CDC Guidance for Responses to Influenza for Institutions of Higher Education during the 2009-2010 Academic Year

Purpose

• Provide guidance to help decrease the spread of flu among students, faculty, and staff

Goals

• Decrease spread of flu among students and staff
• Minimize educational and social disruption
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Components

- Recommends actions to take now
- Suggests strategies to consider if severity increases
- Provides checklist for making decisions
- Accompanied by supplemental materials
  - Technical Report
  - Communications Toolkit
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Background – U.S. Institutions of Higher Education (IHEs)

• >17 million students
• 3 million faculty and staff
• >6,000 post-secondary institutions
  – Public and private
  – Residential and nonresidential
  – Degree-granting and non-degree-granting
Recommended responses under current flu conditions (similar severity as in spring/summer 2009)

• Facilitate self-isolation of residential students with influenza-like illness (ILI)
• Promote self-isolation at home by non-resident students and staff
• Encourage high-risk students and staff to get early treatment and vaccination
• Discourage attendance at IHE events by ill persons
• Promote hand hygiene and respiratory etiquette
• Routine cleaning
• Considerations for specific student populations
Recommended responses under conditions of increased severity compared to spring/summer 2009

- Permit high-risk students and staff to stay home
- Extend self-isolation period
- Increase social distances
- Consider suspending or changing public events
- Consider suspending classes
  - Reactive
  - Preemptive
Self-isolation of residential students and staff with ILI

- Stay away from others for at least 24 hours after free of fever or feverishness without use of fever-reducing medications
  - Stay in room
  - “Flu buddy system”
  - Keep distance of 6 ft from others
  - Avoid shared bathrooms
  - Wear mask if close contact cannot be avoided
- Return and stay home if students and staff live near the IHE
  - Travel by private car or taxi
Self-isolation of residential students and staff with ILI

- Consider providing temporary, alternate housing for ill students
  - Contact local emergency agencies for assistance
  - Choose locations with good access to bathrooms and security services
  - Provide meals and medications
  - Explore pre-arranging contracts with hotel or local landlords
- Establish way to maintain contact with students in self-isolation
  - Assign staff or health care provider to make daily contact
  - Consider various methods of contact
  - Provide guidance on good hygiene and self-isolation
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Self-isolation of residential students and staff with ILI

- Instruct students to promptly seek medical attention
  - Increased risk of flu-related complications
  - Develop severe symptoms
  - Apply guidance for caring for influenza patients in the home
    http://www.cdc.gov/h1n1flu/guidance
Self-isolation at home by non-resident students and staff with ILI

• Stay at home and away from others for at least 24 hours after free of fever or feverishness without use of fever-reducing medications
• Wear a mask while in close contact with others
• Instruct students and staff leaving the IHE to go home to travel by private vehicle
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Considerations for IHEs
- Develop flexible sick leave and class absenteeism policies
- Do not require a doctor’s note
- Allow distance or web-based learning
- Provide supplies and space for self-isolation of ill students
- Disseminate information on self-isolation, early evaluation by health care provider, hand hygiene and respiratory etiquette
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Considerations for high-risk students and staff

- Students and staff should discuss with health care provider if they are at higher risk for influenza complications
  - Pregnancy
  - Asthma or other chronic pulmonary disorders
  - Diabetes
  - Immunosuppression

- Encourage ill students and staff at high risk for complications to seek early treatment

- Promote vaccination
  - Seasonal influenza
  - H1N1
  - Discuss possibility of a vaccination clinic on campus
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IHE events

- Persons with ILI should not attend events that may pose high risk of flu exposure and transmission until they have no fever for at least 24 hours
- Modify events to decrease close contact and increase distances between participants
- Consider cancelling some events
- Use various methods of communication to increase social distancing
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**Hand hygiene**
- Wash hands often - especially after coughing and sneezing
- Provide hand washing materials and facilities
  - Alcohol-based hand cleaners may also be used
- Post and disseminate communication materials on proper hand washing

**Respiratory etiquette**
- Cover nose and mouth with tissue to cough or sneeze
- Use arm if no tissue available
- Throw tissue in trash after use
- Post and disseminate communication materials on proper respiratory etiquette
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**Routine cleaning**

- Frequently clean areas and items likely to have frequent hand contact and when visibly soiled
- Use cleaning agents usually used
- Provide adequate supplies of cleaning materials, including disposable wipes
- Encourage students to frequently clean living quarters
Considerations for specific student populations

- Students studying abroad
- Early/middle college students
- Students with disabilities
- Sports teams, band, and other large student groups
- Health-care profession students
If severity increases:

- Permit high risk students and staff to stay home
  - Decide with health care provider
  - Plan to continue education
    - Distance learning
    - Telecommuting
  - Consult with boards and legal counsel about policy accommodations
    - Sick leave
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If severity increases:

- Increase social distances
  - At least 6 feet of distance between people

- Consider suspending or changing public events
  - Sporting events
  - Commencement ceremonies
  - Concerts

- Extend self-isolation period
  - Persons with ILI should stay home for 7 days after illness onset or until 24 hours after the resolution of symptoms, which ever is longer
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If severity increases:

➢ Consider suspending classes
  • Collaborative decision-making
  • Clearly state reason for dismissing students and type of suspension being implemented
  • Reactive class suspension
    – Based on excessive absenteeism, illness at IHE, inability to maintain normal functioning
  • Preemptive class suspension
    – Decrease spread of influenza virus and reduce demand on health care system if risk assessments indicate increased severity
    – Use early and use with other strategies
    – Time to vaccine-induced immunity may be considered
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If classes are suspended

- Suspend classes for at least 5-7 days
- Cancel or postpone large gatherings
- Allow staff to continue to use facilities
- Plan for ways to continue essential services for residential students
- Explore distance-based learning methods
- Plan for prolonged dismissals and secondary effects
- Collaborate with public health officials
Collaboration is essential: stakeholder roles

• CDC
  – Monitor spread and severity
  – Identify strategies to reduce morbidity and mortality
  – Assist state and local health agencies with implementation
  – Provide timely updates

• U.S. Department of Education
  – Collaborate with others to disseminate emerging guidance
  – Support state education agencies
  – Work with states to provide flexibility in funding regulations
Collaboration

• IHEs
  – Work with health and education agencies to decide on strategies
  – Establish relationships with health facilities
  – Examine and revise pandemic plans and sick leave policies
  – Educate students, staff and communities on ways to reduce spread of influenza

• Students, faculty and staff
  – Take responsibility for staying home when ill and follow good hand hygiene and respiratory etiquette
Deciding on a course of action

- Combination of targeted, layered strategies applied early and simultaneously
- Based on disease information, feasibility and acceptability
- Evaluation of changes in severity of influenza by CDC
- Close collaboration with local and state health officials
Deciding on a course of action

• Objectives
  – Protecting public health by reducing community transmission
  – Reducing transmission in students, faculty and staff
  – Protecting people with high-risk conditions
Deciding on a course of action

• Are the appropriate decision-makers and stakeholders involved?
  – Identify decision-makers
  – Identify stakeholders

• What is the process for working together?
  – Establish and maintain process for regular input and collaboration on decisions
  – Communicate and share information
Deciding on a course of action

- Can state or local health officials determine and share information?
  - Severity and extent of disease
  - Rate of outpatient visits for ILIs
  - Local hospitalization and death rates
  - % of hospitalized requiring ICU admission
Deciding on a course of action

• How are IHEs being affected?
  – Absenteeism rates
  – Number of daily visits to campus health services
  – Availability of beds for ill students

• Are there resources to implement strategies being considered?
  – Access to needed funds, personnel, equipment and space
  – Time to implement and sustain strategies
  – Changes to policy
  – Feasibility
Deciding on a course of action

• How would the following challenges to implement the strategies be addressed?
  – Public concerns affecting the community
  – Rumors about flu
  – Empowerment of personal responsibility for protective action
  – Community support
  – Secondary effects from interventions