

**FERRIS STATE UNIVERSITY**  
**H1N1 INFLUENZA**  
**KEY POINTS AS OF AUGUST 24, 2009**

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Here are some key points on Novel H1N1 Influenza at the National and University levels. By no means is this a complete list. It is also subject to change as the flu situation develops.

**General/National**

- The World Health Organization continues to identify H1N1 as the predominate flu and a global pandemic. This flu has been active in the southern hemisphere where it is winter and is expected to return to the northern hemisphere between now and this fall.
- The CDC estimates that just between April and June, 2009, over a million cases occurred in the United States.
- H1N1 will co-circulate with regular seasonal flu this year. The timing, spread, and severity are uncertain at this time but it is expected that frequency will increase compared with the spring. H1N1 flu has not worsened in severity for most people.
- The CDC recommends that those with H1N1 flu or influenza-like illness (ILI) stay home until at least 24 hours after their fever is gone, without using fever-reducing medicines.
- The CDC has relaxed its advisories about mass closing of K-12 schools and universities, saying that the options schools use should match the severity of local illness. Same for events and activities. Large gatherings, regardless of how you look at it, will contribute to spread of this disease. Stay tuned.
- Some universities are planning on isolating students in place (voluntary) in their residence hall rooms if the illness is of low virulence, compared with sending them home. This means that students with influenza like illness (ILI) would be encouraged to stay home locally but avoid food units, classes, events, and activities. In certain cases, this would mean getting meals to some students. This raises some issues. (See University section).

**H1N1 Vaccine**

- H1N1 vaccine is in development and testing as of this week and October appears to be the earliest estimate for it to be available to priority groups as long as there are no complications in the process.
- The CDC has promised to be transparent and will disclose any problems or side-effects to the vaccine.
- H1N1 vaccine will be administered in two doses.
- Seasonal flu vaccine will not protect you from H1N1 flu. The vaccines are separate but can be used side-by-side. They can be administered on the same day as far as we know.
- It is not known how the H1N1 vaccine will be financially supported - could be free except for an administration fee.
- The CDC's Advisory Committee on Immunization Practices (ACIP) makes recommendations on who should receive vaccine and what populations get priority, especially if the vaccine is limited in quantity.

- If vaccine is available in insufficient amounts for the initial priority groups, the following groups would be prioritized:
  - Pregnant women
  - People who live with or care for children younger than 6 months of age.
  - Healthcare and emergency services personnel with direct patient contact.
  - Children 6 months through 4 years of age.
  - Children 5 through 18 years of age who have chronic medical conditions.
- If vaccine is widely available, priority groups would look like this:
  - All people 6 months through 24 years of age.
  - People who live with or care for children younger than 6 months of age.
  - All pregnant women.
  - Healthcare and emergency services personnel.
  - People aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.

### **Anti Viral Treatment For H1N1 Flu:**

- Anti-virals are prescription medicines used to treat H1N1 flu.
- Antivirals are used to treat patients who have diagnosed H1N1 influenza. It is not intended to be prescribed other than as a treatment for most people.
- There is a large national stockpile of antivirals, Tamiflu and Relenza, which has been made available. There is no charge for the national stockpile; it is otherwise very expensive.
- Some H1N1 patients have had flu with such low severity that anti-virals have not been necessary.

### **For More Information**

- Visit <http://www.flu.gov/> for general information on Novel H1N1 flu.
- Visit <http://www.cdc.gov/h1n1flu/> for current Novel H1N1 flu.
- Visit [http://www.michigan.gov/mdch/0,1607,7-132-2940\\_2955\\_22779---,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_22779---,00.html)
- Visit [www.cdc.gov/cleanhands](http://www.cdc.gov/cleanhands) for more information on hand hygiene.
- Visit <http://www.cdc.gov/flu/protect/covercough.htm> for more information on respiratory etiquette.
- Visit [http://www.cdc.gov/h1n1flu/guidance\\_homecare.htm](http://www.cdc.gov/h1n1flu/guidance_homecare.htm) for more information on caring for sick persons in the home.
- Visit [www.pandemicflu.gov](http://www.pandemicflu.gov)
- Visit <http://www.epa.gov> for more information on cleaning
- Visit [www.cdc.gov/h1n1flu/guidance/guidelines\\_colleges.htm](http://www.cdc.gov/h1n1flu/guidance/guidelines_colleges.htm)

## University Issues

### **Prevention and Planning:**

1. Timing, spread, and severity of H1N1 influenza will largely govern our responses and decisions at the University.
2. All divisions and departments should have an All-Hazards Continuity Plan which includes prevention and management plans for addressing H1N1 influenza.

Departments should address the following issues for employees and students:

- a. Convey good hygiene habits including using the Health Center's posters and messages of "Wash Your Hands" and "Cover Your Cough".
- b. Make available hand sanitizers for your office areas or recommend soap and water.
- c. Encourage regular seasonal flu vaccinations and H1N1 vaccine when available.
- d. Avoid contact with people who have influenza like illness (ILI).
- e. Stay home and contact your physician if you have ILI.
- f. If you are pregnant or if your immune system is compromised, it is especially important for you to stay healthy and take strong preventative measures.
- g. Take care of your family. Stay up to date on University, school and local Health Department news.

### **Management of Flu at the University**

1. Vice Presidents and related other administrators have been updated on H1N1 pandemic planning.
2. All departments and areas should address the following continuity planning issues for flu:
  - a. Plan for higher than normal faculty and staff absences due to flu this fall and winter.
  - b. Prioritize the responsibilities of the department so that you can successfully carry out the department's most important work in the event of a 10 – 40% absenteeism rate at any one time.
  - c. Prepare a more relaxed class attendance policy for students and employees if we encounter any level of an H1N1 outbreak.
  - d. Conduct a risk analysis before students or faculty go on university travel.
3. Past pandemic flu planning has focused on severe and deadly avian flu. Current planning focus is on H1N1 which has not been as severe or deadly. Past planning has addressed issues of cancellation of classes and even the semester, while current planning involves keeping students here while sick or encouraging them to go home temporarily. How do we advise them about their return to classes?
4. Can we implement isolation in residence hall which will open at capacity and we don't have immediate capability of isolating students in a particular area?
5. Can we transport meals to sick students in residence halls? What procedures can be implemented by Dining and Housing to accomplish this goal? Both areas should plan on cleaning continuity, extra sanitizing supplies, trash bags, etc.
6. What steps and procedures will Academic Affairs, Colleges, faculty and staff take in the event of higher-than-usual faculty and student absences to provide for continuity of learning?
7. Good communication and messaging with students, families and others is important as usual. If H1N1 becomes worse, there will be more demands placed on the University regarding absences and leaves as well as anti-virals, vaccine, and residence life issues. May need to use the Call Center/24 hour hotline.

8. Birkam Health Center has continuity and emergency plans but definitely has a limited surge capacity. Telephone triage plans are being drawn up. We have a moderate inventory of special supplies to address H1N1 for a period of time, depending on severity of the outbreak. May need to conduct telephone triage without seeing every patient depending on capacity and severity.
9. Social distancing on campus may become an issue if H1N1 becomes moderate to severe.
10. Trigger points will be developed for encouraging isolation in place, recommending students leave campus, cancellation of classes, events, social distancing.
11. Key Resource Personnel for Developing Continuity Plans and H1N1 flu issues:

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