



County of Erie

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DEPARTMENT OF HEALTH

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COMMISSIONER OF HEALTH

HEALTH ADVISORY #257 **SEPTEMBER 17, 2009**
HEALTH ADVISORY: UPDATED H1N1 GUIDANCE INFORMATION FOR
INSTITUTIONS OF HIGHER EDUCATION

Please distribute to all appropriate staff

As the Novel H1N1 Influenza (Flu) Virus information continues to change, the Centers for Disease Control and Prevention (CDC) and the New York State Department of Health (NYSDOH) issue guidance information for healthcare providers and partner agencies. Occasionally, the recommendations from these agencies is conflicting or confusing. Additionally, the Erie County Department of Health (ECDOH) may provide clarification or county-specific details to the information generated at the federal and state levels.

The attached document has been issued by the NYSDOH and provides New York State specific information for Institutions of Higher Education. At this time, ECDOH supports these recommendations and strongly encourages you to review and implement the strategies contained therein.

Attachment: Institutions of Higher Education – Guidance for the 2009-2010
Academic Year: Novel H1N1 (Flu) Virus

The document is attached for your convenience and is also posted at:
<http://usny.nysed.gov/flu/IHE091109.pdf>

For the latest information on H1N1 please visit ECDOH's website at:
<http://www.erie.gov/health/h1n1.asp>

Health Category Definitions:

Health Alert FLASH: conveys the highest level of importance due to a large-scale, catastrophic public health emergency; warrants immediate action or attention

Health Alert Priority: conveys the highest level of importance; warrants immediate action or attention to a health problem or situation

Health Advisory: provides important information for a specific incident or situation; may not require immediate action

Health Update: provides updated information regarding an incident or situation; no immediate action necessary



**THE STATE EDUCATION DEPARTMENT
UNIVERSITY OF THE STATE OF NEW YORK**
Carole F. Huxley
Interim Commissioner and
President of The University



**NEW YORK STATE
DEPARTMENT OF HEALTH**
Richard F. Daines, M.D.
Commissioner

TO: College and University Presidents
Other Postsecondary Educational Institutions
Local Health Department Officials

FROM: Interim Commissioner Carole F. Huxley, NYS Education Department

Commissioner Richard F. Daines, M.D., NYS Department of Health

SUBJECT: 2009-2010 Institutions of Higher Education Guidance: Novel H1N1 Influenza (Flu) Virus

DATE: September 11, 2009

The New York State Education Department and the New York State Department of Health continue to collaborate on guidance for educational institutions in New York State (outside of New York City). We are writing to provide you with the latest guidance on ways Institutions of Higher Education (IHE) can help to reduce the spread of the novel H1N1 influenza virus.

The guidance expands and modifies previous guidance and focuses on numerous non-pharmaceutical, community-based measures that should be useful in reducing disease transmission and associated illness during the outbreak of novel H1N1 flu virus. The guidance is based on the novel H1N1 influenza continuing to exhibit the same severity that was observed during the spring of 2009. If novel H1N1 influenza exhibits greater severity the State Department of Health and State Education Department may issue additional guidance recommending additional non-pharmaceutical interventions.

We continue to emphasize that the primary means to reduce the spread of flu in IHE is to focus on early identification of ill students and staff who should be excluded from classes and all school-related activities when ill, and to encourage good hand hygiene and respiratory etiquette. The overall impact of novel H1N1 flu this fall is likely to be greater than in the spring. Class suspensions and cancellation of mass gatherings may be warranted, depending on the disease burden and other conditions. Decisions related to measures taken in response to human infections with novel H1N1 flu virus remain at the discretion of the IHE in consultation with local health officials, taking into account the impact of class absenteeism and staffing shortages along with the identified health needs of the community.

Please find the New York State "Institutions of Higher Education Guidance for the 2009-2010 Academic Year: Novel H1N1 Influenza (Flu) Virus," our guidance pertaining to non-pharmaceutical, community-

based measures aimed at reducing disease transmission and associated illness during this outbreak of novel H1N1 flu virus.

Preventing the spread of flu requires that everyone take personal responsibility to embrace the adoption of effective mitigation measures and to work collaboratively at the community level to implement them. Thank you for your continued cooperation in this matter.

Attachment: NYSDOH Advisory, "Institutions of Higher Education Guidance for the 2009 – 2010 Academic Year: NOVEL H1N1 INFLUENZA (FLU) VIRUS



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

James W. Clyne, Jr.
Executive Deputy Commissioner

September 11, 2009

To: College and University Presidents, Other Postsecondary Educational Institutions,
Local Health Department Officials

From: New York State Department of Health, Division of Epidemiology

**Institutions of Higher Education
Guidance for the 2009-2010 Academic Year: NOVEL H1N1 INFLUENZA (FLU) VIRUS**

Please distribute to all appropriate staff.

Introduction

This document is an important update to the joint New York State Department of (NYSDOH) and New York State Education Department (NYSED) guidance distributed May 1, 2009 regarding the response to human infections with novel H1N1 flu virus in institutions of higher education and postsecondary educational institutions (IHE) outside of New York City.

The NYSDOH and the NYSED are providing this guidance to suggest ways for reducing the spread of flu among students, faculty and staff in IHE during the 2009-2010 academic year. The guidance expands and modifies previous guidance and focuses on numerous non-pharmaceutical, community-based measures by providing a menu of tools from which IHE and health officials can choose based on conditions in their area to reduce disease transmission and associated illness during this outbreak of novel H1N1 flu virus. It includes recommended actions to take now (during this academic year), suggests strategies to consider if the flu starts causing more severe disease than during the spring/summer 2009 H1N1 outbreak, and provides a checklist for making decisions.

The Centers for Disease Control and Prevention (CDC) issued updated interim guidance regarding IHE, a technical report, and a communication tool kit on August 21, 2009. Recommendations contained herein are consistent with the recommendations provided by the CDC.

This document is current as of 5:00 p.m., 09/11/2009 and is subject to change based on ongoing surveillance and continuous risk assessment. Additional guidance about non-pharmaceutical interventions (NPIs) may be issued if novel H1N1 influenza becomes more severe in comparison with the spring of 2009.

For guidance related to IHE in New York City, see the New York City Department of Health and Mental Hygiene (NYCDOHMH) website at <http://www.nyc.gov/html/doh/html/cd/cd-h1n1flu.shtml>.

Key Points

- The primary means to reduce the spread of flu in IHE continues to focus on the early identification of ill students, faculty, and staff that should be excluded from classes and all school-related activities, and to encourage good hand hygiene and respiratory etiquette.
- The recommended exclusion period has changed for most situations. People with influenza-like illness (ILI) should stay home for 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 medicines. This is a change in exclusion guidance from May 12, 2009, which recommended that people with ILI stay home until at least 7 days after the onset of symptoms and fever-free for the past 24 hours. Longer exclusion periods may be appropriate in some situations.
- IHE should tailor the guidance to account for the size, diversity, and mobility of their student population, faculty, and staff; their location and physical facilities; programs; and the availability of student and employee health services.
- Decisions about strategies should balance the goal of reducing the number of people who become seriously ill or die from flu with the goal of minimizing educational and social disruption.
- This guidance is based on the severity of novel H1N1 influenza continuing to exhibit severity similar to that observed during the spring of 2009. If novel H1N1 influenza exhibits greater severity, NYSDOH and NYSED may issue additional guidance, which may recommend additional NPIs.
- Since severity may vary from community to community, IHE should also look to their local and county health officials for information and guidance specific to their location.
- As vaccines for the seasonal and novel H1N1 flu become available, they will be the best tool we have to prevent the flu. NYSDOH encourages students, faculty and staff at IHE to talk to their health care providers about whether they should be vaccinated, and to receive the seasonal flu and the novel H1N1 flu vaccine, when it is available to them. This is of particular importance to students, faculty, and staff who are at higher risk for flu complications from novel H1N1 flu.

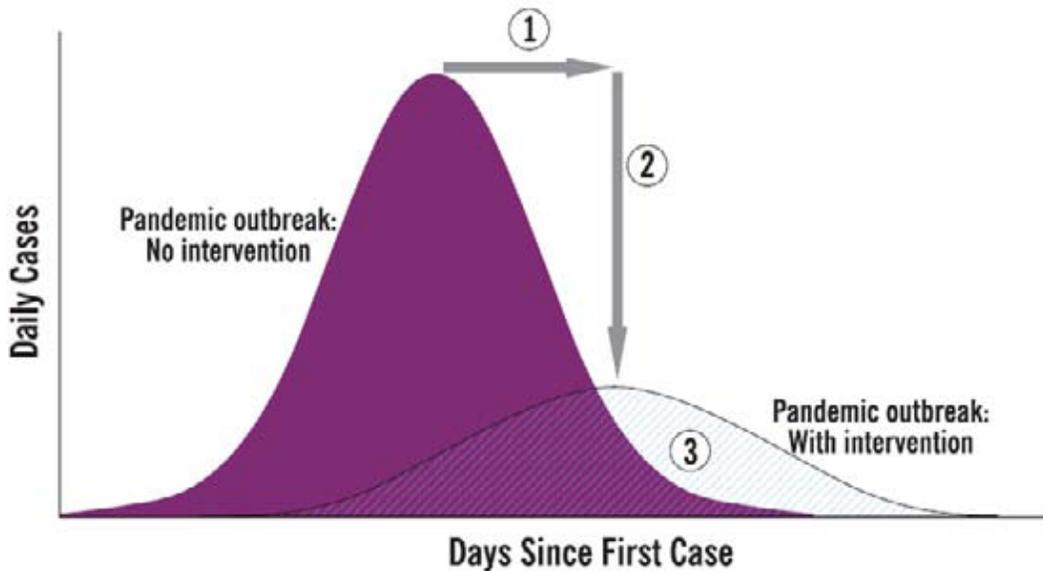
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Goals

The goals of community mitigation measures are to slow the spread of the disease in a community to: 1) decrease exposure to both regular seasonal flu and H1N1 flu while minimizing disruption of day-to-day social, educational, and economic activities; 2) delay the peak of the disease in order to provide more time for the production and distribution of a vaccine against this new virus; 3) reduce the total number of people who get sick, need hospitalization, or die from the flu; and 4) reduce the surge or demand on healthcare systems resulting from those who are sick from the flu.

Goals of Community Mitigation

- ① Delay outbreak peak
- ② Decompress peak burden on hospitals / infrastructure
- ③ Diminish overall cases and health impacts



Background

Approximately 2 million students and 140,000 faculty and staff attend the more than 173 IHE in New York State (outside of New York City). IHE play a critical role in protecting the health of their students, faculty, staff, and the community from contagious diseases such as H1N1 flu. Young adults, 25 years of age and younger are very susceptible to getting this new virus and IHE may serve as an amplification point for spread of this new virus in a community.

The CDC estimates that by implementing these recommendations, IHE and health officials can help protect approximately one-fifth of the nation's population from flu. IHE serve communities in numerous other capacities beyond their basic charge of educating students. Therefore, communities have a responsibility to work together to balance the benefits of keeping students in college with the risks of illness among students and staff. The experience and information gained from regions that had significant outbreaks in spring 2009 demonstrated that the possible benefits of preemptively suspending classes (before an outbreak becomes severe) are often outweighed by negative consequences. The decision to suspend classes should be made locally and should balance the goal of reducing the number of people who become seriously ill or die from the flu with the goal of minimizing educational and social disruption and safety risks to students associated with class suspension. Such a decision requires a strong collaborative partnership between the IHE administrator, its medical director, and the county department of health.

While the impact of the novel H1N1 flu virus is being closely monitored, it is not possible to predict the exact situation in fall 2009. Based on the flu activity this summer in the southern hemisphere, it is likely that more communities may be effected, reflecting a wider transmission. If information indicates that

the flu is causing more severe disease than during spring 2009, or if other situations develop that might require more aggressive mitigation measures, the CDC or NYSDOH may issue additional recommendations.

It is critical to keep in mind that even seasonal influenza can be a severe disease. Each year in the United States, more than 200,000 people are hospitalized with flu-related complications; and about 36,000 people die from flu-related causes. Given this fact, unfortunately, as in every flu season, we need to be prepared for the possibility of additional cases including severe cases and even deaths. Preventing the spread of flu requires all of us – IHE, schools, families, businesses, and government – to cooperate and work together.

Recommended Interventions to Implement Now, Assuming Similar Conditions and Severity as in Spring/Summer 2009

The NYSDOH and the NYSED believe that early, broad and sustained community mitigation strategies are effective in reducing the impact of a moderate to severe pandemic. These community mitigation interventions are scalable and flexible so that local public health and education authorities can use these tools based on the local situation. A comprehensive, layered mitigation approach aims to reduce disease transmission and associated illness and death during a flu outbreak.

All members of the IHE community – staff, students, and parents, should take an active role in limiting the spread of infection. It is important to continuously promote and facilitate fundamental infection control measures in IHE settings, not only during a flu pandemic. IHE should be proactive, developing plans for monitoring illness among students, faculty and staff, keeping sick students and staff home, developing contingency plans to cover key staff positions when employees are home ill, and communicating with students, parents and staff on the importance of the exclusion recommendations. Plans should focus on protecting people at high risk for flu complications, such as those with chronic medical conditions.

ILI is defined as a fever of (100° F [37.8° C]) and cough or sore throat. Students, faculty, and staff should self-monitor every morning for fever, or signs of fever, and sore throat, or cough and be alert for signs such as trouble breathing or not drinking enough fluids. Individuals should also be alert for skin rashes or any signs that they are more uncomfortable than expected with the flu. Some people also experience a runny nose, congestion, vomiting, diarrhea, headache, fatigue, and muscle aches. At this time, the NYSDOH is closely monitoring ILI activity. We strongly urge IHE administrators to communicate regularly with local public health officials to obtain guidance about reporting of ILI in IHE.

Colleges and universities may want to consider options to continue educating students who are home through instructional telephone calls, coursework packets, internet-based lessons, and other distance-based learning approaches.

1. 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 foundations of flu prevention: stay home when sick, wash hands frequently with soap and water, and cover mouths and noses with a tissue when coughing or sneezing (or a shirtsleeve or elbow if no tissue is available).

- IHE should provide adequate facilities and supplies for hand washing and promote their proper use.

2. Facilitate self-isolation of residential students with ILI

- Those with ILI should not attend 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. They should stay away from others during this time even if they are taking antiviral drugs for treatment of the flu. For more information on antiviral medications, see http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/questions_and_answers.htm
- Ill residential students should remain in their room and receive care and meals from a single individual, if possible. IHE should plan systems to accommodate, care for, and communicate with ill students who are in self-isolation.
- It is suggested that IHE review, and revise student absenteeism policies and sick leave policies for faculty and staff to remove barriers that make it difficult for students, faculty and staff to stay home when they are ill, or caring for an ill family member. IHE should consider that health care facilities and physician offices may be very busy at this time and that NYSDOH is recommending that people with ILI symptoms should not go to the doctor or health care facilities unless they have underlying medical condition or are experiencing severe illness. A physician’s note to return to school should not be necessary in most case of mild illness.
- If possible, residential students with ILI who live relatively close to the campus should be advised to return to their home to keep from spreading the flu to others. These students should be instructed to do so in a way that limits contact with others as much as possible.
- If close contact with others cannot be avoided, the ill student should be asked to wear a surgical mask during the period of contact that might result in exposure to respiratory droplets. For those who cannot leave campus, and who do not have a private room, IHE may consider several different options. Because different IHE will have different housing resources available to them, isolation strategies will vary. Possible strategies are listed in the order of presumed effectiveness, however, each IHE should consider local circumstances in determining which approaches will be most appropriate for them:
 - If the facilities are available, IHE should consider providing temporary, alternate housing for ill students who cannot leave campus, and who do not have a private room, until 24 hours after they are free of fever, or signs of a fever, without the use of fever-reducing medicines.
 - IHE can consider providing alternate temporary housing to the well roommates of ill students, permitting ill students to stay in their previously shared rooms, alone. If such alternate temporary housing is congregate in nature, there are theoretical concerns about the possibility that some of these well roommates may have been exposed to novel influenza H1N1 and may become ill and expose other well students in the alternate temporary housing. Though no scientific data bearing on this question are available, this strategy less favored than providing alternate housing to ill students.

- If such separate alternate housing for ill or well students is not available, students in a shared room should maintain a 6 foot separation to the degree possible and both should be educated about strict hygienic precautions that are needed in their shared room and the ill student should wear a surgical mask.
- Students and staff with ILI should be instructed to seek medical attention promptly 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.

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

- Non-residential students, faculty, and staff with ILI 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. Review, and revise if needed, sick leave policies to remove barriers to faculty and staff staying home when they are ill or caring for an ill family member. Consider altering policies on missed classes and examinations and late assignments so that a student's 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.
- It is suggested that IHE review, and revise student absenteeism policies and sick leave policies for faculty and staff to remove barriers that make it difficult for students, faculty and staff to stay home when they are ill, or caring for an ill family member. IHE should consider that health care facilities and physician offices may be very busy at this time and that NYSDOH is recommending that people with ILI symptoms should not go to the doctor or health care facilities unless they have underlying medical condition or are experiencing severe illness. A physician's note to return to school should not be necessary in most case of mild illness.
- Distance learning may help students maintain self-isolation. Visit http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/questions_and_answers.htm#illness_household for more information on staying home while sick.

4. Considerations for high-risk students and staff

- People at high risk for flu complications who become ill with ILI should speak with their health care provider as soon as possible. Early treatment with antiviral medications may be recommended to help prevent hospitalizations and deaths.
- Groups that are at higher 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 aspirin 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 immunosuppression (including immunosuppression caused by medications or by HIV).

Note: People age 65 and older appear to be at lower risk of spring 2009 H1N1 infection compared to younger people. However, 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 be 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.
- Communicate with local health officials to determine where vaccine will be administered and to discuss the possibility of a vaccination clinic at the IHE.

5. Considerations for specific student populations

- Review policies for study abroad programs, including accessing health services abroad and reporting illness to the IHE.
- Communicate plans, policies, and strategies to partner K-12 schools regarding "early/middle college" students, prospective student tours, and other K-12 students regularly on campus.
- Determine if special communication strategies are needed to meet the needs of students with disabilities.
- Communicate plans, policies, and strategies to community education staff including elder hostels and business/industry training programs.
- Remind health-care profession students to follow infection control guidance for health-care workers. For guidance for health care settings visit http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/information_for_health_care_providers.htm

6. 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 ILI 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 without the use of fever-reducing medication.

7. Routine cleaning

The flu spreads easily. When people cough or sneeze, they spray droplets of flu virus through the air. These germs can be inhaled by someone else, or they can settle on surfaces where they get on people's hands. Special attention should be paid to cleaning spaces where many people have close contact. The spread of the virus can be reduced by ensuring that facilities are cleaned regularly and effectively. Focus particularly on surfaces that are touched frequently by hands (e.g., keyboards, doorknobs, desks). The use of disinfectants, particularly to housekeeping surfaces (e.g., floors, bookcases, tops of filing cabinets), is unnecessary. Clean bathroom surfaces on a regular basis. Air sanitizer products have not been shown to disinfect airborne influenza virus or reduce disease transmission and are not recommended. Good cleaning with soap and water will remove most microorganisms as well as soil and organic matter. IHE are reminded that they should be following a Green Cleaning Program as described on the Office of General Services website:

<https://greencleaning.ny.gov/>

If disinfectants are used, products should be registered with the U.S. Environmental Protection Agency (US EPA) and the New York State Department of Environmental Conservation (NYS DEC) and labeled as effective against influenza virus on clean, hard non-porous surfaces. Mix only as much disinfectant as can be used each day. Follow label instructions carefully when using disinfectants and cleaners. Always clean surfaces first as soil and organic matter can reduce the effectiveness of the disinfectant.

- [US EPA and NYS DEC Products Registered for Influenza - Sorted Alphabetically by Product Name \(PDF, 187KB, 38pg.\)](#)
- [US EPA and NYS DEC Products Registered for Influenza - Sorted by EPA Registration Number \(PDF, 178KB, 38pg.\)](#)

Take note of any hazard advisories and follow the indications for using personal protective items (such as household gloves). **Do not mix disinfectants and cleaners unless the labels indicate that it is safe to do so. Combining certain products (such as chlorine bleach and ammonia cleaners) can result in serious injury or death.**

Deciding on a Course of Action

NYSDOH recommends a combination of strategies applied early and simultaneously. Strategies should be selected (a) based on trends in the severity of disease, virus characteristics, feasibility, and acceptability and (b) through collaborative decision-making with public health agencies, IHE faculty and staff, students, students' families, and the wider community. NYSDOH, the CDC and its partners will continuously look for changes in the severity of ILI and will share what is learned with state and local agencies. Nevertheless, local communities can expect to see many differences in disease patterns from community to community.

Every IHE has to balance a variety of objectives to determine the best course of action to help decrease the spread of flu. Decision-makers should identify and communicate their objectives, which might be one or more of the following: (a) protecting overall public health by reducing community transmission; (b) reducing transmission in students, faculty, and staff; and (c) protecting people with high-risk conditions. Some strategies can have negative consequences in addition to their potential benefits.

Additional Responses if the Severity of Flu Increases

NYSDOH will continue to assess the severity of illness caused by 2009 H1N1 flu and disseminate the results of these ongoing assessments. If global or national risk assessments by the World Health Organization or CDC indicate an increased level of severity compared with the spring 2009 H1N1 flu outbreak, NYSDOH and NYSED, in collaboration with CDC, local health departments and IHE, may consider the need to recommend additional strategies. These may include recommending that local authorities consider additional non-pharmaceutical interventions such as class suspension and/or limiting large gatherings.

The NYSDOH, in collaboration with CDC, will continue to monitor the spread and severity of ILI and assist local health and IHE to implement measures to mitigate the spread of flu. NYSED and NYSDOH will continue to collaborate to disseminate new guidance, collaboratively monitor IHE responses and other related issues. State and local public health and education agencies will continue to work together to

decide which strategies to implement and when, collect and share data, and disseminate emerging guidance.

IHE should review and update their current all-hazard emergency or pandemic plans and procedures. This should include updating emergency contact information and communicating with vendors who supply critical products or services to plan for continuation of those services throughout the flu season. Critical services may include food service and hygiene supplies. This planning is especially important since suppliers could also be affected by the flu outbreak.

IHE are encouraged to communicate with students, their families and the IHE community about what they can do to decrease spreading ILI; and help them understand the important roles they can play in reducing the spread of influenza and keeping IHE open. Finally, students, faculty, staff, and their families must take personal responsibility for staying home when ill, practicing hand hygiene and respiratory etiquette, and planning for alternative living and educational arrangements in the event of a class suspension.

Although the following strategies have not been scientifically tested in the IHE setting, they are grounded on basic principles of infection control. Implementing these strategies is likely to be more difficult and to have more disruptive effects than the previously described strategies. These strategies should be considered if influenza severity increases and are meant for use *in addition to* the strategies outlined above.

1. Permit high-risk students, faculty, and staff to stay home when flu is spreading in the community

- If flu severity increases, people at high risk of flu complications may consider staying home while a lot of flu is circulating in their community. Such people should make this decision after consulting with their doctor.
- IHE should plan now for ways to continue educating students who stay home through distance learning methods. IHE should also examine policy accommodations that might be necessary such as allowing high-risk students to withdraw for the semester, tailoring sick leave policies to address the needs of faculty and staff, or modifying work responsibilities and locations.

2. Increase social distances

- IHE should explore innovative ways to increase the distances between students (for example, moving desks apart or using distance learning methods). Ideally, there should be at least 6 feet between people at most times.
- IHE should consider whether to suspend or modify public events such as films, sporting events, or commencement ceremonies.

3. Extend the self-isolation period

- If flu severity increases, people with ILI 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 sick 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.

4. Consider suspending classes

- IHE and health officials should work closely to balance the risks of ILI in their community with the disruption that suspending classes will cause in both education and the wider community.
- Use multiple channels to communicate a clear message about the reasons for suspending classes and the implications for students, faculty, staff, and the community.
- The Board of Regents has taken action to provide flexibility for temporary closures of colleges and universities due to pandemic situations, effective January 2008. (See regulations at www.highered.nysed.gov/ocue)
- **Reactive class suspension** might be needed when IHE cannot maintain normal functioning.
- To decrease the spread of flu, CDC may recommend **preemptive class suspension** if the flu starts to cause severe disease in a significantly larger proportion of those affected than occurred during the spring/summer 2009 outbreak.
- If classes are suspended preemptively, large gatherings (for example, sporting events, dances, commencement ceremonies) should be cancelled or postponed.
- IHE with only **nonresidential students** should consider whether they could allow faculty and staff to continue use of their facilities while classes are not being held. This may allow faculty to develop lessons and materials and engage in other essential activities.
- IHE with **residential students** should plan for ways to continue essential services such as meals, custodial services, security, and other basic operations for students who remain on campus. When possible, dismiss students who can get home – or to the home of a relative, friend of the family, or host family. 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 should be suspended will vary depending on the goal of class suspension as well as the severity and extent of illness. IHE that suspend classes should do so for at least five to seven calendar days. Before the end of this period, the IHE, in collaboration with public health officials, should reassess the epidemiology of the disease and the benefits and consequences of continuing the suspension or resuming classes.

Tools for IHE

NYSDOH Novel H1N1 Flu Telephone Hotline: 1-800-808-1987
(New York City residents call 311)

The NYSDOH will provide updated guidance as additional information and CDC recommendations become available. Frequently updated information is posted on the NYSDOH website at <http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/>

Frequently updated information is available on the CDC website at http://www.cdc.gov/h1n1flu/general_info.htm or www.flu.gov.

CDC IHE Toolkit: <http://www.cdc.gov/h1n1flu/institutions/toolkit/>

OSHA Guidance: <http://www.osha.gov/Publications/OSHA3327pandemic.pdf>

The New York State Education Department provides guidance, support, and direction to administrators, faculty, staff, and the education community. A compilation of all H1N1 information provided by NYSDOH and NYSED is posted at <http://usny.nysed.gov/swine-flu-info.html>

Links and contact information for your local (county) health department is available at <http://www.health.state.ny.us/nysdoh/lhu/map.htm>

For more information, refer to the Pandemic Influenza Preparedness Packet for Colleges and Universities at:

http://www.nyhealth.gov/diseases/communicable/influenza/pandemic/docs/pandemic_influenza_college_toolkit.pdf

English and Spanish educational materials are available at

http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/educational_materials.htm and include:

- [Influenza \(H1N1 and Seasonal\) Educational Materials Order Form](#)
- [Got the flu? Here's what to do: Ask for a mask! \(poster\)](#)
 - [Spanish – ¿Tiene la gripe? Sepa lo que debe hacer: pida una mascara \(cartel\)](#)
- [Keep Your Germs to Yourself! \(pocket card\)](#)
 - [Spanish – Quédese con sus microbios: No salga de su casa y evite el contacto directo con los demás \(folleto\)](#)
- [Stop! Do you have Fever? Cough? Trouble breathing? Please tell the staff immediately! \(poster\)](#)
 - [Spanish – Alto - Aviso Importante Para Todos Los Pacientes Tiene Usted - Fiebre? Tos? Problemas? Para Respirar? \(cartel\)](#)
- [Visitors are welcome ... but the flu is NOT! \(poster\)](#)
 - [Spanish – Las visitas son bienvenidas ...La gripe NO! \(cartel\)](#)

- Keep your Germs to Yourself! (poster)
 - Spanish – ¡Quédate con sus Microbios! (cartel)
- What to do? - When someone at home has the flu (brochure)
 - Spanish – ¿Qué se debe hacer? cuando alguien en la casa tiene gripe (folleto)
- Keep our School Healthy (poster)
 - Spanish – ¡De usted depende parar la gripe! (cartel)
- Keep Your Germs to Yourself - Stay Home and avoid close contact with others (poster)

Acronyms

CDC	Centers for Disease Control and Prevention
IHE	Institutions of Higher Education
ILI	Influenza-Like Illness
LHD	Local Health Department
NPI	Non-Pharmaceutical Intervention
NYCDOHMH	New York City Department of Health and Mental Hygiene
NYSDOH	New York State Department of Health
NYSED	New York State Education Department

Glossary

Chronic Medical Condition- a health related state that lasts for a long period of time (e.g. cancer, asthma)

Community Mitigation Intervention or Measure- a strategy for the implementation at the community level of interventions designed to slow or limit the transmission of a pandemic virus.

Environmental Infection Control- routine cleaning and disinfection strategies applied for the environmental management of influenza

Fever- the temporary increase in the body's temperature in response to some disease or illness.

Influenza-Like Illness (ILI) - an illness characterized by a documented fever of 100°F (37.8°C) or greater *and* cough and/or sore throat in the absence of another cause.

Institutions of Higher Education (IHE)- in this guidance, refers to public and private, residential and nonresidential, degree-granting and non-degree-granting institutions providing postsecondary education in group settings regardless of the age of their students.

Non-Pharmaceutical Intervention- a strategy to prevent the spread of disease without the use of drugs or vaccines

Novel H1N1 Influenza- the new influenza virus that started circulating in the United States in April 2009. Most of the population does not have immunity to this virus. This virus is causing a worldwide pandemic. It has been called "swine flu" because part of its genetic makeup originated in pigs.

Respiratory or Cough Etiquette- use of the following measures to contain respiratory secretions:

- Covering the mouth/nose when coughing or sneezing;
- Using tissues to contain respiratory secretions and disposing them in the nearest waste receptacle after use

Reactive class suspension is used when many students, faculty, and staff are sick and are not attending classes and IHE cannot maintain normal functioning.

Preemptive class suspension may be used early during a flu response in a community to decrease the spread of the flu before many students, faculty, and staff get sick. This is based on information about the spread of severe flu in the region. This dismissal is most effective at decreasing flu spread and burden on the healthcare system when done early in relation to the amount of flu activity in the area.

Social Distancing- steps to reduce contact among people to decrease the risk of spreading communicable diseases. These measures include staying home when sick and class suspension.