

**Flu Pandemic Preparedness
Status Report**
10/16/09

Executive Summary

The University has a well established Emergency Operations Plan which includes detailed planning for pandemic illness. Planning was begun for a potential pandemic in 2007. We are currently in Phase Three, the highest level of our plan. As the current situation has evolved, and new information become available, the Committee has adjusted our planning and recommendations. At this time, the need for mass shelter or class cancellation appears unlikely. Promotion and encouragement of vaccination against both seasonal and H1N1 flu should be the primary focus.

Vaccination

We will offer vaccinations to students for both seasonal and H1N1 flu through University Health Services (UHS) as the vaccine is released. A mass immunization plan has been developed by UHS to implement the H1N1 immunization process. The primary variable in the plan is the quantity and frequency of vaccine delivery, which is not controllable by the University. Provided vaccine is available, we would be able to deliver approximately 1,000 injections per day utilizing only UHS resources. Additional resources from Cincinnati's Health Department or other University departments could increase this throughput.

The first priority for H1N1 vaccine would be to pregnant females, caregivers for children younger than 6 months of age, and persons who have health conditions associated with higher risk of medical complications from influenza. This would include persons who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye's syndrome after flu virus infection; persons with asthma, other chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders such as diabetes; and those with immunosuppression (including immunosuppression caused by medications or by HIV).

The majority of the undergraduate population falls within the second priority for H1N1 vaccination, which is young adults 19 through 24 years of age.

Notification and promotion of the vaccination campaign will be by combined communications through mass e-mail, the University web page, and posters.



Vaccination – Faculty and Staff

We will offer vaccinations to faculty and staff for both seasonal and H1N1 flu as the vaccine is released. Seasonal flu vaccination has begun through a cooperative program between Human Resources and Humana. H1N1 vaccination will be through the UHS mass immunization program.

The first priority for H1N1 vaccination would be to pregnant females, caregivers for children younger than 6 months of age, and persons who have health conditions associated with higher risk of medical complications from influenza.

The majority of the faculty and staff population falls outside the priority categories for vaccination, which is young adults 19 through 24 years of age.

Notification and promotion of the vaccination campaign for the seasonal flu has begun with mass e-mail, information in e-Currents, and on the University web page. A second round of notification will be begun when the H1N1 vaccine is available.

Self-isolation at home by students, faculty, and staff

Non-residential students, faculty, and staff with flu-like illness are being asked to self-isolate at home or at a friend's or family member's home until at least 24 hours after they are free of fever, or signs of a fever, without the use of fever-reducing medicines.

Residential students with flu-like illness are being encouraged to go home if possible to recover. Students who elect to stay in the residence hall are provided boxed meals on request. Simple face masks are made available for their use when they need to enter into common areas (hallways, restrooms).

A directive has been issued to all supervisors and managers directing them to send home employees who are exhibiting flu-like symptoms. University Health Services is providing guidance to supervisors or managers with questions regarding specific circumstances.

The staff sick leave policies have been revised in accordance with Centers for Disease Control and Prevention (CDC) recommendations to remove barriers to faculty and staff staying home when they are ill or caring for an ill family member. For students, the Provost's Office has issued a policy on missed classes and examinations and late assignments so that students' academic concerns do not prevent them from staying home when ill or prompt them to return to class or take examinations while still symptomatic and potentially infectious.

For the duration of the pandemic, employees are not required to produce a doctor's note to validate their illness or to return to work, as doctor's offices and medical facilities may be extremely busy and may not be able to provide such documentation in a timely way.

Human Resources has indicated to departments that employees who have zero sick leave balances may be advanced up to five days sick leave against their future balance. Further, absences due to flu are exempt from disciplinary action.

The Provost's Office has issued guidance for faculty to not require a doctor's note for students return to class.

Information has been distributed on these revised policies, and on when it is safe for students, faculty, or staff to return to work. This distribution has been by mass e-mail and the University web page.

Tracking the rate of infection

Residence Education and Development conducts a daily survey of students who have reported flu-like symptoms.

Clermont College performs a daily survey of all faculty and staff, which includes reporting of students out sick.

Human Resources is developing a program to compare the current rate of sick leave with the same time period in 2008.

The committee is monitoring national, state, and local reporting by public health agencies on a weekly basis.

Encouraging hand hygiene and respiratory etiquette

Informational handouts and small containers of hand sanitizer were distributed to all incoming students at Convocation.

Posters encouraging hand hygiene and respiratory etiquette have been placed in all campus buildings.

Pandemic flu information is being included in the fall door hangar campaign for students living off-campus.

Hand sanitizer containers have been placed in the dining halls and residence hall lobbies.

Routine Cleaning

Facilities Management has increased the frequency for cleaning of high-touch surfaces (for example, bathrooms, doorknobs, elevator buttons, and tables).

Residence Life has distributed information in floor meetings and mailings encouraging students to frequently clean their living quarters, including high-touch surfaces.

Other Special Populations

Public Safety has assisted the child care facilities located on campus in developing appropriate pandemic flu plans.

Human Resources and Purchasing have issued a directive regarding contractors and vendors who are exhibiting flu-like symptoms.

University Health Services has worked with Athletics and the training staff on policies and procedures for identifying flu among team members.

University Health Services has an established infection control plan specific to pandemic flu.

Mass Shelter Options

Three locations for mass shelter of ill students have been identified. They are the basketball practice court in Lindner Athletic Center, the basketball courts in the Campus Recreation Center, and the Shoemaker Arena. These options allow mass shelter capacities ranging from 200 students to 1,000 students.

Acquisition of necessary cots, bedding supplies, and related items from vendors will take at least three weeks. For this reason, the University should stockpile 200 sets of cots and supplies. This would allow the initial establishment of a mass shelter while awaiting vendor delivery of additional materials. The cost for this stockpile will be approximately \$20,000 (\$15,000 for cots, \$5,000 for disposable linens). The stockpile would be usable for other situations where short term mass sheltering may be required, such as loss of a residence hall.

The mass shelter would require unskilled care, and severely ill students would need hospitalization. The necessary unskilled care would be provided by a combination of Residence Education & Development staff and volunteers.

Boxed meals would be delivered by Campus Services from the dining halls.

Sanitation and cleaning would be provided by Campus Services.

Should Severity Level Increase

The CDC may recommend additional strategies to help protect students, faculty, and staff if global, national, or regional assessments indicate that flu is causing more severe disease.

The committee continues to monitor information released by the CDC on a weekly basis, as well as communicating with local public health authorities.

A significant increase in severity could require suspension of public events such as concerts, sporting events (especially indoor events), or other large public gatherings. At this time, this does not appear to be likely.

Suspending Classes

Suspension of classes would be an extreme measure, and would be indicated only in accordance with CDC or local health authority recommendation. At this time, such a step appears very unlikely.

Should classes be suspended, multiple channels will be used to communicate a clear message about the reasons for suspending classes and the implications for students, faculty, staff, and the community. These procedures are outlined in the emergency closing annex to the University Emergency Operations Plan. They include mass e-mail, text messaging, the University web page, and mass media notification.

Residence Education & Development and Housing would continue to provide essential services such as meals, custodial services, and other basic operations for students who remain on campus. Students who can get home – or to the home of a relative, friend of the family, or host family – by private car or taxi, would be encouraged to leave. International students and others without easy access to alternative housing should stay on campus, but increase the distance between people as much as possible.

The length of time classes could be suspended will vary depending on the goal of class suspension as well as the severity and extent of illness. The CDC indicates that suspension of classes should do so for at least five to seven calendar days in most situations where suspension is recommended. Resumption of classes would be done after consultation with the local public health authority.