

## AASCU Information Advisory: N1N1 FLU

**To:** AASCU Presidents and Chancellors

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**Re:** H1N1 Flu Guidance

**Date:** August 25, 2009

**Information Advisory:** As colleges and universities begin the fall semester, the prospect of widespread fall outbreaks of H1N1 flu is a matter of concern not only on campus but at the highest levels of government. AASCU is concerned that its members have access to suggested measures and strategies that help protect students and better serve to mitigate potential impact on affected institutions. This AASCU Information Advisory is sent to assist you in addressing the possible impact of H1N1 flu on your institutions and constituents.

On August 7, 2009, the President's Council of Advisors on Science and Technology (PCAST) provided a report to President Obama on U.S. preparedness for a H1N1 outbreak in Fall/Winter 2009 that indicated as many as 30-50% of the U.S. population could potentially contract H1N1 this fall and winter. In addition, PCAST considers a "plausible scenario" one where 30,000–90,000 Americans could die from H1N1—primarily children and young adults under 25.

On August 20, 2009, the U.S. Department of Education and the Centers for Disease Control (CDC) released guidance for colleges and universities regarding the H1N1 flu virus. The CDC recommends in the guidance that institutions tailor their responses to fit "the size, diversity, and mobility of their students, faculty, and staff; their location and physical facilities; programs; and student and employee health services." Some examples institutions might consider in developing their plans include work-study students, education majors serving as student teachers in a K-12 system, and students in off-campus internships, co-ops, or exchange programs.

Key recommendations from the CDC for the present level of H1N1 flu cases are as follows. It is important to note that these recommendations may change as the flu season progresses.

### **Recommendations for Residential Students**

- Students who are ill with H1N1 should "self-isolate"—i.e., severely curtail their interactions with others except to seek medical care—until at least 24 hours after they no longer display fever symptoms without the aid of fever-reducing medicine.
- If possible, ill students should return home to recuperate and minimize the risk of infecting others if they live nearby and can do so without using public transportation.
- Students who cannot return home should be isolated as much as possible. (The CDC suggests students serve as "flu buddies," pairing up to take care of each other when ill to limit contact between sick and well people, but this may not be practical for all campuses.)

- Schools with shared dormitory facilities rather than private dormitory rooms may wish to set up alternative isolation areas for sick students who cannot leave campus.

### **Recommendations for Commuter Students**

- Commuter students ill with H1N1 should practice self-isolation (whether at their own home or the home of a friend/relative) and not return to campus until they have recovered.
- Commuter students who can utilize distance-learning methods may be able to continue studies even while ill. (This also applies to resident students.)

### **Recommendations for Faculty, Staff, and Administration**

- Faculty, staff, and administration suffering from H1N1 should follow the same self-isolation guidelines as students.
- Faculty are encouraged not to require doctors' notes to excuse absences from class due to illness; administrators are encouraged not to require doctors' notes to excuse absences from work. This is due to the CDC's anticipation that students and employees may not be able to obtain doctors' notes in a timely manner after recovering from H1N1 or other illnesses due to the burden on health care facilities.
- Facilities administrators should ensure facilities—particularly dormitories, classrooms, elevators, dining halls, and other high-contact areas—are cleaned frequently.
- Administrators and faculty are encouraged to develop distance learning strategies, flextime and remote working arrangements, and other methods of limiting face-to-face contact while maintaining operations in the event of a campus outbreak of H1N1 flu. Such planning should include course coverage for faculty and continuity of business operations for administrators and staff.
- Administrators are encouraged to tailor leave policies to accommodate the possibility of a widespread outbreak of H1N1 on campus and/or further CDC recommendations for campus closures/event cancellations in case of a major outbreak.
- Senior administrators are encouraged to discuss setting up vaccination clinics on campus when vaccine supplies for H1N1 become available (at this writing, estimated to be October 2009). AASCU will continue to monitor the situation closely and advise members as the fall flu season develops.

### **Information Resource Links**

- CDC guidance specific to colleges and universities:  
<http://www.flu.gov/plan/school/higheredguidance.html>
- President's Council of Advisors on Science and Technology, *Executive Report: U.S. Preparations for the 2009-H1N1 Influenza*:  
[http://www.whitehouse.gov/assets/documents/PCAST\\_H1N1\\_Report.pdf](http://www.whitehouse.gov/assets/documents/PCAST_H1N1_Report.pdf)
- <http://www.flu.gov/> (Federal one-stop information site)
- <http://www.cdc.gov/flu/> (CDC flu site)
- <http://www.dhs.gov/files//programs/swine-flu.shtm> (Homeland Security flu site)
- <http://www.hhs.gov/> (U.S. Health and Human Services flu site)
- <http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/index.html> (U.S. Department of Education flu site)

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