

Mount Wellington Community Church – Response to Swine Flu

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Mission statement: We are a caring, dynamic, multicultural family sharing God’s love with our community

Introduction

Influenza A H1N1 (Swine Flu) - Global Situation

On 24 April 2009 an outbreak of Influenza A (H1N1) was reported by the United States of America (USA) and Mexico. In the following days the number of cases has grown and spread to countries outside of the USA and Mexico, and is now being reported by 74 countries worldwide. The World Health Organisation (WHO) is monitoring the outbreak and has classified the risk as Phase 6, the highest level of warning.

Transmission

It appears swine flu is transmitted in similar ways to other influenza viruses. Seasonal flu viruses are thought to spread from person to person, primarily through the coughs and sneezes of an infected person. This method of transmission requires close contact as infected droplets do not remain suspended in the air and generally travel less than two metres. It is also possible to contract influenza by touching contaminated surfaces, and then placing your hands on your nose or mouth.

Incubation period

It is unknown how long swine flu incubates within a person, but public health experts believe is it likely to be one to four days, and possibly as many as seven days. The virus appears to be transmissible from one day prior to symptom onset and continues to be transmissible until seven days from onset of symptoms, or until resolution of symptoms.

Clinical findings

Patients with confirmed Influenza A (H1N1) virus infection have had a fever, chills, headache, upper respiratory tract symptoms (cough, sore throat, a runny nose), myalgias (aching muscles), arthralgias (aching joints), fatigue, and 40% of patients have had nausea, vomiting, or diarrhoea. There have been some patients who required hospitalisation who did not develop a fever.

Discussion

1. Caring for our Congregation
 - a. Isolation: keep away if you may have influenza (swine flu or seasonal flu).
 - b. Limiting spread:
 - Tissues and bins in the church
 - Sanitation measures, such as hand-cleansers, particularly in kitchen.
 - Wiping down surfaces with a household disinfectant.
 - Social distancing where possible!
 - c. Infected:
 - Would we know if someone is bed-bound, and doesn't have enough food to eat?
 - Doing our own "meals on wheels", but dropping at the door, and running? There may be some people who are willing and able to do this (either foolish or brave).
 - Would people who are sick like to have phone calls, emails, on-line resources?
 - d. Home groups:
 - Need to consider a-c above.

- leaders could be responsible for identifying need, offering help
 - Identifying those not in home groups, forming networks to care and identify need, especially elderly or living alone. Identifying leaders of networks
- e. Keeping Church going for those who can't attend
- Sending out newsletters
 - Putting resources on website, e.g. Sermon outlines, music sung, photos
 - Email updates
 - New things e.g. video clips on You Tube, facebook, twitter (I have heard of churches using the latter two, but I don't know how), tangle.com
- f. Health information:
- How much do we want to disseminate?
 - e.g. identifying the illness, who to call, self-care, home supplies in case of emergency
 - e.g. Advice on symptoms that are suspicious for influenza
2. Caring for our staff
- a. Advise not to attend work if they may have influenza
- b. Reducing person to person contact:
- Can they meet virtually? E.g. Skype video conferences, teleconferences
 - Can they work from home?
 - Can some meetings/contacts be delayed?
- c. May need time off to care for other members of family, care for children if schools closed
- d. Personal Protection equipment (gloves, masks). If they feel they need it, they probably shouldn't be meeting with the infected person
3. Caring for our community
- a. Advertising our Church services and programmes – whether we are still meeting, advice on when not to attend!
- b. Advertising our social support (if we want to make it widely available)
- E.g. meals on wheels for 5 days, for those who are quarantined, and don't have support
 - E.g. offering to do shopping (collect shopping list and \$)
4. Other activities in the church hall
- a. They should consider whether they will stop meeting for a period of time, or wait for Government decree. Stopping them sends positive and negative messages to the community
- After school programmes
 - School holiday programmes
 - Playgroup
5. "Business as usual" as much as possible
- a. MCCCT: keeping the funding rolling in, payroll going out
- b. Church: government may decree closing of meeting places, to decrease transmission

Suggested next steps

1. Ask group leaders if they are willing to keep in weekly contact with their members, and contact those who are unwell
2. Identify people not in home groups, contact them, see if some will act as co-ordinators
3. Advise congregation of symptoms of influenza, and request they stay home whether they think they have swine flu or ordinary flu
4. Ask (some/all) of congregation whether they would use online resources if they were too unwell, or were caring for family who were sick. If there is a positive response, ask for a volunteer to set things up
5. Advise MCCCT staff as appropriate
6. Decide how much we want to offer to our non-church attending community
7. Contact local newspaper, tell them of some of the things we are doing

Resources online

www.healthpoint.co.nz : up to date notification for public and health professionals

<http://www.dol.govt.nz/PDFs/pandemic-practical-guide.pdf> : information for employers, things to consider

[http://www.moh.govt.nz/moh.nsf/pagesmh/5196/\\$File/prepare-your-household.pdf](http://www.moh.govt.nz/moh.nsf/pagesmh/5196/$File/prepare-your-household.pdf) : home preparation plan

http://www.tangle.com/view_video.php?viewkey=849dc7c803281df74bb2&sp=l: an example of an 8 minute teaching skit on a Christian Social Networking site