INFECTIOUS DISEASES EMERGENCY PREPAREDNESS PLAN

2012

Updated: May 2012

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I. INFECTIOUS DISEASE EMERGENCY PREPAREDNESS

1. Introduction

The University of Texas at Brownsville (UTB) Infectious Disease Emergency Preparedness Plan (IDEPP) has been developed by the Infectious Diseases Advisory Committee to provide guidance to the university's administration in following proactive guidelines that can minimize the impact of a pandemic flu as well as other major infectious diseases on the campus community and its business operations.

The main part of this Plan addresses preparation and management of pandemics of influenza and it provides guidelines specific to the Avian Flu as dictated by the World Health Organization (WHO), as well as, overall levels of planning and preparation for UTB related to the H1N1 Flu.

In addition, it includes guidelines for the management and prevention of the spread of Severe Acute Respiratory Syndrome (SARS), Mumps, and Meningitis. These types of infectious diseases can be more efficiently treated since they are usually regionally localized and at risk populations are more easily identified.

Included in this document is the organization of the Infectious Disease Advisory Council (IDAC) that will be responsible for annually reviewing the IDEPP by May 1st of each calendar year. The IDAC will also recommend that special meetings be called to review urgent issues. The IDAC will determine the need for training exercises or drills and for testing of the plan on an annual basis in consultation with the Incident Commander (IC).

2. Authority

This plan has been approved by the President and the Provost of UTB. The Incident Commander, in consultation with the IDAC is responsible for directing, coordinating, and implementing an emergency public health response to any infectious disease situation at UTB. The direction of local, state, or federal public health authorities may alter the strategies that are outlined in this plan.

3. Purpose

The purpose of the IDEPP is to provide guidelines and response activities to reduce morbidity, mortality, social and economic disruption caused by an outbreak of infectious diseases within the campus community.

4. Scope

The IDEPP provides the basic structure and guidance to plan and coordinate, monitor and assess, prevent and control health systems response, communication, and public education in response to an infectious disease outbreak. Furthermore, the IDEPP is part of the Business Continuity Plan at UTB and will be implemented in preparation and response to an infectious disease outbreak; Pandemic Influenza, SARS, Mumps, Meningitis.

5. Preparedness Plan Resource Guide – Pre-event assessment and planning, no current risk to campus community.

Incident Commander – *Vice President for Business Affairs*

- Confirm IDAC and Incident Management Team (IMT) membership composition.
- Annually approval of the IDEPP.
- Assess and coordinate each Team Leader plan.
- Approve ethical and administrative distribution guidelines for limited vaccine, medicine, and supplies (review ACIP and NVAC recommendations).
- Ensure Mutual Aid Disaster Plan is in place.
- Identify essential functions and personnel campus-wide.
- Ensure contracts are in place for disaster response.
- Approve Level I communication

Infectious Disease Advisory Council (IDAC)

- Review IDEPP by May 1st of each calendar year.
- Encourage departments to draft, and/or update Business Continuity Plan. Coordinate with the IC to schedule training exercises/drills and test the plan as deemed necessary.

Office of the Provost/Academic Affairs – *Associate Provost*

- Identify essential personnel and inform them of their responsibilities.
- Assess and stock for PPE of essential personnel.

Campus Police – *Chief of Campus Police*

- Identify essential personnel and inform them of their responsibilities.
- Assess and stock for PPE needs of essential personnel.
- Develop reduced manpower security plan.

Child Care Center – *Child Care Center Manager*

- Identify essential childcare personnel and inform them of their responsibilities.
- Assess PPE needs of essential personnel
- With EH&S assistance, evaluate efficacy of contracted custodial services with regards to outbreak type.
- Plan for an increased volume of telephone inquiries.
- Determine instructions to give parents with concerns regarding outbreak type.
- Continue standard operating procedure regarding daily health checkups of childcare students upon arrival/departure.
- Evaluate efficacy of safe food handling practices of kitchen and general staff.
- Review food delivery process and make appropriate adjustments as needed.

Environmental Health and Safety – *Director of EH&S*

- Identify essential personnel and inform them of their responsibilities.
- Stockpile necessary emergency equipment (i.e. N95 respirators).
- Ensure staff is supplied with respiratory protection.
- Evaluate use of contracted custodial supplies to ensure efficacy for destroying viral and/or bacterial organisms.

- Develop management plan for control and disposal of increased volumes of infectious waste.
- Assess and stock PPE of essential personnel.

Human Resources – *Director of Human Resources*

- Identify essential personnel and inform them of their responsibilities.
- Plan for temporary changes in leave policies.
- Plan for potential disruption of wages and benefits.
- Assess and stock for PPE of essential personnel.

Information Technology Services – *Assistant Director ITS Online Learning*

- Identify essential personnel and inform them of their responsibilities.
- Identify team who will provide ITS instructional support.
- Create a basic online version of all UTB classroom courses via MyUTB Blackboard, http://myutb.blackboard.com.
- ITS Online Learning will help faculty to upload their course content and lecture recordings to their course shells in MyUTB Blackboard. All UTB faculty has already access to their online space or "shell" available in MyUTB Blackboard for all UTB courses offered every semester.
- Coordinate with Marketing and Communication Department to have a systematic way of informing students.
- Assess and stock for PPE of essential personnel.

News and Information – *Director of News & Information*

- Identify essential personnel and inform them of their responsibilities.
- Coordinate with local community (website, newspaper, radio, television for reporting mechanism) for the reporting of disease information.
- Develop educational materials (web and online PDF) in coordination with SHS and EH&S on disease and hand hygiene.
- Assess and stock for PPE of essential personnel.

Physical Plant – *Director of Physical Plant*

- Identify essential personnel and inform them of their responsibilities.
- Place wall mounted hand sanitation dispensers in locations throughout common areas previously identified (to also include all areas where food is sold or provided).
- With EH&S assistance, request Contracted Custodial Services to implement cleaning of all hand contact surfaces in their routine cleaning activities. As well as posting hand washing signs in restrooms.
- Assess and stock PPE of essential personnel.

Purchasing – *Director of Purchasing*

- Monitor travel alerts and warnings.

Study Abroad Services – *Executive Director of Global Engagement*

- Identify essential personnel and inform them of their responsibilities.
- Access and stock for PPE needs of essential personnel

Student Affairs – *Director of Residential Life and Student Union*

- Identify essential personnel and inform them of their responsibilities.
- Ask fraternities, sororities and other student organizations to heighten awareness of Pandemic Influenza.
- Assess and stock for PPE needs of essential personnel.
- Res. Life Dir. - Indentify essential departmental personnel.
- Indentify floors/buildings to be used for quarantined students.
- Enact planning for quarantine of students.
- Essential personnel receive specialized training (specific to outbreak type).
- Review emergency response menu is planned for various degrees of need.
- Review food delivery process and make appropriate adjustments.
- Identify essential departmental personnel.
- Identify food service personnel and ensure their presence during disaster.
- Consider possible stockpiling of food.
- Review plans for alternate dining services for students and staff.
- Review plan for feeding students in isolation on campus.
- With EH&S assistance, provide safe food handling procedures for food service management and staff.

Student Health Services – *Director of Student Health Services*

- Identify essential SHS personnel and inform them of their responsibilities.
- Assess PPE needs of essential personnel; obtain PPE stock.
- Continue surveillance of patients with relevant infectious disease symptoms that present to SHS.
- Determine instructions for students who are seeking care at SHS.
- Promote appropriate health education and prevention program that includes importance of preventing influenza through timely vaccination.
- Provide in-service training on infectious diseases for SHS staff.
- Determine appropriate levels of staffing and actions to take for managing phones, triage, and patient care at Levels 3 and 4 for ILIs.
- Develop means of counseling services other than face to face.
- Plan for expansion of telephone counseling.
- Plan for temporary clinic modification (i.e. an ILI Clinic) to isolate potential cases that can spread infection.
- Develop system to: triage and prioritize treatment interventions; surveillance documentation; ordering of relevant medications/vaccines; adequate medical supplies and consent to treatment/vaccination forms.
- Obtain stock for self-care flu kits for students.
- Develop scenarios and prepare list of volunteers and provide training.

- Keep abreast of status of new and emergent pandemics and localized infectious diseases as indicated by the CDC, WHO and state and local health authorities.

Business Affairs – *VP/AVP for Business Affairs*

- Establish system to maintain payroll, accounts payable, and purchasing.
- Communicate with campus vendors.

All Departments and Units

- Identify departmental service priorities.
- Review and update Business Continuity Plan for Pandemic Influenza.
- Instructional departments should consider developing distance learning.
- Review communications from News and Information in reference to preventive measures.

II. Types of Infectious Diseases

1. Pandemic Influenza

History

Pandemics are a part of human history. There were three pandemics in the last century, in 1918, 1957 and 1968. The most deadly of the three was the pandemic of 1918, which was caused by Influenza A (H1N1) and killed approximately 50 million people worldwide. Currently, there is heightened concern about H5N1, a highly pathogenic avian viral strain that first appeared in Hong Kong in 1997. There are striking similarities between the H1N1, the virus responsible for the 1918 pandemic, and H5N1. Despite the fact that millions of birds, domestic and wild, have been culled, the infection has been persistent in the bird population and is spreading along the flight paths of migratory birds. In addition to the persistence of infection in the bird population, the virus has crossed species and infected humans, tigers, leopards, cats, and pigs. Although it has crossed species, it has done so in a very limited number of cases given the millions of birds that are infected with the virus. There have been a few cases in which human-to-human transmission is believed to have occurred. However, it has not spread beyond one contact.

Three conditions must be met for a pandemic to occur: a new influenza virus subtype emerges; the virus infects humans; and the virus gains efficient and sustainable transmission from human to human. Two of the three conditions have been met in regard to H5N1. The third condition can be met either through mutation or a reassortment event, in which the bird virus exchanges genetic material with a human virus during co-infection of a human or pig, thereby gaining the ability to be passed efficiently from human-to human. It is now known that the 1918 virus was not a reassortment event. For the first time in history, we have an opportunity to track the activity of a virus that has the potential to cause a pandemic and to prepare for such an event.

While many strategies are underway, including the development of antivirals and vaccines, most experts agree that we are inadequately prepared to respond to a pandemic. If a virus would gain sustainable, efficient transmissibility, the public health strategy would focus on slowing the spread because it would be virtually impossible to stop it. Slowing the spread of disease would allow for better allocation and a more even use of limited resources by flattening the surge of cases.

Recent Pandemic Information

On June 11, 2009, the World Health Organization (WHO) signaled that a global pandemic of novel influenza A (H1N1) was underway by raising the worldwide pandemic alert level to Phase 6. This action was a reflection of the spread of the new H1N1 virus, not the severity of illness caused by the virus. At the time, more than 70 countries had reported cases of novel influenza A (H1N1) infection and there were ongoing community level outbreaks of novel H1N1 in multiple parts of the world.

Since the WHO declaration of a pandemic, the new H1N1 virus continued to spread, with the number of countries reporting cases of novel H1N1 nearly doubling. The Southern Hemisphere's regular influenza season has begun and countries there have reported that the new H1N1 virus continues to spread, causing illness along with regular seasonal influenza viruses. In the United States, significant novel H1N1 illness continued into the summer of 2009 with localized, and in some cases, intense outbreaks occurring. The United States reported some of the largest number of novel H1N1 cases of any country worldwide; however, most people who became ill recovered without requiring medical treatment.

The CDC anticipates that there will be more cases, more hospitalizations and more deaths associated with this pandemic in the United States during the fall and winter months. The novel H1N1 virus, in conjunction with regular seasonal influenza viruses, poses the potential to cause significant illness with associated hospitalizations and deaths during the U.S. influenza season.

The Difference Between Seasonal Flu and Pandemic Flu

Table 1

The Difference Between Seasonal Flu and Pandemic Flu	
Seasonal Flu	**Pandemic Flu**
Outbreaks follow predictable season patterns; they occur annually, usually in winter, and in temperate climates	Occurs rarely (three times in 20th century - last in 1968)
Usually some immunity built up from previous exposure	No previous exposure; little or no pre-existing immunity
Healthy adults usually not at risk for serious complications; the very young, the elderly, and those with certain underlying health conditions at increased risk for serious complications	Health systems may be overwhelmed
Vaccine developed based on known flu strains and available for annual flu season	Vaccine probably would not be available in the early stages of a pandemic
Adequate supplies of antivirals are usually available	Effective antivirals may be in limited supply
Average U.S. deaths approximately 36,000/year	Number of deaths could be quite high (e.g., U.S. 1918 death toll approximately 675,000)
Symptoms: fever, cough, runny nose, muscle pain, Deaths often caused by complications, such as pneumonia	Symptoms may be more severe and complications more frequent
Generally causes modest impact on society (e.g., some school closing, encouragement of people who are sick to stay home)	May cause major impact on society (e.g. widespread restrictions on travel, closings of schools and businesses, cancellation of large public gatherings)
Manageable impact on domestic and world economy	Potential for severe impact on domestic and world economy

Pandemic Periods

The World Health Organization (WHO) has defined periods and phases of pandemic activity to assist those responsible for public health and medical and emergency preparedness to respond to threats and occurrences of pandemic influenza.

Table 2

World Health Organization Alert Phases for a Pandemic		
Interpandemic Period	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.
Pandemic Alert Period	Phase 3	Human infection(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 viruses is becoming increasingly better adapted to humans, but may not yet be fully transmissible(Substantial pandemic risk).
Pandemic Period	Phase 6	Pandemic phase: increased and sustained transmission in general population.
Subsided Period		The Subsided Period is the term used for the period that may occur between waves of the pandemic.
Postpandemic Period		Return to Interpandemic Period.

* The distinction between Phase 1 and Phase 2 is based on the risk of infection or disease from circulating strains in animals.

** The distinction between Phase 3, Phase 4 and Phase 5 is based on the risk of a pandemic.

1.1 University Level of Action

To prepare the University for the possibility of a pandemic influenza outbreak, a number of actions should be undertaken during each of the action levels. The levels will be determined by the Incident Commander (IC) in coordination with Executive Council (EC), UT System Office of Risk Management (ORM) and UT System Rapid Response Medical Advisory Panel, as needed.

Table 3

University Level of Action	
Level 0	• No significant number of influenza-like illness (ILI) cases on campus from Student Health Services. • Emergency plan response level: Pre-event assessment and planning. • Emergency plan incident response level criteria: No current hazard to persons.
Level 1	• Increased number of ILI cases on campus from SHS. • Emergency plan response level: Intense University planning and preparation. • Emergency plan incident response level criteria: Minimal immediate hazard to students, faculty, and staff. The emergency can be resolved with minimal outside agency assistance.
Level 2	• Significant increase of ILI cases from SHS. 2%-5% staff population absent. • Emergency plan response level: Intense University planning and preparation. • Emergency plan incident response level criteria: Possible danger to students, faculty, and staff, and requires substantial coordination with outside agencies.
Level 3	• Estimated 5%-10% of the UTB staff population absent and/or suspected ill with an ILI. Services starting to be affected by absences. • Emergency plan response level: University preparing to possibly suspend classes for 7 to 10 days if need arises. • Emergency plan incident response level criteria: Greater risk to students, faculty, and staff and requires substantial coordination with outside agencies.
Level 4	• More than 10% of the UTB staff population absent and/or suspected ill with an ILI. Unable to provide necessary services due to high absenteeism. • Emergency plan response level: No class or university sponsored public event activity; may sustain activity for those remaining. • Emergency plan incident response level criteria: Likely risk to students, faculty, and staff and requires substantial coordination with outside agencies.

1.2 Responsibilities

Federal Responsibilities

The National Strategy for Pandemic Influenza
The President has delegated authority for the management of an influenza pandemic to the Secretary of Homeland Security.

The National Strategy for Pandemic Influenza Implementation Plan
Describes and assigns coordinated Federal agency responsibility for more than 300 critical actions to address the influenza pandemic threat.

The Department of Health and Human Services (HHS) Pandemic Influenza Plan
Provides specific missions and broad planning guidance to CDC and the other HHS Operating Divisions (OPDIVs).

The CDC Influenza Pandemic OPLAN
Operational PLAN (OPLAN) is to detect the onset of outbreaks with influenza pandemic potential; assist the containment of such outbreaks, delay the introduction and transmission of pandemic viruses in the United States, and assist State, local, territorial, and tribal (SLTT) health authorities in the management of an Influenza pandemic event.

State of Texas Responsibilities

The Department of State and Health Services (DSHS) has as primary responsibility to coordinate pandemic flu.

Prevention

- Enhance disease surveillance to ensure early detection of the first cases of Pandemic flu in their jurisdiction.
- Distribute stocks of drugs and vaccines and provide local physicians and hospital administrators with ongoing guidance on clinical management and infection control.
- Prevent local disease transmission using a range of containment strategies.

Detection and treatment

- Influenza Culture Surveillance Program
- Texas Inventory Management System (TIMS)

Response and recovery

- Provide ongoing communication to the public about the response.
- Provide psychological and social support services to emergency field workers and other responders.
- Implement and maintain community resources like hotlines and Web sites and, in coordination with medical personnel, obtain and track local case data to include in media messages.

Cameron County Department of Health and Human Services (CCDHHS) Responsibilities

- CCDHHS will take primary role in the coordination and collaboration of the Pandemic Influenza preparedness and response activities in Cameron County. CCDHHS will utilize other agencies as support services.

University of Texas at Brownsville Responsibilities

- Prepare educational campaigns to explain how individual actions and university community actions reduce risk of contracting the disease, transmission, symptoms, treatment and when to seek treatment.
- Enhance disease surveillance to ensure early detection of the first cases of pandemic flu in the university community.
- Acquire stocks of vaccines; SHS will administer vaccines to the identified critical positions employees.
- Prevent university disease transmission using a range of containment strategies in coordination and collaboration with CCDHHS and following CDC and TDSHS guidelines.
- Facilitate cooperation among all university involved parties (e.g., government officials, emergency responders, health experts, businesses, and the public).
- Post the most common questions about pandemic flu in the UTB/TSC web site.

1.3 Guidelines for Reducing Your Risk

In areas with confirmed human cases of 2009 influenza A (H1N1) virus infection, the risk for infection can be reduced through a combination of actions. No single action will provide complete protection, but an approach combining the following steps can help decrease the likelihood of transmission. These recommended actions are:

- Wash hands frequently with soap and water.
  - Wet your hands with warm water.
  - Apply a generous amount of soap.
  - Rub your hands together for 20 seconds.
  - Rinse your hands.
  - Dry your hands with a paper towel.
- If water and soap are NOT available, use an ethanol alcohol-based (minimum 62% alcohol) hand sanitizer.
- Practice social distancing. Avoid hugging and other customary greetings, such as a kiss on the cheek or shaking of the hand.
- Cover your mouth and nose with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available.) Throw the tissue in the trash after it is used.
- Avoid touching your eyes, nose and mouth
- People who are sick with an influenza-like illness (ILI) (fever plus at least cough or sore throat and possibly other symptoms like runny nose, body

aches, headaches, chills, fatigue, vomiting and diarrhea) should stay home and keep away from others as much as possible, including avoiding travel, for at least 24 hours after fever is gone except to get medical care or for other necessities. (Fever should be gone without the use of fever-reducing medicine).

- Avoid close contact (i.e. being within about 6 feet) with persons with ILI

1.4 Distancing Guidelines

Best Practice: Social Distancing

Those with flu-like illness should stay away from classes and limit interactions with other people (called "self-isolation"), except to seek medical care, for at least 24 hours after they no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. They should stay away from others during this time period even if they are taking antiviral drugs for treatment of the flu. (For more information, visit http://www.cdc.gov/h1n1flu/guidance/exclusion.htm.)

Residential students with flu-like illness who live relatively close to the campus should return to their home to keep from making others sick. These students should limit contact with others as much as possible while traveling.

Explore innovative ways to increase the distances between students (for example, moving desks apart or using distance learning methods). Ideally, there should be at least 6 feet between people at most times per the CDC.

Campus Housing and Health Care

A number of students will likely remain in the UTB housing because of potential international travel restrictions, other travel difficulties, or because they do not have a suitable alternative living option. Students with flu-like illness should go to SHS promptly to seek medical attention if they have a medical condition that puts them at increased risk of severe illness from flu, are concerned about their illness, or develop severe symptoms such as increased fever, shortness of breath, chest pain or pressure, or rapid breathing.

These students will need support

- People in student housing will be in close quarters and at an increased risk.
- Student Housing will provide isolated space for these students as long as space is available.
- Providing medical care to a large number of ill students and employees will strain the resources at the Student Health Services and local hospitals.

1.5 Suspension of classes and other public gatherings

The IC, in consultation with Executive Council (EC), will determine if classes and other public gatherings will be suspended. Criteria for the decision to suspend classes or cancel public gatherings will include one or more of the following utilizing the "Campus Public Event Cancellation Protocol".

- Information from Office of Risk Management (ORM).
- Information from UT System Rapid Response Medical Advisory Panel.
- The County Judge or County Department of Health orders the cancelation of public events.
- The Texas Department of State Health Services orders the cancelation of public events.
- Confirmation of a high rate of infectivity, morbidity and/or mortality rates.
- Declining class attendance
- Rising employee absenteeism
- Information from the Center for Disease Control and Prevention (CDC)

1.6 Academic Continuity

Academic units will receive academic continuity planning templates to help them consider these issues in the event of a 7-10 day class suspension on instruction:

- Identify essential functions (research) that must continue
- Identify essential personnel (if available) to maintain these essential functions
- In compliance with the Emergency UTB Academic Continuity Program, academic courses, partially or entirely, will be made available on the MyUTB Blackboard course management system.
- This allows faculty members and students to continue their teaching and learning via MyUTB Blackboard http://myutbtsc.blackboard.com, in case the university shuts down as a result of a hurricane or any other natural disaster.
- The university will use MyUTB Blackboard to post announcements notifying faculty members and students of their responsibilities in response to the closure of the university.
- If the university is forced to shut down, faculty will notify their students of class content available.
- In the event of a disaster, that disrupts normal operations, all students and faculty must make every effort to access an internet-enabled computer as often as possible to continue the learning process.

1.7 Human Resources Planning Criteria

Employee Illnesses

In the event of a Pandemic Influenza, a large number of employees will become ill or stay home to care for ill family members. Because of this substantial shift in the number of employees who are available to report to work, each department should understand their services and determine the priority of services that need to be maintained and how this will be accomplished utilizing minimal human resources.

Employees with flu-like illness should not come to work if they are ill for at least 24 hours after they no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. In the event of a pandemic influenza, employees must call-in sick to their supervisor if experiencing any of the flu symptoms listed below.

Flu symptoms may include:

- Increase in temperature (100° F or higher)
- Cough
- Body aches
- Sore throat
- Shortness of breath

Essential Personnel Guidelines

Essential/key personnel at UTB:

- IC and IMT
- UTB Campus Police
- Physical Plant staff
- News & Information staff
- ITS staff
- Human Resource staff
- Study Abroad Services staff
- Student Housing staff
- Travel Services staff
- SHS staff
- EH&S staff

These personnel should follow infection control measures to reduce the direct exposure of nasal/oral droplets and to prevent the spread of infection as listed below:

- Social distancing
- Hand hygiene
- Respiratory etiquette
- Respiratory protection
- Other PPE

Non-essential Personnel Guidelines

Once the there is documentation of human-to-human transmission of avian influenza in Cameron County staffing will be reduced to essential personnel levels.

Each department should determine whether non-essential personnel should report to work in the event of class suspension.

IC will determine if administrative leave or standard absence reporting protocol will be used.

IC will determine if telecommuting will be allowed and how to account for time.

University should formulate "fitness for work" or health clearance guidance for all employees for Avian flu type or other illnesses as determined by the IC.

Each department will track all absences related to ILI's and family members with ILI's through Human Resources absence tracking form which will be utilized weekly at level 2 and daily at level 3.

1.8 Guidelines for Respirators

Information on the effectiveness of facemasks and respirators for decreasing the risk of influenza infection in community settings is extremely limited. Thus, it is difficult to assess their potential effectiveness in decreasing the risk of 2009 influenza A (H1N1) virus transmission in these settings. In the absence of clear scientific data, the interim recommendations developed by the CDC below have been developed on the basis of public health judgment, the historical use of facemasks and respirators in other settings for preventing transmission of influenza and other respiratory viruses, and on current information on the spread and severity of the 2009 influenza A (H1N1) virus.

Use of N95 respirators or facemasks generally is not recommended for workers in non-healthcare occupational settings for general work activities. For specific work activities that involve contact with people who have ILI, such as escorting a person with ILI, interviewing a person with ILI, providing assistance to an individual with ILI, the following are recommended:

- employees should try to maintain a distance of 6 feet or more from the person with ILI;
- employees should keep their interactions with ill persons as brief as possible;
- the ill person should be asked to follow good cough etiquette and hand hygiene and to wear a facemask, if able, and one is available;
- employees at increased risk of severe illness from influenza infection should avoid people with ILI and, where employees cannot avoid close contact with persons with ILI, some employees may choose to wear a N95 respirator on a voluntary basis.

In the SHS area, respiratory protection is recommended.

1.9 PROCEDURES FOR INFLUENZA OUTBREAK

UTB/TSC Determination of Outbreak Status				
	Level 1	**Level 2**	**Level 3**	**Level 4**
UTB Response Level	Intense university planning and preparation	University preparing to suspend classes	Upon review of outbreak and impact to the University, classes may be suspended for 7 to 10 days	No class activity; only essential personnel

UTB/TSC Incident Response Level Criteria				
UTB Incident Response Level Criteria	Minimal immediate risk to students, faculty and staff; requires minimal outside agency assistance.	Increased risk to students, faculty, and staff and required coordination with outside agencies.	Additional increased risk to students, faculty, and staff, and requires substantial coordination with outside agencies.	Significant risk to students, faculty and staff and requires substantial coordination with outside agencies.

IC Emergency Management Responsibilities				
	Level 1	**Level 2**	**Level 3**	**Level 4**
Incident Commander (IC)	Convene first IDAC meeting. Assess threat in consultation with IDAC. Provide update to President and Provost. Communicate with EC and UT System. Begin tracking expenses. Approve Level 2 communication.	Activate IMT group. Evaluate influenza pandemic effects, and reevaluate response plan and priorities. Provide update to President and Provost. Communicate with EC and UT System. Continue tracking expenses. Approve Level 3 communication.	Evaluate influenza pandemic effects, and reevaluate response plan and priorities. Plan for post-pandemic recovery and resumption of normal university operations. Plan for revised instruction calendar and completion of the session. Communicate with EC and UT System. Continue tracking expenses. Approve Level 4 communication.	Evaluate influenza pandemic effects, and reevaluate response plan and priorities. Plan for post-pandemic recovery and resumption of normal university operations. Communicate with EC and UT System. Continue tracking expenses. Issue closure notice.

IDAC Emergency Management Responsibilities				
	Level 1	**Level 2**	**Level 3**	**Level 4**
Infectious Disease Advisory Council (IDAC)	Assess threat and recommend appropriate Level 1 activity in consultation with IC. Bring in Housing for quarantine planning. Implement hand sanitation procedures. SHS Develop a point of distribution (POD) for vaccines/prophylaxis. Issue Level 2 in communication with Incident Commander.	Assess threat and implement appropriate Level 2 activities. IDAC inactivated; activation of IMT. Plan for recovery in post pandemic period.		

IMT Emergency Management Responsibilities				
	Level 1	**Level 2**	**Level 3**	**Level 4**
Incident Management Team (IMT)		Develop post-pandemic Communications (medical clearance, recovery). Prepare for suspension of classes. Access and coordinate each Team Leader Plan. Communicate with County DHS as needed. Communicate with UT System Office of Risk Management (ORM) and UT System Rapid Response Medical Advisory Panel as needed. Communicate with local ISD's. Track CDC reports. Communicate with Executive Council on a periodic basis. Issue Level 3 in communication with Incident Commander.	Prepare for suspension of events and classes. Communicate with County DHS as needed. Communicate with UT System Office of Risk Management (ORM) and UT System Rapid Response Medical Advisory Panel as needed. Communicate with local ISD's. Track CDC reports. Access and coordinate each Team Leader Plan. Communicate with Executive Council on a daily basis. Issue Level 4 in communication with Incident Commander.\ Work with IC on closure notice.	Ensure that each group's function is covered. Communicate with County DHS as needed. Communicate with UT System Office of Risk Management (ORM) and UT System Rapid Response Medical Advisory Panel as needed. Track CDC reports. Debrief after event.

Responsibilities of Team Leaders and Respective Units				
	Level 1	**Level 2**	**Level 3**	**Level 4**
Office of the Provost/Academic Affairs and Information Technology Services (AA&ITS)	Essential personnel receive specialized training (specific to outbreak type). Train and educate essential personnel in appropriate PPE through EH&S. ITS Online Learning will continue training all faculty and staff in order to meet the challenges of converting classroom courses to online courses and uploading lecture recordings to their course shells in MYUTB Blackboard. Work with ITS and Marketing and Communication Department to assess how information should be disseminated to students, faculty and staff.	Distribute PPE to essential personnel. If available, essential personnel to receive vaccinations with SHS assistance. ITS Online Learning will continue to implement MyUTB Blackboard campus-wide and finalize the design and transition of face-to-face courses to online delivery. The office will also Integrate online course content and lecture recordings, online faculty services and online student services via MyUTB Blackboard. Coordinate with Marketing and Communication Department to have a systematic way of informing students, faculty and staff.	Essential personnel to receive vaccinations with SHS assistance. ITS resources such as MyUTB Blackboard, Smarthinking, class video capture, and Bb IM and Collaborate web conferencing are now on stand-by. Continue to monitor day-to-day online course activities and update, if needed, the courses offered during that specific semester and make list available to the ITS Online Learning Team.	Report to work if essential personnel. ITS resources such as courses via MyUTB Blackboard, Smarthinking, class video capture, Bb IM and Collaborate web videoconferencing continue operations. Bulletins are posted on MyUTB Blackboard in coordination with Marketing and Communication Department to have a systematic way of informing students, faculty and staff. If staff access to UTB is shutdown, essential personnel will provide online support from remote locations

Responsibilities of Team Leaders and Respective Units				
	Level 1	**Level 2**	**Level 3**	**Level 4**
Campus Police (CP)	Essential personnel, officers, dispatchers, and security receive specialized training specific to outbreak type. Train and educate essential personnel in the use of PPE through EH&S.	Distribute PPE to essential personnel. Provide security for general campus. Alert Student Health Services of students showing visible symptoms of potential illness. If available, essential personnel to receive vaccinations with SHS assistance.	Provide security for general campus. Alert Student Health Services of students showing visible symptoms of potential illness.	Essential personnel report to work. Provide security for essential personnel and general campus. Secure all buildings and deny entry/exit as directed by the Incident Commander.

Responsibilities of Team Leaders and Respective Units				
	Level 1	**Level 2**	**Level 3**	**Level 4**
Child Care (CC)	Essential personnel, childcare specialists, center staff, receive specialized training specific to outbreak type. Train and educate for PPE through EH&S. Encourage appropriate vaccination of center staff. Increase of daily health checkups upon arrival/departure of child.	Distribute PPE to essential personnel. Report student ILI's weekly to IC Alert Texas Department of Family and Protective Services agency of Students with ILI's. Evaluate the Child Care Development Program and Student Nursing Program observations, field experiences, and/or clinical in preparation of possible suspension. Increase housekeeping routines provided by contracted custodial services. Intensify daily health checkups. Evaluate enrollment of new prospective children for child care services. Evaluate the potential for facility closure with IC communication.	Report student ILI's daily to IC. Facilitating report of suspected and/or confirmed cases and contact tracing as directed by Public Health authority. Intensify daily health checkups. Be prepared for increase phone calls from parents. Prepare to suspend CCD programs. Prepare to suspend enrollment of new children for child care services. Continued evaluation of facility closure with IC. Plan for post-pandemic recovery and resumption of facilities operations.	Report to work if essential personnel.

Responsibilities of Team Leaders and Respective Units				
	Level 1	**Level 2**	**Level 3**	**Level 4**
Environmental Health & Safety (EH&S)	Essential personnel receive specialized training (specific to outbreak type). Train and educate essential personnel from all divisions in appropriate PPE. Conduct training, in conjunction with Student Health Services, for appropriate infection control methods. Conduct hazard analysis of custodial functions to ensure appropriate infection control methods are in place.	Distribute PPE to essential personnel. Provide a training program in infection control to Contracted Custodial Services. If available, essential personnel to receive vaccinations with SHS assistance.	Essential personnel to receive vaccinations with SHS assistance. Arrange for additional infectious waste pickups.	Report to work if essential personnel. Assist IMT & IC as necessary.

Responsibilities of Team Leaders and Respective Units				
	Level 1	**Level 2**	**Level 3**	**Level 4**
Human Resources (HR)	Essential personnel receive specialized training (specific to outbreak type). Train and educate essential personnel in appropriate PPE through EH&S. Prepare for an increase in phone calls regarding benefits and leave procedures.	Distribute PPE to essential personnel. Disseminate information to university employees on leave policies during an emergency. Direct employees to EAP counseling services. If available, essential personnel to receive vaccinations with SHS assistance. Request from all departments a weekly list of absences due to personal or household members with influenza-like illness.	Request from all departments a daily list of absences due to personal or household members with influenza-like illness. Execute critical processes for employee's benefits and payroll, having ensured exigent systems are in place. Direct employees to EAP counseling services.	Report to work if essential personnel. Available to provide instructions for absentee personnel. Assist with benefits information and any other HR related issues.

Responsibilities of Team Leaders and Respective Units				
	Level 1	**Level 2**	**Level 3**	**Level 4**
News and Information (N&I)	Essential personnel receive specialized training (specific outbreak type). Train and educate essential personnel in appropriate PPE through EH&S. Work with IDAC and IC to draft internal and external bulletins and announcements.	Distribute PPE s to essential personnel. Appoint liaison to interface with IMT Work with IMT and IC to draft internal and external bulletins and announcements. Serve as University spokespersons. If available, essential personnel to receive vaccinations with SHS assistance.	Essential personnel to receive vaccinations with SHS assistance. Work with IMT and IC to draft internal and external bulletins and announcements. Write and record bulletins and updates on the UTB Emergency Website.	Report to work if essential personnel. Establish Media Relations Center; coordinate press releases, and manage news teams and interviews, etc.

Responsibilities of Team Leaders and Respective Units				
	Level 1	**Level 2**	**Level 3**	**Level 4**
Physical Plant (PP)	Essential personnel receive specialized training (specific to outbreak type). Train and educate essential personnel in appropriate PPE through EH&S. Map and identify building ventilation systems. Monitor and maintain sanitation dispensers at locations throughout campus. Communicate with Custodial Services Contractor.	Distribute PPE to essential personnel. Prepare plan to shut down ventilation systems on buildings on an individual or campus-wide basis. Monitor and assess routine cleaning activities provided by Contracted Custodial Services. Monitor and maintain sanitation dispensers at locations throughout campus. If available, essential personnel to receive vaccinations with SHS assistance. Communicate with Custodial Services Contractor.	Essential personnel to receive vaccinations with SHS assistance. Stand by to shut down utilities as directed by Incident Commander, if necessary. Communicate with Custodial Services Contractor.	Report to work if essential personnel. Shut down ventilation systems and utilities to buildings as instructed by IC.

Responsibilities of Team Leaders and Respective Units				
	Level 1	**Level 2**	**Level 3**	**Level 4**
Purchasing	Monitor travel alerts and warnings.	In coordination with IC, issue travel warnings to faculty and staff.	Communicate with employees overseas on country status.	Continue to communicate with employees overseas on country status.

Responsibilities of Team Leaders and Respective Units				
	Level 1	**Level 2**	**Level 3**	**Level 4**
Student Affairs (SA)	Train and educate essential personnel in PPE protection through EH&S. Res. Life Dir. - Essential personnel receive specialized training (specific to outbreak type). Notify current occupants in spaces that will be needed. Formulate plans for quarantine of students. Initiate influenza awareness training for RA's to report suspicious illnesses to SHS. Formulate and rehearse plan to address needs/support for undergraduates. Identify local food source for delivery of meals. Auxiliary Services. – Essential personnel receive specialized training (specific to outbreak type).	Distribute PPE to essential personnel. Res. Life Dir. – Stockpile limited food stuffs for in house preparation and delivery. Auxiliary Services. – Begin stockpiling food. Implement purchasing plan. Notify students of potential shutdown of campus food services. If available, essential personnel to receive vaccinations with SHS assistance.	Essential personnel to receive vaccinations with SHS assistance. Communicate with parents and families. Communicate with students/families remaining in Brownsville, student housing, and other off campus housing. Communicate death notices in conjunction with DOS protocol. Identify student events that confirmed patients have attended. Res. Life Dir. – Enact plan for quarantine of students. Set up Housing and Food Command Center and notify essential personnel. Enact emergency phone contact tree. Indentify meal delivery needs and method for quarantined students.	Report to work if essential personnel. Communicate with parents and families. Communicate with students/families remaining in Brownsville, student housing and other off campus housing. Communicate death notices. Identify recovered students for support. Res. Life Dir. – Activate plans to quarantine students in conjunction with Health Department Guidance. Assist with location of students if quarantined. Identify student events where confirmed patients have attended. Residential staff assists SHS.

Responsibilities of Team Leaders and Respective Units				
	Level 1	**Level 2**	**Level 3**	**Level 4**
Student Affairs (SA) (continued)	Ensure food delivery process will not be affected. Identify foods to purchase to stockpile for local delivery to quarantined students in Residence Halls. Create necessary purchasing documents for vendors. Assist with communication to international students and their families.		Communicate situation and needs to owners and landlords of rented properties. Identify roles of essential staff: leadership, communications, food production, food delivery, maintenance and housekeeping. Auxiliary Services. – Essential personnel to receive PPE with EH&S assistance. Essential personnel to receive available vaccinations with SHS assistance. On campus food services closed to general public. All food preparers monitored, as appropriate, with EH&S assistance.	Auxiliary Services. – Implement internal feeding plan.

Responsibilities of Team Leaders and Respective Units				
	Level 1	**Level 2**	**Level 3**	**Level 4**
Study Abroad Services (SAS)	Essential personnel receive specialized training (specific to outbreak type). Train and educate essential personnel in appropriate PPE through EH&S. Issue advisory for students planning international travel. Issue advisory for students arriving from affected regions. Review policies and procedures for recalling students from affected regions. Issue travel warning. Assist with monitoring student travelers from affected regions.	Distribute PPE to essential personnel. Communicate with overseas students, faculty, and staff. If available, essential personnel to receive vaccinations with SHS assistance.	Essential personnel to receive vaccinations with SHS assistance. Continue communication and support with overseas students, faculty, and staff.	Report to work if essential personnel. Continue communication and support with overseas students, faculty, and staff.

Responsibilities of Team Leaders and Respective Units				
	Level 1	**Level 2**	**Level 3**	**Level 4**
Student Health Services (SHS)	Promote and Implement seasonal influenza vaccines Review PPE needs and inventory. Review pandemic Influenza surveillance and plan with all SHS staff Prepare to implement mass dispensing site if directed by public health authorities Assemble flu kits to be used at Level 2 Begin using paper triage forms at registration desk to prioritize treatment interventions Use antivirals and vaccines for treatment and prevention measures Report out ILI's weekly or on an as needed basis to Incident Commander.	Distribute PPE essential SHS personnel Report ILI's daily to Incident Command. Review (as developed in Level 0) with SHS staff Appropriate levels of staffing and actions to take for managing phones, triage, and patient care at Levels 3 and 4 Evaluate phone/in person triage staffing and systems and review procedures in light of a potential increased demand Open influenza-like illness clinic (ILI clinic); direct all patients with ILI and potential pandemic flu to limited area of SHS Use antivirals and vaccines for treatment and preventions measures Maintain open communication with local public health authorities.	Report ILI's daily to Incident Command. Assist with investigation of suspected cases and contact tracing as directed by public health authorities Increase SHS staff on phones and in clinic as needed to meet patients demand Begin to utilize volunteers, if available Provide psychosocial support, as needed Use antivirals and vaccines for treatment and preventions measures	Report to work if essential personnel Report ILI's daily to Incident Command. Assist with investigation of suspected cases and contact tracing as directed by public health authorities Cancel routine Appointments Encourage isolation and self-care for suspected cases send patients with serious symptoms to ER Increase SHS staff on phones and in clinic as needed to meet patient demand Continue to provide counseling services as needed

Responsibilities of Team Leaders and Respective Units				
	Level 1	**Level 2**	**Level 3**	**Level 4**
VP for Business Affairs (VPBA)	Essential personnel receive specialized training (depending on outbreak). Train and educate essential personnel in appropriate PPE through EH&S. Communicate with campus vendors. Begin tracking expenses.	Distribute PPE to essential personnel. If available, essential personnel to receive vaccinations with SHS assistance. Identify funds for business continuity and recovery. Communicate with campus vendors. Continue tracking expenses.	Report to work if essential personnel. Consider allowing off campus access to financial planning, budgets and payroll information systems to allow staff to work from home. Communicate with campus vendors. Continue tracking expenses.	Report to work if essential personnel. Ensure business continuity through financial means. Communicate with campus vendors. Continue tracking expenses.

Responsibilities of Other Officials, Units, and Departments				
	Level 1	**Level 2**	**Level 3**	**Level 4**
All departments and units	Coordinate training for Essential personnel with EH&S. Review communications from News and Information in reference to preventive measures. Identify departmental service priorities.	Prepare to activate Business Continuity Plans. Plan distancing measures/ dispersement for essential personnel. Make sure essential personnel receive PPE. Report absent employees due to ILI on a weekly basis. Confirm highest priority services.	Activate Business Continuity Plans. Report absent employees to HR due to ILI on a daily basis. Provide highest priority services with personnel available.	Report to work if essential personnel. Review UTB website for updates.

2. Severe Acute Respiratory Syndrome (SARS)

2.1 SARS Core Messages

The University takes the threat of SARS on campus very seriously.

A SARS Task Force is being formed to address campus-specific issues related to the SARS pandemic. An educational university Web site (www.utb.edu/news/sars) concerning SARS will be launched in with links to CDC and WHO for the most current information. The task force will monitor the SARS situation worldwide. Should another SARS outbreak occur, the task force will pay particular interest to what is happening with other universities. The task force discourages travel to SARS affected areas. Summer study abroad programs in SARS affected areas will be canceled. The Provost Office and SARS Task Force will consider cancelling study abroad programs should an outbreak of SARS occur again.

In the event of a SARS outbreak the university will implement as many reasonable precautions as possible to reduce the risk of SARS exposure on campus.

The university will follow CDC guidelines regarding SARS. The university will ask all persons arriving from or through SARS affected areas to self-monitor for 10 days for fever greater than 100.4°F (38°C), and cough, or difficulty breathing. The Dean of Students Office will encourage students coming from the SARS-affected areas to arrive early for check-in/registration. Student Health Services will distribute SARS self-monitoring kits to students who have traveled from or through SARS-affected areas.

The university will offer temporary housing to students coming from SARS-affected areas who have university housing contracts. The temporary housing will be for the duration of the 10-day self-monitoring period. If needed, the university will attempt to provide temporary housing for students with confirmed cases of SARS through the duration of the students' illness. A training module for custodial staff will be developed in the event we have a confirmed case that necessitates changes in custodial services.

Student Health Services and the Cameron County Health Department are prepared to take steps that will reduce campus-wide risk for the disease, should the University get a confirmed case of SARS.

The steps for reducing SARS risk after a confirmed case would be similar to steps we take with other infectious diseases (e.g., tuberculosis). SHS has a very close working relationship with the Cameron County Health Department and Brownsville EMS. The SHS and the Environmental Health and Safety will have a team ready to educate co-workers and/or students, should we have a confirmed case.

To protect against SARS follow these guidelines:

- Wash your hands often and well.

- Cover your mouth and nose with tissue when you sneeze or cough.
- Don't share silverware, towels, or bedding.
- Clean surfaces (counters and tabletops, door knobs, bathroom fixtures, etc.) with a household disinfectant used according to the manufacturer's instructions. Wear disposable gloves during all cleaning activities. Throw these out when you are done. Do not reuse them.
- Get a flu shot when they are offered. If you get a flu shot, it will be easier for your physician to rule out flu and consider the possibility of SARS should you begin to show symptoms. As with most diseases, early diagnosis and treatment for SARS will improve your potential health care outcome.

2.2 Procedures for SARS Outbreak

Faculty and Staff Returning From SARS-Affected Areas

Should an outbreak of SARS occur anywhere in the world, the SARS Task Force recommends AGAINST travel to SARS-affected areas. Should you travel to a SARS-affected area for personal or business reasons, we request you carefully read the following and adhere to the guidelines outlined below.

SARS is a respiratory illness. The disease can be life threatening, and anyone who suspects they may be developing symptoms should seek medical care immediately. SARS begins with a fever of 100. 4 F/38 C or higher, and is shortly followed by one or more of these symptoms: cough, shortness of breath, difficulty breathing and diarrhea. The only people who are considered to be at risk for SARS are those who have had close contact with someone known or suspected to have SARS or people who have traveled within the last 10 days to or through SARS affected areas.

If you have traveled to or through one of the SARS-affected areas less than 10 days prior to your arrival at the university, you should monitor your health for at least 10 days from your arrival in the U.S. If you become ill with fever (100. 4 F or greater), cough, or have difficulty breathing, please call your primary care physician before visiting his or her office. Your physician's office staff will provide you with instructions. If you do not have a primary care physician, call (956) 882-3896 to reach a medical practitioner. The medical practitioner will do a phone triage to evaluate your symptoms and, if warranted, assist you in arranging for a hospital visit. Please do not stay on campus if you become ill. Notify your supervisor of your illness and follow the instructions of your health care provider.

Students Arriving From SARS-Affected Areas

CDC guidelines recommend that individuals traveling from or through SARS-affected areas self-monitor their health 10 days following their initial arrival in the United States for any of the following symptoms:

- Fever greater than 100.4° F (38° C) and
- Cough
- Difficulty breathing

International Students

If you are an international student who has traveled from or through a SARS affected area and you will be living on-campus the Dean of Students Office encourages you to arrive early—at least 10 days prior to student check-in/registration.

Upon arrival in Brownsville, you should check in with the Dean of Students Office and Student Health Services. The staff will confirm the number of days students have been in the US. Those students who have traveled from or through SARS affected areas and who have been in the U.S. less than 10 days will be directed to Student Health Services.

If you have been in the U.S. less than 10 days when you arrive in Brownsville, Housing
Services will arrange for temporary housing in a university apartment while you complete the 10-day self-monitoring period. [This initiative allows greater precaution by providing housing with individual air handling units.]

If you are symptom free following the 10-day self-monitoring period, return to Student Housing for your permanent housing assignment. Within 24 hours of arriving in Brownsville, you should check in with Student Health Services (SHS). If you have been in the U.S. less than 10 days when you arrive in Brownsville, SHS will provide you with a SARS self-monitoring packet that includes a digital thermometer, hand sanitizer, a SARS guide, two masks, a daily temperature log, and an emergency contact number to call if you become ill. SHS staff will advise you to self-monitor for the remainder of the 10-day period.

All Other Students Living On-Campus

If you are a student who has traveled to or from one of the SARS-affected areas less than 10 days prior to your arrival at the university and you will be living on campus in one of the university residence halls, Student Housing will arrange for temporary housing in a university apartment while you complete the 10-day self-monitoring period. If you are symptom free following the 10-day self-monitoring period, return to Student Housing for your permanent housing assignment.

Within 24 hours of arriving in Brownsville, you should check in with the SHS. If you have been in the U.S. less than 10 days when you arrive in Brownsville, SHS will provide you with a SARS self-monitoring packet that includes a digital thermometer, hand sanitizer, a SARS guide, two masks, a daily temperature log, and an emergency contact number to call if you become ill. SHS staff will advise you to self-monitor for the remainder of the 10-day period.

All Other Students Living Off-Campus

If you are a student who has traveled to or through one of the SARS-affected areas less than 10 days prior to your arrival at the university and you will be living off campus, you should check in with SHS within 24 hours of arriving in Brownsville. SHS will provide you with a SARS self-monitoring packet that includes a digital thermometer, hand sanitizer, a SARS guide, two masks, a daily

temperature log, and an emergency contact number to call if you become ill. SHS staff will advise you to self-monitor for the remainder of the 10-day period.

International Students Living Off-Campus

If you are an international student who has traveled from or through one of the SARS affected areas and you will be living off-campus, the International Office encourages you to arrive early--at least 10 days prior to student check-in/registration.

Upon arrival in Brownsville, you should check in with the Dean of Student Office. The IO staff will confirm the number of days students have been in the US. Those students who have traveled from or through SARS affected areas and who have been in the U.S. less than 10 days will be directed to Student Health Services.

Within 24 hours of arriving in Brownsville, you should check in with SHS. If you have been in the U.S. less than 10 days when you arrive in Brownsville, SHS will provide you with a SARS self-monitoring packet that includes a digital thermometer, hand sanitizer, a SARS guide, two masks, a daily temperature log, and an emergency contact number to call if you become ill. The SHS staff will advise you to self-monitor for the remainder of the 10-day period.

2.3 SARS Task Force List

- Environmental Health & Safety Department
- Office of the Vice President for Business Affairs
- Human Resources
- Purchasing - Travel
- Campus Police Department
- Facilities Services
- Student Health Services
- Student Housing

3. Mumps

3.1 Definition

Mumps is a viral infection of the salivary glands that is spread through coughing, sneezing, and saliva. It can spread by sharing drinking glasses, kissing, sneezing, and coughing. Symptoms include swelling of the glands close to the jaw, fever, headache, and muscle aches. Mumps is a mild to moderate disease; however, mumps can cause serious complications including meningitis, miscarriage of whether infected during pregnancy, breast swelling, hearing loss, and sterility in men.

3.2 Who Is At Risk for Mumps

If you were born after 1956 and never had the mumps or haven't received two (2) mumps shots, then you are considered at greater risk for being infected with mumps. Since 1989, 2 doses of the measles/mumps/rubella shot (MMR) have been recommended to prevent infection of the mumps virus. These typically are done initially around 15 months of age, and again when starting kindergarten or high school. Contact your doctor or check your old health/school records if you are unsure if you have had two (2) mumps shots.

3.3 Recommendation

If you are not sure you have had mumps or received your two (2) mumps shots, you should contact your primary care physician to get a mumps immunization.

3.4 Additional Ways to Prevent Mumps

Other things you can do to reduce the risk of being infected with the mumps virus is to wash your hands well and often with soap. Cover your mouth when you cough or sneeze-and discard used facial tissue (such as Kleenex) promptly. Eating utensils and beverages should not be shared. Surfaces that are frequently touched (toys, doorknobs, tables, counters, etc) should also be regularly cleaned with soap and water or with cleaning wipes.

3.5 Exposure to Mumps

Not everyone who is exposed to someone with mumps will get sick. Exposed people who have been vaccinated with two doses of mumps vaccine are very unlikely to get mumps. However, a person who hasn't been vaccinated nor had mumps disease may become sick if exposed to the mumps virus. Symptoms may appear 2 – 3 weeks after exposure. A person is contagious (able to spread the virus to others) from around 3 days before they develop symptoms to 9 days after the symptoms begin.

3.6 Procedures for Mumps Outbreak

Because of the contagious nature of the mumps virus, do not come to campus if you are experiencing mumps symptoms. Contact your doctor immediately. Your

doctor will request laboratory testing to confirm your infection with the mumps virus. If you are diagnosed with mumps, we ask that you not return to campus unless you have received a release from your doctor to return to work or class.

3.7 Paid Leave Upon Diagnosis of Mumps

Staff follow HOP 8.3.2, Sick Leave, for absences connected with seeking medical advice and treatment concerning mumps. Upon your return to work and in addition to your release to work, you will be asked to provide a certification from your doctor verifying that you had the mumps.

Questions:
If you have questions or comments about this document please contact Human Resources Employee Benefits (956) 882-8205 or at website www.utb.edu/ba/hr.

3.8 Additional Information Regarding Mumps

Additional information about mumps can be found at the following Centers for Disease Control link: www.cdc.gov/mumps

4. Meningitis

4.1 Post-Exposure Prophylaxis to Meningitis

This is the protocol for management of a person who may be significantly exposed to a probable or confirmed case of meningitis to prevent an outbreak of the meningococcal disease.

4.2 Definition

Transmission of meningococcal disease occurs through close contact (e.g. mouth-to-mouth resuscitation, endotracheal intubation, endotracheal management) or other direct / close contact with respiratory droplets from the nose and throat of an infected person. Exposure occurs by direct mucous membrane contact of an uninfected individual to the respiratory secretions of an infected individual. Close contact may include kissing, sharing cigarettes, using the same eating and drinking utensils, glasses and plates. Close contact may also include an individual who administered care or treatment that required close prolonged face-to-face contact such as oral care, feeding, or similar tasks.

Prophylaxis is not routinely indicated for medical personnel, except as indicated below, patients with meningococcal lower respiratory tract infections (e.g., pneumonia) may present a greater risk for transmission to hospital personnel, especially if the patient has a productive cough. Therefore, hospital/clinic personnel who have spent more than five minutes within six feet of a patient with lower respiratory tract infection should also be considered as contact.

4.3 Procedures for Meningitis Outbreak

Students who are identified as a contact will be referred to his/her private physician, emergency room or urgent care center to receive the appropriate post-exposure prophylaxis treatment. Said students must bring a health clearance note from their physician/provider to the SHS before returning to classes.

Should a patient present to the SHS with symptoms-like meningitis, the clinical practitioners will contact Emergency Medical Services.

Once a possible case is suspected, the Cameron County Department of Health will be notified.

The SHS will collaborate with the CCDH in further identifying students who might have been exposed. SHS will follow directions from the CCDH in terms of further procedures.

4.4 Meningococcal Disease

Community-acquired meningococcal disease is typically caused by a variety of serogroups of Neisseria meningitidis; serogroups B and C cause 46% and 45% of the endemic cases, respectively. Serogroups A, Y, and #W-135 account for nearly all of the remaining endemic cases. In contrast, epidemic meningococcal

disease has, since the early 1990s, been caused increasingly by serogroup C. Nosocomial transmission of N meningitidis is uncommon. In rare instances, when proper precautions were not used, N meningitidis has been transmitted from patient to personnel, through contact with the respiratory secretions of patients with meningococcemia or meningococcal meningitis, or through handling laboratory specimens. Lower respiratory tract infections caused by N meningitidis may present a greater risk of transmission than either meningococcemia or meningitis, especially if the patient has an active, productive cough. The risk of personnel acquisition of meningococcal disease from casual contact (e.g., cleaning rooms or delivering food trays) appears to be negligible. N meningitidis infection is probably transmitted by large droplets; the incubation period is from 2 to 10 days, and patients infected with N meningitidis are rendered non-infectious by 24 hours of effective therapy.

Personnel who care for patients with suspected N meningitidis infection can decrease their risk of infection by adhering to Droplet Precautions. Post-exposure prophylaxis is advised for persons who have had intensive, unprotected contact (i.e., without wearing a mask) with infected patients (e.g., mouth-to-mouth resuscitation, endotracheal intubation, endotracheal tube management, or close examination of the oropharynx of patients). Antimicrobial prophylaxis can eradicate carriage of N meningitidis and prevent infections in personnel who have unprotected exposure to patients with meningococcal infections. Because secondary cases of N meningitidis occur rapidly (within the first week) after exposure to persons with meningococcal disease, it is important to begin prophylactic therapy immediately after an intensive, unprotected exposure, often before results of antimicrobial testing are available.

Prophylaxis administered later than 14 days after exposure is probably of limited or no value. Rifampin (600 mg orally every 12 hours for 2 days) is effective in eradicating nasopharyngeal carriage of N meningitidis. Ciprofloxacin (500 mg orally) and ceftriaxone (250 mg intramuscularly) in single-dose regimens are also effective in reducing nasopharyngeal carriage of N meningitidis and are reasonable alternatives to the multidose Rifampin regimen. These antimicrobials may be useful when infections are caused by Rifampin -resistant meningococci or Rifampin is contraindicated. Rifampin and ciprofloxacin are not recommended for pregnant women. The quadrivalent A,C,Y,W-135 polysaccharide vaccine has been used successfully to control community outbreaks caused by serogroup C, but its use is not recommended for post-exposure prophylaxis in healthcare settings. However, pre-exposure vaccination may be considered for laboratory personnel who routinely handle soluble reparations of N meningitidis. Healthy persons may have nasopharyngeal carriage of N meningitidis. Nosocomial transmission from carriers to personnel has not been reported. In the absence of exposures to patients with N meningitides infection, personnel who are asymptomatic carriers need not be identified, treated, or removed from patient-care activities. However, personnel with meningococcal infection need to be excluded from duty until 24 hours after the start of effective therapy.

4.5 Dosages for Contacts to a Case of Invasive Meningococcal Disease

Drug	Age of Contacts	Dosage
Rifampin[1, 2]	≤1 month >1 month	5 mg/kg, orally, every 12 hours x 2 days 10 mg/kg (maximum dose 600 mg), orally, every 12 hours x 2 days
Ceftriaxone	≤ 15 years	125 mg, intramuscularly (single dose)
	> 15 years	250 mg, intramuscularly (single dose)
Ciprofloxacin[1]	≥ 18 years	500 mg, orally (single dose)

III. APPENDICES

Appendix A – Acronym List

ACIP	Advisory Committee on Immunization Practices
CC	Child Care
CCDHHS	Cameron County Department of Health and Human Services
CDC	Centers for Disease Control
CP	Campus Police
DOS	Dean of Students
EC	Executive Council
EH&S	Environmental Health and Safety
EOC	Emergency Operations Centers
ER	Emergency Room
HAN	Health Alert Network
HR	Human Resources
IC	Incident Commander
ICS	Incident Command System
IDAC	Infectious Disease Advisory Council
IDEPP	Infectious Disease Emergency Preparedness Plan
ILI	Influenza-Like Illnesses
IMT	Incident Management Team
IS	Instructional Support
ITS	Information Technology Services
MOU	Memorandum of Understanding
N&I	News and Information Department
NVAC	National Vaccine Advisory Committee
ODS	Office of Disability Services
OPDIV	Operating Division (of the CCDHHS)
ORM	UT System Office of Risk Management
PI	Pandemic Influenza
POD	Point of Distribution (a site for the dispensing of medicines or other items)
PP	Physical Plant
PPE	Personnel Protective Equipment
RC	Recovery Coordinator
SA	Student Affairs
SARS	Severe Acute Respiratory Syndrome
SAS	Study Abroad Services
SH	Student Housing
SHS	Student Health Services
SLT	State, Local and Territorial
SNS	Strategic National Stockpile
TDSHS	Texas Department of State Health Services
TIMS	Texas Inventory Management System
TL	Team Leader
VPBA	Vice President for Business Affairs
WHO	World Health Organization

Appendix B – References

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Appendix C – Acknowledgement

The following IDEPP committee members were tasked by the Provost and the Vice President for Business Affairs to develop a comprehensive infectious disease prevention and response plan for the University.

Infectious Disease Emergency Preparedness Plan Committee

Project Leader

Mr. Doug Arney, Associate Vice President for Business Affairs/Compliance

Medical Committee Members

Dr. Eugenia Curet, Director, Student Health Services – Co-Chair
Dr. Mari Fuentes-Martin, Associate Vice President for Student Affairs and Dean of Students
Ms. Karen Fuss-Sommer, Associate Master Technical Instructor, LVN
Mr. Joe Lacher, Associate Professor, Nursing
Dr. Christopher Ledingham, Associate Professor, Health and Human Performance
Ms. Consuelo Villalon, Assistant Master Technical Instructor, Allied Health
Ms. Dianna Garcia-Smith, Assistant Professor, Nursing

Operational Committee Members

Mr. Zeke Avila, Director, Environmental Health & Safety – Co-Chair
Mr. David Marquez, Coordinator, Judicial Affairs
Ms. Meloney Linder, Vice President for Marketing and Communication
Mr. Rey Trevino, Police Sergeant
Mr. Abraham Hernandez, Director, Physical Plant
Mr. Hector Ramos, Program Director, Criminal Justice Institute

Appendix D – Infectious Disease Advisory Council

The following IDAC members are tasked with implementing and revising the IDEPP on an annual basis. In addition, the members are responsible for monitoring infectious disease occurrences as they pertain to the University and advising the campus community on appropriate actions to be taken prior to and during a potential emergency event.

Infectious Disease Advisory Council

Mr. Zeke Avila, Director, Environmental Health & Safety
Dr. Eugenia Curet, Director, Student Health Services
Dr. Christopher Ledingham, Associate Professor, Health and Human Performance
Dr. Hugo Rodriguez, Assistant Professor, Biomedicine
Ms. Constance Hayes, Nurse Practitioner, Student Health Services

Appendix E – Incident Management Team

The IMT is activated immediately following IDAC inactivation under UTB Response Level 2. This team is responsible for: ensuring incident management activities occur in a timely manner, maintain open dialog with Incident Commander and Executive Council regarding response actions as they pertain to the University, and communicate with local, state, and UT-System personnel as necessary.

Incident Management Team

Incident Commander – *Vice President for Business Affairs*
Office of the Provost/Academic Affairs – *Associate Provost*
Campus Police – *Chief of Police*
Child Care Center – *Child Care Center Manager*
Environmental Health and Safety – *Director of EH&S*
Human Resources – *Director of Human Resources*
Information Technology Services – *Assistant Director of ITS Online Learning*
News and Information – *Director of News & Information*
Physical Plant – *Director of Physical Plant*
Purchasing – *Director of Purchasing*
Study Abroad Services – *Executive Director of Global Engagement*
Student Affairs – *Director of Residential Life and Student Union*
Student Health Services – *Director of Student Health Services*
Business Affairs – *VP/AVP for Business Affairs*