

H1N1

WHO: SHSAA SCHOOLS/ATHLETES/COACHES/PARENTS/GUARDIANS

WHAT: The pandemic (H1N1) 2009 influenza virus.

This pandemic (H1N1) 2009 influenza virus is thought to be spread from person-to-person in the same way as seasonal influenza where transmission occurs predominantly through droplets produced from coughing or sneezing. Indirect transmission also likely occurs through self-inoculation after contact with surfaces or objects contaminated with the virus from infected persons.

The incubation period for pandemic (H1N1) 2009 influenza virus is understood to be up to four days and the period of communicability up to seven days from onset of symptoms in uncomplicated cases. This may be longer (up to ten days) in individuals with severe illness and children in whom symptoms and virus shedding may persist. Consistent with seasonal influenza, transmission of the pandemic H1N1 (2009) influenza virus is most likely during the initial days of infection when the individual is symptomatic and has a high viral load.

WHEN: While influenza activity would normally be expected to wane almost entirely during the summer months, the pandemic (H1N1) 2009 influenza virus has continued to circulate at low levels in Canada and the potential for resurgence in the fall remains.

WHERE: MASS GATHERING. A mass gathering is considered a temporary collection of large numbers of people at one site or location for a common purpose. Gatherings can be short-term (for a few hours as in a sporting event or concert) or longer (for several days to weeks as in the Olympic Games). The gathering can be held at one location or spread over different sites.

Events should be carefully evaluated taking into account such factors as the local situation of pandemic (H1N1) 2009 influenza virus, the type of event, the participating population, and the ability of the host community to respond to and mitigate the impacts of the disease.

Encouraging ill people not to attend gatherings and ensuring processes are in place to safely isolate and transport ill persons off-site remain the most important measures to prevent transmission.

Mass gatherings held during outbreaks of **influenza-like-illness** (ILI) may strain the capacity of the health system to respond to an adverse health event. Given the extra burden pandemic (H1N1) 2009 influenza virus may place on the health care system of a community and given that mass gatherings have the potential to become a focal point for illness transmission, consideration should be given to the capacity of the health care system to respond if a further increase in illness occurs or if an adverse health event happens during or following a mass gathering event. For example, if the local health system is at capacity or overwhelmed with cases of pandemic (H1N1) influenza virus, communities may not be able to respond well to an increased demand for health service should increased illness transmission occur or should an adverse health event at a mass gathering (e.g., an accident resulting in multiple casualties) occur.

The decision to cancel, postpone or modify a mass gathering event due to the pandemic (H1N1) 2009 influenza virus is a local decision **public health officials** and **event organizers** should make collaboratively. Recognizing that events may be cancelled for other reasons (e.g., economic); event organizers should communicate the reason for the event cancellation to the public.

Event planners and other volunteers should work in close collaboration with local public health officials when planning events, taking into account local factors while conducting a risk assessment of the event. Conducting a risk assessment of a planned event will assist event planners, volunteers, and local public health officials to determine if an event should be cancelled, modified, or postponed. Factors to consider when conducting a risk assessment of an event include:

1. The capacity of the health care system to respond (or access adequate health care services if such services are not available in the host community) should an adverse health event occur as a result of a mass gathering (e.g. communities may not be able to respond to an adverse health event such as an accident resulting in multiple casualties, should one occur at a mass gathering, if the local health system is overwhelmed with cases of pandemic (H1N1) 2009 influenza virus);
2. The morbidity and mortality of the pandemic (H1N1) 2009 influenza virus illness within the community;
3. The target audience of the mass gathering (e.g., children, seniors, local vs. international);
4. The size and duration of the event;
5. The types of transportation that will be used, if the event includes transportation, and the degree of isolation from medical attention (e.g., cars vs. buses);
6. The types of accommodation that will be used by event attendees (e.g., individual hotel rooms vs. dormitory style, tents or billeting arrangements);
7. The purpose of the mass gathering and the potential political, social, cultural and economic impacts of cancelling the event;
8. The season the event is to be held in and the type of venue (e.g., an outdoor summer event vs. an indoor winter event); and
9. The ability of the event organizer to provide adequate hygiene & sanitation facilities.

HOW:

- **To help eliminate the spreading of the influenza during an event.**

Event planners, coaches and staff can provide guidance to participating athletes, teams, and spectators regarding:

1. The importance of providing information prior to the event (e.g., with event tickets, announcements on radio & TV, etc.) on:
 - a) the signs and symptoms of ILI;
 - b) the importance of attendees to stay home if ill with symptoms of ILI;
 - c) the potential for the spread of ILI at such events; and
 - d) proper hand hygiene, cough & sneeze etiquette.
2. The promotion of key general public health messages (e.g., hand hygiene, cough and sneeze etiquette, not to share cups, cigarettes, etc.) during the event via the display of posters at the event, inclusion of relevant information in event brochures, and making announcements at the event;
3. The importance of planning for the safe assessment of people who become ill with symptoms of ILI at the event and a mechanism for isolating ill attendees or safely transporting ill attendees from the site;
4. The importance of, and how to consult with public health authorities if clusters of ILI are identified at events with a longer duration, (e.g., a few days or more);
5. The importance of providing hand wash stations throughout the event venue and in a manner that will help encourage hand cleaning;

6. The importance of ensuring a constant supply of soap and paper towels for hand washing purposes and providing advice (e.g., include posters at hand wash stations) regarding correct hand cleaning procedure);
 7. The benefits of locating temporary toilet and hand washing facilities, if used, throughout the site rather than in one area, to reduce clutter;
 8. The use of alcohol based rub stations to supplement (or in lieu of) hand washing stations and information (e.g., posters) showing correct hand cleaning procedures at alcohol based rub stations;
 9. The importance of ensuring that tissues and closed waste bins are located throughout the venue and that posters promoting hand hygiene and respiratory etiquette are visible in order to encourage appropriate infection prevention practices;
 10. The importance of frequent cleaning, using routine cleaning products, of high-touch areas (e.g., washroom facilities, handrails, door knobs etc.);
 11. The importance of frequent emptying of waste receptacles - no special waste handling is required for influenza. Waste handling should be carried out according to usual standards; and
 12. The importance of, and how to, contact local public health or health protection offices for information on food safety and sanitation issues at mass gathering events.
- **Can sport participants protect themselves and others from H1N1 Influenza.**
 1. Recognize influenza like illness (ILI) –fever and cough and one or more of: sore throat, muscle aches, joint pain, or weakness. Vomiting/diarrhea may be present and fever may not be prominent.
 2. Remember how the illness is spread – *directly* from person to person through coughing or sneezing. *Indirect* from touching contaminated surfaces and objects and then touching the eyes/nose/mouth.
 3. Practice the ‘Hands-off-the-Face’ protocol.
 4. Eat plenty of citrus fruit.
 5. Gargle with warm salt water or Listerine at least twice a day.
 6. Cleanse the nasal passage with Q-tips dipped in warm salt water.
 7. Know when and how to wash hands (i.e. before/after eating, after sneezing/coughing/recreation/ washroom use). Wash your hands often with soap and water, especially before eating or touching your eyes/nose/mouth.
 8. Carry a bottle of alcohol based hand sanitizer and use it when soap and water is not available.
 9. DO NOT share water bottles, even with members of your own team. Regularly wash your water bottle with soap and warm water – rinse well.
 10. Keep your uniforms clean and let your uniform and equipment dry out as best as possible.
 11. DO NOT share personal items such as pillows, headphones, towels, toiletries, personal equipment, etc.
 12. Make sure you are eating properly and getting enough sleep. Keep yourself strong.
 13. If you are experiencing symptoms such as shortness of breath, sore throat, fever, cough, muscle pain, and weakness avoid sports participation and let someone know (i.e. physician, coach, etc).
 14. Avoid travel if experiencing symptoms of ILI. Stay home until symptom free or doctor order to prevent spreading ILI to others.