

THE UNIVERSITY OF ALABAMA SUMMARY OF PANDEMIC INFLUENZA RESPONSE PLAN

Updated April 2009

I. Purpose

The purpose of a pandemic influenza plan is to prepare The University of Alabama for a response to influenza. Emergency preparedness is essential because it will afford an opportunity to respond more effectively to a pandemic situation. The effectiveness of the response supports The University of Alabama's core missions of teaching, research and service.

Parts I and II give an overview of the planning process history and the nature of the threat of a pandemic influenza. Part III delineates pandemic information. Part IV lists web based resources important to the planning and response to pandemic influenza.

II. Planning Process History

Concerns were raised about the threat of a pandemic influenza epidemic in late 2005 after the H5N1 influenza virus or avian influenza was identified as potentially infectious to humans. Small working groups were tasked with assessing the threat and providing information along with general recommendations to The University of Alabama leadership. Subsequent to recommendations by the World Health Organization (WHO), the Center for Disease Control (CDC) raised the levels of concern and called for detailed planning on national, state and local levels including colleges and universities. A University of Alabama Pandemic Influenza Planning Group was formed to begin the process of detailed response planning. It is comprised of eight members including six who had experience in advising The University of Alabama on the response plan to the SARS virus. The planning group met throughout 2006 developing the planning document. A Level II Scenario Tabletop Exercise in fall 2006 to evaluate planning measures was conducted. Academic Affairs office also coordinated several educational opportunities for those on the planning committee and the response team including participation in a second Table Top exercise at UAB, Webinars for members of the planning committee, and participation in the Dec. 6, 2006 Pandemic Influenza Symposium with national experts on the topic hosted by UAB. UA was represented at the Tuscaloosa County Table top exercise on Pandemic Flu planning April 26, 2007. The planning group met numerous times since their work began in late 2005 and addressed the major points included in the CDC checklist for colleges and universities.

III. Pandemic Information

Pandemics are part of human history. There were three influenza pandemics in the last century, in 1918, 1957, and 1968. The worst was the pandemic of 1918 which was caused by H1N1 and killed 500,000 people in the United States and 50 million worldwide. If a similar epidemic occurred now as many as 350 million deaths could occur worldwide.

A. Characteristics of a Pandemic Influenza

Seasonal influenza peaks between December and March in North America. A pandemic influenza can occur at any time of the year and resurges in waves that can last 18 to 24 months. The 1918 epidemic had four waves; the most lethal was the second wave between August and December. Planning should include recovery and response to more than one wave.

The normal influenza attack rate is 5-10%. In a pandemic, an attack rate of 25 to 50% is appropriate for planning purposes. The absentee rate of seasonal flu is 2-6% compared to an absentee rate 6-12% in pandemic influenza. In addition to personal illness many students, faculty and staff may take off to care for ill family or friends.

High absenteeism will affect the delivery of services and goods on a national state and local level. Normal supply channels will not be adequate; this plan calls for coordination with local, state and federal agencies to improve planning for transportation of supplies in a reliable manner despite these anticipated pitfalls.

B. Nonpharmaceutical Interventions (NPIs)

Since both vaccines and antivirals may only have a limited role in slowing a pandemic, other NPIs will become more important in slowing and moderating the spread of influenza to manageable levels. Social distancing, isolation, quarantine, protective sequestration and education in practices to reduce individual risk (i.e. hand washing, cough etiquette, masks) comprise the list that could be used.

Social distancing refers to actions taken to discourage close social contact between individuals including cancellation of classes, sporting events, worship services, and other social events. This intervention is most effective when instituted early in the pandemic before infection takes hold in the community. The 1918 epidemic swept across the country in 3-4 weeks at a time when the population was lower, fewer people traveled and transportation was slower.

Isolation refers to separating individuals with illness from the general population and restricting their movement. Isolating ill students will occur in defined areas as noted in the plan. UA health care providers would provide care only to those who cannot use area hospitals or travel home. Defined residence halls and the Student Health Center are isolation location options. Plans for isolating ill students and providing care for them either with campus or community resources will be necessary because some students in residence halls may not be able to go home. Hospital resources are likely to be severely strained and thus provisions should be made to care for students who are not ill enough to require hospital care but are too ill to take care of themselves.

Quarantine is the separation and restriction of movement of those who are not ill but believed to have been exposed. The duration of quarantine will be dependent upon the incubation period (2-8 days) and the infectious period (1-3 days before ill and up to 16 days after the onset of illness). The Alabama State Department of Health and the Tuscaloosa County Health Department are the only ones who have the authority to institute quarantine and UA would rely upon that agency under that circumstance. Any quarantine may be

difficult to enforce but government operated health departments would be tasked with that duty with UA supporting their orders via UA communication channels.

C. Business Continuity

While the first priority should address health and safety issues, business continuity must follow closely. The UA Financial Affairs Office plan addresses such issues as how employees would be paid under these circumstances, how supplies could be purchased in an expedited manner. Facilities maintenance will continue. Plans for The University of Alabama anticipate shortages and interruptions of supplies and fuel. Contingency plans for completion of courses and distance education will be implemented in accordance with academic policy and ability of the institution to deliver coursework consistently via on-line means.

D. Uncertainty with Pandemics

There will be uncertainty with any flu pandemic, how much warning will be available, and which strategies will be most effective. Three levels of response provide for flexibility in dealing with the threat of a pandemic influenza. The first level would occur when the threat of a pandemic influenza was identified. The threat would most likely be identified by international or national health organizations such as the World Health Organization or the Center for Disease Control. The second level would occur when the virus had been reported anywhere in the United States.

IV. References and Resources

<http://pandemicflu.gov/plan/school/index.html>

<http://www.cdc.gov/swineflu/>

www.who.int

www.adph.org/pandemicflu

www.acha.org