WVDE Pandemic Influenza Plan

I. INTRODUCTION

One of the greatest and most likely threats to the public's health is a naturally occurring event—an influenza pandemic. Influenza epidemics happen nearly every year (often called seasonal influenza), and cause an average of 36,000 deaths annually in the United States. Influenza epidemics are caused by a few known virus strains that circulate around the world. Over time, people develop immunities to these strains and vaccines are developed to protect people from serious illness.

Influenza viruses experience frequent, slight changes to their genetic structure. Occasionally, however, they undergo a major change in genetic composition. It is this major genetic shift that creates a "novel" virus and the potential for a pandemic—a global epidemic. The creation of a novel virus means that most, if not all, people in the world will have never been exposed to the new strain and have no immunities to the disease. It also means that new vaccines must be developed and therefore are not likely to be available for months, during which time many people could become infected and seriously ill.

During the 20th century, three pandemics occurred that spread worldwide within a year. The influenza pandemic of 1918 was especially virulent, killing a large number of young, otherwise healthy adults. The pandemic caused more than 500,000 deaths in the United States and more than 40 million deaths around the world. Subsequent pandemics in 1957–58 and 1968-69 caused far fewer fatalities in the U.S., 70,000 and 34,000 deaths respectively, but caused significant illness and death around the world.

The Centers for Disease Control and Prevention (CDC) estimate that in the U.S. alone, an influenza pandemic could infect up to 200 million people and cause between 100,000 and 200,000 deaths. Scientists and health officials throughout the world believe that it is inevitable that more influenza pandemics will occur in the 21st century. Recent cases of human disease caused by a widespread and growing avian influenza outbreak suggest that a new pandemic could be developing at this time.

There are several characteristics of influenza pandemic that differentiate it from other public health emergencies. First, it has the potential to suddenly cause illness in a very large number of people which could easily overwhelm the health care system throughout the nation. A pandemic outbreak could also jeopardize essential community services by causing high levels of absenteeism in critical positions in every workforce. It is likely that vaccines against the new virus will not be available for six to eight months following the emergence of the virus. Basic services, such as health care, law enforcement, fire, emergency response, communications, transportation, public schools and utilities, could be disrupted during a pandemic. The increased stress from a potential pandemic or actual pandemic will also increase the mental health service
needs throughout schools and communities. Finally, the pandemic, unlike many other emergency events, could last for many weeks or months.

The West Virginia Department of Education (WVDE) and county school districts should prepare for school closures that may last up to 2 months. Schools tend to be affected by outbreaks more than other settings because their occupants—primarily children—easily transmit illnesses to one another as a result of their close proximity and their inefficiency at containing the droplets issued by their coughs and sneezes. In a worse-case scenario, the pandemic could force schools to close, potentially prompting administration to extend the academic year and expend additional resources for staff sick leave and substitute teachers.

**Summary of Emergency Management Principles**

The West Virginia Department of Homeland Security and Emergency Management (WVDHSEM), West Virginia Bureau for Public Health (WVBPH), and West Virginia Department of Education (WVDE) will utilize their pandemic Influenza plan for their agencies to achieve the following goals:

- Limit the number of illnesses and deaths
- Preserve continuity of essential school functions
- Minimize educational and social disruption
- Minimize economic and academic losses

The plan will be coordinated with other West Virginia Emergency Operations Plans (EOP’s) and activities, and will be coordinated with the plans of community, state and federal partners.

**II. PLANNING ASSUMPTIONS**

Whether or not schools will be closed, or for how long, is impossible to say in advance because all pandemics are different in their scope and severity. However, it is well established that infectious disease outbreaks most often start in schools; therefore, county or state officials may close schools early in an event. The duration of school closings can only be determined at the time of the event based on the characteristics of the pandemic; it is unlikely that schools will be closed for less than two weeks (based on the incubation period of the disease and the length of time people are contagious). The following factors to be considered:
1. The clinical attack rate (the percentage of people who will become so sick they won't be able to go to work or school) will be 30% in the overall population. Illness rates will be highest among school-aged children (about 40%) and decline with age.

2. Children will shed the greatest amount of virus (they are more contagious than adults) and therefore are likely to pose the greatest risk for transmission.

3. About two secondary infections will occur as a result of transmission from someone who is ill.

4. In an average community, a pandemic outbreak will last six to eight weeks. At least two pandemic disease waves are likely.

5. It is anticipated that school systems will need to plan to function with a total of 30% work force absentee rate for the entire pandemic outbreak.

6. Working closely with state partner agencies will maximize the health and safety of the school community. Understanding the roles of each agency and their responsibilities will promote coordination and communications.

7. An influenza pandemic will result in the rapid spread of the infection with outbreaks throughout the world. Communities across the state and the country may be impacted simultaneously.

8. Social distancing strategies aimed at reducing the spread of infection such as closing schools, community centers, and other public gathering points and canceling public events may be implemented during a pandemic.

9. The general public, health care partners, response agencies, elected leaders and schools will need continuous updates on the status of the pandemic outbreak, the steps that school systems are taking to address the incident, and steps the public can take to protect themselves.

10. There will be a need for heightened global and local surveillance of flu symptoms and infection rates.

11. Antiviral medications will be in extremely short supply. Local supplies of antiviral medications may be prioritized for hospitalized influenza patients, close contacts of patients, health care workers providing care for patients, or other groups.
12. Due to vaccine production and distribution constraints, a vaccine for the pandemic influenza strain will likely not be available for six to eight months following the emergence of a novel virus.

   a. As vaccine becomes available, it will be administered to eligible persons and ultimately to the entire population.

   b. Insufficient supplies of vaccines and antiviral medicines will place greater emphasis on social distancing strategies to control the spread of the disease in the county.

13. There could be significant disruption of public and privately owned critical infrastructure including transportation, commerce, utilities, public safety and communications.

PHASES OF A PANDEMIC

The World Health Organization (WHO), the medical arm of the United Nations, has developed a global influenza preparedness plan that includes a classification system for guiding planning and response activities for an influenza pandemic. This classification system is comprised of six phases of increasing public health risk associated with the emergence and spread of a new influenza virus subtype that may lead to a pandemic. The Director General of WHO formally declares the current global pandemic phase and adjusts the phase level to correspond with pandemic conditions around the world. For each phase, the global influenza preparedness plan identifies response measures that the WHO will take and recommends actions that countries around the world should implement.

<table>
<thead>
<tr>
<th>Pandemic Phases</th>
<th>Public Health Goals</th>
<th>Education Goals</th>
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<tbody>
<tr>
<td><strong>Interpandemic Period</strong></td>
<td><strong>Strengthen influenza pandemic preparedness at all levels. Closely monitor human and animal surveillance data.</strong></td>
<td><strong>Ensure that staff members and students are trained in preventative measures such as respiratory etiquette and universal precautions.</strong></td>
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<td><strong>Phase 1 – No new influenza virus subtypes detected in humans.</strong> 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 low.</td>
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<td><strong>Phase 2</strong> – No new influenza virus subtypes detected in humans. However, a circulating animal influenza virus subtype poses substantial risk of human disease.</td>
<td>Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.</td>
<td>Minimize the risk of transmission to humans; ensure that staff members understand detection and reporting guidelines and report rapidly as required.</td>
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<td><strong>Pandemic Alert Period</strong></td>
<td><strong>Phase 3</strong> – Human infection(s) are occurring with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.</td>
<td>Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.</td>
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<td><strong>Phase 4</strong> – Small cluster(s) of human infection with limited human-to-human transmission but spread is highly localized suggesting that the virus is not well adapted to humans.</td>
<td>Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.</td>
<td>Ensure that best practices for infection detection and control measures are followed.</td>
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<td>Phase 5 – Larger cluster(s) of human infection but human-to-human spread is localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</td>
<td>Maximize efforts to contain or delay spread to possibly avert a pandemic, and to gain time to implement response measures.</td>
<td>Ensure adequate resources for staff/student protection. Ensure that schools are implementing best practice for social distancing techniques per WHO guidelines, including reducing the school activity calendar. Maximize communications with parents related to health and safety.</td>
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<td>Pandemic Period</td>
<td><strong>Phase 6</strong> – Pandemic is declared. Increased and sustained transmission in the general population.</td>
<td>Implement response measures including social distancing to minimize pandemic impacts.</td>
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### III. AUTHORITIES

In West Virginia, various state and public officials have overlapping authorities with regard to protecting public health and safety. The Governor, the State Health Officer, and the Local Health Officer (LHO) each can implement authorities within the scope of their jurisdiction aimed at protecting public health, including increasing social distancing by closing public or private facilities.
The State Health Officer and the Local Health Officer of a county may direct the isolation and quarantine of individuals or groups. State and local law enforcement officials have the authority to enforce the orders.

County Superintendents have authority to close schools for emergencies. During a pandemic, the presence of overlapping authorities will necessitate close communication and coordination between state leaders, the West Virginia Division of Homeland Security and Emergency Management Emergency Operation Center, Local Health Officers, and County Superintendents to ensure decisions and response actions are clear and consistent.

Prior to a State of Emergency being declared by the Governor or the State Health Officer recommending statewide community containment measures including closing schools, a county school superintendent has the authority to close that jurisdiction’s schools; the Local Health Officer also has the authority to close schools. It may be likely that a region that borders another state will make the decision to enact community containment measures before a State of Emergency is declared.

The authority to close schools (as stated in the examples provided) is granted in accordance with W.Va. Code:

- §15-5-6 Governor through emergency powers*
- §16-3-1 Health Officer through quarantine authority*
- §18-4-10 County Superintendents

IV. Concept of Operations

A. Overview

1. The WVDE’s response actions will emphasize disease surveillance, social distancing measures to reduce the spread of infection, continually informing and educating the public about the pandemic, and supporting local school systems with continuity of instruction and other needs.

2. The WVDE will maintain increased communications with the WVDHSEM Emergency Operation Center (EOC) and the WVBPH and will implement those procedures that increase the health and safety of the school community.

3. WVBPH will be the lead agency in coordinating the local health and medical response to a pandemic with Federal, State, and local agencies and officials.

4. Each county school system shall:
a. Develop a response plan that will:

- Coordinate with the local County Emergency Operations Plan and Pandemic Influenza Annex outlining School Roles and Responsibilities, for example the use of designated school facilities and/or supplies.

- Identify a leadership chain of command in case of illness with a minimum of two backups recommended.

- Train all school personnel, volunteers, and students in best practices for respiratory hygiene and universal precautions. Identify and procure needed resources.

- Review procedures for sending ill individuals home and make adjustments if necessary. (As per School Closure Tool kit)

- Provide daily reports to the local health department with the number of staff and students absent with pandemic flu. (WVBPH Surveillance System)

- Document actions taken.

- Update staff and provide information on extent of infection at school site and potential changes that might take place at school.

b. Develop a recovery plan that provides for education support and emotional support for staff and students.

B. Direction and Control

1. The WVDE and all state response partners will operate under the Incident Command System throughout the duration of the pandemic response as outlined in the WV DHSEM Pandemic Influenza Annex.

2. The WVDE has a designated Emergency Operations Center Liaison that will participate in an activated state EOC and the coordination of state level response. The WVDE EOC Liaison will disseminate information to the State Superintendent and Deputy Superintendent.

3. The West Virginia Governor’s Office may communicate directly with the State Superintendent of Schools concerning a declared State of Emergency and WVDE roles.
4. The WVDE’s role is primarily support and assistance to county school systems. Major divisions such as Superintendents Office (Legal, Communications, Finance, and Human Resources), Student Support Services (Transportation, Facilities, Nutrition, and Healthy Schools) and Curriculum (Instruction and Special Education) will coordinate with county school systems to best mitigate illness and provide support.

5. The WVDE will assess the viability of community containment options, establish criteria for recommending their implementation to local school systems, and provide tools to aid in implementation and activation.

C. Communications

1. Communications with students, parents, staff and the public will be one of the most critical strategies for containing the spread of the influenza. This plan’s communications goals are to:
   a. Instill and maintain public confidence in the school and the public health care systems and their ability to respond to and manage an influenza pandemic.
   b. Ensure an efficient mechanism for managing information between the WVDE, health system partners and the schools.
   c. Contribute to maintaining order, minimizing public panic and fear, and facilitating public compliance by providing accurate, rapid, and complete information.
   d. Address rumors, inaccuracies, and misperceptions as quickly as possible, and prevent the stigmatization of affected groups.

2. Under the direction of the State Superintendent, the WVDE Communications Director will:
   a. Act as the WVDE Public Information Officer (PIO) and contribute to the determination for the need to establish a Joint Information Center (JIC) in conjunction with appropriate health system and response partners.
   b. Participate in established state level JIC and disseminate information to state and local education officials. Develop a communications strategy including identifying appropriate community partners for reaching and educating diverse communities such as limited English speaking and homeless students and their families.
   c. Coordinate a network of county school system PIOs and provide appropriate guidance for information dissemination (i.e. web alerts and parent letters).
   d. Provide daily updates on the pandemic and organize regular media briefings.
e. Evaluate the need to establish a school information call center to respond to public inquiries.

D. Mitigation

Mitigation activities are taken in advance of an influenza pandemic to prevent or temper its impact. Mitigation efforts will occur primarily during the early pandemic phases (Phases 1-3).

County school system pre-event mitigation activities include:

1. Planning, exercising, evaluating and revising the Pandemic Influenza Management Plan.

2. Training and equipping county and local school staff to assure competencies and capacities needed to respond to a pandemic outbreak.

3. Developing strategic partnerships with local community health care institutions and providers, and local, state and federal response agencies and their staff.

4. Educating schools and parents about an influenza pandemic and recommended preparedness measures.

5. Informing and updating schools about the potential impacts of an influenza pandemic on essential services and city, county, and school infrastructure.

6. Stockpiling necessary equipment and supplies that will be needed to respond to an influenza pandemic. (Identified Alternate Care Facilities)

E. Surveillance

1. The WV BPH has identified schools as sentinel reporters and monitors school absenteeism. All WV schools are asked to report absenteeism of 10% or more of the school population each week from approximately November through April. School absenteeism in the winter months generally correlates with the level of influenza in the community. Further, local school systems could electronically send daily aggregate attendance data to the WV BPH Epidemiology Department to analyze trends that might augment the data from the sentinel reporting system.

2. During a pandemic flu response, the State Health Officer may declare the circulating strain of influenza causing the pandemic a Disease of Public Health Significance,
requiring health care providers, schools, and labs to report patients meeting a case
definition.

a. The Communicable Disease Section will maintain daily influenza tracking
activities [reports regarding school absenteeism, pneumonia and influenza
deaths submitted by Vital Statistics, nursing home reports and sentinel
providers].

b. As a sentinel reporter, each school will report attendance data when student
absentee rates rise above 10% for one week during the months of November-
April. The report should be sent to the designated local health department per
current standards.

c. As a sentinel reporter, each school will closely monitor and report attendance
and data trends when student absentee rates rise above 10%. During these
phases, daily reports will be sent to the designated local health department.

d. The county school system Human Resources Department will activate tracking of
absenteeism for school and central staff and report trends to the County
Superintendent. This data will be used to identify staffing needs and inform
school closure discussions.

F. Social Distancing Strategies

Social distancing strategies are non-medical measures intended to reduce the spread of
disease from person-to-person by discouraging or preventing people from coming in
close contact with each other. These strategies could include closing schools or student
dismissal; closing non-essential agency functions; implementing emergency staffing
plans; to increase telecommuting, flex scheduling and other options; and closing all
public assemblies or after school activities.

1. State Incident Command with WVBP subject matter input will review social
distancing strategies and current epidemiological data during each phase and
recommend social distancing actions that should be implemented to limit the spread
of the disease.
2. Decisions regarding the implementation of social distancing measures including suspending large public gatherings and closing stadiums, theaters, churches, community centers, and other facilities where large numbers of people gather will be made jointly and concurrently by the Local Health Officer and the county emergency management team (including county school superintendents) and coordinated with all executive heads of cities and towns.

a. The WVDE will:

   i. Coordinate with government leaders, school officials, response partners, and businesses regarding the use of using social distancing strategies, the associated impacts they cause and the process for implementing these measures.

   ii. Confirm the decision making process and criteria for recommending social distancing strategies with key government leaders.

   iii. Coordinate with government leaders regarding decision making and implementation of social distancing strategies that are commensurate with the severity of illness and societal impact of the pandemic.

   iv. Encourage the public to use public transit only for essential travel; transportation to schools may be interrupted.

   v. Monitor the effectiveness of social distancing strategies in controlling the spread of disease and advise appropriate decision-makers when social distancing strategies should be relaxed or ended.

b. Local school systems will:

   i. Increase respiratory hygiene education for staff, students and parents.

   ii. Increase symptom monitoring and attendance monitoring to ensure accurate reporting to designated local health department.

   iii. Follow LHO guidelines as appropriate including following social distancing guidelines and emergency pandemic staffing plans.

   iv. Cancel extracurricular activities or close schools as directed by LHO.
G. Continuity of Instruction

The WVDE will focus on maintaining a sense of normalcy for students at home during a period of school closure. There is not an expectation that students who are ill or have ill family members be able to maintain a learning schedule. Providing instruction opportunities and options will help to create a sense of familiar and routine for students while isolated at home for an extended period.

Continuity of education plans should include the defining of such instructional resources to include: developed Web based options, Virtual Schools, software programs, home learning packets, cable based instructional shows, and public television. (Prior to the emergency, schools and LEAs would have defined existing communication system to contact parents regarding resources available for continuity of education.)

The county school system would have the primary responsibility determining and communicating the availability of optional educational resources and supports. County school systems would support the schools in effectively communicating to its citizenry and WVDE will provide information on how to access local and state-wide instructional resources.

County school systems are encouraged to utilize automatic callers, WVDE WEB and ED Line to communicate instructional options available to all students. Districts are also encouraged to develop a plan to allow students and teachers to take a computer home. This action will provide students and staff a means to access educational resources from home and also aid in guarding against theft at school during a lengthy school closure. Public television and public radio should also be utilized to provide educational services, as well as other distance learning networks.

The following is a listing of Instruction possibilities that could be utilized in a Pandemic or other long term emergency:

1. The WVDE web page that educators and parents already access for school closures and other information. [http://www.wvde.state.wv.us](http://www.wvde.state.wv.us)


3. WV Learns E-learning platform where any WV teacher could set up his/her face-to-face course to run remotely. [http://wvlearns.k12.wv.us](http://wvlearns.k12.wv.us)
4. Online project-based learning platform through Think.com.  

5. Educational resources for grades 8-12 through SAS in School Curriculum Pathways.  
   http://wvde.state.wv.us/sas or http://www.sasinschool.com/

6. Online curriculum resources in grades K-12 through Thinkfinity.  
   http://wvde.state.wv.us/thinkfinity/ or http://thinkfinity.org/EducatorHome.aspx

7. Online curriculum material, higher order thinking tools and classroom assessment tools through Intel.  
   http://wvde.state.wv.us/intel/ or http://www.intel.com/education/

   http://www.techsteps.com/login.aspx

9. Elementary software such as Odyssey and Riverdeep could be available via the Internet. This website will be specific to individual counties that have set up web servers for Odyssey or Riverdeep.

10. Professional development for educators via online courses and platforms to establish virtual learning communities.

11. Telecommunications providers should be encouraged to provide access to all homes during this time of crisis.

12. Other programs or web sites accessible via the Internet include:
   - Writing Road Map
   - Acuity
   - Numerous List Serves
   - Medical personnel and information
   - Directions for what to do next
   - Teach 21
   - School Kit
   - EBSCO databases

H. Use of School Resources

The use of resources such as school facilities, supplies and staff is a school district level authority. The WVDE is aware that counties may have resources designated for emergency use in the community. For declared emergencies, school districts work within the National Incident Management System framework with their county emergency management agencies and community partners. School facilities and equipment
normally used in the operation of the National School Lunch Program (NSLP) and/or the School Breakfast Program (SBP) may be used for other activities during a pandemic outbreak. In addition, in a Presidentially-declared disaster, program commodities and other foods would be available for distribution to community groups or public agencies. School facilities or commodities used would not be related to the NSLP or SBP.

The WVDE has worked with individual counties that have declared a state of emergency during past disasters to waive federal program requirements for the emergency use of school supplies on hand. The WVDE, Office of Child Nutrition Program has received USDA notification approving the use of school supplies during a disaster situation. County school systems would be required to work with WVDE to receive federal waivers for emergency use of federal program food.

V. RECOVERY

1. Recovery plans will depend on the severity and duration of the pandemic but will include business recovery plans to mitigate, education and financial losses, as well as emotional recovery plans.

2. The WVDE will follow best practice guidelines for staff to return to work after an influenza pandemic. Current recommendations are based upon seasonal influenza recommendations. Current influenza recommendations include having employees/volunteers who become ill with influenza stay at home until all of the following criteria are met:
   - At least 5 days have passed since the symptoms of illness began; AND
   - Fever has resolved and has not been present for at least 24 hours; AND
   - Cough is improving (decreasing in frequency and amount of secretions with no associated chest discomfort or shortness of breath)

Upon returning to the work environment, employees should continue to follow cough etiquette and hand washing protocols.

3. In consultation with the WVBPH, the WVDE will recommend specific actions to be taken to reopen schools and, return county board of education facilities to pre-event status including environmental sanitation.

4. School recovery from an influenza pandemic will begin when school officials determine that normal supplies, resources and response systems can manage ongoing school activities.

5. The WVDE will assess the educational impact of the influenza pandemic and may advocate for the extension of the academic year through legislative action and funding.
6. The WVDE would recommend that in a state-wide declared emergency the assessment of state academic standards would be eliminated for that school year. However, the LEAs would be required to utilize the ACUITY Platform to administer Bench Mark Assessment of student progress and adjust instruction based on performance.

7. The WVDE would also request from the USED that adequate yearly progress assessments not be applied during a year impacted by an influenza pandemic state of emergency.

8. Special Education instruction recovery steps could include:

   a. Waive one year anniversary of IEP review when the review date occurs during the school closure.

   b. When an IEP has expired during closure, review and re-write within 10 days of school re-opening for revised goals and appropriateness of Extended School Year (ESY) services.

   c. If an IEP has not expired during closure, review within 6 weeks of school reopening to consider extended school year

   d. Consider authorizing compensatory services regarding related services.

   e. Six month moratorium on due process hearings related to absence of services as a result of the school closure.

VI. CONCLUSION

Many of the processes in the plan are supported by the tools and resources in the WVDE Pandemic Influenza Tool Kit that can be accessed at http://wvde.state.wv.us/isshp/main/PandemicInfluenzaToolKit.html.

Please become familiar with these resources. They are an aid for shaping county and local school plans and providing information to parents and the community. County roles and responsibilities were included in this document and it is expected that this plan will serve as an outline for other West Virginia school system plans.