

FAYETTEVILLE STATE UNIVERSITY

PANDEMIC FLU PLAN

APPENDIX H

GUIDANCE ON RESPONDING TO NOVEL INFLUENZA A (H1N1)

I. PURPOSE

Fayetteville State University units have updated their pandemic flu plans in order to address issues specifically related to the H1N1 virus. Additionally, the CDC has issued specific advice to colleges and universities to help decrease the spread of H1N1 among students, faculty, and staff during the 2009-2010 academic year. Based upon these recent updates, the University is issuing this *Guidance*. The *Guidance* includes information on (1) the measures the University is taking to educate the campus community on the H1N1 virus, (2) prevention measures and (3) measures that must be taken should a member of the University community exhibit flu-like symptoms.

II. H1N1 VIRUS

The H1N1 flu virus is a new flu virus of swine origin that first caused illness in Mexico and the United States. On April 26, 2009, the United States Government declared a public health emergency and has been actively and aggressively implementing the nation's pandemic response plan. By June 19, 2009, all 50 states in the United States, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands had reported novel H1N1 infection.

Spreading of the H1N1 virus is thought to occur in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching something – such as a surface or object – with flu viruses on it and then touching their mouth or nose.

In seasonal flu, certain people are at “high risk” of serious complications. This includes people 65 years and older, children younger than five years old, pregnant women, and people of any age with certain chronic medical conditions. About 70 percent of people who have been hospitalized with the H1N1 virus have had one or more medical conditions previously recognized as placing people at “high risk” of serious seasonal flu-related complications. This includes pregnancy, diabetes, heart disease, asthma and kidney disease.

Given ongoing H1N1 activity to date, the Center for Disease Control (CDC) anticipates that there will be more cases, more hospitalizations and more deaths associated with this pandemic in the United States into the fall and winter. The H1N1 virus, in conjunction with regular seasonal influenza viruses, poses the potential to cause significant illness with associated hospitalizations and deaths during the U.S. influenza season.

III. UNIVERSITY'S PANDEMIC FLU PLAN

Along with the CDC's guidance presented in detail below, the University will continue to operate under the unit plans addressed in its *Pandemic Flu Plan* (<http://www.uncfsu.edu/policy/policies/general/PandemicFluPlanFinal.pdf>). It is imperative that administrators, faculty, staff and students become familiar with the plan and the corresponding four (4) response levels.

The University will continue to work with state and local health departments to assess the severity of illness caused by the H1N1 virus and disseminate the results of these assessments to the University community via Bronco alerts.

IV. H1N1 GUIDANCE

The guidance given below includes detailed information on the University's efforts to educate its community on H1N1, techniques for preventing the spread of the virus and the measures that should be taken should a member of the University community exhibit flu-like symptoms.

A. Educational Measures

1. Website

The University has established a website as an educational tool for use by members of the campus community. The University's Emergency Preparedness website (<http://www.fsu-campus.info/go/site/1399/>) includes the latest information on the H1N1 virus, the University's Pandemic Flu Plan and links to other websites with information on the H1N1 virus.

2. Educational Materials

The University has distributed personal hand sanitizers and thermometers along with instructions on how to respond to symptoms of the flu. Additionally, in an attempt to raise awareness about the H1N1 virus, the University has posted flyers in all residence halls.

B. Preventive Measures

The University encourages its faculty, staff and students to adhere to the following preventive measures as recommended by the CDC:

1. Vaccine

According to the CDC, vaccines are the most powerful public health tool for control of influenza. A vaccine to protect against 2009 H1N1

influenza (flu) is expected to be available during the fall, 2009. Once the vaccine becomes available, the CDC recommends that the following groups be amongst the first to receive the H1N1 vaccine:

- **Pregnant women** because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated;
- **Caregivers for children younger than 6 months of age** because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants less than 6 months old might help protect infants by “cocooning” them from the virus;
- **Healthcare and emergency medical services personnel** because infections among healthcare workers have been reported which can be a potential source of infection for vulnerable patients. Also, increased absenteeism in this population could reduce healthcare system capacity;
- **Children from 6 months through 18 years of age** because there have been many cases of novel H1N1 influenza in children who are in close contact with each other in school and day care settings, which increases the likelihood of disease spread, and
- **Young adults 19 through 24 years of age** because there have many cases of novel H1N1 influenza in healthy young adults because they often live, work, and study in close proximity, and they are a frequently mobile population; and,
- **Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.**

Once the demand for vaccine for these prioritized groups has been met, the CDC recommends vaccinating everyone from ages 25 through 64 years.

2. **Hand Hygiene**

Influenza may spread via contaminated hands or inanimate objects that become contaminated with influenza viruses. The **CDC recommends that students, faculty, and staff be encouraged to wash their hands often with soap and water, especially after coughing or sneezing.** Alcohol-based hand cleaners may also be effective. If soap and water are not available, and alcohol-based products are not allowed, other hand sanitizers that do not contain alcohol may be useful; however, there is less evidence on their effectiveness compared to that on hand washing and alcohol-based sanitizers.

3. **Respiratory Etiquette**

Influenza viruses are thought to spread mainly from person to person in respiratory droplets of coughs and sneezes. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and deposited on the mouth or nose or are inhaled by people nearby. The **CDC recommends covering the nose and mouth with a tissue when coughing or sneezing and throwing the tissue in the trash after use.** Wash hands promptly after coughing or sneezing. If a tissue is not immediately available, coughing or sneezing into one's arm or sleeve (not into one's hand) is recommended.

4. **Routine Cleaning**

Students living together should regularly clean frequently used surfaces such as doorknobs, refrigerator handles, remote controls, computer keyboards, countertops, faucet handles, and bathroom areas.

C. **Responsive Measures**

1. **Symptoms**

The symptoms of the H1N1 flu virus in people include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with this virus also have reported diarrhea and vomiting. Illness with the H1N1 virus has ranged from mild to severe. While most people who have been sick have recovered without needing medical treatment, hospitalizations and deaths from infection with this virus have occurred.

Employees and students with flu-like illness should promptly seek medical attention if they have a medical condition that puts them at increased risk of severe illness from flu, are concerned about their illness, or develop severe symptoms such as increased fever, shortness of breath, chest pain or pressure, or rapid breathing.

2. **Self-Isolation**

The CDC recommends that individuals with influenza-like illness remain at home and away from other people until at least 24 hours after they are free of fever (100° F [37.8° C] or greater), or signs of a fever, without the use of fever-reducing medications. Influenza-like illness (ILI) is defined as a fever plus cough and/or sore throat. However, some people with influenza will not have fever. Therefore, absence of fever does not mean absence of infection. If possible, residential students, faculty, or staff members who live relatively close to the campus should

return to their home to keep from making others ill. Those leaving the University to go to a private home to recuperate should do so in a way that limits contact with others as much as possible. For example, travel by private car or taxi would be preferable over use of public transportation.

Students with single rooms and private bathrooms should stay in their rooms. Students living in suite-type living quarters should remain in their own rooms and receive care and meals from a single person. Students in campus housing should contact their residence hall director should they require meals to be brought to their room. Ill students should limit their contact with others and, to the extent possible, **maintain a distance of 6 feet from people with whom they share living space**. Shared bathrooms should be avoided or receive frequent cleaning. If close contact cannot be avoided, the ill student should be asked to wear a surgical mask during the period of contact. (Students should contact the Student Health Services for information on personal protective equipment.)

Parents of students who are diagnosed as having the H1N1 virus will be contacted and asked to make arrangements for the student to recuperate away from the campus.

Employees who are diagnosed as having the H1N1 virus should not come to work and should immediately notify their supervisor of their illness.

3. University Imposed Isolation

For those students who cannot leave campus, and who do not have a private room, the University will provide temporary, alternate housing where those who are ill can stay until 24 hours after they are free of fever. Such a location will be in close proximity to the Student Health Services facility and provide internet access to allow students to continue their class work when feeling better but still self-isolating.

4. University-Sponsored Events

Visitors, students, faculty, and staff with influenza-like illness should not attend events that draw the public and other visitors, such as football games or concerts to the University until they have been free of fever for at least 24 hours. Attendance at such events may pose a high risk of exposure and transmission of influenza.

At an increased level of severity, the University will consider whether to suspend or modify public events.

V. STRATEGIES

The University will continue to utilize a combination of strategies in its attempt to limit the transmission of the H1N1 virus in students, faculty, and staff. University officials will also consult with local and state health agencies regarding trends related to the transmission of the disease, and the ability of the local health care system to meet any increased demands.