Annex Q

Epidemic and Pandemic

Planning, Response, and Recovery

Possible Disruptions to Normal Operations of the University: Epidemics and pandemics pose the significant possibility that support elements, external resources, infrastructure, and day-to-day operations can be adversely affected or even disrupted because of illness or precautions necessitated by illness. Consequently, in order to preserve our operations – including alternate methods – and to restore normal operations as rapidly as is both advisable and possible it is in the University's interest to identify both these potential considerations and the decision points and option sets that the University should include in planning for, responding to, and recovering from disruptions attendant to public health related incidents.

Each disease will include its own specific details such as incubation period, methods of transmission, duration of contagious illness, availability of effective vaccines, etc. Consequently, this annex will include specific disease Appendices. These Appendices will be numbered sequentially based upon the identification of the specific threat to health and normal operations of the University.

First and Second Order Issues Adversely Affecting or Disrupting University Operations: The list below is intended to be illustrative rather than exhaustive or comprehensive:

- The University environment involves high density living, studying, and working situations. The potential for exposure and infection could facilitate rapid spread of any contagious disease. Widespread illness within the University Community could reduce attendance that might interrupt the ongoing operations of:
    - Class schedules
    - Information Support Services maintenance and repair
    - Food Service
    - Facilities support and repair functions
    - Housekeeping
    - Public Safety watch rotations
    - Residence Hall oversight and management
    - Mail distribution
    - On and intra-campus transportation

- Area private and public sector support to the University could reduce attendance of essential employees that might similarly disrupt or adversely affect sustained normal operations of University functions as well:
    - Delivery of consumables
    - Delivery of food to venues on and off campus
    - Infrastructure maintenance and repair
    - First Responders
    - Traffic management
    - Public Health support functions
    - Mass/Public Transportation

Decision Points and Prevention or Response Options: Specific preparation and response cannot be known in advance but generic expectations can identify action thresholds. University leaders will necessarily engage situations based upon the available information. The following indicators and actions roughly conform to the samples below:

- An infectious disease with potentially lethal results or threatens disabling symptoms is present in the Western Hemisphere or its arrival is considered imminent.
    - The Leadership Group will convene with the benefit of infectious/contagious disease expertise and will decide the proper response actions to include:
        - Assessing the danger of the disease affecting the University Community and the potential timing of such a danger.
        - Publicizing educational information to maximize prevention of infection and transmission of the disease.
        - Organizing or facilitating immunization for the University Community.
        - Recommending that members of the University Community avoid travel to areas where the disease is known to exist.
        - Establishing assessment and, if necessary, isolation procedures for members of the University Community who have traveled to areas where the disease already exists.
        - Decide if hepa filters for ventilation systems will help prevent the likelihood of transmission of disease on campus.
        - Recommend supplies necessary for University Community members to self-quarantine at home.

- An infectious disease with potentially lethal results or that could include disabling symptoms is in the United States and its arrival in the National Capital Region is considered imminent.
    - The Leadership Group will convene with the benefit of infectious/contagious disease expertise and will decide the proper response actions to include:
        - Required immunization for the University Community if available.
        - Decide if immunization can be offered to University Community family members. If possible, offer it.
        - Decide the methods and locations necessary to identify and isolate members of the University Community who are either infected with or exposed to the disease.
        - Identify, prepare and pre-position stocks to support quarantine housing if it is intended for students.
        - If useful, direct the installation of hepa filters in ventilation systems.
        - Train support personnel for isolated housing if it is intended.
        - Provide details for University Community members to self-isolation effectively at home.
        - Identify parameters for suspending on-campus classes and conducting classes using the internet to complete semester requirements.
        - Put processes in motion to support online classes.

- An infectious disease with potentially lethal results or that could include disabling symptoms is actively spreading throughout the National Capital Region.
    - The Leadership Group will convene with the benefit of infectious/contagious disease expertise and will decide the proper response actions to include:
        - Evaluate effectiveness of recommending isolation.
        - Evaluate length of isolation and interruption of classes for specific populations.
        - Evaluate feasibility of alternative methods to fulfill semesters requirements.
        - Evaluate needs and availability of support services for students in the Housing system.

- Recommend suspension of classes based on specific criteria of Public Health threat.
- Develop criteria to approve return to normal operations.

Appendix One

Interim Policy on

Pandemic Threat Planning

Pandemic Defined: A pandemic is a disease outbreak occurring over a wide geographic area and affecting an exceptionally high proportion of the population.

Preventive Planning: A task force of University officials and specialists in Infectious Disease, public health, and emergency preparedness has designed an Interim Policy for faculty, students and staff related to pandemics. Due to the changing nature of disease outbreaks, this Interim Policy may be revised based on the latest health guidance from the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC). While the University leadership will inform the community of any substantive changes to the Interim Policy, we strongly encourage everyone to visit Campus Advisories page www.gwu.edu/~gwalert because it has links to most major pages including the home page and the parents page. It is also the place we've consistently told the community we will communicate information in an incident.

UNIVERSITY OPERATIONS DURING A PANDEMIC

If there is a pandemic overseas, the University will maintain normal operations. However, the University will enforce its travel policies (see below)

During a pandemic, thousands of people can arrive in the United States from affected areas to participate in gatherings such as academic courses, business meetings, or sporting events. The University will strive to provide a consistent, rational approach to outbreak prevention without unnecessarily stigmatizing these groups or interfering with collegial pursuits, commerce, and other important activities. We will closely monitor CDC recommendations on canceling or postponing of classes, meetings or other gatherings that will include persons traveling to the United States from affected areas.

The following are interim recommendations to assist persons who are organizing gatherings of students and other persons traveling to the United States from pandemic regions, including gatherings in academic settings, business meetings, or sporting events, etc. These recommendations are based on the experience in the United States with past epidemics. If organization representatives become

aware of a person from a pandemic area who *develops signs/symptoms consistent with the disease of concern*, the following steps should be taken:

- Exclude the ill person from activities (e.g., classes, meetings, and other public areas) and locate him/her in a separate area to minimize contact with other people while awaiting further medical evaluation.
- Alert appropriate healthcare personnel that an individual with risk factors requires evaluation, so that advance preparations can be made to implement infection control procedures to prevent transmission to others during transport and in the healthcare setting.
- Remind the treating healthcare provider to notify the appropriate state or local health officials if the outbreak disease is suspected. Further information for healthcare providers about disease-specific management may be found on the CDC website. (http://www.cdc.gov/az.do)

If there is a pandemic overseas and sporadic cases are diagnosed in the United States, Canada, or Mexico the University will likely maintain normal operations but will consider measures identified in Annex Q.

Recommendations may also be made by the Task Force to implement measures to decrease transmission of germs on campus, which may include:

- Increased environmental services on campus, with emphasis on frequent wipe-down of community surfaces (e.g. tables, doorknobs, phones, etc.) with antibacterial/antiviral cleaning agents.
- Increased availability of tissues and hand sanitizers in housing halls and academic building common areas.
- Availability of face masks.

If there is a pandemic within the United States, Canada, or Mexico the University will follow its Annex Q procedures in consultation with national, regional and local health officials.

- University policy will comply with any federal recommendations or mandates such as quarantine or shelter-in-place
- The University will work closely with the Department of Health to obtain prophylactic medications or vaccines for the University Community if appropriate and available.
- If the University goes to internet-only classes or closes, it may assess the safety of students' travel to regions outside of the DC metropolitan area. Accommodations may be arranged for students who are absolutely unable to return home during University closure.

- During this process, the above recommendations for environmental sanitation will be implemented.

TRAVEL DURING A PANDEMIC

CDC issues different types of notices for international travelers. They describe both levels of risk for the traveler and recommended preventive measures to take at each level of risk.

- **Travel Health Precaution:** ***CDC does NOT recommend against travel to the area*****.** A travel health precaution is notification by CDC that a disease outbreak of significance is occurring in a widespread geographic area. The risk for the individual traveler is thought to be increased in defined settings or associated with specific risk factors (e.g., transmission in a health-care or hospital setting where ill patients are being cared for).

- **Travel Health Warning:** ***CDC recommends against nonessential travel to the area*****.** A travel health warning is a notification by CDC that a widespread, serious outbreak of a disease of public health concern is expanding outside the area or populations that were initially affected. **CDC recommends against nonessential travel to the area** because the risk for the traveler is considered to be high (i.e., the risk is increased because of evidence of transmission outside defined settings and/or inadequate containment). Additional preventive measures may be recommended, depending on the circumstances (e.g., travelers may be requested to monitor their health for a certain period after their return; arriving passengers may be screened at ports of entry).

Information about travel alerts and advisories may be found at www.cdc.gov/travel. Please check this Web site for the latest travel information before making your arrangements.

Guidelines for Travel to a Country with a Travel Health Precaution

University funding may be used for University-sponsored or supported programs or business, in accordance with University policies, but the University strongly advises that non-essential travel be deferred to affected countries under a travel health precaution.

All University-sponsored or affiliated study abroad program assignments for affected countries with a travel alert are routinely monitored. Please visit the Office of Study Abroad Web site www.gwu.edu/~studyabr for the status of these programs. Should it be determined that students may not participate in such programs, the University will assist with alternative arrangements to facilitate students being able to fulfill any academic requirements associated with such travel or programs.

Guidelines for Travel to a Country with a Travel Health Warning

The University will not provide funding for, nor may University funding be used to support, travel to countries with a travel health warning for University sponsored programs or business. This also applies to individual or group travel or other related expenses, including funding for research or study in the countries under a travel health warning and any other scholarship related or staff related travel with or without students.

All University sponsored or affiliated study abroad program assignments for countries with a travel health warning shall undergo immediate review. Please visit the Office of Study Abroad Web site at www.gwu.edu/~studyabr for the status of these programs. Should it be determined that students may not participate in such programs, the University will assist with alternative arrangements to facilitate students being able to fulfill any academic requirements associated with such travel or programs.

All non-essential and elective travel to affected countries should be deferred. Elective travel will not be covered under applicable University insurance policies relating to actions or work within the scope of employment.

General Guidelines Relating to Travel to and from Affected Countries

The University urges faculty, students and staff to become informed about the infectious disease responsible for the pandemic and its symptoms, and to consult the CDC travel notices and local health conditions before traveling to an affected country. The University or your insurer may not be able to evacuate you from an affected country, and if you become infected with the disease, you may be forced to obtain medical treatment in the affected country. Further, your return to the United States may be delayed.

Regarding air travel, the University Community should expect that the following comprehensive activities may take place to prevent importation and spread of a pandemic from travel passengers arriving in the U.S. from pandemic regions:

- Pre-embarkation screening of persons traveling from affected areas to defer travel for those with symptoms or signs or exposure to known infectious patients in the past 10 days.
- Assessment by health authorities of ill persons aboard arriving flights from a pandemic area to ensure that ill passengers are isolated and evaluated promptly upon arrival and that appropriate follow-up of other passengers occurs, as necessary.
- Distribution of health alert notices to travelers arriving in the United States from pandemic areas to notify them of the importance of monitoring their health closely for a period of 10 days following departure, and for persons who develop symptoms consistent with the outbreak, the need to promptly seek medical evaluation.
- Rapid detection and isolation of persons in the United States who have traveled from a pandemic area and have symptoms compatible with the infectious disease within 10 days of arrival.

Faculty, students, staff and visitors who travel to or from an affected country or who come in close contact with people from affected countries should closely monitor their health for 10 days upon their return to the United States. If such individuals are symptomatic within that time frame, they should seek prompt medical attention. The University reserves the right to conduct a screening, by telephone or in person, for signs and symptoms of infection or to require a written certification that such a screening was performed by a personal physician. The University also may impose additional requirements in its sole discretion.

Tracking of Students and Staff Traveling or Working Abroad

The University's Study Abroad Office maintains a database of all students studying overseas and has a communications plan and emergency plan for each student. In addition, all University and Medical Center Departments shall develop and maintain a database of graduate students, faculty and staff studying or working abroad and shall have a communications plan for each.

Appendix Two
Infectious diseases

Anthrax
Reportable: Yes
Activate Response: Yes

Disease Causing Agent	*Bacillus anthracis*	
Symptoms (depend on route of infection)	Cutaneous	Lesions Edema Hyperemia Regional Lymphadenopathy Fever Malaise Headache
	Inhalation	Fever Chills Nonproductive cough Chest pain Headache Myalgias Malaise Widened mediastinum
	Gastrointestinal Tract	Nausea Anorexia Vomiting Fever Severe abdominal pain Massive ascites Hematemesis Bloody diarrhea
Infectious Period	Person-to-person spread is rare	
Incubation Period	For all forms, the incubation period is usually less than 2 weeks	
Transmission Method	It is naturally acquired through human contact with infected animals or contaminated animal products, however this is extremely rare.	

	More likely to be a result of an attack
Medications / Treatment	Antimicrobial therapy Isolation of patient Special elimination of bedding, dressings, etc… that were used to treat the patient
Vaccine Available	No

Avian Inlfuenza
Reportable: Yes
Activate Response: Yes

Disease Causing Agent	H5N1
Symptoms	According to the CDC, the reported symptoms of avian influenza in humans have ranged from typical influenza-like symptoms (e.g., fever, cough, sore throat, and muscle aches) to eye infections (conjunctivitis), pneumonia, acute respiratory distress, viral pneumonia, and other complication
Infectious Period	Person-to-person transmission has not been reported/confirmed
Incubation Period	Unknown
Transmission Method	Direct or close contact with infected poultry or contaminated surfaces Person-to-person transmission has not been reported
Medications / Treatment	Antiretrovirals: Amantadine Rimantadine Oseltamivir Zanamivir
Vaccine Available	No

Bioterrorist Agents
Reportable: Yes
Activate Response: Yes

Disease Causing Agent	
Symptoms	
Infectious Period	
Incubation Period	
Transmission Method	
Medications / Treatment	
Vaccine Available	

Influenza
Reportable: Yes
Activate Response: Limited Oubreak- NO
Pandemic- YES

Disease Causing Agent	
Symptoms	Sudden onset of: Fever Chills or Rigors (shaking during a high fever) Headache Malaise Diffuse myalgia (muscle pain) Nonproductive cough Secondary symptoms include: Sore throat Nasal congestion Rhinitis More prominent cough
Infectious Period	24 hours before the onset of symptoms – 7 days after onset
Incubation Period	1 to 3 Days
Transmission Method	Person-to-person contact Contact with articles recently contaminated by nasopharyngeal secretions
Medications / Treatment	Tamiflu
Vaccine Available	Yes*

Meningococcal Infections
Reportable: Yes
Activate Response: Yes

Disease Causing Agent	
Symptoms	Fever Chills Malaise Postration (physical weakness) Rash
Infectious Period	Rapid onset of symptoms Infectious within 24 hours of antimicrobial therapy
Incubation Period	1 to 10 Days, usually less than 4
Transmission Method	Person-to-person through respiratory droplets
Medications / Treatment	Penicillin G Cefotaxime Ceftriaxone Ampicillin Chloramphenicol (for persons with Penicillin Allergies Prophylactic treatment: Cipro
Vaccine Available	Yes

Mumps
Reportable: Yes
Activate Response: Yes

Disease Causing Agent	Rubulavirus (RNA Virus)
Symptoms	Swelling of one or more salivary glands Cerebrospinal Fluid Pleocytosis > 50 % Malaise, Prancreatitis. Additional Symptoms: Orchitis (Inflammation of the testes) Arthritis
Infectious Period	1 to 2 days before onset of swelling to 5 days after onset
Incubation Period	16 to 18 days, but may occur 12 to 25 days after exposure
Transmission Method	Contact with infected respiratory secretions
Medications / Treatment	Controlling the outbreak by exclusion of susceptible individuals Preventive treatment: Immunization
Vaccine Available	Yes

Pertussis
Reportable: Yes
Activate Response: No

Disease Causing Agent	*Bordetella pertussis*
Symptoms	Begins with upper respiratory tract infection symptoms(catarrhal period) Leads to paroxysms of cough, often with a inspiratory whoop and followed by vomiting No or mild fever
Infectious Period	The catarrhal period and the first 2 weeks after cough onset
Incubation Period	6 to 21 days, usually 7 to 10 days
Transmission Method	Close contact with aerosolized droplets from patients with disease
Medications / Treatment	Antimicrobials Erythromycin estolate
Vaccine Available	Yes

Students and staff with pertussis should be excluded from school; they may return 5 days after the initiation of the 14-day course of erythromycin or recommended therapy.

Rubella
Reportable: Yes
Activate Response: Yes

Disease Causing Agent	Rubivirus
Symptoms	Rash Lymphadenopathy (swelling or enlargement of the lymph nodes) Slight fever Polyarthralgia (pain or inflammation in the joints) Complications during pregnancy (including miscarriage, fetal death, or congenital abnormalities)
Infectious Period	7 days before the onset on the rash to 14 days after the onset of the rash
Incubation Period	14 to 23 days, usually 16 to 18 days
Transmission Method	Direct or droplet contact with nasopharyngeal secretions
Medications / Treatment	
Vaccine Available	Yes

Rubeola (Measles)
Reportable: Yes
Activate Response: Yes

Disease Causing Agent	RNA virus, Morbillivirus
Symptoms	Fever Cough Conjunctivitis Rash Koplik's Spots Common Complications: Ottis media Bronchopneumonia Croup Diarrhea
Infectious Period	1 to 2 days before onset of symptoms (3 to 5 days before the rash) to 4 days after the appearance of the rash
Incubation Period	8 to 12 days from exposure to onset of symptoms
Transmission Method	Direct contact with infectious droplets Airborne spread
Medications / Treatment	Non available, WHO suggests increasing Vitamin A intake
Vaccine Available	Yes

Students with the measles should be excluded from school until at least 2 weeks after the onset of the rash.