N-95 masks. If the germ is held within moist droplets, as is the influenza virus, those droplets spray out from an uncovered cough several feet (three to six) and then sink to the ground where they will not live long. So, for the flu virus, less expensive surgical masks can be used during close contact, such as when specimen swabs are being taken or a caregiver is close to the patient. In that case, both would wear the mask.

For now, stay informed, prevent the spread of lots (and most) of germs with improved and sensible hygiene methods (the H-4) and consider joining your local MRC or CERT. We could use your help.

Cathleen Drinan is the health agent for the Town of Halifax, MA. She is interested in your ideas. She can be reached at 781 293 6768 or cdrinan@town.halifax.ma.us