

Questions and Answers about CDC's *Guidance for Responses to Flu for Institutions of Higher Education during the 2009–2010 Academic Year*

About the Guidance for Institutions of Higher Education

Q. How does CDC's new guidance differ from the previous guidance for institutions of higher education?

This new guidance applies to any flu virus circulating during the 2009–2010 academic year, not only 2009 H1N1 flu. It recognizes the need to balance risks of sickness among faculty, students, and staff with the benefits of keeping students in classes. It offers strategies and guidance for current flu conditions and for more severe flu conditions.

This guidance recommends that, based on current flu conditions, faculty, students, and staff with flu-like sickness should stay in their home, dormitory, or residence hall until at least 24 hours after they no longer have a fever (100 degrees Fahrenheit or 37.8 degrees Celsius) or signs of a fever (have chills, feel very warm, have a flushed appearance, or are sweating). This should be determined without the use of fever-reducing medicines (any medicine that contains ibuprofen or acetaminophen). This is a shorter time period than outlined in previous CDC guidance, which recommended that sick faculty, students, and staff remain at home 7 days after symptoms begin.

The recommendation to stay away from classes and from work for 7 days will be made only under more severe flu conditions. Under more severe conditions, a longer period will be recommended for healthcare settings and anywhere a high number of people at higher risk for complications from flu may be exposed.

Q. What are institutions of higher education?

For the purpose of this guidance, the term “institutions of higher education” refers to places of learning that include:

- ▶ universities and colleges,
- ▶ public and private institutions,
- ▶ residential and nonresidential institutions,
- ▶ degree-granting and non-degree-granting institutions,
- ▶ educational or training programs that last from a few weeks to 4 or more years,
- ▶ student population sizes ranging from fewer than one hundred to tens of thousands,
- ▶ community colleges,
- ▶ vocational education and training programs, and
- ▶ students from across the country and around the world.



Q. Why should institutions of higher education be concerned about the flu?

Students, faculty, and staff can get sick with flu, and institutions may act as a “point of spread.” Students, faculty, and staff can easily spread flu to others in their institutions as well as in the larger community. To date, the highest number of cases of 2009 H1N1 flu have been confirmed among people 5–24 years old. They are also at risk of getting seasonal flu.

Q. How will CDC help institutions and communities decide what steps to take?

CDC and other public health agencies will be monitoring national data on the number of people seeking care for flu-like sickness as well as other outcomes and consequences of the flu. CDC will also look at the geographic spread of flu-like illness and changes in the virus. By comparing data with historical seasonal flu trends and trends during the H1N1 flu conditions in April through December 2009, CDC will be able to provide advice to state and local agencies on appropriate steps to take. The impact of flu in the fall and winter 2009 will likely vary from state to state and community to community. States, communities, and institutions should consider:

- ▶ who needs to be involved in the decision-making process, and include those people in regular communications,
- ▶ severity of the flu and its impact in the community, schools, and institutions of higher education,
- ▶ capacity of the healthcare system to respond to local outbreaks, and
- ▶ the goals, feasibility, and community’s acceptability of action steps being considered.

Q. What are the most effective methods to communicate with students, faculty, and staff about the flu?

- ▶ Consider all possible channels to reach these audiences. In addition to traditional media such as local news, radio, and newspapers, consider using the institution’s Web site as well as new media channels such as Facebook, MySpace, and Twitter. For more information about social media tools visit: www.cdc.gov/SocialMedia/Campaigns/H1N1.
- ▶ Consider placing “on hold” messages on your institution’s telephone system and changing the information frequently. “On hold” messages are pre-recorded messages that play while someone is waiting for the phone to be answered.
- ▶ Determine if there is a need to translate any of the communication materials into other languages.
- ▶ Provide regular briefings for staff who interact with media, parents/guardians, the community, legislators, etc. Make sure staff have access to the most up-to-date information regarding the flu and the institution’s flu response plan, including suspension of any classes and the cancellation of any events.

Q. How should institutions communicate with parents of students attending the institution or participating in study abroad programs sponsored by the institution?

Develop specific information targeted to students' parents and provide it through communication channels that they use, such as the institution's Web site. Parents will be concerned about issues at institutions ranging from their child's safety and health to the possibility of classes being suspended. Consider creating a special section or page on the Web site for information specifically for parents.

Parents of students in a study abroad program will want to stay informed of situations affecting their child and the program. Encourage parents to advise their child to use good judgment and to take precautions against getting the flu in the country where they are studying and living, as well as in any countries to which they may travel.

Institutions should continuously assess the flu conditions in countries where they have students in study abroad programs. Review policies for study abroad programs, including how students can access health services abroad, how sickness will be reported to the institutions, resources for students abroad who are unable to travel back to the U.S., and any legal liability issues. Health information for travelers, including students studying abroad can be found at www.cdc.gov/travel.

Q. What other populations should institutions take into consideration when preparing for the flu season?

Institutions should review their policies and consider the special needs of certain student populations such as students studying abroad, high school students taking college classes, special education students, and health-care professional students.

Q. As a parent of a student who attends an institution, should I bring them home?

If possible, residential students with flu-like sickness whose families live relatively close to the campus should go home to self-isolate. They should return home 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. They should stay away from other people until at least 24 hours after they no longer have a fever (100 degrees Fahrenheit or 37.8 degrees Celsius) or signs of a fever (have chills, feel very warm, have a flushed appearance, or are sweating). This should be determined without the use of fever-reducing medicines (any medicine that contains ibuprofen or acetaminophen). If flu severity increases, students at higher risk for flu complications including students, faculty, and staff with certain chronic medical conditions like heart disease, diabetes, or asthma, or who are pregnant may consider staying home while flu transmission is high in their institution community. Currently, CDC is not recommending removing healthy students from their institutions.

Q. Should my child who is a student at an institution get antiviral medicine if they get sick?

Parents should make sure their child knows if he or she is at higher risk for flu complications. People at higher risk for flu complications including students, faculty, and staff with certain chronic medical conditions (such as asthma, heart disease, or diabetes) who become sick with flu-like sickness should call their health care provider as soon as possible to determine if they need antiviral treatment. It's very important that antiviral drugs be used early to treat flu in people who are very sick (for example people who are in the hospital) and people who are sick with flu and have a greater chance of getting serious flu complications. Other people may also be treated with antiviral drugs this season. Early treatment with antiviral medicines often can prevent more severe consequences. Parents should encourage sick students who are at higher risk for flu complications to seek early treatment. Antiviral medicines are not given to all people during flu season because most people get better on their own, over-use can promote antiviral-resistant viruses, and administration of antiviral medicines can cause adverse reactions in some people.

Steps for Institutions of Higher Education to Help Keep Students, Faculty, and Staff Healthy during Current Flu Conditions

Q. What steps can institutions take to keep students, faculty, and staff healthy?

- ▶ Encourage any students, faculty, and staff who want protection from flu to get vaccinated for seasonal flu. Also encourage students, faculty, and staff who are at higher risk for flu complications from 2009 H1N1 flu to receive the H1N1 flu vaccine. People at higher risk for 2009 H1N1 flu complications include pregnant women and people with chronic medical conditions (such as asthma, heart disease, or diabetes). For more information about primary target groups for vaccination, visit www.cdc.gov/h1n1flu/vaccination/acip.htm.
- ▶ Encourage good hand hygiene and respiratory etiquette through direct education, communication materials such as posters and flyers, and other methods including e-mail, text messaging, or phone calls.
- ▶ Establish a method for maintaining contact with students who are sick. If resources permit, student affairs staff, housing staff, or health care providers could be assigned to make daily contact with each student.
- ▶ Encourage sick people to stay at home or in their residence except to talk with a health care provider about whether they have flu, appropriate treatment, and what actions to take if they have severe symptoms.
- ▶ Separate people who are sick from those who are well as soon as possible.
- ▶ Encourage students, faculty, and staff living off campus to stay at home if they are sick with flu-like sickness. They should stay home until they are free of fever for at least 24 hours.

- ▶ Discourage visitors with flu-like sickness from attending institution-sponsored events until they are free of fever for at least 24 hours.
- ▶ Examine and revise, as necessary, current flu (or crisis) response plans and procedures, and update contact information.
- ▶ Communicate with vendors who supply critical products and services, including hygiene supplies, food service, and personal protective equipment for staff, to address the continuation of these products and services throughout the flu season.

Q. What steps can students, faculty, and staff take to stay healthy and keep from spreading the flu?

Here are four important ways faculty, students, and staff can stay healthy and keep from getting sick with flu or spreading the flu. They can:

- ▶ Talk to their health care providers about whether they should be vaccinated. Students, faculty, and staff who want protection from the flu can be encouraged to get vaccinated for seasonal flu. Also students, faculty, and staff who are at higher risk for flu complications from 2009 H1N1 flu, should consider getting the 2009 H1N1 flu vaccine. People at higher risk for 2009 H1N1 flu complications include pregnant women and people with chronic medical conditions (such as asthma, heart disease, or diabetes). For more information about primary target groups for vaccination, visit www.cdc.gov/h1n1flu/vaccination/acip.htm.
- ▶ Practice respiratory etiquette. The main way flu spreads is from person to person in droplets produced by coughs and sneezes, so it's important that people cover their mouth and nose with a tissue when they cough or sneeze. If they don't have a tissue, they should cough or sneeze into their elbow or shoulder, not their hands.
- ▶ Practice good hand hygiene. They should wash their hands often with soap and water, especially after coughing or sneezing. Alcohol-based hand rubs are also useful.
- ▶ Stay home if they are sick. Stay home or in their place of residence for at least 24 hours after they no longer have a fever.

Students, faculty, and staff should take personal responsibility to help slow the spread of the flu virus. By practicing these steps, they can keep from getting sick from flu and help protect others from getting the flu.

Q. Who should receive a flu vaccination?

Vaccines will be available this year to protect against seasonal flu. Children 6 months through 18 years of age, people of any age with chronic medical conditions (such as asthma, heart disease, or diabetes), and everyone age 50 and older should be vaccinated against seasonal flu as early as possible.

The 2009 H1N1 flu vaccine is now available and recommended for everyone. Also certain groups at higher risk for complications from this flu are encouraged to get the 2009 H1N1 flu vaccine. These groups include:

- ▶ pregnant women,
- ▶ people who live with and care for children younger than 6 months of age,
- ▶ healthcare and emergency medical services personnel,
- ▶ people between the ages of 6 months and 24 years (this includes most students attending institutions of higher education), and
- ▶ people ages 25–64 years of age who have chronic health conditions (such as asthma, heart disease, or diabetes) or compromised immune systems.

Q. Should institutions provide vaccinations for seasonal and 2009 H1N1 flu?

Institutions should consider working with their local public health partners to have on-site vaccination clinics for seasonal and 2009 H1N1 flu. Information about 2009 H1N1 flu vaccination can be found at: www.cdc.gov/h1n1flu/vaccination. Information about seasonal flu vaccine can be found at www.cdc.gov/flu/protect/keyfacts.htm.

Q. What are some ways institutions can encourage good respiratory etiquette?

The main way flu spreads is from person to person in droplets produced by coughs and sneezes. Institutions can encourage good respiratory etiquette through:

- ▶ direct education and by posting and disseminating communications materials such as flyers and posters, and
- ▶ making sure tissues and no-touch wastebaskets are readily available.

Q. What are some ways institutions can encourage good hand hygiene?

- ▶ Make soap, paper towels, and alcohol-based hand rubs readily available.
- ▶ Educate all students, faculty, and staff about good hand hygiene through direct education and communication materials such as posters and flyers.

Q. What does CDC recommend regarding routine cleaning of institutions?

- ▶ Establish regular schedules for frequent cleaning of commonly touched surfaces, including:
 - doorknobs, handrails, elevator buttons,
 - desks, tables, chairs, sofas, and
 - counters and surfaces in cafeterias, meeting rooms, and offices.
- ▶ Provide disposable wipes so that commonly used surfaces can be wiped down prior to each use. These surfaces include:
 - chairs, study carrels,
 - remote controls,
 - keyboards,
 - headphones shared in language laboratories, and
 - telephone receivers and touchtone pads in common areas.
- ▶ Encourage students to frequently clean their living quarters. Students living together should regularly clean frequently used surfaces.
- ▶ Routinely clean surfaces and items that people frequently touch with their hands with cleaning agents that are usually used in these areas. Additional disinfection beyond routine cleaning is not recommended.

People at Higher Risk for Complications

Q. Which students, faculty, and staff are at higher risk for complications from flu?

Anyone can get the flu (even healthy people) and anyone can have serious problems from the flu. Students, faculty, and staff should be encouraged to talk with their health care provider to determine if they are at higher risk for flu complications, especially if they have been in close contact with others who are sick with flu or flu-like sickness.

Some groups are at higher risk for complications from the flu. People at higher risk for flu complications include children younger than 5 years (especially children younger than 2 years old), pregnant women and people with chronic medical conditions (such as asthma, heart disease, or diabetes). For more information on people at higher risk for flu complications, visit <http://www.cdc.gov/h1n1flu/highrisk.htm>.

Q. What actions should pregnant students, faculty, or staff take to protect themselves from the flu?

Pregnant women should follow the same guidance as the general public related to staying home when sick, hand hygiene, respiratory etiquette, and routine cleaning.

Pregnant women are at higher risk of complications from flu and, like all people at higher risk, should speak with their health care provider as soon as possible if they develop flu-like symptoms. Early treatment with antiviral flu medicines is recommended for pregnant women who have the flu; these medicines are most effective when started within the first 48 hours of feeling sick.

Pregnant women should know that they are part of the primary target group to receive the 2009 H1N1 flu vaccine. Seasonal flu vaccine is also recommended for pregnant women and can be given at any time during pregnancy.

Symptoms

Q. What are the symptoms of seasonal flu and the 2009 H1N1 flu?

Symptoms of flu include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and tiredness. Some people may also have vomiting and diarrhea. People may be infected with the flu, including the 2009 H1N1 flu and have respiratory symptoms without a fever.

Q. How do I recognize a fever or signs of a fever?

A fever is a temperature that is equal to or greater than 100 degrees Fahrenheit or 37.8 degrees Celsius when taken with a thermometer. Look for these possible signs of fever: if he or she feels very warm, has a flushed appearance, or is sweating or shivering.

Q. How do I know if someone has 2009 H1N1 flu or seasonal flu?

It will be very hard to tell if someone who is sick has 2009 H1N1 flu or seasonal flu. Public health officials and medical authorities will not be recommending laboratory tests. Anyone who has the symptoms of flu-like sickness should stay home and not go to work.

Symptoms of flu include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and tiredness. Some people may also have vomiting and diarrhea. People may be infected with the flu, including the 2009 H1N1 flu and have respiratory symptoms without a fever.

Q. What fever-reducing medicines can students, faculty, and staff take when sick?

Fever-reducing medicines are medicines that contain acetaminophen (such as Tylenol) or ibuprofen (such as Motrin). These medicines can be given to people who are sick with flu to help bring their fever down and relieve their pain. Aspirin (acetylsalicylic acid) should not be given to anyone younger than 18 years of age who have flu; this can cause a rare but serious sickness called Reye's syndrome.

Steps for Institutions of Higher Education to Prevent the Spread of Flu under Current Flu Conditions

Q. What steps can institutions take to keep sick students, faculty, and staff from spreading flu?

There are several steps that institutions can take during current flu conditions:

- ▶ Encourage sick students, faculty, and staff to stay home and away from other people until at least 24 hours after they no longer have a fever (100 degrees Fahrenheit or 37.8 degrees Celsius) or signs of a fever (have chills, feel very warm, have flushed appearance, or are sweating). This should be determined without the use of fever-reducing medicines (any medicine that contains ibuprofen or acetaminophen).
- ▶ If possible, sick students, faculty, and staff members who live in campus-sponsored housing should return to their family's home.
- ▶ Ask sick students with private rooms to remain in their own rooms and receive care and meals from one person, if possible.
- ▶ Consider providing temporary, alternate housing for sick people who cannot leave campus where they can stay until 24 hours after they are free of fever.
- ▶ Establish a method for maintaining contact with students who are sick. If resources permit, student affairs staff, housing staff or health care providers could be assigned to make daily contact with each student.
- ▶ Communicate and instruct students to promptly seek medical attention if they have a medical condition that places them at higher risk of flu-related complications, are concerned about their sickness, or develop severe symptoms. Severe symptoms include increased fever, shortness of breath, chest pain or pressure, fast breathing, bluish skin color, vomiting, dizziness or confusion.

Q. What is self-isolation?

Self-isolation is when sick people stay home and away from other people until they no longer have a fever (100 degrees Fahrenheit or 37.8 degrees Celsius) or signs of a fever (have chills, feel very warm, have flushed appearance, or are sweating). This should be determined without the use of fever-reducing medicines (any medicine that contains ibuprofen or acetaminophen). During the period of self-isolation, sick people should limit contact with others and try to maintain a distance of at least 6 feet from people. If close contact cannot be avoided, sick people should wear a surgical mask when they are around other people, if they can tolerate it.

During current flu conditions, people who are sick should stay home and away from other people until at least 24 hours after they no longer have a fever or signs of a fever. If flu conditions become more severe, those who are sick should stay at their home, dormitory, or residence hall for at least 7 days, even if symptoms go away sooner. People who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms have gone away.

Q. What can institutions do to encourage students, faculty, and staff to stay in their homes, dormitories, or residence halls when they're sick?

For faculty and staff, consider adjusting sick leave policies to ensure they do not return to work or class while sick. For students, consider similarly altering policies to ensure that there are no academic consequences for staying home while sick (i.e., no punishment for missed classes and examinations, turning in assignments late, etc.). Institutions also should consider providing distance-based learning options, such as Web courses.

Q. What should students or faculty members living on campus do if they get the flu?

CDC recommends that people with flu-like sickness remain at home and away from other people until at least 24 hours after they no longer have a fever (100 degrees Fahrenheit or 37.8 degrees Celsius) or signs of a fever (have chills, feel very warm, have a flushed appearance, or are sweating). This should be determined without the use of fever-reducing medicines (any medicine that contains ibuprofen or acetaminophen).

For those who cannot leave campus and return to their family's home, if they live in a private room they should remain in their room and receive care from one person. Institutions may consider providing temporary, alternate housing where sick people can stay until 24 hours after they are free of fever.

Q. What steps should I take if my roommate is sick with the flu?

- ▶ You should limit your contact with your sick room and try to maintain a distance of 6 feet from him or her.
- ▶ If close contact cannot be avoided, your sick roommate should wear a surgical mask, if tolerable, when he or she is around you and other people.
- ▶ You should frequently clean commonly-touched surfaces.

Q. How long should a student, faculty member, or staff member with the flu stay at home or in their residence?

Under current flu conditions, faculty, students, and staff with flu-like symptoms should stay home for at least 24 hours *after* they no longer have a fever (100 degrees Fahrenheit or 37.8 degrees Celsius) or signs of a fever (have chills, feel very warm, have a flushed appearance, or are sweating). This should be determined without the use of fever-reducing medicines (any medicine that contains ibuprofen or acetaminophen). The sick person may decide to stop taking fever-reducing medicines as he or she begins to feel better. This person should continue to monitor his or her temperature until it has been normal for 24 hours.

If flu conditions become more severe, the sick person should stay home or in their residence for 7 days. A person who is still sick after 7 days should stay home until 24 hours after the symptoms have gone away. In addition, this longer period should be used in healthcare settings and may be considered anywhere a high number of people at higher risk for complications from flu may be exposed, such as child care facilities.

Sick people should stay at home or in their residence, except to go to the health care provider's office, and they should avoid contact with others. Keeping people with a fever at home may reduce the number of people who get infected with the flu virus. Because high body temperatures are linked with higher amounts of virus, people with a fever may be more contagious.

Note that when flu is widespread in an area, institutions should not require a health care provider's note for sick students to validate their flu-like sickness or to return to work, as medical facilities may be extremely busy during this time.

Steps for Institutions of Higher Education under Severe Flu Conditions

Q. How will institutions of higher education know if the flu is more severe and they should consider taking additional action steps?

CDC and its partners will continue to monitor the spread of flu, the severity of the sickness it's causing, and whether the virus is changing. State and local health departments will also be on the lookout for increases in severe sickness in their areas and will provide guidance to their communities. Institutions should work closely with state and local public health officials to guide their flu response. Public health agencies will communicate changes in severity and the extent of flu-like sickness to ensure that institutions have the information they need to choose the right steps to reduce the impact of flu.

Q. What additional steps should institutions take to keep students, faculty, and staff from getting sick in the event that the flu becomes more severe?

If flu conditions become more severe, CDC may recommend the following additional strategies and actions for institutions of higher education.

- ▶ Permit students, faculty, and staff at higher risk of complications from flu to stay home while there is a lot of flu in the community.
- ▶ Explore innovative methods to increase social distances between students while continuing to meet their educational needs. A few examples of increasing social distances include moving desks farther apart, leaving empty seats between students, holding outdoor classes, and using distance learning methods.
- ▶ Encourage students, faculty, and staff who are sick to stay at their home, dormitory, or residence hall for at least 7 days, even if symptoms go away sooner. People who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms have gone away.
- ▶ Cancel, postpone, or discourage all institution-related and non-institution-related mass gatherings. These include sporting events, performances, commencement ceremonies, fraternity and sorority parties, and other events that bring large groups of people into close contact with one another.
- ▶ Suspend classes. Some institutions may choose to suspend classes when they cannot maintain normal functioning. And, CDC may recommend suspending classes if the flu starts causing severe disease in a lot of people. Institution administrators should work closely with their local and state public health officials when deciding whether or not to suspend classes. The length of time classes should be suspended depends on the goal of suspending classes and the severity of existing sickness. If the decision is made to suspend classes, CDC recommends doing so for at least 5–7 calendar days.

Q. What can institutions do to increase social distance during a more severe flu outbreak?

Institution officials should think creatively about ways to increase the space between people, while keeping students in class. Not every method will be feasible for all institutions. However, it is important to consider options for social distancing if classes remain open.

Options include:

- ▶ holding classes outdoors,
- ▶ distance-learning methods,
- ▶ leaving vacant seats between students,
- ▶ moving desks farther apart, and
- ▶ moving classes to larger spaces to allow more space between students.

Class Suspension

Q. What does suspending classes mean during a flu outbreak?

When classes are suspended at institutions, they are temporarily discontinued to slow or decrease the spread of flu. Institutions may choose to keep offices open for faculty and staff; however, students are directed to stay at home or in their residence.

Q. What are the different types of class suspension?

There are two types of class suspension:

- ▶ **Reactive class suspension** is used when a majority of students and staff are sick and are not attending classes, or the institution cannot maintain normal operations.
- ▶ **Preemptive class suspension** is used early on during a community flu response 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. Class suspension is likely to be more effective when used early after flu appears.

If classes are suspended preemptively, all institution-related large gatherings should be canceled or postponed. This includes events such as lectures, films, concerts, sporting events, worship services, commencement, or other events that bring large groups of people into close contact with one another.

Q. What should international students do if classes are suspended at a U.S. institution of higher education they are attending?

International students should follow all flu recommendations their institutions make for students. During severe flu conditions if classes are suspended, international students and others who do not have easy access to alternative housing should stay on campus. Students should try to limit contact with other people. Institutions should plan to continue education through distance-based learning methods for students who remain on campus as well as those who leave to go home.

Q. Are there different recommendations for residential and non-residential students when an institution of higher education suspends classes?

Institutions with residential students should plan for ways to continue essential services such as meals, custodial services, security, and other basic operations. When possible, dismiss students, faculty, and staff who can drive home or who can go to the nearby home of a relative, close friend of the family, or an international student's host family. Students who stay on campus should increase the distance between people and minimize crowding.

Institutions with only non-residential students, such as commuter schools, should consider allowing faculty and staff to continue using facilities while classes are not being held. Keeping facilities open may allow faculty to develop lessons and materials, to advise students through distance-based learning methods such as by telephone calls and e-mail, and to engage in other essential activities, such as research projects.