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

This document provides guidance to help decrease the spread of flu among students, faculty, and staff of institutions of higher education (IHE) and post-secondary educational institutions during the 2009-2010 academic year. The guidance expands upon earlier guidance for these settings by providing a menu of tools that IHE and health officials can choose from based on conditions in their area.

Although the severity of flu outbreaks during the fall and winter of 2009-10 is unpredictable, more communities may be affected than were affected in spring/summer 2009, reflecting wider transmission and possibly greater impact. CDC is working with state and local health departments to continually monitor the spread of flu, the severity of the illness it is causing, and changes to the virus.

CDC recommends that people with influenza-like illness remain at home until at least 24 hours after they are free of fever (100°F [37.8°C], or signs of a fever without the use of fever-reducing medications.

This is a change from the previous recommendation that ill persons stay home for 7 days after illness onset or until 24 hours after the resolution of symptoms, whichever was longer. The new recommendation applies to camps, schools, businesses, mass gatherings, and other community settings where the majority of people are not at risk for influenza complications. This guidance does not apply to health care settings where the exclusion period should be continued for 7 days from symptom onset or until the resolution of symptoms, whichever is longer; see http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm (http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm) for updates about the health care setting. This revision for the community setting is based on epidemiologic data about the overall risk of severe illness and death and attempts to balance the risks of severe illness from influenza and the potential benefits of decreasing transmission through the exclusion of ill persons with the goal of minimizing social disruption. This guidance will continue to be updated as more information becomes available.

Recommended responses to influenza for the 2009-2010 academic year

Facilitate self-isolation of residential students with flu-like illness

- Seasonal Flu vaccines and the H1N1 vaccines are strongly encouraged through either your own physician or at the Wesleyan Health Center. Seasonal Flu vaccines should be available early October and the H1N1 vaccine should be available later in October pending delivery. The Health Center will continue to offer appropriate vaccinations, if available and warranted, to faculty, staff and students.
- Those with flu-like illness should stay away from classes and limit interactions with other people (called "self-isolation"), except to seek medical care, for at least 24 hours after they no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. Some people with influenza will not have fever; therefore, absence of fever does not mean absence of infection. They should stay away from others during this time period even if they are taking antiviral drugs for treatment of the flu. (For more information, visit http://cdc.gov/h1n1flu/guidance/exclusion.htm.)
- If possible, residential students with flu-like illness who live relatively close to the campus are strongly encouraged to return to their home to keep from making others sick. These students should be instructed to 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 a private room should remain in their room and receive care and meals from single person. Students can establish a "flu buddy scheme" in which students pair up to care for each other if one or the other becomes ill. Additionally, staff can make daily contact by e-mail, text messaging, phone calls, or other methods with each student who is in self-isolation.
- If close contact with others cannot be avoided, the ill student should be asked to wear a surgical mask during the period of contact. Examples of close contact include kissing, sharing eating or drinking utensils, or having any other contact between persons likely to result in exposure to respiratory droplets.
- For those who cannot leave campus, and who do not have a private room, IHEs may consider providing temporary, alternate housing for ill students until 24 hours after they are free of fever.
- Instruct students with flu-like illness to 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.

Promote self-isolation at home by non-resident students, faculty, and staff

- Non-residential students, faculty, and staff with flu-like illness should be 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.

Considerations for high-risk students and staff

- People at high risk for flu complications who become ill with flu-like illness should speak with their health care provider as soon as possible. Early treatment with antiviral medications often can prevent hospitalizations and deaths. Groups that are at risk of complications from flu if they get sick include: children younger than age 5; people age 65 or older; children and adolescents (younger than age 18) who are receiving long-term aspiring therapy and who might be at risk for experiencing Reye's syndrome after flu virus infection; pregnant women; adults and children who have asthma, other chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders such as diabetes; and adults and children with immnosuppression (including immunosuppression caused by medications or by HIV). People age 65 and older, however, appear to be at lower risk of 2009 H1N1 infection compared to younger people. But, if older adults do get sick from flu, they are at increased risk of having a severe illness.
- One of the best ways to protect against the flu is to get vaccinated against the flu. People under age 25 are one of the key groups recommended by CDC's Advisory Committee on Immunization Practices (ACIP) to be among the first to receive the 2009 H1N1 flu vaccine. For more information, visit http://www.cdc.gov/h1n1flu/vaccination.

Discourage campus visits by ill persons: Use a variety of communication methods such as e-mail, posters, flyers, and media coverage to discourage people with flu-like illness from visiting the campus or attending IHE events such as football games or concerts until they have been free of fever for at least 24 hours.

Encourage hand hygiene and respiratory etiquette of both people who are well and those that have any symptoms of flu: Emphasize the importance of the basic foundations of flu prevention: stay home when sick, wash hands frequently with soap and water when possible, and cover noses and mouths with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available).

Extend the self-isolation period: If flu severity increases, people with flu-like illness should stay home for at least 7 days after the onset of their symptoms, even if they have no more symptoms. If people are still stick after 7 days, they should stay home until 24 hours after they have no symptoms. See information above for self-isolation in different types of housing.

COLD OR FLU?

SYMPTOM	COLD	FLU
FEVER	Fever is pretty rare with a cold.	Fever is usually present with the flu. 80% of flu cases include a fever. A temperature of 100° F or higher for 3 to 4 days is associated with the flu.
ACHES	Slight body aches and pains can be part of a cold.	Severe aches and pains are common with the flu.
CHILLS	Chills are uncommon with a cold.	Chills are fairly common in most flu cases. 60% of flu cases include chills. Chills and shivering are a normal reaction to a cold environment, but unexplained chills can also be a sign of the flu.
TIREDNESS	Tiredness is fairly mild with a cold.	Tiredness is moderate to severe with the flu. It's normal to feel tired at the end of a long day or when you don't get adequate sleep, but unexplained tiredness can be a sign of the flu.
SUDDEN SYMPTOMS	Cold symptoms are not sudden and develop over a few days.	The flu has a rapid onset within 3-6 hours. The flu hits hard and includes sudden symptoms like high fever, aches and pains.
COUGHING	A hacking, productive (mucus producing) cough is often present with a cold.	A nonproductive cough that does not produce mucus is usually present with the flu. Dry cough is present in 80% of flu cases.
SNEEZING	Sneezing is commonly present with a cold.	Sneezing is not commonly present with the flu.
STUFFY NOSE	A stuffy nose usually accompanies a cold and typically resolves spontaneously within a week.	Stuffy nose is not commonly present with the flu.
SORE THROAT	Sore throat is commonly present with a cold. A sore throat is pain and inflammation in the throat that usually comes with a cold.	Sore throat is not commonly present with the flu.
CHEST DISCOMFORT	Chest discomfort is mild to moderate with a cold.	Chest discomfort is often severe with the flu. Chest discomfort is pain or abnormal sensations that you feel anywhere along the front of your body between your neck and upper abdomen.
HEADACHE	A headache is fairly uncommon with a cold.	A headache is very common with the flu, present in 80% of flu cases.

TEXAS Wesleyan UNIVERSITY