



**GMA Fact Sheet
H1N1 Influenza A (“Swine Flu”)**

November 4, 2009

Highlights and Recent Developments

- On October 24, President Obama signed an Emergency Declaration for H1N1 Flu, which will permit the Secretary of Health and Human Services to waive certain regulatory requirements for healthcare facilities in response to emergencies. Requirements that may be waived include those related to Medicare, Medicaid or the Children’s Health Insurance Program (CHIP), the Emergency Medical Treatment and Active Labor Act (EMTALA), and the Health Insurance Portability and Accountability Act (HIPAA). These requirements provide important protections for patients during normal day-to-day operations, but they may impede the ability of healthcare facilities to fully implement disaster operations plans that enable appropriate care during emergencies.
- To gather information about the clinical features and management of pandemic influenza, the World Health Organization (WHO) hosted a three-day meeting in Washington, DC on the 14th–16th of October. Findings and experiences were presented by approximately 100 clinicians, scientists, and public health professionals from the Americas, Europe, Asia, Africa, the Middle East and Oceania.
- The meeting confirmed that the overwhelming majority of persons worldwide infected with the new H1N1 virus continue to experience uncomplicated influenza-like illness, with full recovery within a week, even without medical treatment.
- However, concern is now focused on the clinical course and management of small subsets of patients who rapidly develop very severe progressive pneumonia.
- Meeting participants who have managed such cases agreed that the clinical picture in severe cases is strikingly different from the disease pattern seen during epidemics of seasonal influenza. While people with certain underlying medical conditions, including pregnancy, are known to be at increased risk, many severe cases occur in previously healthy young people.
- Meanwhile, the CDC during a weekly H1N1 briefing on October 20th agreed with the WHO finding that young people continue to be hit especially hard by the 2009 H1N1 virus. More than half of the hospitalizations from 2009 H1N1 flu reported by 27 states from September 1st and October 10th were people age 24 and younger.
- In addition, CDC reported that about 90 percent of the hospitalizations and deaths from the 2009 H1N1 flu are in people age 64 and younger. With seasonal flu, the reverse is usually true– 60 percent of the hospitalizations and 90 percent of deaths from seasonal flu are in people age 65 and older.
- On the positive side, findings presented during the WHO meeting add to a growing body of evidence that prompt treatment with the antiviral drugs, oseltamivir or zanamivir, reduces the severity of illness and improves the chances of survival. These findings strengthen previous WHO recommendations for early treatment with these drugs for patients who meet treatment criteria, even in the absence of a positive confirmatory test.
- Each week CDC analyzes information regarding influenza disease activity in the US and publishes findings of key flu indicators in a report called [FluView](#)

(<http://www.cdc.gov/flu/weekly/>). During the week of October 4-10, 2009, a review of the key indicators found that influenza activity continued to increase in the US from the previous week. Below is a summary of the most recent key indicators:

- Visits to doctors for influenza-like illness (ILI) continued to increase in the US, and overall, are higher than what is expected for this time of the year. ILI activity now is equal to or higher than what is seen at the peak of many regular flu seasons.
- Total influenza hospitalization rates for laboratory-confirmed flu are climbing and are higher than expected for this time of year.
- Forty-one states are reporting widespread influenza activity at this time. This many reports of widespread activity are unprecedented during seasonal flu.
- Almost all of the influenza viruses identified so far are 2009 H1N1 influenza A viruses. These viruses remain similar to the virus chosen for the 2009 H1N1 vaccine, and remain susceptible to the antiviral drugs oseltamivir and zanamivir.
- CDC recommendations for prevention of H1N1 remain the same for individuals.
 - Stay home and avoid travel, if ill.
 - Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
 - Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
 - Avoid touching your eyes, nose or mouth. Germs spread this way.
 - Try to avoid close contact with sick people.
 - If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.) Keep away from others as much as possible to keep from making others sick.
 - See a doctor or seek treatment if you have flu symptoms (temperature >104 degrees, with a cough or a sore throat) and an underlying condition (e.g., asthma, pregnancy).
- CDC has a page on its H1N1 site that provides resources for businesses and employers. The site, <http://www.cdc.gov/h1n1flu/business>, is updated as new guidance becomes available.
- H1N1 Vaccine.
 - The U.S. government has purchased 250 million doses of 2009 H1N1 vaccine, so anyone who wants to get the vaccine will have the opportunity to do so. Vaccine will be made available as quickly as possible as it rolls off the production lines.
 - No shortage of 2009 H1N1 vaccine is expected, but vaccine availability and demand can be unpredictable and initially the vaccine may be available in limited quantities.
 - Who should get vaccinated? ACIP met July 29, 2009, to make recommendations on who should receive the 2009 H1N1 vaccine when it becomes available. While the federal government has purchased enough vaccine so that anyone who wants to get vaccinated can, ACIP recommends that vaccination efforts should focus first on people in five target groups:
 - Pregnant women,
 - People who live with or provide care for infants younger than 6 months (e.g., parents, siblings, and day care providers),
 - Health care and emergency medical services personnel,
 - People 6 months through 24 years of age, and,
 - People 25 years through 64 years of age who have certain medical conditions that put them at higher risk for influenza-related complications.
- On November 4, USDA announced that pigs in a commercial herd in Indiana have tested positive for H1N1 swine flu, marking its first occurrence in commercial hogs in the US. The positive samples were tested as part of the swine surveillance program in late October. According to USDA the pigs as well as the people caring for them have

recovered. In October, tests had confirmed that several show pigs at the Minnesota State Fair had contracted H1N1 flu. USDA officials continue to stress that instances of pigs with swine flu do not pose a threat to consumers of pork products. Agriculture experts had anticipated this eventuality for domestic swine and a vaccine is under development, but not yet available. Several other countries, including Canada, Australia, Argentina, Ireland, the United Kingdom and Norway have previously experienced H1N1 infections in their swine herds.

- On November 3, CDC posted interim guidance for workers at commercial swine operations to help prevent the spread of H1N1 influenza from humans to pigs or from pigs to humans. You may access that information at: http://www.cdc.gov/h1n1flu/guidelines_commerical_settings_with_pigs.htm
- Turkeys in the province of Ontario had become infected with the H1N1 flu virus Canadian provincial government officials reported on October 20th. No birds or eggs from the farm entered the food supply. The discovery by the Canadian Food Inspection Agency is the second known incident of turkeys becoming infected with the H1N1 virus. The first was in a flock in Chile. Dr. Arlene King, Ontario's chief medical health officer indicated that the infection posed minimal risk to human health.

Overview

On April 24 Mexico's Minister of Health confirmed that they had cases of "swine influenza" in people and some of the people had died from the illness. Both CDC and Canada subsequently confirmed that respiratory specimens from patients sent by the Mexican National Influenza Center were positive for swine influenza virus. This was a novel influenza A virus that had not been identified in people before, and human-to-human transmission of the virus spread to countries around the world and to all states in the US. Despite early indications to the contrary, cases in the US as well as in Mexico were comparable to the seasonal flu. In addition, strains from around the world are remarkably similar. Ongoing active surveillance confirmed the first cases of H1N1 in a commercial US swine herd in Indiana on November 4, though three pigs from the Minnesota State Fair had been confirmed positive for the virus in October. Also, the Canadian Food Inspection Agency (CFIA) had previously reported on May 2 that it had found H1N1 flu virus in a swine herd in Alberta and that it is highly probable that the pigs were exposed to the virus from a Canadian who had recently returned from Mexico and had been exhibiting flu-like symptoms. Subsequently, other countries, including Australia, Argentina, Ireland, the United Kingdom and Norway have experienced H1N1 infections in their swine herds.

CDC activated its Emergency Operations Center to coordinate the agency's response to this emerging health threat, and on April 26 the Secretary of the Department Homeland Security, Janet Napolitano, declared a public health emergency in the US. CDC's goals are to reduce transmission and illness severity, and provide information to assist health care providers, public health officials and the public in addressing the challenges posed by this newly identified influenza virus. CDC has issued a number of interim guidance documents that can be found at <http://www.cdc.gov/H1N1flu/>. Guidance for businesses has also been posted. In addition, a comprehensive site for information on influenza is <http://pandemicflu.gov/>. Guidance for school administrators can be found at <http://www.cdc.gov/h1n1flu/schools/schoolguidance.htm>. Since the situation continues to evolve, we urge you to consult these sites on a regular basis.

The fact that the current outbreak was initially referred to as swine flu when all illnesses were in humans and before there was any evidence of this virus in swine contributed to much public misinformation about the link to swine as well as to concern about the safety of pork products. The US government was first to drop the references to swine flu and the WHO is now referring to this virus as Influenza A (H1N1). Despite assurances from authoritative national and international sources that the current strain of influenza is not transmissible to humans from pork products, nearly 20 trading partners imposed total or partial import bans on pork products from select US states. Some countries such as Russia have lifted all restrictions. On October 29, China

announced its intention to discontinue its ban on pork imports. The original swine flu characterization resulted from the fact that the H1N1 strain of influenza is the strain that causes swine flu and this particular strain contains genetic material from swine influenza viruses previously found in North America, Asia and Europe, as well as genetic material from human and avian influenza viruses. GMA will be referring to this current outbreak as an H1N1 outbreak rather than "swine flu." Nevertheless, because of the references in the media to swine flu and questions from members, we have provided a set of questions and answers to help members understand the current situation and take appropriate actions.

Questions and Answers about H1N1/Swine Influenza

1 Q. What is swine influenza?

A. Swine influenza is a contagious respiratory disease of pigs caused by type A strains of the influenza virus. It is also called "swine flu." In the past, occurrence of this disease in domestic swine has had a major adverse economic impact on the swine industry. It is important to note that although the current H1N1 influenza has now been detected in a single commercial swine herd in the US and several other countries, public health officials continue to stress that pigs with traditional swine flu or with the 2009 H1N1 influenza do not pose a threat to consumers of pork products.

2 Q. Can humans contract swine influenza?

A. Yes. While swine influenza viruses usually infect pigs, we do see human infections on occasion. According to CDC, there have been several documented cases of swine flu in humans over the past several years, primarily due to animal exposure. For the specific states and number of cases so far go to: <http://www.cdc.gov/h1n1flu/surveillanceqa.htm>. From April 15, 2009 to July 24, 2009, states reported a total of 43,771 confirmed and probable cases of novel influenza A (H1N1) infection. Of these cases reported, 5,011 people were hospitalized and 302 people died. On July 24, 2009, confirmed and probable case counts were discontinued.

3 Q. Is there anything unusual about the virus causing these illnesses?

A. The viruses involved apparently contain genetic pieces from several different virus sources: North American swine influenza viruses, North American avian influenza, human influenza viruses, and swine influenza viruses found in Asia and Europe. This particular genetic combination of swine influenza virus has not been seen before.

4 Q. How do people become infected with swine flu?

A. The majority of swine flu cases seen in the past have been due to animal (pig) exposure. The current situation is unusual in involving human-to-human spread, with none of the patients in the US having direct contact with pigs. Getting swine flu without direct contact with pigs is unusual, but it does happen. While it is not known how this particular virus is being transmitted, flu viruses are generally transmitted through the respiratory tract. Viruses are carried on droplets spread by coughing and sneezing.

5 Q. What are the symptoms of swine influenza in people?

A. The symptoms are similar to that of other forms of influenza, including fever greater than 100°F (37.8°C), sore throat, cough, chills, fatigue, headache, and muscle aches and pains. Some people with swine flu have reported diarrhea and vomiting.

6 Q. Can people get swine flu by eating contaminated pork?

A. No. Swine flu is not transmitted by food, so a person cannot get swine flu from eating pork or pork products. Moreover, according to USDA, cooking pork to the recommended internal temperature of 160°F kills all viruses.

7 Q. Can H1N1 influenza be transmitted through foods?

A. No. According to FDA, influenza viruses are not known to be spread by eating food items. Influenza viruses are spread through inhalation or through touching contaminated surfaces and then touching the mouth, nose, or eyes.

8 Q. Is there treatment for H1N1 influenza in humans?

A. The H1N1 virus is sensitive to oseltamavir (Tamiflu®) and zanamavir (Relenza®). The H1N1 virus is resistant to other flu drugs such as amantadine and rimantadine.

9 Q. Are humans currently contracting H1N1 influenza from swine?

A. No. Although the current H1N1 influenza has now been detected in commercial swine in the US in November and in previously in several other countries, there have been no reports to date that the H1N1 virus has been transmitted from swine to humans. Nevertheless, on November 3, CDC posted interim guidance for workers at commercial swine operations to help prevent the spread of H1N1 influenza from humans to pigs or from pigs to humans.

http://www.cdc.gov/h1n1flu/guidelines_commercial_settings_with_pigs.htm

Furthermore, public health officials continue to stress that instances of pigs with swine flu do not pose a threat to consumers of pork products.

10 Q. How can people protect themselves against H1N1 influenza?

A. Hand washing, especially after coughing and sneezing, is recommended to minimize exposure, since the virus has an outer fat layer that is susceptible to soap and water. Alcohol-based hand cleaners containing at least 60% alcohol are also effective. People should be sure to cover their nose and mouth with a tissue (not their hand) when they cough or sneeze and should avoid touching their eyes, nose or mouth.

11 Q. Will the current influenza vaccine protect me against H1N1 influenza?

A. Yes, if it is the current influenza A (H1N1) vaccine only, which became available in limited supply around October 5th. Vaccines used in the past for the treatment of human influenza (non-H1N1) do not prevent infection with this strain of H1N1 virus.

12 Q. My company has several plants outside the US. Should travel outside the US be restricted?

A. On June 17, CDC removed all travel advisories recommending that people postpone any non-essential travel to Mexico. CDC recommends that travelers who have an increased risk for complications from the flu (see <http://wwwnc.cdc.gov/travel/content/outbreak-notice/novel-h1n1-flu-global-situation.aspx>) talk with their doctors about what they should do if they develop symptoms of flu and whether they should consider taking antiviral medications with them on their trip as a treatment option (in case appropriate medical care is delayed or not available). Together, they should look carefully at the 2009 H1N1 flu situation at their destination and the available health-care options in the area when considering what would be best in their situation. Some travelers at increased risk of complications from flu may want to consider postponing travel.

- 13 Q. Are domestic poultry playing any role in the transmission and spread of the H1N1 virus?**
A. There is currently no indication that poultry plays a role in transmission of the virus to humans. However, on October 20th, Canadian provincial government officials reported that turkeys in the province of Ontario had the H1N1 flu virus, but no birds or eggs from the farm entered the food supply. The outbreak affected a breeder's flock of turkeys. Eggs from breeding stock are transported to other farms but the birds themselves are not eaten. The discovery in a single Ontario barn by the Canadian Food Inspection Agency is the second known incident of turkeys becoming infected with the H1N1 virus. The first was in a flock in Chile discovered in August.
- 14 Q. What should workers in my plant outside the US do to avoid becoming ill or of transmitting the illness?**
A. Follow the advice of public health personnel and the recommendations above on how people can protect themselves against H1N1 flu. In order to prevent transmitting H1N1 flu to others, those showing symptoms of flu should limit contact with other people.
- 15 Q. How can the virus be killed?**
A. USDA has indicated that cooking pork to 160°F will kill viruses. We do not have any specific data on inactivation of H1N1 virus. Because the physical and chemical properties of all influenza A viruses are similar, disinfectants effective against other influenza viruses should kill the swine flu virus; however, the proper concentration and contact time are required based upon the manufacturer's label recommendations. Chlorine (0.1% sodium hypochlorite) and alcohol (70% ethanol) will kill influenza virus.
- 16 Q. Some companies are requesting actions such as staying home for 5 or more days after returning from outside the US or Canada. Is this appropriate?**
A. CDC recommends that after your return from an area that has reported cases of H1N1 flu:
Closely monitor your health for 7 days.
If you become ill with fever and other symptoms of H1N1 flu like cough and sore throat and possibly vomiting and diarrhea during this period, call your doctor or clinic for an appointment right away. Your doctor may test you for influenza and decide whether influenza antiviral treatment is indicated.
When you make the appointment, tell the doctor the following:
 - Your symptoms,
 - Where you traveled, and
 - If you have had close contact with a person infected with H1N1 flu.Avoid leaving your home while sick except to get local medical care, or as instructed by your doctor. Do not go to work or school while you are ill. If you must leave your home (for example, to seek medical care) wear a surgical mask to keep from spreading your illness to others.
Always cover your nose and mouth with a tissue when you cough or sneeze. Throw away used tissues in a trash can.
Wash your hands with soap and water often and especially after you cough or sneeze. If soap and water are not available, use an alcohol-based hand gel containing at least 60% alcohol.
Avoid close contact with other people as much as possible. Wear a surgical mask if you are in contact with other people.
- 17 Q. Will there be screening for H1N1 of persons crossing the border?**
A. According to the CDC, as of October 15th, the United States is **not** screening travelers who arrive from other countries or depart for other countries.
In other countries that are conducting entry screening for 2009 H1N1 flu, travelers may be checked for fever and other symptoms of 2009 H1N1 flu, and their **travel may be**

delayed. Consult the embassy of the country, or countries, in your travel itinerary for information about entry screening procedures

18 Q. What advice does CDC have for companies that have operating facilities outside of the US?

A. There are everyday actions people can take to stay healthy.

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hands cleaners are also effective.
- Avoid touching your eyes, nose or mouth.

Try to avoid close contact with sick people.

- Influenza is thought to spread mainly person-to-person through coughing or sneezing of infected people.
- If you get sick, CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.

19 Q. Could a sick restaurant worker transmit 2009 H1N1 flu virus to consumers in a restaurant or other food-service venue?

A. FDA notes that transmission of the virus in a restaurant could occur through the normal routes of infection that could happen in any public or private setting—inhalation of the virus expelled by infected individuals when coughing or sneezing, and, by touching any surface that is contaminated with the virus and then touching the mouth, nose or eyes. Influenza is not known to be spread through consumption of a food item. However, in accordance with long-standing FDA recommendations, food workers experiencing symptoms of respiratory illness should not work with exposed food, clean equipment, utensils, linens or unwrapped single-service or single-use articles.

20 Q. Should individuals or restaurants alter cooking methods to decrease the risk of 2009 H1N1 flu virus?

A. FDA indicates it is not necessary to alter cooking times or temperatures for any food products in order to reduce chances of contracting 2009 H1N1 flu virus, because eating food is not a known method of transmission of influenza viruses.

21 Q. Do we need to be concerned about foods coming from outside the US?

A. A company's standard supplier approval programs should still be followed but there is no increased risk due to H1N1. H1N1 influenza viruses are not transmitted by food.

22 Q. What effect do sanitizers have on the virus?

A. Alcohol-based hand cleaners are effective. If using gel, rub your hands until the gel is dry. The gel doesn't need water to work; the alcohol in it kills the germs on your hands.

23 Q. What information is available on survival of the virus outside the body in: a dry environment (say a metal surface)? a moist food environment?

A. The following information is from the WHO Writing Group (Nonpharmaceutical interventions for pandemic influenza, international measures. Emerg.Infect.Dis.12: 81-87. 2006.) in regard to "Transmission by Contaminated Hands, Other Surfaces, or Fomites"

"Transmission of influenza viruses by contaminated hands, other surfaces, or fomites has not been extensively documented but is believed to occur. In a nursing home outbreak in Hawaii, an investigation concluded that transmission of oral secretions from patient to

patient by staff who were not gloved best explained the outbreak (11 <<http://www.cdc.gov/ncidod/EID/vol12no01/05-1370.htm#11>>). In an environmental survival study, influenza A virus placed on hard, nonporous surfaces (steel and plastic) could be cultured from the surfaces at diminishing titer for <24 to 48 h and from cloth, paper, and tissues for <8 to 12 h at conditions of 35% to 40% humidity and a temperature of 28°C (12 <<http://www.cdc.gov/ncidod/EID/vol12no01/05-1370.htm#11>>). Higher humidity shortened virus survival. Virus on nonporous surfaces could be transferred to hands 24 h after the surface was contaminated, while tissues could transfer virus to hands for 15 min after the tissue was contaminated. On hands, virus concentration fell by 100- to 1,000-fold within 5 min after transfer. The authors concluded that transmitting infection from the surfaces tested would require a high titer of virus (105.0 TCID₅₀/mL) on the surface; such titers can be found in nasal secretions at an early stage of illness."

24 Q. Should a food employee with the flu continue to work?

A. Although a food worker with the flu does not pose a food safety threat, they can spread the flu to co-workers and customers. The CDC recommends that persons with symptoms of influenza-like illness stay home for 7 days from the day symptoms began or until they have been symptom-free for 24 hours, whichever is longer. Following these recommendations will help keep ill employees from infecting others and spreading the virus. Employees who are well but who have an ill family member at home can go to work as usual. These employees should monitor their health every day, notify their supervisor and stay home if they become ill. Employees who have an underlying medical condition or who are pregnant should call their health care provider for advice, because they might need to receive influenza antiviral drugs.

25 Q. If a worker in a food processing, handling or serving facility has been diagnosed with H1N1 is the food made at that facility safe or should it be discarded?

A. No, the food should not be discarded. According to FDA, CDC and USDA, influenza viruses are not known to be spread by eating food items. Influenza viruses are spread through inhalation or through touching contaminated surfaces and then touching the mouth, nose, or eyes.

26 Q. If a worker in a food processing, handling or serving facility is confirmed to have H1N1 is any special cleaning required?

A. According to FDA, influenza viruses are not known to be spread by eating food items. Influenza viruses are spread through inhalation or through touching contaminated surfaces and then touching the mouth, nose, or eyes. Also the Environmental Protection Agency (EPA) has stated that a disinfectant (sanitizer) registered as effective against influenza A will be effective against the novel H1N1 flu strain. More than [500 antimicrobial products](#) are registered by EPA specifically for use against influenza A virus. Approved products specifically have label information which states they provide effectiveness against "Influenza A viruses." As an added precaution, it is recommended that commonly-touched hard surfaces in the workplace, such as counter tops, utensils, and bathroom surfaces be routinely cleaned and sanitized according to directions on the product label.

27 Q. Is it difficult to remove the virus from surfaces or to kill it?

A. Studies have shown that flu viruses can survive on environmental surfaces and can infect a person for up to 2-8 hours after being deposited on the surface. The environmental conditions, amount of virus and type of surface all have an impact on how long the virus remains infective. The virus does not live long on surfaces and can be easily destroyed by disinfectants and cleaning products (see above question for more information about EPA registered disinfectants.) Because the physical and chemical properties of all influenza A viruses are similar, disinfectants effective against other influenza viruses should kill the H1N1 flu virus; however, the proper concentration and

contact time are required based upon the manufacturer's label recommendations. Chlorine (0.1% sodium hypochlorite) and alcohol (70% ethanol) will kill influenza virus.

28 Q. What should consumers do about stockpiling food and medicine?

A. At this time there is no general need to stockpile. The novel H1N1 flu has not impacted normal operations of businesses such as supermarkets and pharmacies. However, if a person has the flu, or if they are caring for someone with the flu, it is best that they avoid social contact, and in this situation, having a two-week supply of necessities such as food and prescription drugs on hand will minimize the need to expose others to the flu virus. Should there be a more severe influenza outbreak, additional information will be provided regarding items that should be stockpiled.

29 Q. Should employers require additional protective equipment such as facemasks and N95 respirators?

A. CDC only recommends the use of N95 respirators or facemasks for employees in health care occupations. They do not recommend them for general work activities outside the health care field. If employees are using facemasks or respirators for general GMP compliance, they should continue to do so.

30 Q. Should employers start stockpiling items such as gloves?

A. In preparation for the possibility of a more severe flu season in 2009-2010, companies should consider the advantages to stockpiling items such as soap, tissue, hand sanitizer, gloves, cleaning supplies and recommended personal protective equipment. When stockpiling items, be aware of each product's shelf life and storage conditions (e.g., avoid areas that are damp or have temperature extremes) and incorporate product rotation (e.g., consume oldest supplies first) into your stockpile management program

Additional sources of information:

CDC: <http://www.cdc.gov/H1N1flu/>

FDA: <http://www.fda.gov/oc/opacom/hottopics/H1N1Flu/>

USDA: <http://www.usda.gov/wps/portal/?contentidonly=true&contentid=2009/04/0131.xml>

WHO: <http://www.who.int/csr/disease/swineflu/en/index.html>

OIE: http://www.oie.int/eng/en_index.htm

Canada: http://www.phac-aspc.gc.ca/alert-alerte/swine_200904-eng.php

US Department of Health and Human Services: www.pandemicflu.gov

US Customs and Border Protection: <http://www.cbp.gov/xp/cgov/home.xml>

Food Marketing Institute: www.fmi.org

EPA: www.epa.gov

GMA contact: [Warren](mailto:Warren@gmaonline.org) Stone at 202-538-5925 (wstone@gmaonline.org), Lloyd Hontz at 202-639-5924 (lhontz@gmaonline.org), or Craig Henry at 202-639-5983 (chenry@gmaonline.org).