

ACHA Guidelines

Campus Response to Novel Influenza H1N1

Introduction

Colleges and universities have been engaged in pandemic planning since 2005 when the threat of H5N1 was brought to the attention of health care providers and organizations by the Centers for Disease Control and Prevention (CDC) and the World Health Organization. Schools developed plans, based on a 1918 scenario, that were centered on evacuation of campus, managing severe disease with a high mortality rate and cessation of academic business for eight to twelve weeks. While the pandemic caused by the novel influenza (H1N1) virus does not share the same severity as the virus of 1918, it does share the same characteristic of disproportionately affecting the young. While many of the basic tenets of response planning remain applicable, we find ourselves facing a different set of challenges that requires us to revisit our plans and revise our focus and strategies.

The CDC and United States Department of Health and Human Services (DHHS) have been valuable partners of the American College Health Association (ACHA) in developing guidelines for pandemic planning for higher education over the past four years. ACHA continues to benefit from that partnership and appreciates the interest of CDC and DHHS in garnering feedback related to the impact the novel H1N1 pandemic may have on institutions of higher education (IHE) in the formulation of interim guidance.

The purpose of this document is to provide guidance on critical topic areas while recognizing that institutions will need to adapt guidelines to align with their individual circumstances and resources. Since the novel H1N1 pandemic situation is an evolving one, this is not a static document but one that must evolve as well.

Mitigating Strategies

At the current time, it appears that measures such as cancelling classes and evacuating residence halls will not be necessary. Isolation of ill students and staff are the recommended social distancing

strategies at this time. A change in the severity of illness or changes in local conditions related to high prevalence of illness are grounds for reevaluation of the pandemic response plan. Suspending classes and postponing public events might be appropriate when an IHE experiences high absenteeism due to illness among students, faculty, and/or staff. A member of the campus pandemic response team should be charged with the responsibility of consulting with local and state public health officials regarding guidance for managing the situation.

Community Surveillance

Decisions regarding mitigating strategies, both pharmaceutical and nonpharmaceutical, will be determined in part by the prevalence and severity of illness on campus. Information related to disease activity can be collected from a variety of sources including but not limited to the student health service (SHS) and human resources. Information such as the number of students diagnosed with Influenza Like Illness (ILI), the number of students ill in residence halls, infirmaries, or isolation housing, employee absenteeism, and class cancellation due to faculty illness is helpful in determining further actions. Appropriate data should be regularly updated and reported to university officials.

Health services administration may choose to contact the local or state health department and offer to be a flu surveillance site. Schools that are flu surveillance sites often receive free testing supplies and services and can more quickly determine if they have confirmed cases of influenza (H1N1 or seasonal flu) on campus.

Schools should consider monitoring, and perhaps reporting their data, to the ACHA Pandemic Flu Surveillance Project (http://www.acha.org/ILI_Surveillance.cfm.) to assess disease activity in their region.

Community Education

As stated by DHHS, “an informed and responsive public is essential to minimizing the health effects of a pandemic and the resulting consequences to society.” During an outbreak people will need succinct, timely, and accurate facts about the pandemic and how they can protect themselves, their family, and their friends. Strategic scientifically based communications should be both educational and skill building on the topics of: prevention, symptoms of illness, infection control, treatment, and public health measures along with the accompanying rationale. These communications will empower the campus community to become active participants in mitigating influenza-associated morbidity and mortality.

The leading CDC messages are:

- Stay informed. The www.cdc.gov/h1n1flu and www.flu.gov websites will be updated regularly as information becomes available.
- Influenza is thought to spread mainly person-to-person through coughing or sneezing of infected people. However, fomite or direct contact are also possible modes of transmission.
- Take everyday actions 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 can also be used.
 - Avoid touching your eyes, nose, or mouth. Germs spread that way.
 - Stay home if you get sick. CDC recommends that you stay home from work or school (for 24 hours after your fever resolves without the use of fever reducing medication) and limit contact with others to keep from infecting them.
 - Follow public health advice regarding school dismissals, avoiding crowds and other social distancing measures.
 - Find healthy ways to deal with stress and anxiety.
 - Call 1-800-CDC-INFO for more information.

Schools should:

- Utilize educational materials and information produced by public and national health organizations to create their own materials. A list of resources can be found in Appendix B.
- Ensure the availability of information in multiple languages that represent the demographics of your institution.
- Deliver redundant messages in a variety of formats such as: screensavers in computer labs, hold messages, character generators, emails, text messages, print literature, video/audio, and social media.

Another important aspect of communication is keeping your campus informed of local conditions. Media relations can assist the pandemic response team in formulating messages that provide regular updates and information regarding actions that students, staff, and faculty are expected to take when ill and the resources that are available to assist them with problems or concerns. Communicating guidelines and assuring students that academic flexibility will be exercised for missed classes can encourage staff, faculty, and students to follow requests to stay home from work and school when ill. Communicating early and transparently about campus conditions promotes trust in the community that the school's administration is concerned and responding appropriately to the pandemic.

Isolation and Support of the Ill

The Interim Guidance for IHE, released by the CDC on August 20, 2009 (<http://pandemicflu.gov/plan/school/higheredguidance.html>), recommends isolation of ill students. Since this presents a significant challenge on a college campus, it is important to understand the rationale for such a recommendation in light of the fact that novel H1N1 usually causes mild to moderate illness. Most college students will recover uneventfully from the illness; however, there are students and community members who are at increased risk for complications. In the absence of vaccine and given the risks associated with indiscriminate use of antivirals, isolation, hand and cough hygiene, and other nonpharmaceutical interventions may be best strategies for limiting transmission.

Isolation strategies will vary according to the resources available to the institution and the demographics of the student body. Residence life,

SHS, student affairs, and housing and dining departments should partner to determine the strategies that seem most viable on a particular campus. It is likely that one strategy alone may not be sufficient so consider a combination of approaches depending on the layout of different residential areas. Possible strategies include:

- Sending all students with ILI home or to homes of relatives, roommates, or friends in order to prevent transmission to the campus community.
- Allowing both the ill student and well student to remain in the room while educating the well roommate to maintain a distance of 6 feet and educating both about hygiene issues in a shared space.
- Moving healthy roommates out of the room to floor lounges or other spaces on campus and leaving the ill student in the room. Since it is likely that the well roommate has already been exposed, the well student should be reminded to monitor personal health for seven days.
- Establishing an infirmary or isolation housing space to house the ill until they are fever free for 24 hours. Schools may want to consider hiring temporary nursing staff to monitor the infirmary or isolation housing area.
- A strategy for monitoring the student's status, delivering meals, over the counter medications, and supplies such as temperature measuring devices (e.g. Temp-a-dots) to students who are in isolation should be established to enhance compliance with isolation.
- A telephone monitoring tool should be developed for persons who are assigned telephone monitoring of students in isolation.

Clinical Considerations

Clinical staff must monitor their health closely and take their temperature if they feel ill. If they develop fever or other symptoms of ILI, they should not report to work until their symptoms have resolved or for seven days, whichever is longer. Clinical staff should also be offered antiviral therapy.

Clinical staff should receive regular reminders about the importance of washing hands and wearing appropriate respiratory protection during clinical contact.

Exam rooms should be cleaned after each patient discharge with an approved cleaner. In addition to

cleaning the exam table, doorknobs and counter tops should be cleaned with a disinfectant.

Health services should consider establishing a screening clinic for ILI in a different location if there is no reasonable way to separate students presenting with ILI from students presenting to SHS for other health reasons. If possible, a separate waiting area, triage area and dedicated exams rooms should be set aside for students presenting with ILI. Patients entering clinical areas should wear a surgical mask and clean hands with alcohol based sanitizer.

Routine testing of all patients suspected of having H1N1 influenza is not recommended at this time. Limited testing of patients can be conducted to confirm the identity of the circulating virus. Local or state health departments may provide appropriate testing materials and reference laboratories. Rapid tests for influenza A and B that are conducted on site are of no diagnostic value for novel H1N1 and are not recommended.

Since high volumes of patient visits for ILI are expected, SHS should develop assessment tools that include checklists of symptoms and plans for care in order to expedite history and medical record keeping. Similar tools should be developed for telephone triage and advice and patient education on self care. Supplies critical to managing patient care and protecting health care workers should be ordered early and stockpiled in anticipation of the flu season.

Triage

If there is a large outbreak of influenza on or adjacent to a college campus, a triage system may assist in determining how to manage patients. It will be important that any triage system take into consideration other illnesses that may present with symptoms similar to those of influenza. A Telephone Triage Plan for Influenza is available from the *Journal of the American Academy of Family Practice* at <http://www.aafp.org/online/en/home/publications/journals/afp/preprint/influenza-telephone-triage.html>.

Another strategy to deal with high volumes of calls for advice includes establishing telephone hotlines or phone banks that offer self-care instructions and information on how and when to seek medical care.

Personal Protective Equipment

A report on the use of personal protective equipment against H1N1 Influenza released on September 3, 2009, from an ad hoc committee of the Institute of Medicine supports the use of fitted N95s for health care workers (supplies are limited in some regions of the country, which may preclude routine use of these masks). At this time, the most up-to-date recommendations from the CDC, as of August 5, 2009, state “For specific work activities that involve contact with people who have ILI, such as escorting a person with ILI, interviewing a person with ILI, providing assistance to an individual with ILI, the following are recommended:

- workers should try to maintain a distance of 6 feet or more from the person with ILI;
- workers should keep their interactions with ill persons as brief as possible;
- the ill person should be asked to follow good cough etiquette and hand hygiene and to wear a facemask, if able, and one is available;
- workers at increased risk of severe illness from influenza infection (*see item 3 in Figure 1*) should avoid people with ILI (possibly by temporary reassignment); and,
- where workers cannot avoid close contact with persons with ILI, some workers may choose to wear a facemask or N95 respirator on a voluntary basis.”

Antiviral Medications

The CDC currently recommends antiviral medications (e.g., neuraminidase inhibitors) for treatment of hospitalized patients with confirmed, probable, or suspected novel influenza (H1N1) and for persons who are at higher risk for complications (*see Figure 1*). Otherwise healthy persons with suspected novel H1N1 influenza who present with an uncomplicated febrile illness do not require treatment. CDC will reissue updated recommendations as new information about novel H1N1 becomes available. Current guidelines are based on the mild, self-limiting nature of this infection. For most of these patients, the benefits of using antivirals may be modest. (<http://www.cdc.gov/h1n1flu/recommendations.htm>)

College health professionals are mindful of their societal responsibility to be good stewards of the supply of antiviral medications, a limited commodity that may become more precious as this pandemic

Figure 1

High-risk individual: A person who is at high-risk for complications of novel influenza (H1N1) virus infection is defined as the same for seasonal influenza at this time. As more epidemiologic and clinical data become available, these risk groups might be revised.

1. Children younger than 5 years old. The risk for severe complications from seasonal influenza is highest among children younger than 2 years old.
2. Adults 65 years of age and older.
3. Persons with the following conditions:
 - Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus);
 - Immunosuppression, including that caused by medications or by HIV;
 - Pregnant women;
 - Persons younger than 19 years of age who are receiving long-term aspirin therapy;
 - Residents of nursing homes and other chronic-care facilities.

<http://www.cdc.gov/h1n1flu/recommendations.htm>

unfolds. Antiviral medication that is over-used now may not be available for those at high risk for complications of influenza in the near future. Likewise, emergence of drug-resistant strains may result from overuse.

While the CDC has issued antiviral guidelines, all medical professionals should use clinical judgment in determining the patient's treatment plan.

Influenza and Pneumococcal Vaccine

Colleges should provide early and clear communication to the entire campus community about the CDC recommendations for seasonal flu vaccine, H1N1 flu vaccine and pneumococcal vaccine.

Prior to administering a vaccine, health care providers should give the individual a Vaccine

Information Statement on the specific vaccine. Colleges may have Vaccine Information Statements as downloadable documents on their websites. Resources can be found in Appendix B.

Seasonal Flu Vaccine

Since seasonal influenza and novel influenza (H1N1) are expected to co-circulate this fall and seasonal flu vaccine is currently available, colleges should develop plans to immunize as many members of their community as soon as possible. This should be done to mitigate the effects of an early outbreak of seasonal influenza on campuses and also to preserve clinical resources for administration of H1N1 vaccine, which is expected to be available at the earliest in mid-October.

Colleges should offer as many opportunities as possible for members of their campus communities to receive seasonal flu vaccine. Vaccine can be offered in a number of different venues — in health centers (in areas separate from areas where patients with influenza are treated); in large spaces with organized mass immunization clinics; in residence halls; and for specific groups at group gatherings, athletic practices, or club meetings. Schools should consider hiring per diem registered nurses or additional clinical staff to provide vaccine or contracting with outside agencies to provide vaccines. Partnering with the human resources department to contract with health insurance companies or occupational health to provide clinics can assist in the vaccination effort.

Information on planning large scale immunization clinics can be found at the following websites: <http://www.dhs.wisconsin.gov/communicable/influenza/ClinicSetUp.htm> and <http://www.cdc.gov/h1n1flu/vaccination/statelocal/settingupclinics.htm>.

H1N1 Flu Vaccine

Health Services should contact their local county health department or state department of health and ask if they can be a distribution site for vaccinating their campus community members. In preparation of a mass vaccination effort schools should:

- notify the local health department of the amount of H1N1 vaccine needed for their campus population — including students, faculty, and staff. Some schools may choose to vaccinate dependents, as well.

- develop lists and email distribution lists of targeted populations for H1N1 vaccine as indicated by the CDC.
- prepare templates for email communications to facilitate the process of notifying individuals in specific eligible groups once the H1N1 vaccine is available.

At this time, the CDC has identified the following priority groups for H1N1 vaccine:

- Pregnant women
- Household contacts and caregivers of infants under 6 months of age
- Healthcare and emergency medical services (EMS) workers
- Children, adolescents, and young adults aged 6 months through 24 years
- People between 25 and 64 years who have chronic medical conditions

If limited amounts of vaccine are available, a subset of the priority groups will be vaccinated first:

- Pregnant women
- Household contacts and caregivers of babies under 6 months of age
- Healthcare and EMS workers who have direct contact with patients or infectious substances
- Children aged 6 months through 4 years
- Children and adolescents from 5 through 18 years who have risk factors for flu complications

Pneumococcal Vaccine

Pneumococcal pneumonia complicating influenza likely contributed to a significant proportion of morbidity and mortality during past pandemics. Colleges should provide information to their campus community about the CDC recommendations on pneumococcal vaccine. The CDC has provided Interim guidance for use of 23-valent pneumococcal polysaccharide vaccine during novel influenza A (H1N1) outbreak (June 9, 2009). The target populations for this vaccine include all adults over the age of 65, adults age 19-64, who have asthma or smoke cigarettes, and persons age 2-64 who have one or more chronic health problems including:

- chronic cardiovascular disease (congestive heart failure and cardiomyopathies)
- chronic pulmonary disease including chronic obstructive pulmonary disease and emphysema

- diabetes mellitus
- alcoholism
- chronic liver disease, including cirrhosis
- cerebrospinal fluid leaks
- functional or anatomic asplenia including sickle cell disease and splenectomy
- immunocompromising conditions including HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, nephrotic syndrome; those receiving immunosuppressive chemotherapy (including corticosteroids); and those who have received an organ or bone marrow transplant

Human Resource Issues

Additional clinical staff may be needed to respond to increases in health care demands and for monitoring students who are placed in isolation or infirmary settings. Health service administration should consider setting up agreements with local nurse staffing agencies in the event that temporary staffing becomes necessary. Additionally, SHS should partner with other departments in student affairs to identify staff who could be called upon to assist SHS and residence life during times when there is high prevalence of disease.

Health service administration should consult with HR about guidelines for managing personnel situations in which the staff person has been advised by their health care provider not to come to work due to an underlying medical condition during periods of high prevalence of influenza in the community. Administrators should also discuss issues of re-assigning clinical staff who are pregnant or have medical conditions that place them at higher risk for complications from the flu to responsibilities outside of direct contact with flu patients. Human resources should also be prepared to respond to issues related to increased hours required of health services staff and the need for securing the services of temporary staffing agencies during a surge.

Flexible schedules and paid time off for illness should be considered to encourage employees who are ill to stay home from work.

Mental Health and Behavioral Guidelines for Response to H1N1 Flu Outbreak

The primary focus is for colleges and universities to plan and coordinate responses to protect and improve the mental health and psychosocial well-being of individuals in the midst of an influenza pandemic outbreak. Achieving this priority requires coordinated action among providers. A comprehensive approach to provision of psychological support is included in Appendix A.

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Appendix A: Mental Health and Behavioral Guidelines for Response to H1N1 Flu Outbreak

There is sometimes a gap in emergency situations between medical care, mental health, and the provision of psychosocial supports. While effective coordination is important for all care delivered in general medicine and mental health services, it is particularly critical for patients seeking information and treatment during a crisis. The manner in which health care is provided often affects the psychosocial well-being of people living through a stressful episode. A systemic and integrated approach to care is instrumental to providing quality care.

The stressors associated with a pandemic can create a wide range of problems experienced at the individual, family, and campus community levels. Students may experience stress and anxiety related to missing classes, getting behind with academics and effectively managing their health care away from home. This can erode normally protective supports, increase the risks of diverse problems and tend to amplify pre-existing mental health conditions.

Typical signs of psychological and social distress include behavioral and emotional problems (e.g., anxiety, social withdrawal, and sleep problems), impaired daily functioning, anxiety, poor academic performance and disruption of normal daily tasks and support mechanisms. It is also important to assess for substance use and other harmful ways of coping. Providers need to identify and address the common symptoms of distress after a stressful event and acknowledge that people affected by a pandemic may notice changes in their feelings, behavior and thoughts even after the pandemic has passed. It needs to be emphasized that this is a common and understandable reaction to an abnormal event. It is important to emphasize solution focused strategies and effective coping with positive expectations related to recovery. Students need to be aware that if their symptoms of distress do not dissipate in a period of weeks or become worse, they should seek help from counseling services on campus or community supports. Information on referral sources and campus and community resources should be provided. Counseling and psychological services on campus need to explore options related to the use of technology to address student concerns and provide care during surge periods. Virtual contact through

electronic resources like the web, social networking sites or telephone may become an essential adjunct to traditional services.

Recovery Period

In the recovery period individuals may initially present through primary care to seek help for medically unexplained somatic complaints. Students with pre-existing mental health disorders are doubly vulnerable, both because of their disorder and because the emergency may deprive them of social supports that had previously sustained them.

Observing rituals and engaging in “normal,” regular activities assist in establishing a sense of normalcy, which will further foster recovery and resilience. Individuals also may feel a sense of empowerment in holding community rituals (memorial services, collection campaigns, etc.) to manage distress or a sense of loss.

Staff members working in emergency settings tend to work many hours under pressure.

The provision of support to mitigate the possible psychosocial consequences of work in crisis situations is the obligation and responsibility of college administrations.

Stress debriefing meetings should be arranged for health service staff and any other staff who are involved in the pandemic response.

Appendix B: Resources

Aug 20, 2009 guidance from HHS

<http://www.flu.gov/professional/school/higheredguidance.html>

Or

<http://www.cdc.gov/h1n1flu/institutions/guidance/>

Guidance for developing your own materials

What we know about Health Literacy

<http://www.cdc.gov/healthmarketing/pdf/HealthLiteracy.pdf>

Scientific and Technical Information — Simply Put

<http://www.cdc.gov/od/oc/simpput.pdf>

Tips for creating easy to read print materials your audience will want to read and use

Information sources for developing your own materials

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

<http://www.cdc.gov/h1n1flu/institutions/guidance/>
<http://www.cdc.gov/h1n1flu/institutions/toolkit/>

Taking Care of Yourself:

What to Do if You Get Sick with Flu

<http://www.cdc.gov/flu/takingcare.htm>

- Flu Symptoms
- Antiviral Drugs
- If You Get Sick
- Emergency Warning Signs

Interim Guidance for Novel H1N1 Flu (Swine Flu):

Taking Care of a Sick Person in Your Home

<http://www.cdc.gov/h1n1flu/guidance/homecare.htm>

- How Flu Spreads
- Medications to Help Lessen Symptoms of the Flu
- Steps to Lessen the Spread of Flu in the Home
- Household Cleaning, Laundry, and Waste Disposal

What to Do If You Get Flu-Like Symptoms

<http://www.cdc.gov/h1n1flu/sick.htm>

- Background
- Symptoms
- Avoid Contact With Others

- Treatment is Available for Those Who Are Seriously Ill
- Emergency Warning Signs
- Protect Yourself, Your Family, and Community

Novel H1N1 Flu (Swine Flu) and You

<http://www.cdc.gov/h1n1flu/qa.htm>

- Novel H1N1 Flu
- Novel H1N1 Flu in Humans
- Prevention & Treatment
- Contamination & Cleaning
- Exposures Not Thought to Spread Novel H1N1 Flu

Travel Health Tips for Students Studying Abroad

<http://www.cdc.gov/travel/content/study-abroad.aspx>

Mental health

Managing Your Anxiety about H1N1 flu

American Psychological Association

<http://www.apahelpcenter.org/articles/article.php?id=194>

Ready to use materials

Get the Facts About Novel H1N1 Influenza (Power Point Presentation)

www.cdc.gov/h1n1flu/ppt/H1N1_051109.ppt

Health-e-Cards, electronic greeting cards

<http://www2a.cdc.gov/eCards/browse.asp?act=brs&chkcategory=Flu&submit1=GO>

FACT SHEET Taking Care of Yourself:

What to Do if You Get Sick with Flu

<http://www.cdc.gov/flu/pdf/takingcare.pdf>

Is it a cold or the Flu?

<http://www3.niaid.nih.gov/topics/Flu/PDF/sick.pdf>

Interactive Flu Checkup Symptom Check-Up

<http://www.freemd.com/Flu-Checkup/visit-virtual-doctor.htm>

Comprehensive List of all Cover Your Cough Print Materials

<http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/cover/poster.html>

About Using Our Cover Your Cough Materials in Your Facility

<http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/cover/aboutcyc.html>

Influenza Symptoms

<http://www.cdc.gov/flu/pdf/symptoms.pdf>

Pandemic flu basics fact sheet

http://www.pandemicflu.gov/takethelead/fact_sheet_basics.pdf

Community Based Interventions fact sheet

http://www.pandemicflu.gov/takethelead/fact_sheet_community.pdf

Templates, updated posters

<http://www.cdc.gov/h1n1/institutions/toolkit>

Why Don't We Do It In Our Sleeves? (Video)

<http://www.coughsafe.com/>

Hand Hygiene Print Materials

<http://www.health.state.mn.us/handhygiene/materials.html>

Information on Use of Masks

<http://www.cdc.gov/h1n1flu/masks.htm>

<http://www.cdc.gov/niosh/topics/h1n1flu/>

<http://www.osha.gov/Publications/exposure-risk-classification-factsheet.html>

Fit testing and training in the proper use and care of a N 95 respirator: [www.osha.gov/ SLTC/ respiratoryprotection/index.html](http://www.osha.gov/SLTC/respiratoryprotection/index.html).

Resources for Vaccines Information

Vaccine Information Statements can be found at <http://www.cdc.gov/vaccines/pubs/VIS/vis-facts.htm>. A Vaccine Information Statement on Seasonal Flu Vaccine is available at <http://www.cdc.gov/vaccines/pubs/vis/default.htm#flu>.

Standing Orders for Seasonal Flu Vaccine from the Immunization Action Coalition are available at <http://www.immunize.org/catg.d/p3074.pdf>.

Sample Consent form for Seasonal Flu Vaccine is available at http://www.urgentnow.com/FluInfoConsent_Acworth.pdf.