

UNIVERSITY OF WASHINGTON

**COMMUNICABLE DISEASE OUTBREAK
MANAGEMENT PLAN**

**ISSUE: Communicable Disease Response
for the University of Washington**

Compiled by:

**Advisory Committee on
Communicable Disease**

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REVISION



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Related Unit Response Plans:
(not included as part of this document)

- Master Agreement Regarding Isolation and Quarantine at the UW between the University of Washington and Public Health- Seattle and King County
- International Programs and Exchanges
- Housing and Food Services
- Hall Health Center
- UW Medical Center/HEICS Contingency Plan
- Harborview Medical Center Disaster/Contingency Plan

I. Purpose

This annex is a supplement to the University of Washington's (UW or University) Emergency Response Management Plan (April, 2008) and describes how the University will respond to the spread of a communicable disease in the University community and/or in the surrounding community. This Communicable Disease Guidance document was initially prepared in 2006 by the University of Washington Advisory Committee on Communicable Diseases (ACCD) to address pandemic influenza. The ACCD serves to develop strategies to manage communicable diseases at the University and provide recommendations to the President.

The primary purpose of the UW communicable disease response plan is to promote the safety and well-being of UW students, faculty, visitors and staff by:

- 1) Preventing the spread of disease
- 2) Protecting UW workers who will need to keep the UW running
- 3) Providing support for the essential services that must be maintained.

The plan provides a general framework for preparedness planning, response and recovery in response to a large-scale outbreak of a communicable disease. It outlines the roles and responsibilities of University personnel and units and the functions that public partners can be expected to provide to the University community. This revision reflects the lessons learned from the H1N1 pandemic that was experienced worldwide and on the University campus in the winter and spring of 2009.

There are several aspects of a communicable disease emergency that differentiate it from other emergencies and that require variations in widespread planning, response and recovery. Nothing in this document precludes the primary parties (UW departments, units, senior policy-makers, employees or key stakeholders) from modifying their actions to meet the unique conditions presented. These unique actions and responses may be based on one or more of the following:

- The current threat of disease in the world, region, state and local area
- The unique nature of the disease including the incidence, morbidity, mortality of the disease
- The novel nature of the disease pathogen, particularly whether it mutates rapidly, has high virulence and spreads easily from human-to-human.
- Mandates and/or orders by Federal, state or local public health or public safety authorities

II. General information on Pandemic Communicable Disease Events

A pandemic is a “geographically widespread outbreak” of communicable disease. An emergency situation can result when the communicable disease:

- a) is highly virulent
- b) is readily transmitted from human to human
- c) causes sudden, serious, illness and death in a large number of people and
- d) when there is sufficient morbidity and mortality to substantially disrupt the essential operations of a community

The communicable diseases with the highest risk for a pandemic event are those that are new to the population either a mutated strain of a known pathogen or a newly emerging pathogen to which the general population has little or no immunity (resistance) and therefore spreads easily and is sufficiently virulent to cause social disruption. In the remainder of this document “novel pathogen” will be used to refer to such agents. Animal viruses infecting humans are considered novel pathogens, thus the avian influenza concern in 2006 and the H1N1 influenza (aka “swine” influenza) in 2009 both have the pandemic potential to significantly interrupt usual operations.

For more information regarding H1N1 Swine flu or H5N1 Avian Influenza see the glossary, “Common Terms and Definitions” and Attachment 4.

In order to assist communities to plan for a potential pandemic, the World Health Organization (WHO) has developed a phased pandemic alert system. WHO uses the definition of pandemic to mean widespread disease in more than one region of the world. The six WHO phases are shown in Attachment #2. The WHO pandemic alert system gives governments, institutions, and individuals time to plan for protection and response. On June 11, 2009, the WHO raised the worldwide pandemic alert level to Phase 6 for the H1N1 Virus. This was done not because of the severity or virulence of the virus but rather because of its ease of transmissibility from person to person.

Federal, state, and local public health agencies such as the Centers for Disease Control and Prevention (CDC) the Washington State Department of Health (WADOH) and Public Health Seattle and King County (PHSKC) and Tacoma Pierce County Health Department (TPCHD) also provide communicable disease planning and response guidance and support. The University planning and response levels

described in this document are informed by the WHO pandemic alert system and are consistent with the (PHSKC) planning levels wherever appropriate. UW actions may deviate from WHO and or CDC recommendations when necessary in order to follow guidance or directives from local public health authorities that will more closely reflect the current situation in the surrounding communities in Washington State.

III. Key Preparedness and Response Principles

Key preparedness and response principles addressed in this plan include:

- 1) Monitoring local population disease burden to determine, novel pathogen morbidity and mortality data that will be used to inform decision making. This includes gathering real time information from PHSKC, TPCHD, WADOH, federal and international public health partners and monitoring the disease burden on campus when feasible.
- 2) Communicating to the University community about the disease spread, what prevention actions individuals can take and the operational status of the University during various levels of the pandemic is essential. The University will collaborate with local public health as appropriate to influence public behavior regarding basic infection control measures such as hand washing or using, sanitizer hand gel, maintaining respiratory etiquette, staying home when sick and avoiding unnecessary contact with other persons who are ill.
- 3) Developing capabilities to implement public health prevention measures is essential to limit disease spread for:
 - Students living in student housing
 - Students commuting to campuses
 - International students and faculty, staff and students in travel status
 - Faculty and staff
 - Medical facilities
 - Visitors and other non-campus individuals
- 4) Planning for business, academic and research continuity by considering how to:
 - Determine essential staff and services in the event non essential operations are suspended
 - Provide academic continuance through technology where feasible
 - Function at low staffing levels
 - Implement social distancing measures when deemed necessary

- 5) Coordinating with local and regional public health agencies (PHSKC, TPCHD and WADOH) to plan for mass vaccination, antiviral/antibiotic distribution, isolation and quarantine, and implementation of disaster triage standards that direct resources to care for those with a potential for survival.
- 6) Planning for recovery of operations so normal operations can be resumed where feasible.

IV. Scope

This plan, as an annex (Annex 2) to the UW Emergency Operations Plan, incorporates by reference a similar emergency planning and response structure. The special circumstances of a communicable disease outbreak may require some variance from UW Emergency Operation Plan and are so noted.

All UW locations and entities are covered by this plan including the Seattle, Tacoma and Bothell campuses, leased locations, field stations and faculty, staff and students stationed or travelling out of country under UW auspices. Coordination with the University of Washington Medical Center and Harborview Medical Center's emergency response plans and those facilities will be necessary to ensure staff who work both in the medical centers and on the campuses are aware of differences in various response and recovery plans. Staff, students and faculty who have been in travel status internationally, and who are at risk of carrying a novel infection may be required to practice social distancing measures for a designated period to minimize the likelihood of disease transmission.

The following sections provide a systematic approach for minimizing the risk in the event of a community wide communicable disease outbreak.

V. Authority

All laws and authorities referenced in Section 1 of the April 2008 UW Emergency Response Plan are relevant to this plan. During a public health emergency, public health laws will be relevant to the operations and additional statutory authority or memorandums of understanding may supersede University policy.

Governance

State law gives the Board of Regents full control of the University and its property. As delegated by the Board of Regents, the President of the University, or the President's designee, is authorized to effect the governance and administration of the University.



Emergency Authority

Emergency authority during a communicable disease event resides with the President of the University and the President's Emergency Policy Council as described in the UW Emergency Plan, Section 1.9.

The Advisory Committee on Communicable Disease (ACCD)

The ACCD is composed of UW leaders who collectively provide the UW President with logistic, educational, and policy advice related to communicable diseases that may affect University operations.

PHSKC Local Public Health Officer

The Director of PHSKC is the Local Health Officer for Seattle and King County and has statutory authority to enforce public health laws and regulations and control and prevent the spread of communicable diseases throughout King County.

UW Medical Public Health Officer

The Associate Medical Director for Public Health at Hall Health Center (UW student health services), in conjunction with the Campus Health Services (CHS) Director at the UW, is responsible for communicable disease notification to the UW students and employees. This Officer works directly with PHSKC to monitor the clinical needs of students and employees, to evaluate disease morbidity and mortality on campus, and to coordinate vaccine, antibiotic or antiviral distribution. This person is a member of the ACCD.

UW Local Public Health Officer

The Director of Environmental Health and Safety (EH&S) serves as the University's Public Health Officer and is a member of the ACCD. EH&S provides public health services to reduce exposure and transmission of disease.

UW Director of Emergency Management (EM)

The UW Director of EM coordinates emergency response and logistics support to a communicable disease event, supports activation of EOC, participates on ACCD, and shares information from local, state and federal emergency planning and response agencies.

VI. University Unique Characteristics

The University has *unique characteristics* that influence its' planning for the possibility of a communicable disease outbreak due to a novel pathogen. These include:

1. It has many international students.
2. It encourages foreign exchanges for educational opportunities and research among its students and faculty and has a large number of students studying abroad.
3. It is never fully closed, since it operates residence halls at the Seattle campus and supports the medical services at both the University of Washington Medical Center and Harborview Medical Center.
4. It has research laboratories and research animals that must be maintained on a 24/7/365 schedule.
5. The Board of Regents' has full authority over the University facilities and therefore unique relationships with the public health authorities, per Washington Administrative Code 246-100.

These unique aspects of the University have been considered in developing the communicable disease response plan.

VII. Planning Assumptions

As stated in the UW Emergency Response Management Plan, "Emergency planning requires an accepted set of assumed operational conditions that provide a foundation for establishing protocols and procedures. These assumptions are called planning assumptions, and the standard practice is to base planning on the worst-case conditions". These assumptions, with respect to a communicable disease emergency on a university campus are:

1. The University plan is modeled on the PHSKC plan and the University will work cooperatively with PHSKC to promote interagency communication, and collaborative decision-making in times of public health emergencies. The University will follow the lead of PHSKC as much as possible but recognizes:
 - a. University facilities are located in other counties, states and countries and consultation with the local health official for those operations will be necessary.

- b. The University may be a key site where communicable diseases issues are first recognized.
 - c. The University may have a varying response need due to dense housing, extensive travel of staff and students and the need to maintain 24/7/365 essential services
 - d. Public authorities have the power to and may require the University to respond to those authorities directly. This may include providing facilities for emergency public health, medical and security response.
2. This plan provides a tiered approach for response that can address the spread of a communicable disease where:
- There is rapid spread of a highly communicable and virulent novel pathogen.
 - A vaccine may not become available for an extended period after the emergence of a novel pathogen.
 - Mass fatality of susceptible individuals and at risk populations may occur.
 - There is widespread shortage of prevention aids such as vaccine, antivirals, protective masks, sanitizers.
 - Rapid changes in infection control measures must occur to reflect evolving information about a novel pathogen characteristic.
 - Social distancing strategies may have to be implemented to reduce disease spread.
 - Sustained disease transmission may occur such that personnel are unable to perform or support essential operations
 - The University may have to cease some activities or suspend all non essential operations.

VIII. University Response Levels and Critical Control Strategies:

The University plan is divided into two levels that incorporate the WHO phases 1, 2, and 3 into a University Level 1, and the WHO Phases 4, 5 and 6 into University Level 2. (Attachment #2). This grouping reflects organizationally PHSKC's approach to planning, responding and recovering from a pandemic event of a communicable disease outbreak.

The UW levels have some correlation with the WHO levels; however, the potential or known virulence and transmissibility of the novel pathogen and the geographic proximity together must act as a general guide for the University's level of implementation. The ACCD will utilize recommendations from the local PHSKC,

the Tacoma Pierce County Health Department (TPCHD), the State Department of Health (WADOH) and the Centers for Disease Control and Prevention (CDC) in making recommendations to the President and Board of Regents with regards to implementation of critical control strategies for the UW.

1. UW Level One: **Plan and Prepare**

UW Level One describes activities that should be taken to prepare for the possibility of a communicable disease outbreak

A. Risk Assessment Summary for Level One

A new pathogen is detected that may be or has been transmitted to humans. No or very limited human-to-human transmission has occurred. University monitors world-wide developments and plans for a change in status or emergence of new pathogens.

At this level the University faces only potential risks. The risk factor that needs to be considered at this phase is the potential for an unanticipated introduction of the pathogen into the University or local community.

B. Critical Control Strategies – Prevention and Protection

Depending on the level of concern that the pathogen presents the University may communicate to the University community that the common sense approaches that control the spread of any communicable disease are also basic to preventing infection by a novel pathogen.

- i. Encourage all faculty, staff, and students to receive seasonal influenza vaccine and other appropriate vaccinations to reduce the risk of personal illness and possible co-infection with a novel pathogen.
- ii. Communicate to the University community the current CDC, TPCHD, and PHSKC recommendations and availability of seasonal influenza vaccine and the novel pathogen vaccine as it becomes available.
- iii. University staff, faculty and students are reminded that using basic health practices (frequent hand washing, covering coughs,



and staying home when ill) can help prevent the transmission of a communicable disease.

Students and faculty traveling internationally on University-related activity or business are encouraged to obtain pre-travel advice and register with the U.S. Embassy prior to departure, to plan for potential illness abroad, and to assure appropriate health insurance coverage exists, including emergency evacuation insurance. The ACCD will collaborate with the Global Support Office and International Programs and Exchange (IPE) to identify faculty, staff, and students on UW related international travel who may have travel restrictions placed either on return to the United States or when reaching their destination country.

C. Essential Services/Responsibility Matrix

The following matrix establishes the actions that University essential services units need to take at “Level One.”

UW Level ONE Responsibility Matrix

| <i>Responsible Unit</i> | <i>Critical Control Action Strategies – LEVEL ONE</i> |
|--|--|
| POLICY | |
| President and Cabinet | <ul style="list-style-type: none"> • Receive briefings, and review the operational implications of a potential communicable disease outbreak affecting University operations. |
| President Provost/ Executive Vice President Senior Vice President | <ul style="list-style-type: none"> • Remind academic and administrative units to prepare and plan for business continuity, continue regular orientation and training for EOC and Emergency Policy Council members. |



| <i>Responsible Unit</i> | Critical Control Action Strategies – LEVEL ONE |
|--|---|
| Advisory Committee on Communicable Disease (ACCD) | <ul style="list-style-type: none"> • Coordinate preparation and dissemination of information on the University’s response plan for management of the possible spread of a novel pathogen. • Clarify its role in emergency communications and actions with the EOC. • Clarify relationship with local health departments/local health officers for potential communicable disease control activities. • Monitor the information from the Centers for Disease Control and Prevention (CDC), reports from the World Health Organization (WHO), information from the state and local health jurisdictions in Washington State, and developments in other institutions of higher education in order to have access to the best possible information on which to base its’ recommendations. Chair of the ACCD may brief the President and/or the President’s Cabinet (Emergency Policy Council) |
| STUDENT SUPPORT | |
| Housing and Food Services | <ul style="list-style-type: none"> • Identify potential housing necessary for quarantine and/or isolation facilities. • Ensure housing contract language allows for use of facilities in an emergency situation. • Assess the potential need for action to ensure just-in-time food supply options. • Assess the potential need for personal protection equipment and arrange for appropriate training and fit testing for respirators, • Stockpile supplies of respirators as conditions warrant. • Identify essential food service personnel and develop plan for sufficient presence during an outbreak. • Develop staffing back up plan. |
| Hall Health Center/ Student Health | <ul style="list-style-type: none"> • The Hall Health Center Associate Director of Public Health serves as the medical public health officer and provides draft communications and recommends policy related to medical response to potential communicable disease risk. • Maintain ongoing participation in the PHSKC and TPCHD |



| <i>Responsible Unit</i> | <i>Critical Control Action Strategies – LEVEL ONE</i> |
|--|--|
| Hall Health Center/Student Health (continued) | <p>influenza surveillance plan and the CDC-affiliated GeoSentinel global surveillance program.</p> <ul style="list-style-type: none">• Serve as a data collection site for reported absenteeism• Monitor local, regional, national and global outbreak disease status, and collaborate with EH&S and ACCD on analysis of implications for UW Campus. Watch for patients who may exhibit symptoms consistent with a novel pathogen and maintain liaison with PHSKC and TPCHD epidemiologists.• Develop a medical provider backup plan to provide medical services in the event of high staff absenteeism.• Promote appropriate personal protection and emergency plans for health center staff.• Participate in the development of a campus response plan, and also a distribution plan for critical pharmaceuticals, medical supplies, and equipment.• Participate with Housing and Food Services (HFS) and University of Washington Police Department (UWPD) in the development of a plan for students in residence halls who may have been exposed and/or need transport to quarantine facility.• Develop protocol for transfer of students requiring hospital evaluation or care to UWMC or other hospital facilities.• In conjunction with International Programs and Exchanges (IPE) and the Office of Global Affairs, advise students and faculty traveling in affected regions.• Provide expert medical advice to campus and EOC• Serve as the campus web resource for updating information at www.uw.edu/flu• Maintain updated health advice and answers to FAQs on website (other UW departments may link to this website as needed). |
| International Programs and Exchanges (IPE) | <ul style="list-style-type: none">• In conjunction with Student Health Service, 1) inform students and faculty about the policies and procedures for pre-travel health screen; 2) implement criteria for deferral of program participation in a country/region of a significant communicable disease outbreak; 3) plan for UW students abroad during a pandemic outbreak (which should include having a communication and evacuation plan for students); |



| <i>Responsible Unit</i> | Critical Control Action Strategies – LEVEL ONE |
|--|--|
| International Programs and Exchanges (IPE) (continued) | <p>4) implement requirement that students abroad have medical insurance with medical evacuation coverage; 5) establish a system to identify reliable medical providers at student locations abroad.</p> <ul style="list-style-type: none"> • The IPE website will link to the UW website which will provide updated information on the influenza situation via local, state, federal, and international health agency announcements. It is vital for students, faculty and staff to recognize that travel restrictions may be a response to communicable disease outbreak (see Attachment 3). |
| Office of Student Life | <ul style="list-style-type: none"> • Develop a draft policy for suspension of classes due to threatening communicable disease outbreak and route to Provost for consideration. • Verify student discipline policy for compliance with emergency health directives is in place. • Develop advance communication plans, notices and travel information in conjunction with UW Medical Public Health Director at Hall Health and the Faculty Senate. |
| ESSENTIAL SERVICE SUPPORT | |
| Environmental Health and Safety (EH&S) | <ul style="list-style-type: none"> • EH&S Director serves as local public health officer for the UW campus and is a member of the UW ACCD providing public health expertise for communicable disease event prevention planning and response. • Maintain contact and communication with PHSKC. • In conjunction with Hall Health Center, monitor the national, state and local communicable disease and public health status. • Respond to public health questions from UW community. • Promote awareness of the UW Communicable Disease Response Plan through the UW Health and Safety Committees. • Work with Student Health Services, Emergency Management, and others to coordinate the development and dissemination of public health information including guidelines regarding the use of personal protective equipment/respiratory. • Conduct the respiratory protection training and fit testing as |



| Responsible Unit | Critical Control Action Strategies – LEVEL ONE |
|---|--|
| Environmental Health and Safety (EH&S) Continued | <p>necessary to assure essential services can function safely (Police, EH&S: Plan additional support to medical centers reducing support to other groups.)</p> <ul style="list-style-type: none">• Review impact of a communicable disease outbreak on services and personal protection needs for certain essential services, such as Lab Medicine, Facilities Maintenance, etc.• Work with Purchasing to arrange for the continued supply of personal protection equipment (PPE) and hygiene items.• Review protocols and training of employees in clinical labs who may be, handling novel virus strains and assure proper personal protection, training and proper bio-safety level handling.• In conjunction with the Infectious Waste Committee, develop a management plan for increased volumes of infectious waste. |
| Emergency Management | <ul style="list-style-type: none">• Provide emergency references/documents to responsible functional units• Liaison with campus units to review potential Emergency Operations Center (EOC) needs.• Test EOC and Policy Group communications, including updating call-up lists and 24/7 of EOC and cabinet officials.• Determine if additional backup personnel are required for each critical office/unit/department in the EOC• Develop plan for a virtual EOC and Emergency Policy Council (Cabinet) activation to minimize person-person contacts in time of emergency• Develop, implement and evaluate tabletop exercises (dealing with disease outbreak) as appropriate• Review information-sharing systems between UW and King County ECC, Pierce County, and City of Seattle EOC and State of Washington EOC |



| Responsible Unit | Critical Control Action Strategies – LEVEL ONE |
|--|---|
| Facilities Services <i>including Transportation Services</i> | <ul style="list-style-type: none">• Assure sites identified for quarantine and/or isolation have functioning infrastructure• Develop cross training to enable power plant, electrical and water services and other critical services to be maintained in the event of a campus outbreak so that hospitals and residence halls can be supported• Stockpile appropriate personal protective equipment and critical supplies.• Provide training to staff regarding communicable disease issues and assure all staff have respiratory protection training and fit testing.• Review potential impacts of travel restrictions to UW operations and review alternative transportation plans• Identify potential motor pool units that could be used for servicing transport needs of resident students.• Plan for sanitizing vehicles and providing PPE for staff that clean.• Assure infectious waste management vendors can handle increased volumes. |
| Office of Global Affairs | <ul style="list-style-type: none">• Travel tracking database is a work in progress. Once established the Office of Global Affairs will play a key role in identification of students, faculty, and staff on international assignment who may face pandemic communicable disease risks while abroad or re-entry restrictions when returning to the United States. |
| Human Resources | <p>In collaboration with UW Emergency Management:</p> <ul style="list-style-type: none">• Develop materials to assist units to identify the critical functions they may perform (if any) and the critical inputs and outputs to and from their Units.• Review information about UW practices that would facilitate “social distancing” and update/augment if required (e.g. telework, alternative work schedules).• Assess the need for additional communication about positions designated as essential and leave use practices.• Determine feasibility of collecting employee absenteeism data. |



| Responsible Unit | Critical Control Action Strategies – LEVEL ONE |
|---------------------------------|--|
| Procurement / Purchasing | <ul style="list-style-type: none">• Assist with preparations in the event critical supplies need to be stockpiled• Assure advanced contracts provide for sufficient use of necessary food and supplies, as identified by critical functional units• Contract for refrigerated trucks to be accessible to the medical centers/campus. |
| Risk Management | <ul style="list-style-type: none">• Provide guidance regarding coverage status of faculty or professional students who are requested to work on community management of a communicable disease outbreak and/or who wish to volunteer for such work• Provide guidance to ACCD regarding liability issues of the plan.• Review and amend insurance policies, if possible, for communicable disease-related losses.• Establish back up with and for other administrative functions in EOC (e.g. HR, Finance) |
| UWPD | <ul style="list-style-type: none">• Review the mutual aid agreements with local police jurisdictions• Assure staff are appropriately trained for possible enforcement of quarantine and/or isolation actions on campus• Obtain training regarding respiratory protection and fit testing• Stockpile supplies of respirators as necessary• Review CAAMS system for expansion so UW buildings can be locked remotely. |
| COMMUNICATIONS SUPPORT | |
| UW Technology | <ul style="list-style-type: none">• Identify essential services needed to maintain University operations and communication systems• Identify essential staff functions and cross train• Update the UW public, UWIN and UW Emergency Management (UWEM) web pages as needed• Identify need and capacity issues for increased |



| <i>Responsible Unit</i> | Critical Control Action Strategies – LEVEL ONE |
|--|---|
| UW Technology (continued) | telecommunications |
| News and Media Relations | <ul style="list-style-type: none"> • Develop liaisons with the IPO in the region for coordinated delivery of community messages in the event of an emergency • Work with UW Technology and Media Relations and Communications to establish communication strategies • Develop “canned”, ready-to-go templates for news releases, public statements and briefings with input from ACCD. • Coordinate with the medical centers regarding messages to faculty, staff and students that may differ based on risks to patient populations |
| Campus Health Services and Employee Health Clinics | <ul style="list-style-type: none"> • Serve as an employee information site regarding disease issues in conjunction with the EOC and HR • Link with EH&S and UW Emergency Management (UWEM) to provide information to UW clients • Provide links to appropriate medical centers |
| MEDICAL CARE SUPPORT | |
| UW Medicine Harborview Medical Center (HMC) UW Medical Center (UWMC) | <p><u>Harborview Medical Center (HMC):</u></p> <ul style="list-style-type: none"> • Implement duties associated with role as the Disaster Control Hospital for Seattle King County. • Provide leadership (co-chair) for King County Public Health Hospital Coalition on Disaster Planning • Implement and maintain Regional Resource Hospital requirements consistent with Seattle King County Public Health 2006 Hospital Coalition Plan. <p><u>HMC, UWMC:</u></p> <ul style="list-style-type: none"> • Implement medical center and clinic specific plans consistent with requirements of Regional Hospital Coalition Plan • Develop plans that enable medical service delivery to larger community as part of the county wide flu planning efforts • Update infection control plans according to public health |



| <i>Responsible Unit</i> | <i>Critical Control Action Strategies – LEVEL ONE</i> |
|---|---|
| UW Medicine Harborview Medical Center (HMC) UW Medical Center (UWMC) (continued) | requirements and recommendations <ul style="list-style-type: none">• Implement effective isolation and containment protocols , continue respiratory hygiene/cough etiquette and epidemiologic surveillance programs.• Coordinate information regarding personnel protection required in hospitals with Campus Health Services so staff, students and faculty are aware that protection levels may vary according to location• Continue to coordinate efforts and collaborate with area health care facilities, PHSKC and other appropriate local public health authorities on outbreak response planning.• Identify and purchase equipment and supplies necessary to sustain a response to a communicable disease outbreak for the duration of its persistence in our locale.• Identify creative staffing alternatives for periods of extensive staffing shortages. |

2. Level Two: **Mobilize/Respond/Sustain**

Level Two will be activated upon the first confirmed case of a human disease caused by a highly virulent novel pathogen in the United States, Mexico and/or Canada) that has the potential to cause substantial socioeconomic disruption because of morbidity or mortality impacts. Level two is flexible and scalable to meet emerging disease event conditions.

A. Risk Assessment Summary

This University communicable disease outbreak guidance plan - Level Two - incorporates WHO levels 3, 4 and 5 and provides response guidance in situations where the first confirmed case of human-to-human transmission of a novel pathogen has occurred in the United States, Mexico and/or Canada. The University response level will depend on the pathogen's virulence and rate of spread and will change as new information about the agent or its spread becomes available.

The University will identify major risk factors that are unique to the University and related to the potential transmission of a novel pathogen disease, should human-to-human transmission be documented. These could include such factors as: densely located populations in housing and classrooms, age and immunity status of campus population and international travel status of some University members. The impact of the disease in the communities surrounding the University as well as other risk factors will also be included in risk evaluation.

B. Critical Control Strategies

1. Prevention and Protection

The UW Level Two response includes the following prevention strategies.

General Strategies

The controls noted in "Level One," such as basic hygiene, working with private health care providers to receive vaccinations, are also critical prevention strategies that need to be followed by all members of the University community.

At this point, the University may opt to suspend classes or at least public activities such as sporting events, as a precaution to limit close contacts between members of the campus community. At this level, Public Health Officials may consider imposing travel restrictions. Therefore, returning residence hall students to their

families and homes may need to take place before such restrictions can be imposed.

University Sponsored Travel

(Details of the implementation of the IPE and Office of Global Affairs response plan can be found in specific unit response attachments).

- Depending on the specific circumstances of the communicable disease threat, the University may implement travel restrictions and requirements for returning travelers. See Attachment 3 for travel related control strategies, guidance, policies and procedures.

The University is using CDC definitions and local health guidance in determining what constitutes “*close personal contact*” for purposes of establishing appropriate risk reduction procedures. Close contact may include kissing or embracing, sharing eating or drinking utensils, close conversation, and any other direct physical contact between persons. Close contact generally does not mean the casual contact typified by attending the same class or meeting or walking by a person.

Transmission of a novel pathogen may be more likely among health care providers having close personal contact with infected patients. To reduce the potential for transmission among these University employees, the medical centers affiliated with the University have implemented infection control mechanisms, including designated screening areas and the use of personal protective equipment by those providers having close contact with potential novel pathogen patients. Surgical masks will be offered to any person who is coughing and/or sneezing while in waiting and reception areas of the health care centers, as the masks can minimize the exposure of others.

For a pathogen of extreme virulence and transmissibility and where rates of infection and absenteeism disrupt critical services in the area, the University will plan for and may take the following actions as appropriate:

- Activate EOC and operate in ICS mode. (Appoint an Incident Commander)
- Implement local public health directives.
- Suspend University non-essential operations.
- Suspend classes.
- Evacuate residence halls.



- Restrict visits to campus of non-essential visitors.
- Exclude individuals showing symptoms from campus.
- Quarantine/isolation of resident students
- Implement travel restrictions
- Implement requirements for returning travelers.
- Establish mass dispensing operations for treatments or immunizations coordinated with campus and local public health officials.

C. Essential Services/Responsibility Matrix –Level Two

The completion and continuation of the preparations outlined in Level One, and detailed in unit response plans should be considered the foundation on which Level Two preparation builds. In addition to Level One actions, the following actions are needed at Level Two.

| Responsible Party | Critical Control Strategy - <u>Level Two</u> |
|---|---|
| POLICY | |
| President and Cabinet | <ul style="list-style-type: none"> • Review updates and reports from ACCD and others on the continuing prevention and preparation activities • Make decisions based on recommendations of ACCD and others on issues such as: <ul style="list-style-type: none"> -suspension of non-essential operations -residence hall closure(s) -implementation of isolation or quarantine -implementation of social distancing |
| President Provost/Executive Vice President Senior Vice President | <ul style="list-style-type: none"> • Direct campus units to implement business and academic/research continuity plans and put critical action plans in place. • Assess risk/benefit impact of various mitigation strategies for partial or full academic closures • Direct business continuity to occur for 24/7/365 business operations |
| Advisory Committee on Communicable Diseases (ACCD) | <ul style="list-style-type: none"> • Operate in conjunction with the EOC (if activated). • Advise President and Cabinet regarding the status of the ongoing disease spread and mitigation measures. |
| | |



| Responsible Party | Critical Control Strategy - <u>Level Two</u> |
|--|--|
| <i>STUDENT SUPPORT</i> | |
| Housing and Food Services (HFS) | <ul style="list-style-type: none">• Ensure plans are in place to prepare for a potential University closure.• Prominently display and provide up-to-date communication to HFS employees and residence hall students regarding a communicable disease threat, prevention, and treatment. (Work with Hall Health)• Implement procedures for student evacuation if required.• Revise an emergency staffing plan if necessary to attend to students' needs.• Identify rooms and/or buildings to house students unable to vacate.• Identify locations for sick students requiring isolation and quarantine. Work with Hall Health to identify a way to monitor students' health.• Coordinate student clearance procedures with Hall Health.• Provide communications and/or programs for students and employees regarding basic health practices.• Place informational posters on residential bulletin boards and in restrooms.• Arrange essential staff training with EH&S, Hall Health Center and/or the UWMC.<ul style="list-style-type: none">- Identify members of the quarantine cleaning team and appropriately train and equip with respiratory protection.- Provide essential training to staff requiring close contact with isolated and/or quarantined students.• Identify and gather supplies needed to carry out emergency plan.<ul style="list-style-type: none">- Staff and train a food distribution team for potential future action. Ensure food delivery process is planned and delivery supplies are on |



| Responsible Party | Critical Control Strategy - <u>Level Two</u> |
|-------------------|--|
| HFS (continued) | <p>hand.</p> <ul style="list-style-type: none">• Identify protective equipment needed for staff and residents and stockpile protective and sanitary equipment in consultation with Hall Health and EH&S.• Purchase and store recommended equipment and supplies in several storage sites.• Assure appropriate supplies for students and staff, including packing boxes, tags, protective face masks for implementing respiratory protection and cough etiquette, appropriate respirators, ethanol-based hand sanitizer, and food transport supplies. <p>IN THE EVENT OF RESIDENCE HALL EVACUATION AND ACTIVATION OF ISOLATION/QUARANTINE</p> <ul style="list-style-type: none">• Based on directives from the local health official and the Board of Regents requiring official University-wide restrictions/closures, HFS will send notices to student residents in the residence halls with instructions for vacating and checking out of the residence halls.• The quarantine and isolation housing units at Stevens Court and Stevens Court Addition will be prepared for potential use. Notifications will be sent to occupants informing them of need to move with a 24-hour notice.• The food distribution and cleaning teams will be activated and put on stand-by.• Residential Life staff will be prepared to oversee the movement, storage and security of students' belongings.• Training and equipping of staff with personal protective equipment will be finalized.• Arrangements will be confirmed with vendors regarding uninterrupted delivery of food and supplies.• Hospital grade cleaning and infection control will be instituted in the residence halls, as well as |



| Responsible Party | Critical Control Strategy - <u>Level Two</u> |
|---------------------------------------|--|
| H&FS (continued) | <p>quarantine and isolation facilities.</p> <ul style="list-style-type: none">• In the event of a University closure, activate plan from Level 2 to isolate sick students.• Recall essential personnel.• Evacuate students and prepare isolation areas for sick residents. |
| Hall Health Center/ Student Health | <ul style="list-style-type: none">• Track incidence of respiratory illness.• Assure staffing and PPE programs are in place• Work with IPE and HFS to create a program to provide students with access to campus facilities.• Work with HFS and local public health authorities to coordinate the relocation of resident students to quarantine and/or isolation facilities as appropriate;• Coordinate daily medical surveillance and “triage” of residents in residence halls through contact with HFS. Those students in quarantine or campus isolation facilities will be monitored by local public health staff. In the event of a outbreak overwhelming the public health system, volunteer health care workers deputized by the appropriate state authorities State may be needed to augment local public health staff in order to deliver medical services off-site (e.g. outside the Hall Health Center building).• Provide medical supervision and medical Guidelines for the mass distribution of antivirals if they are provided to the UW by public health authorities.• Suspend all routine visits to accommodate ill patient visits based on available staffing.• Update communicable disease website with current and verified information (in coordination with UW Public Health Officer, EH&S Director, News & Information, and UW Technology) |



| Responsible Party | Critical Control Strategy - <u>Level Two</u> |
|--|---|
| International Programs and Exchanges (IPE) | <ul style="list-style-type: none">• Prepare messaging/assistance in conjunction with the Office of Global Affairs for students caught in travel status, as per plan in “Prevention” section• Initiate communications plan. Convey CDC and UW information and recommendations, in conjunction with UW Public Health Physician and Risk Management, to students, faculty and staff participating in IPE programs abroad.• Follow CDC, WHO, WADOH, PHSKC, Office of Global Affairs and UW ACCD advice/recommendations/restrictions for travel and implement on-site precautions for programs abroad.• Work with US Embassy, International SOS, and local authorities to assist students, faculty and staff who develop suspect symptoms to obtain medical advice and care.• Implement infection controls to defend against additional infections.• Determine whether the program can continue to operate abroad with modifications or should be suspended or cancelled based on local/regional conditions. If cancelled, plan and assist with repatriation.• In case of repatriation, inform affected students, faculty, and staff of possible port of departure and point of entry precautions and procedures (e.g., temperature scans) and what to do if they become symptomatic.• Inform student emergency contacts of departure plans and suggested precautionary measure upon their returns.• Inform students, faculty and staff of UW policies/procedures regarding their returns to campus. |
| Office of Student Life | <ul style="list-style-type: none">• Develop messaging for students and families |



| Responsible Party | Critical Control Strategy - <u>Level Two</u> |
|-----------------------------------|--|
| ESSENTIAL SERVICES SUPPORT | |
| EH&S | <ul style="list-style-type: none">• Work with local public health to implement the MUA regarding duties/responsibilities regarding communicable disease outbreak and if needed the isolation and quarantine implementation plan• Work with Facilities Services to review the established plans/procedures for preparing designated sites for students needing quarantine and/or isolation.• Work with HFS, Facilities Services, and medical centers to establish training and PPE for Quarantine/Isolation Cleaning Teams. Establish methods for cleaning, including disinfectants and PPE.• Train additional HFS staff to handle increased volumes of infectious wastes from quarantine/isolation areas.• Review critical hygiene supply status and contracts supplies. Review respirator supplies and testing. Bring in final anticipated amounts and check re-supply.• Intensify good hand and cough hygiene practice information communication. Universal posting of information.• Work with other service units to assure preparations for employee safety and health are in place• Notify PHSKC if UW isolation/quarantine measures to be implemented or if resident students to be sent home.• Confirm when residence hall rooms previously occupied by infected individuals can be considered safe for re-occupancy.• Participate in decisions to activate the EOC.• Restrict number and type of meetings face to face. Encourage teleconferences.• Review staffing levels and adjust hours and |



| Responsible Party | Critical Control Strategy - <u>Level Two</u> |
|--------------------------------|---|
| EH&S (continued) | <p>backup. Consider multiple shifts.</p> <ul style="list-style-type: none">• Monitor and correct supplies and supply pipeline as needs change.• Implement minimum EH&S staffing plan to provide health and safety services to essential staff at UW.• Report staffing projections and long term capacity to EOC.• Assure UW essential personnel have appropriate training and PPE.• Work with PHSKC to identify community based isolation/quarantine areas if UW space is exceeded.• Identify spaces that can be used as temporary storage for hazardous waste if normal disposal options not available. |
| UW Emergency Management (UWEM) | <ul style="list-style-type: none">• Work with incident commander (EH&S Director or alternate) in the event that actual or virtual EOC activation occurs• Identify alternate campus staff or volunteers to supplement limited UW Emergency Management staff to coordinate EOC activities• Confirm with organizational units that they are clear about their response role in the event of EOC activation.• Share updated communicable disease response plan with key EOC and cabinet officials and operational units and departments• Test EOC computer and phone capabilities. Place EOC on “stand-by” for potential (partial) activation.• Order personal hygiene and disease transmission control devices for EOC responders (masks, gloves, tissues, antibacterial, etc. for EOC responders.• Work closely with the ACCD to update campus emergency responders with expected roles and responsibilities at this stage.• See Human Resources Section regarding business continuity.• Link with King County Emergency Response |



| Responsible Party | Critical Control Strategy - <u>Level Two</u> |
|-------------------|---|
| UWEM (continued) | <p>Center and Pierce County to coordinate on non-public health issues</p> <ul style="list-style-type: none">• Liaison with EH&S and Hall Health Center to coordinate public health with clinical health control measures• Assure the incident command structure is in place for the actual or virtual EOC, with leadership provided to at least three levels for the following:<ul style="list-style-type: none">○ Incident Commander○ Planning○ Operations○ Logistics○ Administration/Finance• As part of ACCD, develop ad-hoc policies and official statements for review and dissemination by the President’s Emergency Policy Council (Cabinet)• Activate (virtually or physically) the Campus Emergency Operations Center Level 2 (Partial activation with critical functions staffed)• Work with operational departments to ensure adequate staffing of critical business continuity functions• Assist in the resource management activities of the university in locating and acquiring specialized materials and supplies for the response and recovery efforts. This may include requesting State and Federal resources via the State EOC in Camp Murray.• Continue to coordinate the activities of the (virtual or physical) UW Emergency Operations Center.• Provide updated reports to the City of Seattle EOC, King County ECC, Tacoma- Pierce County EOC and the State of Washington EOC |



| Responsible Party | Critical Control Strategy - <u>Level Two</u> |
|---|---|
| Facilities Services (including Transportation Services) | <ul style="list-style-type: none">• Complete final preparations for isolation/quarantine facilities.• Implement business continuity plan• Assure all staff have appropriate PPE, training, testing• Confirm vendors and contracts are in place for waste handling• Do training and fit testing for respiratory protection• Activate staff back up plan• Continue to support all essential campus services |
| Human Resources | <ul style="list-style-type: none">• Serve as resource to answer questions and respond to HR issues that arise• In collaboration with UW Emergency Management, confirm that Units identified as essential have business continuity plans in place. Communicate reminders about the procedures for suspending non essential operations and the status of employees not required to work and leave policies that apply.• Continue to support all essential services and manage Human Resources issues that arise.• Evaluate the need for, recommend and, if necessary, implement changes in human resource policies for emergency operations• Communicate and work with labor organizations as necessary |
| Procurement/ Purchasing | <ul style="list-style-type: none">• Work with major emergency and operational units to order additional emergency response, medical and mass-care supplies and equipment• Contact key vendors (medical supplies, food, water and personal care supplies) to ensure timely delivery or critical supplies |



| Responsible Party | Critical Control Strategy - <u>Level Two</u> |
|---|--|
| Risk Management | <ul style="list-style-type: none">• Advise as needed on liability implications to response activities• Assess liability coverage for volunteer and replacement medical providers• Liaison with med evacuation service provider for ill employees or students in foreign locations• Respond to management of risk for some required social distancing measures such as quarantine, screening and other activities. |
| UWPD | <ul style="list-style-type: none">• Assure staff are fully prepared re: PPE• Be ready to enforce suspended operations• Be ready to provide oversight of quarantine/isolation restrictions on access• Coordinate with other law enforcement jurisdictions.• Coordinate any on-site campus fatalities with the King County Medical Examiner’s Office. |
| COMMUNICATIONS SUPPORT SERVICES | |
| UW Technology | <ul style="list-style-type: none">• Provide centralized location for campus messages and communications• Have designated information on UW Home Page• Develop links to other UW web sites that may have department specific information (e.g. medical centers) |
| News and Information / Media Relations and Communications | <ul style="list-style-type: none">• Coordinate with Public Health Joint Information Center• Work with ACCD, Hall Health Center, EH&S, UW Emergency Management and others to develop responses to media inquiries |



| Responsible Party | Critical Control Strategy - <u>Level Two</u> |
|---|--|
| Campus Health Services And Employee Health Clinics | <ul style="list-style-type: none">• In conjunction with ACCD prepare briefing to employees• Convene the CHS Executive Committee• Continue to provide information and to monitor for Potential disease symptoms among patients• Coordinate EHC care deliver at UW, HMC and UWMC through collaboration with the infection control officers at each institution.• Serve as resource for ill employee screening |
| <i>MEDICAL CARE SUPPORT</i> | |
| UW Medical Centers Harborview Medical Center | <ul style="list-style-type: none">• Follow Emergency Operations Plan, evaluate plan and adjust as necessary to address outbreak control measures.• Identify and implement appropriate level of PPE for health care providers specific to current organism.• Implement screening of all clinic and hospital patients for indicators specific to the current organism.• Expand staff training by Hospital Epidemiology and Infection Control re: appropriate donning and removal of PPE.• Maintain communication with PHSKC and King County Healthcare Coalition.• Communications with the public re: healthcare to be managed through a regional hospital Joint Information Center (JIC).• Complete impact assessment and plan for other medical services during prolonged communicable disease outbreak• Implement alternative staffing plans as necessary• Adjust standards of care in coordination with other hospitals as identified by the King County Healthcare Coalition.• Arrange for alternative storage site for decedents in case medical examiner capacity is exceeded. |

**IX. FOR MORE INFORMATION**

UW Communicable Disease Outbreak Flu Website: <http://www.uw.edu/flu>

A “University of Washington Frequently Asked Questions” information sheet is available at: <http://depts.washington.edu/chsweb/h1n1>

Travel information for UW is available at the Office of Global Affairs IPE web site at: <http://ipe.washington.edu/>

Pandemic influenza and swine/avian influenza information is routinely being updated on several web sites listed below.

CDC website: <http://www.cdc.gov/h1n1flu/>

State of Washington Department of Health: <http://www.doh.wa.gov/>

Public Health-Seattle King County:
<http://www.metrokc.gov/health/prevcont/pandemic-flu.htm>

Travel information from CDC: <http://www.cdc.gov/travel/>

The telephone numbers of some local health jurisdictions are listed below.

Public Health-Seattle and King County, Prevention Division
Seattle, Washington
206-296-4774
(Serves UW Seattle and UW Bothell)

San Juan County Department of Health and Community Services
Friday Harbor, Washington
360-378-4474

Tacoma-Pierce County Health Department, Communicable Disease
Tacoma, Washington (Serves UW Tacoma)
253-798-6500

Glossary

Antiviral

A medication that may be used to treat people who have been infected by a virus to help limit the impact of some symptoms and reduce the potential for serious complications. People who are in high risk groups are often given antiviral drugs because of their increased potential to develop additional health issues.

Avian Flu

A highly contagious viral disease with up to 100% mortality in domestic fowl caused by influenza A virus subtypes H5 and H7. All types of birds are susceptible to the virus but outbreaks occur most often in chickens and turkeys. The infection may be carried by migratory wild birds, which can carry the virus but show no signs of disease. Humans are only rarely affected.

ACCD

UW Advisory Committee for Communicable Disease

CDC

United States Center for Disease Control and Prevention

Isolation

The physical separation of a person suffering from an infectious or contagious disease from others in a community.

H1N1

A subtype of INFLUENZA A VIRUS comprised of the surface proteins hemagglutinin 1 and neuraminidase 1. The H1N1 subtype was responsible for the Spanish flu pandemic of 1918 and for swine flu.

H5N1

A variant of influenza viruses that occur naturally among wild birds. Low pathogenic AI is common in birds and causes few problems. H5N1 is highly pathogenic, deadly



to domestic fowl, and can be transmitted from birds to humans. There is no human immunity and no vaccine is available. It was first identified in Italy in the early 1900s and is now known to exist worldwide.

Novel pathogen

A new organism to which the general population does not have established immunity or resistance.

PHSKC

Public Health (of) Seattle and King County- the local public health agency for Seattle and King County

Quarantine

The physical separation of healthy people who have been exposed to an infectious disease-for a period of time-from those who have not been exposed.

Pandemic

The global outbreak of a highly infectious disease in humans in numbers clearly in excess of normal caused by a new pathogen or emergence of an altered old pathogen capable of sustaining widespread disease in a region of the world or worldwide.

Pandemic Flu

Pandemic flu is virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person.

Seasonal Flu

A respiratory illness that can be transmitted person-to-person. Most people have some immunity, and a vaccine is available. This is also known as the common flu or winter flu.



Social Distancing

A disease prevention strategy in which a community imposes limits on social (face-to-face) interaction to reduce exposure to and transmission of a disease. These limitations could include, but are not limited to, school and work closures, cancellation of public gatherings and closure or limited mass transportation.

Swine Flu

Swine Influenza (swine flu) is a respiratory disease of pigs caused by type A influenza viruses that causes regular outbreaks in pigs. People do not normally get swine flu, but human infections can and do happen. Swine flu viruses have been reported to spread from person-to-person, but in the past, this transmission was limited and not sustained beyond three people. The April/May 2009 type of swine flu has been identified as an A/H1N1 strain.

TPCHD

Tacoma Pierce County Health Department- the public health agency for Tacoma and Pierce County

TRANSMISSIBILITY

Ability to easily spread from human to human

Travel Advisory

Where an outbreak of a disease is occurring in a geographic area, and there is a recommendation against nonessential travel to the area.

Travel Alert

Where an outbreak of a disease is occurring in a geographic area, and there is no recommendation against non-essential travel to the area -- although recommendations regarding personal health protection in such settings are available.

Vaccine

An injection, usually of an innocuous (weak or killed) form of the virus that stimulates the production of antibodies by the immune system to help prevent or create resistance to an infection. Vaccines are usually given as a preventive measure.



Virulence

The capacity of a microorganism to cause disease.

WADOH

Washington State Department of Health

WHO

World Health Organization



Attachment #1:
CURRENT ACCD MEMBERSHIP
(updated October 26, 2009)

| Department/Office | Primary Contact |
|---|---|
| President | Mark Emmert |
| Provost/Executive Vice President | Phyllis Wise |
| Senior Vice President | V'Ella Warren |
| ACCD Membership | |
| ACCD Chair (Office of Student Life) | Eric Godfrey |
| Health Sciences Administration | Kathryn Waddell James Anglosante |
| Campus Health Services | N. Jean Haulman MD |
| Emergency Management | Steve Charvat |
| Attorney General's Office | Jack Johnson |
| Environmental Health & Safety | Jude Van Buren David Leonard |
| Hall Health Center/Student Health and Employee Health | N. Jean Haulman, MD David C. Dugdale, MD |
| Intercollegiate Athletics | Stephanie Rempe |
| Housing and Food Service | Pamela Schreiber |
| Academic Programs | Rhonda Forman |
| School of Public Health & Community Med | Mark Oberle MD |
| Human Resources | Bruce Miller |
| News & Media Relations | Norm Arkans |
| Orthopaedics & Sports Medicine | John O'Kane |
| Risk Management | Becky Bullock |
| Student Affairs | Bernie Laing |
| Global Affairs | Steve Hanson |
| International Programs & Exchanges | Peter Moran |
| UW-Bothell Campus | Lynda West Hung Dang |
| UW /Harborview Medical Centers | Various |
| UW Tacoma Campus | Cedric Howard Jeri Carter |

Attachment #2: WHO Pandemic Global Phases and UW Local Response Levels

(Reference: www.cdc.gov/flu/pandemic/phases.htm)

The World Health Organization’s global influenza preparedness plan defines stages of a pandemic as consisting of the following six phases. Phases 1 and 2 comprise the “inter-pandemic period”, phases 3, 4, and 5 are considered the “pandemic alert period”, and phase 6 is the “pandemic period.” *(University-wide planning for preparedness is based on two action levels, combining the phases as noted above.)*

| Comparison of WHO (Global) Levels UW Local Response Level Current STATUS | | |
|---|--|---|
| World Health Organization (WHO) | | Potential/Recommended UW Level & Actions* |
| Levels | Definitions | |
| 1 Inter Pandemic Phase | New virus in animals. No or Low Risk of human cases | ZERO: Plan |
| 2 Pandemic Alert | New virus in animals, higher risk of human cases | |
| 3 Pandemic Alert | Human case detected. No or limited Human-to-human (H2H) transmission | |
| 4 Pandemic Alert | Increased H2H transmission | ONE: Prepare |
| 5 Pandemic Alert | Significant H2H transmission | TWO: Mobilize |
| 6 Pandemic Alert | Efficient and sustained H2H transmission | THREE: Sustain |

*UW-specific actions, activities and policies will be determined by the specific nature of the incident, localized events and guidance/directives by State and local public health authorities.

”Phase 1: No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.”

“Phase 2: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.”

“Phase 3: Human infections(s) with a new subtype but no human-to-human spread, or at most rare instances of spread to a close contact.”

“Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.”

“Phase 5: Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).”

“Phase 6: Pandemic: increased and sustained transmission in general population.”

Attachment #3: Travel Restrictions, Policies and Procedures

- To the greatest degree possible, University Departments will be asked to stop authorizing University sponsored travel for students or staff to any areas with CDC travel suspension advisories. If an individual believes there is a compelling University-related reason for travel to these areas, he/she must notify his/her chair, Dean, or Vice President, who will inform the University Provost/Executive Vice President of this travel. The Hall Health Center's Associate Medical Director for Public Health at 206-616-2495, should also be notified as well as the Office of Global Affairs. Travel without such approval will not be reimbursed from University budgets. Students, faculty and/or staff may be asked to input data into a UW travel registry. Students, faculty and staff are always encouraged to register with the American Embassy at their destination country.
- UW students and staff currently in those areas with CDC travel advisories will be provided with as much information and assistance as possible, including website access to updates and information available from the CDC, the WHO and the State Department. If the novel pathogen has a high virulence potential, students and staff returning from these areas will be asked to contact Hall Health Center and UW Campus EHC respectively for symptom review checks and possible voluntary quarantine.
- Recognizing voluntary personal travel can occur at any time, the University will strongly urge all University employees and students to avoid nonessential travel to any areas for which CDC has established Travel Advisories and Alerts. University employees and/or students who travel to any of the high-risk areas subject to travel alerts or travel advisories from the CDC have access to the information for travelers available on the CDC website <http://wwwnc.cdc.gov/travel/>, and can contact the UW Travel Clinic at Hall Health (206-685-1060; travel@u.washington.edu) to schedule personal consultation for pre-travel health advice and preparation. In addition, local public health officials, such as Public Health-Seattle & King County will have updated information regarding international travel posted on their website.

1. Protection

- Departments, who have an employee or student returning from a travel alert region with known high virulence, will be required to have their student or employee contact Hall Health Center or UW Campus EHC or another clinical facility designated by the UW Public Health Physician, complete a health status questionnaire, and monitor his/her health status carefully after

returning for the number of days designated as the incubation period (time from exposure to onset of symptoms) of the novel pathogen. No one may come to or remain at work or University classes or activities, or engage in any contact with other persons if fever, respiratory symptoms, or other identified transmission symptoms develop, and a health-care provider will need to be contacted immediately. Novel pathogens of unknown virulence may follow these guidelines until virulence of the pathogen is felt to be low in which case the recommendations may revert to a lower level.

- Transmission of many novel pathogens may be more likely among people living together where opportunities for close personal contact are increased. Any individual who wishes to reside in University sponsored housing and who has been in an affected region known to have human-to-human transmission of a highly virulent novel pathogen for which there is either a CDC Travel Advisory or a CDC Travel Alert, as described in the travel criteria of the current U.S. Centers for Disease Control and Prevention (CDC) case definition, will be provided accommodations on the Seattle campus **ONLY IF ALL THE FOLLOWING CONDITIONS ARE MET:**
 - He/she is completely symptom-free when arriving on campus.
 - He/she can certify to the University's satisfaction and provide credible documentation that he/she has been out of the affected country/ countries for the incubation period prior to arriving on campus. (Documentation may include ticket stubs, passports, and visa information.)
 - He/she undergoes a mandatory health screening at Hall Health Center or UW Campus EHC or another approved University facility, based on the health questionnaire provided.
 - He/she receives and certifies that he/she understands information about University procedures regarding the novel pathogen and local health services available to him/her should any illness symptoms develop while attending the University of Washington.

Any individual who does not meet these requirements at check-in will not be allowed to reside in University of Washington sponsored housing. Those individuals who do not meet the foregoing criteria and



who feel there are extenuating circumstances that should be reviewed must contact Hall Health Center's Associate Medical Director for Public Health via email at <http://depts.washington.edu/hpccweb/> or by phone at 206-616-2495.

Attachment #4

Animal Influenza Strains Capable of Producing Disease in Humans

Swine Influenza (swine flu) is a respiratory disease of pigs caused by a type A influenza virus that causes regular outbreaks in pigs. People do not normally get swine flu, but human infections can and do happen. Swine flu viruses have been reported to spread from person-to-person, but in the past, this transmission was limited and not sustained beyond a few people.

In late March and early April 2009, cases of human infection with swine influenza A (H1N1) viruses were first reported in Southern California and near San Antonio, Texas. Other U.S. states then reported cases of swine flu infection in humans with eventual international spread. An updated case count of confirmed swine flu infections in the United States is kept at <http://www.cdc.gov/swineflu/investigation.htm>. CDC and local and state health agencies have been working together to investigate this situation.

CDC has determined that this swine influenza A (H1N1) virus is contagious and is spreading from human to human. However, at this time, it not known how easily the virus spreads between people. The symptoms of swine flu in people are similar to the symptoms of regular human flu and include fever, cough, sore throat, body aches, headache, chills and fatigue. Some people have reported diarrhea and vomiting associated with swine flu. In past swine flu outbreaks, severe illness (pneumonia and respiratory failure) and deaths were reported. Like seasonal flu, swine flu may cause a worsening of underlying chronic medical conditions.

Avian influenza (bird flu), caused by an influenza A virus (H5N1) is endemic in the bird population and is rapidly spreading throughout the world, largely following the migration patterns of birds. This particular bird flu virus is a zoonotic infection, in that it has been documented to spread from bird to human. Currently human-to-human transmission is very limited, but this virus can mutate rapidly and is increasing its host range. The World Health Organization (WHO) is alerting the public health community that the potential for eventual human-to-human transmission is high. Once that happens, a worldwide pandemic with high fatality rates is likely and the implementation of critical control measures will be needed in the community and at the University.

While human influenza is generally a seasonal disease caused by “known” viral agents, novel pathogens such as swine and bird influenza strains or other novel strains may have a different pattern of disease. Seasonal and novel influenza

strains spread primarily by exposure to infected airborne droplets over short distances, occurring in situations that favor close person to person contact or handling objects that have become contaminated with respiratory secretions. The availability of effective vaccines for prevention of both influenza and pneumococcal pneumonia as well as effective antimicrobial drugs for treatment contribute to control of influenza outbreaks and their complications in the general population. The concern with the H1N1 swine, H5N1 avian and novel influenza strains is heightened because specific vaccines or effective treatment either do not exist or are in development.

The Centers for Disease Control (CDC) recommends the use of the drugs oseltamivir (Tamiflu) or zanamivir (Relenza) for treatment of influenza infections because both oseltamivir and zanamivir have been shown to reduce the severity and duration of cases of illnesses caused by typical seasonal strains of influenza (with noted decrease effectiveness of oseltamivir during the 2008 influenza season). Oseltamivir and zanamivir also may be used as adjuncts to influenza vaccine programs for the prevention of influenza. At this time, there is limited data on the effectiveness of these drugs in the treatment of avian influenza H5N1 or other novel recombinant strains, although limited data suggest that oseltamivir used at higher doses and for a longer duration than currently employed for common strains of influenza might be an effective treatment for avian and swine influenza. Current supplies of these antiviral drugs are not adequate for a pandemic situation, and the future availability and distribution of antivirals will be determined by government public health authorities.

However, even considering the lack of a specific vaccine and treatment at this time, H5N1 avian and swine influenza diseases appear to have a relatively short incubation period in humans, and seven days of isolation of confirmed cases is currently being considered a sufficient protection strategy for outbreak control.