



TEXAS

The University of Texas at Austin

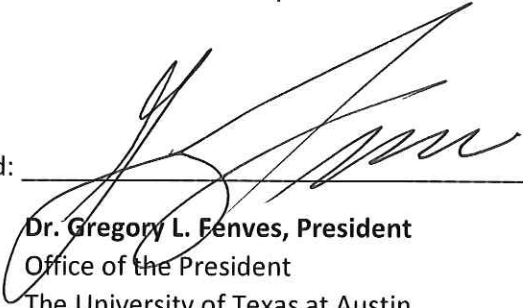
Emergency Operations Plan


2018


Annex I – Infectious Disease

Approvals

This supersedes and rescinds all previous versions of this document.

Approved:  Date: ~~1/24/18~~ ⁰¹⁸
2/25/2018
Dr. Gregory L. Fennes, President
Office of the President
The University of Texas at Austin

Approved:  Date: 1/18/18
Darrell Bazzell, Senior Vice President and Chief Financial Officer
Financial and Administrative Services
The University of Texas at Austin

Approved:  Date: 1-10-2018
James H. Johnson, Interim Associate Vice President for Campus Safety & Security
Campus Safety and Security
The University of Texas at Austin



Record of Changes

Description of Change	Entered By	Date Entered
Appendix B, Update Travel & International Office Task	David Cronk	December 09, 2014
Appendix C, Update Preparedness Task and Status	David Cronk	December 09, 2014
Appendix I, Addition of PPE Guidelines	David Cronk	December 09, 2014
C, Change in Scope	David Cronk	December 10, 2015
Updated University population statistics to reflect Fall, 2015	Jonathan Robb	November 11, 2016
Minor changes and updates from review by University Health Services Staff	Jonathan Robb	November 11, 2016
Minor changes and updates from review by University Health Services Staff	Robin Richards	November 20, 2017
Formatting and organizational changes throughout; minor language changes throughout to improve clarity and readability; clarified that this document is an annex to the Emergency Operations Plan	Robin Richards	November 20, 2017
Added Section 1.4 Threat and Vulnerability; Added section 1.5 Capability and Mitigation Overview; Added Section 2.1 University Responsibilities for Infectious Disease Emergencies; Added 2.2 Key Areas of Emergency Planning and Incident Management Related to Infectious Disease Emergencies based on discussion in Preparedness Plan Resource Guidance; Added Sections 3-7 to coordinate with Emergency Operations Plan	Robin Richards	November 20, 2017
Modified Planning Assumptions to combine both Federal and University Assumptions	Robin Richards	November 20, 2017
Modified University Levels of Action and Planning and Incident Response Level Criteria to match revisions in Emergency Operations Plan	Robin Richards	November 20, 2017
Removed Pandemic Influenza Response Plan – Incident Level Responsibilities; information is incorporated into Emergency Support Function Annexes	Robin Richards	November 20, 2017
Removed Appendix D. Social Distancing Guidelines, E. Pandemic Periods, and Appendix F. Procedures for Severe Acute Respiratory Syndrome (SARS)	Robin Richards	November 20, 2017

Contents

Approvals.....	ii
Record of Changes.....	iii
1. Purpose, Scope, Situation, and Assumptions	1
1.1. Purpose.....	1
1.2. Scope	1
1.3. Situation	1
1.4. Threat and Vulnerability.....	1
1.5. Capability and Mitigation Overview	2
1.6. Planning Assumptions	2
2. Concept of Operations	3
2.1. University Responsibilities for Infectious Disease Emergencies	3
2.2. Key Areas of Emergency Planning and Incident Management Related to Infectious Disease Emergencies	4
2.3. Levels of Readiness and Activation	5
2.4. Infectious Disease or Pandemic Response Activation.....	6
3. Direction, Control, Organization, and Coordination	6
3.1. Command and Control	6
3.2. Support Components Responsibilities	7
4. Communications.....	7
5. Administration, Finance, and Logistics	7
6. Annex Development and Maintenance.....	7
7. References	8
Appendices	9
I. Acronyms	9
II. Hand Sanitation Guidelines	10
III. Personal Protective Equipment Guidelines	10
IV. Pandemic Influenza	11
V. Mumps.....	13

1. Purpose, Scope, Situation, and Assumptions

1.1. Purpose

This document is an annex to The University of Texas at Austin’s Emergency Operations Plan. The Infectious Disease Annex provides a framework for infectious disease-specific preparedness and response activities and serves as a foundation for further planning, drills, and emergency preparedness activities. The information in this document serves as a supplement to, and not replacement for, the information in the Emergency Operations Plan. The information in the Emergency Operations Plan continues to apply in the case of an infectious disease event. This document addresses information specific to infectious disease-related emergencies that is not covered in the Emergency Operations Plan. Additionally, this annex does not replace the responsibility for specific departments involved in responding to an infectious disease emergency to develop appropriate policies and procedures for that response.

1.2. Scope

This annex is limited to preparedness and response for the main campus, Pickle Research Campus (PRC), and other University facilities as designated (See Emergency Operations Plan, Section 1.4).

1.3. Situation

An infectious disease is a clinically evident disease resulting from the presence of pathogenic microbial agents.¹ Infectious diseases represent a major threat; millions die as a result of an infectious disease every year.² Infectious disease can be transmitted through several methods, including physical contact with infected individuals, airborne inhalation, and contaminated objects.³

1.4. Threat and Vulnerability

The City of Austin closely monitors several infectious diseases that occur or have occurred in the area, including:

- Human Immunodeficiency Virus
- Foodborne diseases such as Salmonellosis and E Coli
- Vectorborne diseases (diseases that are transmitted by an animal or insect) such as West Nile, Influenza A (H1N1), and H5N1 Avian Flu

University Health Services also monitors cases of certain illnesses that present among students seeking treatment including influenza and mumps, among others.

Pandemic influenza, or a global outbreak of a new influenza virus, could also impact the University. The impact of a pandemic influenza outbreak could be significant, but the occurrence of such an outbreak cannot be predicted with certainty.

Students are the largest group in the University community and are at a particular risk for contracting infectious diseases. Infectious diseases may also spread rapidly among student populations due to living in close quarters such as in dormitories.

¹ City of Austin, Hazard Mitigation Plan Update, August 2016

² City of Austin, Hazard Mitigation Plan Update, August 2016

³ City of Austin, Hazard Mitigation Plan Update, August 2016

1.5. Capability and Mitigation Overview

The University has certain capabilities and resources that are available for any emergency but are likely to be used in an infectious disease emergency, including:

- University Health Services staff and resources,
- Environmental Health and Safety staff and resources,
- School of Nursing staff and resources,
- Dell Medical School staff and resources,
- Counseling and Mental Health Services staff and resources, and
- Laboratory and immunization services and resources.

The University conducts a variety of infectious disease hazard mitigation activities including tracking and testing for certain infectious diseases and conducting educational campaigns regarding habits that discourage the spread of disease.

1.6. Planning Assumptions

The planning assumptions below are based on the CDC's 2017 Update to the Pandemic Influenza Plan. Although these assumptions represent the conditions that may occur during a pandemic influenza event, many of the assumptions would also apply should a non-influenza pandemic occur.

- Delays in the availability of vaccines and shortages of antiviral drugs are likely, particularly in the early phases of the pandemic.
 - Non-Pharmaceutical Interventions (NPI's) will be the principal means of disease control until adequate supplies of vaccines and/or antiviral medications are available. NPI's that all people should practice at all times are particularly important during a pandemic and include: staying home when sick, covering coughs and sneezes, frequent and appropriate hand washing, and routine cleaning of frequently touched surfaces.
- The seasonality of a pandemic cannot be predicted with certainty. Although seasonal, non-pandemic influenza typically peaks in winter, cases of pandemic flu have been observed year round.
- The virus will have the ability to spread rapidly worldwide.
- If the pandemic is characterized by severe disease, it will have the potential to disrupt national and University community infrastructures (including health care, transportation, commerce, utilities, and public safety) due to widespread illness, absenteeism, death among employees and their families, as well as concern about ongoing exposure to the virus.
- During a pandemic, infection in a localized area (such as the University) can last about six to eight weeks. At least two pandemic disease waves will occur.
- The percentage of the population that becomes infected could range from 20% to 30% of the population, but rates will vary.
 - The number of infected persons in the University community could therefore range from 14,000 to 21,000, based on 2017 estimates of the number of University community members.
- The typical incubation period (the time between acquiring the infection and becoming ill) for influenza averages two days (but can range from one to four days).
- Of those who become ill with influenza, up to 50% will seek outpatient medical care. This could significantly tax the available resources of University Health Services and other local providers.

- Risk groups for severe and fatal infections cannot be predicted with certainty. Although certain groups such as small children and the elderly are more likely to have complications due to seasonal influenza, pandemic influenza may disproportionately affect a different demographic. During the 1918 pandemic, deaths were notably evident among young, previously healthy adults and in 2009, elderly people experienced a lower infection rate.
- Infected persons will shed the virus and may transmit it up to one day before the onset of illness and will continue to do so for five to seven additional days after becoming ill.
- One or two secondary infections will occur as a result of transmission from someone who is ill.
- Behavioral health and stress reactions are health risks in a pandemic that must be integrated into messages to mitigate individual psychological harm, increase compliance with public health directives, and promote the resilience of the community population.

2. Concept of Operations

The University utilizes the Incident Command System and the National Incident Management System to manage infectious disease emergencies.

2.1. University Responsibilities for Infectious Disease Emergencies

The University is responsible for protecting life and property from the effects of an infectious disease emergency on campus. The University has the primary responsibility for the management of an infectious disease emergency that occurs on campus or impacts campus. The University is also responsible for coordinating amongst external agencies that also respond to an infectious disease emergency on campus. The University is also responsible for coordinating with local health and emergency officials as part of the response to an infectious disease emergency.

The University's top priorities during an emergency are to:

- Protect the lives, health, and safety of students, faculty, staff, visitors, and emergency responders,
- Ensure the security of the University,
- Protect and restore critical infrastructure and key University resources,
- Protect University property and mitigate damage to the University,
- Facilitate the recovery of University individuals, and
- Restore University operations.

2.2. Key Areas of Emergency Planning and Incident Management Related to Infectious Disease Emergencies

The University's Emergency Operations Plan notes the various activities the University conducts before, during, and after an emergency. Examples of the specific activities that the University conducts regarding an infectious disease emergency are:

- **Mitigation**

The University conducts mitigation activities to lessen the impact of an infectious disease emergency. Some of the mitigation activities related to an infectious disease emergency are listed below.

- University Health Services conducts a Flu Shot Campaign and educational campaigns to promote vaccination and personal habits that help reduce the spread of disease.
- University Health Services conducts infectious disease monitoring and testing among students
- Hand sanitizer stands are distributed across the University to help reduce the spread of disease.
- Coordinating with local health officials to report instances of infectious diseases including influenza and influenza-like illnesses.

- **Preparedness**

The University conducts preparedness activities to develop the response capabilities need in the event of an infectious disease emergency. Some of the preparedness activities specific to an infectious disease emergency the University conducts are:

- Emergency planning, including maintaining this annex and associated procedures, and
- Conducting or participating in tests, training, and exercises related to infectious disease emergencies.

- **Response**

The University will respond to an infectious disease emergency that affects the campus community. Response activities may include, but are not limited too:

- Activation of the Emergency Operations Center;
- Distributing drugs and vaccines, including those obtained from the Austin Public Health Department;
- Conducting disease surveillance activities including monitoring and testing possibly infected persons;
- Using containment strategies to discourage the spread of the disease, including quarantine, class cancelation, and social distancing;
- Providing ongoing communication to the University community regarding the impact of and response to the infectious disease emergency on campus;
- Providing psychological and social support services to the campus community, including to emergency responders and other staff; and
- Coordinating among University departments involved in the response and with outside agencies.

- **Recovery**

The University will conduct recovery activities in the aftermath of an infectious disease emergency or a pandemic event. Recovery activities will focus on returning the University to normal operations as well as developing any Corrective Action Plans to improve preparedness and response capabilities.

2.3. Levels of Readiness and Activation

As described in Section 2.3 of the Emergency Operations Plan, the University uses a four level system to describe different levels of emergency response activation. This system will be used in an infectious disease emergency. The table below depicts the activation and readiness levels as they apply in an infectious disease emergency.

Level	Definition	Description
IV	Normal Conditions	<p>Infectious diseases or pandemic events pose a minimal immediate risk to students, faculty, and staff. The University continues to conduct normal business and monitors threats. University Health Services tracks infectious diseases and influenza like illnesses that are present among students seeking treatment.</p> <p>This is the default level of readiness and activation for the University. The University emphasizes prevention and preparedness activities.</p> <p>Typical activities: Monitoring local and global news for information regarding infectious disease emergency, plan testing, training, and exercises.</p>
III	Increased Readiness	<p>Infectious diseases or pandemic events pose an increased risk to students, faculty, and staff.</p> <p>Actions may include developing coordination meetings or conference calls as well as increased health monitoring and education activities.</p> <p>Typical activities: Conducting coordination meetings or conference calls among University departments and with UT Systems and local partners, increased health monitoring and education activities.</p>
II	Partial Activation	<p>Infectious diseases or pandemic events pose a significant risk to students, faculty, and staff. The University has most if not all of the resources required to respond to the event although increased coordination among University departments and outside agencies may occur. University operations and activities may be impacted or canceled due to absenteeism or to prevent the spread of disease.</p> <p>The EOC is typically activated and the CCMT may be activated if any policy questions need to be addressed.</p> <p>Typical activities: Implementation of social distancing guidelines, modification of operations that may include shift work or teleworking or changes to class times.</p>
I	Full Activation	<p>Infectious diseases or pandemic events pose a major risk to students, faculty, and staff. The University may not have all of the resources required to respond to the event and significant coordination among University departments and outside agencies is required. University operations will be impacted or canceled due to absenteeism or to prevent the spread of disease. Classes, student activities, and some non-essential functions may be ceased for a period of time.</p> <p>The EOC and CCMT are activated to coordinate response activities, communications, and policy decisions, as appropriate.</p> <p>Typical activities: Cancellation of classes and other activities, distribution of food and medicine.</p>

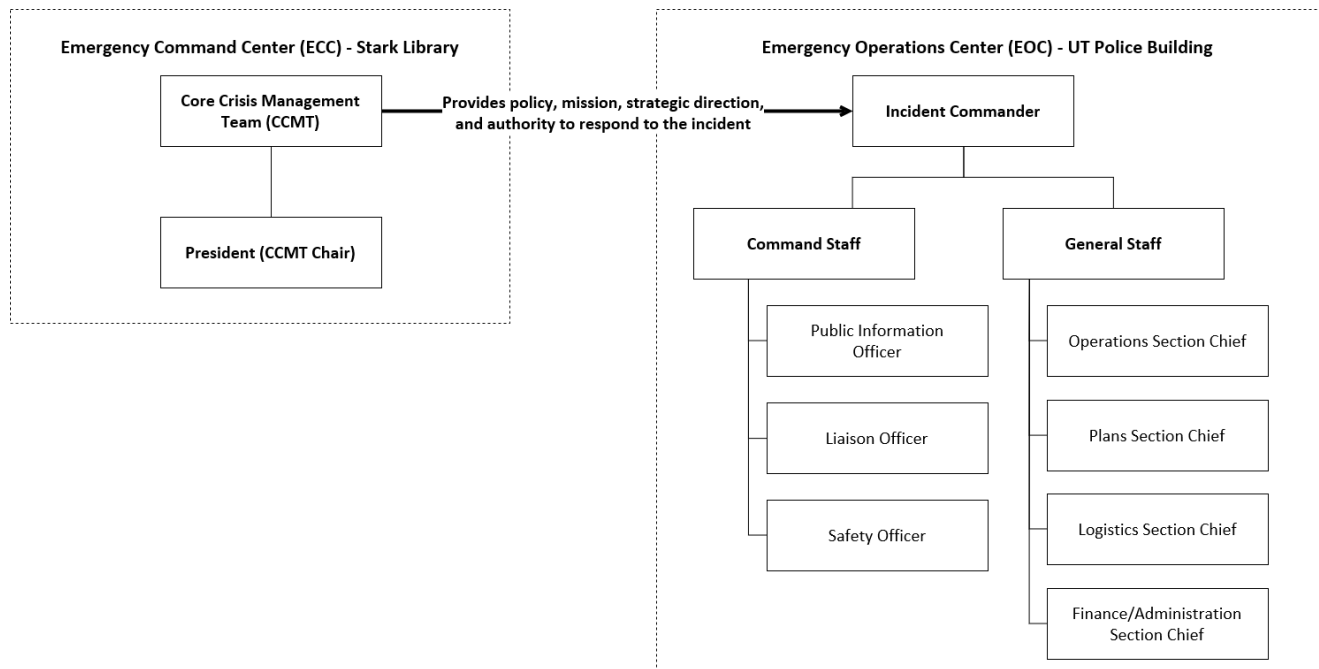
2.4. Infectious Disease or Pandemic Response Activation

The response activities detailed in this annex will be activated in accordance with needs, available resources, and the declared readiness level. The Associate Vice President of Campus Safety & Security (AVPCS&S) will determine if this annex needs to be activated. Activation will follow the guidelines set forth in the Emergency Operations Plan.

3. Direction, Control, Organization, and Coordination

3.1. Command and Control

The same command and control structure detailed in the Emergency Operations Plan will be used during an infectious disease emergency. The depiction below summarizes that command structure.



During an infectious disease emergency, as with any emergency, the University is led by two working groups, the Core Crisis Management Team, working out of the Emergency Command Center, and the Incident Command Staff working out of the Emergency Operations Center.

3.2. Support Components Responsibilities

As discussed in the Emergency Operations Plan Section 3.4, the University relies on Emergency Support Functions (ESFs) and non-emergency support functions to carry out emergency operations. Some of these groups have specific responsibilities related to an infectious disease emergency response, in addition to general emergency responsibilities. The ESFs that have specific tasks related to an infectious disease emergency are listed below. The specific tasks for which the ESFs are responsible are included in the appropriate ESF Annex.

ESF#	Emergency Support Function	University Department/Partner Agency
2	Communications	Information Technology Services, UT-Austin
3	Public Works	Facilities Services, UT-Austin
6	Mass Care, Emergency Assistance, Temporary Housing, and Human Services	Department of Housing and Food Services, UT-Austin International Office, UT-Austin Travel Management Services, UT-Austin
8	Public Health and Medical Services	University Health Services, UT-Austin Counseling and Mental Health Center, UT-Austin Dell Medical School, UT-Austin School of Nursing, UT-Austin School of Pharmacy, UT-Austin School of Social Work, UT-Austin
10	Hazardous Materials	Environmental Health and Safety, UT-Austin
13	Public Safety and Security	University of Texas Police Department, UT-Austin
17	Human Resources	Human Resources, UT-Austin
19	Student Services	Dean of Students, UT-Austin

4. Communications

The University will employ the communications measures detailed in the Emergency Operations Plan Section 4, Communications, during an infectious disease emergency.

These communications measures include emergency notifications and interoperable radio communications for first responders. Per the incident command structure detailed above, the Public Information Officer will coordinate external communications.

5. Administration, Finance, and Logistics

The University will employ the administration, finance, and logistics procedures detailed in the Emergency Operations Plan Section 5 during an infectious disease emergency.

6. Annex Development and Maintenance

This annex will be developed and maintained in accordance with the procedures detailed in the Emergency Operations Plan Section 6.

7. References

U.S. Department of Health and Human Services. HHS Pandemic Influenza Plan, January 8, 2009 ,) (1-19).
<https://www.cdc.gov/flu/pandemicresources/pdf/panflureport6.pdf>

Austin Public Health: Austin/Travis County Health and Human Services Department. Preparedness and Response Plan for Pandemic Influenza, February, 2006: 2-59.

The Texas Department of State Health Services. Texas Department of State Health Services Pandemic Influenza Operational Guidelines, version 2.1, July 6, 2008: 1—170.

<https://www.dshs.texas.gov/commprep/planning/pandemic.aspx>

Center for Disease Control, Flu Pandemic: <https://www.cdc.gov/flu/pandemic-resources/national-strategy/intervals-framework.html>

Center for Disease Control, Pandemic Influenza Plan 2017 Update: <https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf>

Center for Disease Control, Supplement C: Preparedness and Response in Healthcare Facilities; Public Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) version 2/3:

<https://www.cdc.gov/sars/guidance/c-healthcare/index.html>

Center for Disease Control, SARS-Recommendations for Outpatient Facilities and Expanded Precautions:

<https://www.cdc.gov/sars/guidance/c-healthcare/app1.html#matrix2>

<https://www.cdc.gov/sars/guidance/i-infection/app2.html>

Center for Disease Control, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings; Updated Feb. 15, 2017 (1-209)

<https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf>

Appendices

I. Acronyms

APH	Austin Public Health	LA	Legal Affairs
ATCHHSD	Austin Travis County Health and Human Services Department	MOU	Memorandum of Understanding
CCMT	Core Crisis Management Team	MRC	Medical Reserve Corp
CDC	Centers for Disease Control	OPA	Office of Public Affairs
CIRT	Critical Incident Response Team	PHARM	College of Pharmacy
CMHC	Counseling and Mental Health Center	PI	Pandemic Influenza
CS&S	Campus Safety & Security	PIAT	Pandemic Influenza Assessment Team
DOS	Dean of Students	POD	Point of Distribution, a site for the mass
EAP	Employee Assistance Program	PPE	Personal Protective Equipment
ECC	Emergency Command Center	PRC	Pickle Research Campus
ECS	Emergency Communication System	SA	Student Affairs
EDPYSCH	Department of Educational Psychology	SARS	Severe Acute Respiratory Syndrome
EHS	Environmental Health and Safety	SNS	Strategic National Stockpile
EOC	Emergency Operations Center	SSW	School of Social Work
FAQ	Frequently Asked Questions	TDSHS / DSHS	Texas Department of State Health Services
HFS	Housing and Food Services	UHS	University Health Services
HR	Human Resources	ULC	University Leadership Council
IC	Incident Command	UTMRC	University of Texas Medical Reserve Corp
ICS	Incident Command System	UTPD	University of Texas Police Department
IRAT	Influenza Risk Assessment Tool	WHO	World Health Organization
IT	Information Technology		

II. Hand Sanitation Guidelines

These guidelines should be standard practices at all times but they are critical in the event of an outbreak of a pandemic of an easily transmitted infectious agent (Avian flu, SARS, pandemic flu, mumps etc.).

- Expand existing education campaign on proper hand washing as soon as possible:
 - Place posters in all restrooms and in break rooms to remind everyone about hand washing. Posters will be in many different formats and modified as necessary to suit different situations (e.g. childcare facilities, food service areas, etc.)
 - Initiate an ad campaign and other communication efforts to educate the University community on the importance of proper hand sanitation.
- Place garbage cans near exits to restrooms (can be outside or inside of exit door).
- Request that Custodial Services include cleaning of all hand contact surfaces (handles, knobs, latches, pulls flush handles, door knobs, etc.) in their routine cleaning activities, and provide a training program and reminders. This is especially important in all restrooms.
- Place wall mounted hand sanitation dispensers in locations throughout common areas. This would include all areas where food is sold or provided (this should be part of every catering package), libraries, computer labs, etc.

III. Personal Protective Equipment Guidelines

The purpose of Personal Protective Equipment (PPE) is to minimize injury/exposure to University personnel through proper use and care. The program is most effective if administered and enforced by management or department where employee protection is required. It is designed to ensure that UT personnel receive the correct PPE that they need, in the right size or style, understand its care, use and disposal and that it is readily available to them.

- **Hazard Evaluation:** Determination of PPE to be used by personnel will be determined by the agent and the risk of exposure by personnel. This evaluation will be done by the employee's supervisor in conjunction with Environmental Health and Safety.
- **PPE Selection:** The following factors will be considered when selecting PPE:
 - Agent hazards
 - Task requirements
 - Potential for PPE failure
 - Maintenance requirements
 - Interferences
 - PPE durability
 - Duration of use
 - Regulatory requirements/certification
 - User's size and physical abilities (for fit, comfort and individual needs)
 - User acceptance
- **Training:** Training will be provided by Environmental Health & Safety <https://ehs.utexas.edu/training/>

IV. Pandemic Influenza

A significant and recurring risk to the University is that of an infectious disease emergency. One common example, influenza, also known as the flu, is a disease that infects the respiratory tract (nose, throat, and lungs). Influenza usually comes on suddenly and may include fever, headache, dry cough, sore throat, nasal congestion, and body aches. Although the seasonal flu is not usually fatal, complications can arise. The seasonal flu kills an average of over 50,000 U.S. citizens every year, sends some 700,000 to the hospital, and causes countless lost days of school and work. Pandemic influenza occurs when a novel influenza virus appears that causes readily transmissible human illness. During the 20th century, the most notable pandemic was the 1918 Spanish influenza and the recent 2009 pandemic has resulted in updated international and national guidance. The impact of an actual pandemic cannot be predicted precisely.

The Difference Between Seasonal Flu and Pandemic Flu	
Seasonal Flu	Pandemic Flu
Outbreaks follow predictable seasonal patterns. They occur annually, usually in winter, and in temperate climates.	Occurs rarely (four times in 20 th century – last on June 11, 2009, the World Health Organization declared that a pandemic of 2009 H1N1 flu was underway)
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	Healthy people may be at increased risk for serious complications
Health systems can usually meet public and patient needs	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 since 1976 range from 3,000 to as high as 49,000 per 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 severe and complications more frequent
Generally cause 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., wide-spread 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

Phases of a Pandemic

The World Health Organization (WHO) and the Center for Disease Control (CDC) has a 2017 defined pandemic preparedness and response framework to include phases and intervals of pandemic activity to assist those responsible for public health and medical and emergency preparedness to respond to threats and occurrences of pandemic influenza. <https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf>

The table below shows preparedness and response framework for novel influenza A virus pandemics, including World Health Organization phases and CDC intervals and federal and state/local indicators

World Health Organization phases	CDC intervals	Federal indicators for CDC intervals	State/Local indicators for CDC intervals
Pandemic phase: Global spread of human influenza caused by a new subtype	Initiation: Initiation of a pandemic wave	Confirmation of human cases of a pandemic influenza virus anywhere in the world with demonstrated efficient and sustained human-to-human -- transmission	Confirmation of human cases of a pandemic influenza virus in the United States with demonstrated efficient and sustained human-to-human transmission
	Acceleration: Acceleration of a pandemic wave	Consistently increasing rate of pandemic influenza cases identified in the United States, indicating established transmission	Consistently increasing rate of pandemic influenza cases identified in the state, indicating established transmission
	Deceleration: Deceleration of a pandemic wave	Consistently decreasing rate of pandemic influenza cases in the United States	Consistently decreasing rate of pandemic influenza cases in the state
Transition phase: Reduction in global risk, reduction in response activities, or progression toward recovery actions	Preparation: Preparation for future pandemic waves Low pandemic influenza activity but continued outbreaks possible in some jurisdictions Low pandemic influenza activity but continued outbreaks possible in the state	Low pandemic influenza activity but continued outbreaks possible in some jurisdictions	Low pandemic influenza activity but continued outbreaks possible in some jurisdictions Low pandemic influenza activity but continued outbreaks possible in the state

It is important to note that routine activities monitoring the onset and severity of seasonal influenza provide the baseline surveillance, epidemiology, and laboratory data that would detect the appearance of a novel influenza A virus with pandemic potential. Even with that identification, however, this does not ensure progression to the next interval (the recognition interval): the virus might not demonstrate the potential for increased numbers of human illnesses, nor increased potential for ongoing human-to-human transmission. Further, after the preparation interval, subsequent waves of outbreaks likely will occur, prompting federal, state, and local public health officials to respond to subsequent acceleration, deceleration, and preparation intervals. The duration of each pandemic interval might vary from weeks to months depending on the characteristics of the virus and the public health response.

V. Mumps

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 during pregnancy, breast swelling, hearing loss, and sterility in men.

- **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.
- **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.
- **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 promptly. Eating utensils and beverages should not be shared. Surfaces that are frequently touched (electronic devices, games/toys, doorknobs, tables, counters, etc.) should also be regularly cleaned with soap and water or with cleaning wipes.
- **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 protected yet, not guaranteed to escape getting mumps. A person who hasn't been vaccinated or had mumps disease is at a higher risk to 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 12-25 days after the symptoms begin.
- **Mumps Symptoms and Diagnosis:** 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.
- **Paid Leave upon Diagnosis of Mumps:** Staff should use sick, annual, and compensatory time to cover 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.
- **Additional Information Regarding Mumps**

Additional information about mumps can be found at the following Centers for Disease Control websites:

<https://www.cdc.gov/mumps/index.html>

<https://www.cdc.gov/mumps/about/signs-symptoms.html>