

Ethics and Pandemic Influenza

On Campus

What Is It? Influenza Virus

- Transmitted across campus as droplets, via sneezing, coughing, or talking
- Antibiotics not effective (because it is a virus and antibiotics are only effective against bacteria)
- Highly variable virus, new strains (with varying virulence) emerge regularly- this is why annual flu shots are developed
- Infected persons may be able to spread the virus up to 1 day before they know they are sick

What Makes a Pandemic Different?

- Most people have little or no immunity because it is a novel virus
- There will likely not be sufficient antivirals available to treat all students, faculty, and staff who get sick
- May cause travel restrictions, school and business closures
- Hospitals and other care sites may be overwhelmed, triage protocol may be used to determine who gets what type of care (based on severity and likelihood of survival)

Pandemic Phases

- The World Health Organization (WHO) designates different pandemic "phases." These phases serve to categorize the progression through a pandemic and indicate how different circumstances correspond to different degrees of severity. Pictured here (right) are the different phases with associated levels of transmission and infection. The phases range from 1 (negligible present pandemic threat) to 6 (pandemic is present and impacting large populations). These phases are referenced below (in "The Responsibilities") to highlight which ethical principles are most relevant to the university during each segment of the pandemic influenza cycle.

WHO Phases	
INTER-PANDEMIC PERIOD	
1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.
2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
PANDEMIC ALERT PERIOD	
3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
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.
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).
PANDEMIC PERIOD	
6	Pandemic phase: increased and sustained transmission in general population.

Why Ethics?

- A pandemic will require fast action and sound decision making by all members of the university community, and will not be without moral and ethical consequence; it is important to consider these things *before* a pandemic hits
- There is a "significant probability of a large and lethal **modern-day pandemic** occurring in our lifetimes." -Bill Gates

The most severe pandemic	1918-1919
Spanish Flu	

- 1/3 of the world's population infected
- 50 million people died
- widespread isolation and quarantine

The principle → The obligations → The responsibilities (& relevant WHO phases)

Obligation to Plan



The university and its members have an ethical obligation to be aware of the risks of Pan Flu and have a realistic plan to manage their responsibilities

- Communicate with county about preparedness expectations (Phase 1, 2)
- Provide health center staff with technical and ethical training (Phase 1, 2, 3)

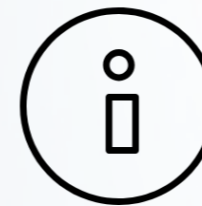
Community Engagement



University administration has an ethical obligation to ensure a representative sample of the community participates in planning measures; community members have an ethical obligation to participate

- Hold community forums to communicate expectations in the event of a pandemic (Phase 2, 3)
- Offer opportunity for community feedback on preparedness plans (Phase 1, 2)

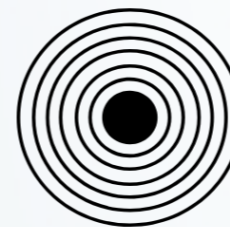
Transparency and Accessibility



University and health officials have an ethical obligation to be transparent about resource availability, triage, and situational severity; a decision making process must be developed, and this information made accessible to stakeholders

- Post protocol that will determine what care is available and what qualifies someone to receive care at hospitals, influenza care centers, clinics, or home care support (Phase 2, 3, 4, 5)

Mitigation of Panic



All university members have a responsibility to seek information in order to manage their concerns and to prevent panic which could be detrimental to care and prevention systems; institutions must make resources for panic mitigation/reassurance available

- Utilize existing information infrastructure to provide reliable emergency information and direct public to where more information may be obtained; minimize spread of rumors (Phase 4, 5, 6)

Reciprocal responsibility



The public has an ethical obligation to comply with recommendations of public health and medical officials; officials should minimize restrictive measures and honor individual needs where possible

- Adjust institutional operations expectations (attendance at public gatherings, etc.) (Phase 4, 5, 6)
- Prepare to accept restrictive measures placed on individuals and the community (Phase 5, 6)

Justice



University health center providers have an ethical obligation to apply triage and resource distribution guidelines in an unbiased and consistent manner at all points of care

- Train staff on techniques for dealing with public in light of scarce resources; be able to offer palliative and home care suggestions (Phase 4, 5, 6)