Message From Risk Management Office

- A training session was conducted on April 20th for risk management coordinators concentrating on loss control techniques to prevent and mitigate third party claims. This session was well received and the Risk Management Office will adapt the presentation for “field personnel” in future sessions. Your input on program modifications would be helpful and appreciated.

- The Money and Securities survey have been distributed to all departments. The deadline to respond and return the survey forms to Risk Management is May 1st. Several departments have responded but a significant number of departments still need to complete the form. Please return the survey forms as soon as practicable. Thank you.

- The annual request for the auto inventory update will be mailed the first week of May 2006. The deadline is June 1, 2006. If you want your inventory sent via email in a spreadsheet format, please contact our office.

- Please continue to submit your property data requirements forms in order for us to update the property schedule. This is important to our insurance renewal.

Please visit the Department of the Attorney General website, www.hawaii.gov/ag/theft, for more information regarding identity theft and actions to take if you believe you are a victim of this growing crime.
There has been a great deal of media attention focused on the risk of a pandemic exposure and the potential that an influenza could create havoc in the United States similar to the Spanish flu in 1918 which is estimated to have killed between 20-40 million people around the world. The following is a brief overview.

Q: When officials talk about pandemic flu, what are they actually referring to?

A: There are three strains of flu commonly talked about right now. One form is seasonal flu, which happens every year in the United States, killing 36,000 people annually.

A second strain is bird flu. Avian influenza occurs naturally among birds. The viruses don't usually infect humans. However, in 1997, a lethal strain of bird flu known as H5N1 appeared among humans in Hong Kong. Eighteen people were hospitalized and six people died. All of them had had close contact with poultry.

H5N1 resurfaced in Hong Kong in 2003, killing one person. Since then, cases of human infection with the bird flu virus have been reported in several countries, including Cambodia, China, Indonesia, Iraq, Thailand, Turkey and Vietnam. Several other countries have discovered H5N1 in birds, but not in humans. So far, there have been very few, if any, cases of H5N1 passing from one person to another.

Then, there's pandemic flu. There is no pandemic strain in circulation right now. The H5N1 bird flu strain is causing concern about the possibility of a pandemic; if it transforms itself into a human influenza virus, it could become very lethal to people and could spread rapidly around the world within several weeks to months.

Q: How many human infections of bird flu have there been?

A: As of mid-February 2006, there have been 169 confirmed cases of humans infected with the H5N1 bird flu strain; 91 people have died, according to the World Health Organization (WHO). Almost all human cases have been traced to close contact with infected poultry.

However, it's impossible to know how many people have been exposed to the virus. In many parts of the world, farmers live alongside their poultry, and some health experts suspect that human cases of bird flu have gone unreported.

China -- which has had numerous outbreaks of avian flu among birds but few reported infections among humans -- has threatened punishment for failing to report human cases.

Q: The U.S. government has released a plan detailing how it would handle an outbreak. What is the actual risk that there will be a pandemic this year?

A: That's impossible to predict. The H5N1 virus now present in birds must acquire several genetic changes before it's a threat to humans. Once it acquires those changes, it will be able to jump from human to human. So far, there's no evidence that this has occurred. However, the influenza virus changes its genes all the time. As birds with flu interact with humans and other animals, it increases the chances that the H5N1 virus will pick up the genes it needs to become a human virus.

Q: Is there a vaccine for bird flu?

A: Birds are getting vaccinated against H5N1 in countries such as China and Vietnam. Experimental vaccines for humans have proved safe, and they produce an immune response. But there is no way to test whether the human vaccine prevents bird flu at the moment because cases of bird-to-human transmission are still quite rare. The human vaccine still must undergo further study before it's approved by the Food and Drug Administration (FDA), but companies are already ramping up production.

Q: Is there a vaccine for pandemic flu?

A: No. The bird flu virus that has infected a few dozen people in Asia and the Middle East is not the same as the one that would ultimately create a human pandemic. Since it's not known what the pandemic flu virus will look like, a vaccine against it can't be made yet.

If pandemic flu appears, it will take months using the current egg-based production system to develop a new and effective vaccine -- a period during which millions of people will become ill and many will die. Scientists hope that the H5N1 vaccines
The H5N1 bird flu virus is the main candidate for triggering a human influenza pandemic.

now undergoing trials will provide at least some protection against the ultimate pandemic strain. One U.S. study has shown that a vaccine produced using cells is safe in humans and that it stimulates an immune response. Growing cells in vats is much quicker than waiting for the flu virus to grow in chicken eggs—a process that takes several weeks for each dose. If the current experiments are successful, flu vaccine production will be greatly speeded up.

Q: Once you have flu, are there any available treatments?

A: There are two drugs available to treat seasonal flu: Tamiflu and Relenza.

It's unknown whether Tamiflu or Relenza will work against a pandemic flu strain. As with a vaccine, until the pandemic strain appears, there's no way to test it.

For seasonal flu, Tamiflu comes in a capsule and Relenza comes in an inhaler. (There's a liquid formulation of Tamiflu for children.) If either drug is taken within the first 48 hours after symptoms appear, the length of the illness will be shortened by a day or two, and the severity of illness may also be decreased. Left untreated, flu can last 1-2 weeks.

Tamiflu can be taken by anyone age 1, according to the drug's maker, Roche. Relenza, made by GlaxoSmithKline, is only for those age 7 or older and should not be taken by people who have breathing problems like asthma or other chronic lung diseases.

Q: Can I get a supply of Tamiflu or Relenza now, just in case?

A: Consult your doctor as to whether you need a prescription for one of these drugs. There has been a debate in the medical community over stockpiling them in case of emergency. Many physicians believe that stockpiling is unwise because of the risk that indiscriminate use of Tamiflu or Relenza could create drug-resistant strains of flu, whether it's seasonal or pandemic. There have been reports that seasonal flu may become resistant to treatment with Tamiflu, though that hasn't happened during this year's flu season. Other doctors feel that people should have the drugs if they want them.

In any case, there have been periodic shortages of Tamiflu. The manufacturer suspended shipments to U.S. pharmacies last fall when consumer demand increased because of pandemic fears. Shipments have since resumed, but there could be future shortages, however, because governments are ordering tens of millions of doses of these drugs.

One argument against stockpiling: It's not known whether Tamiflu or Relenza will be effective against a future pandemic strain of flu.

Q: Is there anything else individuals can do to prevent flu?

A: There are several common sense measures that can be taken to prevent the spread of any kind of flu. Flu viruses are spread in water droplets that emerge from coughs or sneezes. These droplets travel through the air and can be inhaled, or when they land on a surface, they are picked up by hands and can be rubbed into the eyes, nose and mouth.

If you're sick, cough or sneeze into tissues, or the crook of your arm instead of into your hand. The Centers for Disease Control and Prevention (CDC) recommends that those who are sick stay home from work, or if your children are sick, keep them home from school. To avoid catching the flu, avoid touching your eyes, mouth or nose, and avoid close contact with those who are sick. Regular hand washing is a must for everyone.
ELECTRICAL FIRE SAFETY

The Consumer Product Safety Commission (CPSC) estimates that approximately 4,000 injuries caused by electrical extension cords are treated in hospital emergency rooms each year. About half the injuries involve fractures, lacerations, contusions, or sprains from people tripping over extension cords. Thirteen percent of the injuries involve children under 5 years of age. Electrical burns to the mouth accounted for half the injuries to young children.

The CPSC also estimates that about 3,300 residential fires originate in extension cords each year. The most frequent causes of such fires are short circuits and the overloading and misuse of extension cords.

Electrical contractors are required to follow either the National Electrical Code (NEC) or local electrical codes. The NEC requires that electrical outlets be located no more than 12 feet apart along a wall. Thus, no point along a wall should be more than six feet from an outlet which would reduce the need for multiple extension cords.

The NEC also says that many cord-connected appliances should be equipped with polarized or grounding type plugs. (Polarized plugs have one blade slightly wider than the other and can only be inserted one way into the receptacle.) Polarization and grounding ensure that certain parts of appliances that could have a higher risk of electrical shock when they become live are instead connected to the neutral, or grounded side of the circuit; thereby, reducing the risk of shock or electrocution. Such electrical appliances should only be used with polarized or grounded extension cords.

Voluntary safety standards, such as those of Underwriters’ Laboratories, Inc. (UL), now require that general-use extension cords have safety closures, warning labels, current rating information and other features for the protection of children and consumers. In addition, UL-listed extension cords now must be constructed with #16 gauge or larger wire or be equipped with integral fuses.

The CPSC offers the following suggestions for the purchase and safe use of extension cords:

- Use extension cords only when necessary and only on a temporary basis.
- Never allow extension cords to run through a walkway as this creates a trip hazard.
- Use polarized extension cords with polarized appliances.
- Buy and use extension cords with safety closures and other safety features.
- On cords without safety closures, cover any unused outlets with electrical tape or with plastic safety caps to prevent the possibility of a child making contact with the electric current.
- Insert plugs fully so that no part of the prongs are exposed when the extension cord is in use.
- Discard any old, cracked, worn, or damaged extension cords.
- When disconnecting cords, pull on the plug, rather than on the cord itself to avoid damaging connections.
- Use only three-wire extension cords for appliances with three-prong plugs.
- Never cut off the third (round or U-shaped) prong, which is a safety feature, designed to prevent the risk of shock or electrocution.
- In locations where furniture may be pushed against the extension cord where the cord joins to the plug, use a special “angle extension cord” which is available for use in these instances.
- Watch for any signs of the cord fraying or other indication of possible short-circuiting.
- Don’t place extension cords under rugs or carpets or in any areas where they could be damaged by the weight of heavy furniture or foot traffic.
- Check the plug and the body of the extension cord while the cord is in use. If the cord feels “hot” or if there is a softening of the plastic, this is a warning that the cord should be replaced.
Keep an eye on those extension cords.

- Don’t use staples or nails to attach extension cords to a baseboard or to other surface. This could damage the cords and create a fire or shock hazard.

- Don’t overload light-duty extension cords by plugging in appliances which draw a total of more watts than the rating of the cord.

- Use special, heavy-duty extension cords for high wattage appliances, such as air conditioners, portable electric heaters, and freezers, or when an extension cord must be used on a permanent basis.

- When using outdoor tools and appliances, use only extension cords approved and labeled for outdoor use.

Catholic Mutual Group (REV 6/04)

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**CALENDAR OF EVENTS**

**April 2006**
- April 14th – Good Friday
- April 20th – Training: Risk Control Techniques

**May 2006**
- May 1st – Money & Securities Survey due
- May 29th – Memorial Day

**June 2006**
- June 1st – Auto Inventory update due
- June 12th – King Kamehameha Day

**July 2006**
- July 13th – Deadline for Property Values CD revisions
- July 4th – Independence Day