

## **H1N1 Frequently asked Questions**

H1N1 has been a prominent feature in the news in recent weeks and is likely to affect all of us in various ways. The information on this page provides information about how Middlebury College health officials anticipate the impact of H1N1 on our campus, and to let you know the steps we're taking to address some of the challenges this virus may create. An important resource for you in the weeks and months to come is the College's [Emergency Response](http://www.middlebury.edu/administration/publicsafety/er/) web site (<http://www.middlebury.edu/administration/publicsafety/er/>). It provides information about the College's planning and response to this situation as well as other possible emergencies. The best source for general information about H1N1 is the [Centers for Disease Control's \(CDC\) H1N1 webpage](http://www.cdc.gov/H1N1FLU/) (<http://www.cdc.gov/H1N1FLU/>).

### **What has the College done to prepare for H1N1 infections on campus?**

The College has engaged in planning for a pandemic event for over four years, and has a [plan](#) to close and evacuate the College if the H1N1 virus mutates and begins to cause severe infections. College health officials are working with the Vermont Department of Health and closely monitoring the H1N1 situation. The health officials receive regular updates from the CDC, and monitor the World Health Organization and other medical and news sources for updates on H1N1. The College will alert students if H1N1 illness severity suddenly increases and closure becomes more likely. Students would then be encouraged to communicate with their families and reassess their personal evacuation plan. Personal planning for an evacuation is essential for all students and their families, who should know what their plan is and how they will communicate with their each other during an evacuation.

During the 2009 summer Language School session, the College developed and implemented a plan of social isolation for students with influenza-like illness in accordance with CDC guidance. Students were asked to stay in their dorm rooms and meals and other forms of support were provided by staff and friends. Students wore surgical masks when leaving their rooms to use the bathroom or visit the Health Center.

While there has been ongoing concern about the possibility that H1N1 would cause severe illness in many of those infected, experience over recent months has shown that the rate of serious illness in individuals is very close to seasonal influenza. We expect to see H1N1 cases on campus as early as September, and have worked with various departments across campus to support and allow for social isolation of students with influenza-like illness.

### **What can students do to prepare for H1N1 infection?**

Each year, many students in all grade levels arrive at college inadequately prepared to handle even minor illnesses. In addition to good health hygiene practices,\* use of some medications for symptomatic relief can oftentimes prevent simple symptoms from becoming more problematic. College health officials strongly recommend that all students, particularly first-year students, discuss personal care with their parents and purchase the following supplies to use should they become ill:

1. Thermometer (bring one with you and know how to use it)
2. Fever reducer, pain relief and anti-inflammatory medication such as ibuprofen or naproxen sodium
3. Fever reducer and pain relief medication such as acetaminophen
4. Alcohol-based hand sanitizer (such as Purell)
5. Disposable sanitizing wipes (to wipe surfaces such as public keyboards)
6. Soft disposable tissues (a.k.a. Kleenex)
7. Nasal spray decongestant (oxymetazoline, a.k.a. Afrin)
8. Nasal irrigation product (a.k.a. Sinus Rinse)

*\*frequent hand washing, not touching your face or eyes, getting adequate rest, and avoiding academic (i.e. "cramming" or "all-nighters"), social or athletic over-exertion, and considering a flu-shot in the late fall.*

Students should also create or update their [Personal Evacuation Plan](#).

Because the virus is spread by droplets from a cough or sneeze (which can land on surfaces and remain alive for two hours), the most effective means of prevention include use of a tissue or coughing into your sleeve if a tissue is not available. Beyond this, regular and frequent hand washing with soap and water or a hand sanitizer and keeping your hands away from your face are very effective ways to reduce the likelihood of infection.

Students should stay informed. This situation is changeable, and maintaining an awareness of new developments is important. The College's [Emergency Response](#) web site is a good place to start.

Students and parents should try to avoid worrying more than is helpful. The vast majority of individuals deal with this virus very well without a visit to a doctor. Students experiencing significant stress about H1N1 are encouraged to contact the [Center for Counseling and Human Relations](#) at x 5141.

### **What is influenza-like illness, and what happens if students get it?**

While the symptoms of H1N1 include fever, cough, runny nose, body aches, sore throat, and sometimes vomiting and diarrhea, *influenza-like illness* is defined by the CDC as:

Fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza.

Students with influenza-like illness should notify both the Health Center at 802-443-5135 and their Commons office. In most cases, healthy roommates of sick students will be asked to move to a different room or stay with friends to allow the sick student to be isolated in their dorm room. If we see very high numbers of students with influenza-like illness, or moving to a different room is not possible for the healthy roommate, students should follow instructions on respiratory etiquette/ hygiene. Socially-isolated students will be asked to remain in their dorm rooms and not attend classes, meals, meetings, events, practices, games,

etc. These students will also be provided with surgical masks to wear whenever they are in public, such as visiting the Health Center or using the bathroom.

These measures are designed to keep students with influenza-like illness from infecting others and spreading the virus further. The Health Center will coordinate medical care issues, including the length of isolation, and will let students know when it is appropriate to return to the community. Commons Offices will help coordinate academic matters and delivery of meals to isolated students. Isolated students requiring medical attention should call the Health Center at x 5135, or the Department of Public Safety at x 5911 when the Health Center is closed.

### **How long will social isolation last?**

The CDC recommends that people with influenza-like illness remain isolated 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** (i.e. containing acetaminophen, naproxen, ibuprofen, etc.). 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.

Students involved in health care situations (hospital volunteers, EMTs, etc) would continue the exclusion period from the health-care setting for 7 days from symptom onset or until the resolution of symptoms, whichever is longer. These students may be able to return to class and dining halls after the fever resolves, but not to the health care setting.

Experience shows that most people with the 2009 H1N1 influenza virus who were not hospitalized had a fever that lasted 2 to 4 days; meaning an exclusion period of **3 to 5 days** in most cases. Those with more severe illness are likely to have a fever for longer periods of time.

Many people with influenza illness will continue shedding influenza virus 24 hours after their fevers go away, but at lower levels than during their fever. Shedding of influenza virus can be detected for 10 days or more in some cases. Therefore, when students who have had influenza-like illness return to work, school, or other community settings they should continue to practice good respiratory etiquette and hand hygiene and avoid close contact with people they know to be at increased risk of influenza-related complications. Because some people may shed influenza virus before they feel ill, and because some people with influenza will not have a fever, it is important that all people cover their cough and wash hands often.

### **If H1N1 is a relatively mild illness for most people, why isolate people?**

While most people will be able to manage their illness without needing to visit a health care provider, some people have health conditions that put them at risk for serious complications. Also, nobody can predict how H1N1 illness will impact an individual. Social isolation will help limit the overall spread of illness and reduce the numbers of infected people in a community at a given time. This may then limit the spread of illness to people considered at risk for complications of H1N1 infection.

## **Who is considered at risk for complications of H1N1 infection?**

At this time, the same age and risk groups who are at higher risk for seasonal influenza complications should also be considered at higher risk for H1N1 complications. Among college-age students, these include:

1. Students who have chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders. This includes students with asthma;
2. Students who have immunosuppression (caused by medications or by HIV);
3. Pregnant women;
4. Students less than 18 years who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection.

Students who fall into any of these categories should contact the Health Center or their medical provider at home if they begin to experience symptoms of influenza-like illness.

## **Will medications for H1N1 be available?**

There are two prescription influenza antiviral medications recommended for use against H1N1 flu in hospitalized patients with severe influenza.

- oseltamivir (Tamiflu ®)
- zanamivir (Relenza ®)

Their ability to shorten the duration of symptoms by less than 24 hours makes them of marginal benefit in otherwise healthy individuals; therefore most otherwise healthy students with influenza-like illness will not need or significantly benefit from these medications. However, the medications may be prescribed for students considered at higher risk for H1N1 complications (see above list).

As the novel H1N1 flu spreads, these antiviral drugs may become in short supply. Therefore, the drugs may be given first to those people who have been hospitalized or are at high risk of severe illness from flu. The drugs work best if given within 2 days of becoming ill, but may be given later if illness is severe or for those at a high risk for complications.

Aspirin or aspirin-containing products (e.g., bismuth subsalicylate – Pepto Bismol) should not be administered to any confirmed or suspected ill case of novel influenza A (H1N1) virus infection aged 18 years old and younger due to the risk of Reye's syndrome. For relief of fever, other anti-pyretic medications are recommended such as acetaminophen or non steroidal anti-inflammatory drugs.

## **What are the signs of severe illness from influenza viruses?**

In adults, emergency warning signs that need urgent medical attention include:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen

- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms improve but then return with fever and worse cough

Students with these symptoms should contact the Health Center (x 5135), or Department of Public Safety (x 5911). If symptoms are severe, calling 911 will activate the local Emergency Medical Service.

### **Will H1N1 vaccine be available?**

Testing is underway to determine the safety and efficacy of a vaccine for H1N1. These trials are proceeding well thus far, and it appears likely that the vaccine will be available for use beginning in late October or early November. There is a high likelihood that the College will be designated as an administration site for the vaccine. While students up to age 24 are expected to be a target group for this vaccine, initial availability may be limited to students in high risk groups. College health officials are working on a plan to identify high risk students and then identify other students who would want vaccine. Students will receive detailed information about how to receive the vaccine as that information becomes available.

The seasonal flu vaccine is not expected to protect against the 2009 H1N1 flu.

### **What about seasonal influenza and the flu shot?**

In addition to H1N1, we are also likely to see cases of seasonal flu this year. Because of this, it is important to make sure that students receive the immunization for this virus. Vaccines for seasonal influenza will be offered to students as soon as we receive vaccine. We anticipate beginning vaccine clinics in late October. The dates, times, and locations for these clinics will be widely publicized.