Christian Academy in Japan
PANDEMIC INFLUENZA POLICY

The purpose of CAJ's pandemic policy is to provide guidance to the CAJ administration as it faces the possibility of pandemic influenza in the community surrounding CAJ or within the school population.

The goal is to prevent the spread of disease within the school community, protect the unaffected members of the school population, and provide an example of prudent caution to the community around CAJ.

What to do

If pandemic influenza is seen as a threat by relevant authorities, the school nurse will remain informed of the progress of the disease using material distributed by the following organizations:
World Health Organization (http://www.who.int/en/)
US State Department (http://travel.state.gov/)
Centers for Disease Control (http://www.cdc.gov/)
Tokyo Metropolitan Government through CAJ's government liaison officer
The International Medical Center of Japan, Shinjuku Ward, Tokyo (http://www.imcj.go.jp/)

The nurse will monitor recommendations from health authorities and bring these to the Leadership Team.

The Leadership Team, in consultation with the nurse, will decide if there is sufficient warrant to take school wide action based on the steps outlined in the **Infectious Disease Decision-Making Matrix** (appended). These actions may include:

1. Monitoring staff and students for evidence of disease (see Pandemic Screening Questionnaire) and/or implementing a self-monitoring program (see Temperature Tracker for students and staff)
2. Restricting students and/or staff who have traveled to affected areas from attending school
3. Closing on-site school, but maintaining school assignments through the school website or other technological means
4. Closing school for a sufficient time to allow the disease to abate

Students and/or staff with flu-like symptoms should not come to school and must seek medical attention, especially if they have been in contact with persons known to have Avian Flu or been in areas where Avian Flu has been present. Initially avian (H5NI) influenza may appear like a severe case of regular influenza. Symptoms can range from typical flu-like symptoms (fever, chills, cough, sore throat, muscle aches, headaches) to eye inflammation, severe pneumonia, acute respiratory distress, severe diarrhea, encephalitis (brain inflammation), seizures, or coma. See health tips below for persons who suspect they may have contracted the illness. Persons who believe they have the illness must inform CAJ of their status and with whom they have had recent contact within the CAJ community. They should seek immediate medical attention.

If a student or staff member appears to have contracted the disease and is at school, he/she must be isolated immediately in the health center and those in contact with

him/her must take necessary precautions (wear protective clothing, including a mask, gown, gloves and goggles). A supply of masks, gowns, gloves, and goggles sufficient for 20 people must be kept within easy access in the health center. The allegedly infected person must immediately be removed from CAJ and admitted to a hospital or clinic for further testing and evaluation using CAJ's normal procedure for sending a person to the hospital from school. The school should be notified of the results of the tests so that it can take necessary precautions in preventing the spread of the disease through the rest of the school population. Unprotected persons in contact with the patient will be sent home until the incubation period is over and the person has no signs of the disease, after which the person is free to return to school.

If 10% of the school population has physician-documented cases of the disease, then school will be closed to all students and staff. The Leadership Team will dismiss school and inform parents, students, and staff that they should remain away from school until further notice. A core of healthy staff will remain in school to maintain contact with local health authorities and maintain technological services so that the school community is able to stay informed about the duration of the closure. Teachers are encouraged to have sufficient lessons planned so that school may continue while students are at home, and the Technology Coordinator will make it possible for teachers to post assignments on the school website for access by members of the school community.

Definitions

The following definitions are provided by the World Health Organization (WHO): (http://www.who.int/csr/disease/avian_influenza/avian_faqs/en/index.html)

Avian Flu: Avian influenza, or "bird flu", is a contagious disease of animals caused by viruses that normally infect only birds and, less commonly, pigs. Avian influenza viruses are highly species-specific, but have, on rare occasions, crossed the species barrier to infect humans.

In domestic poultry, infection with avian influenza viruses causes two main forms of disease, distinguished by low and high extremes of virulence. The so-called "low pathogenic" form commonly causes only mild symptoms (ruffled feathers, a drop in egg production) and may easily go undetected. The highly pathogenic form is far more dramatic. It spreads very rapidly through poultry flocks, causes disease affecting multiple internal organs, and has a mortality that can approach 100%, often within 48 hours.

Influenza A viruses have 16 H subtypes and 9 N subtypes. Only viruses of the H5 and H7 subtypes are known to cause the highly pathogenic form of the disease. However, not all viruses of the H5 and H7 subtypes are highly pathogenic and not all will cause severe disease in poultry.

On present understanding, H5 and H7 viruses are introduced to poultry flocks in their low pathogenic form. When allowed to circulate in poultry populations, the viruses can mutate, usually within a few months, into the highly pathogenic form. This is why the presence of an H5 or H7 virus in poultry is always cause for concern, even when the initial signs of infection are mild.

Pandemic influenza: A pandemic can start when three conditions have been met: a new influenza virus subtype emerges; it infects humans, causing serious illness; and it spreads

easily and sustainably among humans. The H5Nl virus amply meets the first two conditions: it is a new virus for humans (H5Nl viruses have never circulated widely among people), and it has infected more than 100 humans, killing over half of them. No one will have immunity should an H5Nl-like virus emerge.

All prerequisites for the start of a pandemic have therefore been met save one: the establishment of efficient and sustained human-to-human transmission of the virus. The risk that the H5N1 virus will acquire this ability will persist as long as opportunities for human infections occur. These opportunities, in turn, will persist as long as the virus continues to circulate in birds, and this situation could endure for some years to come.

Health tips for persons who suspect they have contracted the illness:

• WHO believes it is very important to prevent human influenza from spreading in areas affected by bird flu. Where the avian influenza viruses and human influenza viruses come in contact with each other, there is a risk that genetic material will be exchanged and a new virus could emerge.
• Anyone with flu-like illnesses should therefore be careful with secretions from the nose and mouth when around other people, especially small children, in order not to spread human influenza viruses.
• Cover your nose and mouth when coughing or sneezing. Use a tissue and throw it away once used. Teach children to do this as well.
• Always wash your hands with soap and water after any contact with secretions from nose or mouth as these can carry a virus.
• Children are especially prone to touching their face, eyes and mouth with unwashed hands. Teach children the importance of hand washing after coughing, sneezing and touching dirty items.
• Inform the health authorities immediately and seek medical advice from a health professional if you develop signs of illness, such as fever and/or flu-like symptoms.

World Health Organization Phases of a Pandemic
Source: WHO global influenza preparedness plan: The role of WHO and recommendations for (2005). Retrieved November 24, 2005, from http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_5/en/index.html

New Phases	Overarching Public Health Concerns
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[a] of human infection or disease is considered to be low.	Strengthen influenza pandemic preparedness at the global, regional, national and subnational levels.
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.	Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.
Pandemic alert period	
Phase 3. Human infection(s) with a new	Ensure rapid characterization of the new

subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.[b]	virus subtype and early detection, notification and response to additional cases.
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.[b]	Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.
Phase 5. Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).[b]	Maximize efforts to contain or delay spread, to possibly avert a pandemic, and to gain time to implement pandemic response measures.
Pandemic period	
Phase 6. Pandemic: increased and sustained transmission in general population.	Minimize the impact of the pandemic.

[a]The distinction between ***phase 1*** and ***phase 2*** is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction is based on various factors and their relative importance according to current scientific knowledge. Factors may include pathogenicity in animals and humans, occurrence in domesticated animals and livestock or only in wildlife, whether the virus is enzootic or epizootic, geographically localized or widespread, and/or other scientific parameters.

[b]The distinction between ***phase 3***, ***phase 4*** and ***phase 5*** is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include rate of transmission, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), and/or other scientific parameters.