

In this month's letter, Dr. Rick Valachovic, Executive Director of the American Dental Education Association, talks with deans in Boston and shares lessons learned about keeping students, residents, fellows, and the public safe—and academic programs on track—when H1N1 strikes.



The affected schools were well prepared and emerged from the crisis quickly.

The H1N1 Virus Continues to Challenge Academic Dental Institutions

When Cornell University announced the death of a student from complications related to H1N1 influenza in early September, the sad news confirmed what we have known since last spring: college campuses are prime real estate for this unwelcome virus. Mercifully, most cases among university students have been mild, but they are pervasive. According to the [Centers for Disease Control and Prevention](#), H1N1 influenza was widespread in 48 states at the end of October, with young people continuing to be the hardest hit.

The American College Health Association (ACHA) is conducting an [ongoing weekly survey](#) of 270 campuses. The self-selected survey sample represents 3.16 million of the nation's approximately 18 million college and university students so it is not representative of the country as a whole, but it does give us data about what is occurring.

ACHA reported 8,861 new cases of influenza-like illness (ILI) for the week ending October 23, a jump of 34% over the previous week. The [Public Health Agency of Canada](#) also reported a surge of 175 new cases during the same week, more than half of the 299 confirmed new cases that have emerged in Canada since the government began charting the second wave of illness on August 30.

According to Dr. James C. Turner, President of the American College Health Association and Executive Director of the Department of Student Health at the University of Virginia, ACHA survey respondents have observed nearly 56,000 cases of ILI this semester. Describing the campus population, he said, "There have been only 98 hospitalizations and no deaths [on the campuses ACHA surveyed], indicating this disease remains generally mild."

Indeed, despite the fact that more than half of H1N1 hospitalizations involve people under the age of 24, this age group represents less than a quarter of reported deaths. That's good news for our institutions. Still, I know there's plenty of misery to go around. Much of the contagion spreads in dormitories. Fortunately for the academic dental community, most of our students, residents, and fellows do not congregate in student housing, and our standard clinic protocols provide an additional measure of protection against the spread of disease. But that doesn't mean our community is immune, as our colleagues in Boston learned the hard way earlier this year.

Last spring, campuses across the nation found themselves hosting what was then a novel virus. It traveled north from Mexico courtesy of spring break vacationers and made its way to Boston via a student at the Massachusetts Institute of Technology (MIT). The online edition of MIT's *The Tech* boasted in early May, "Last week, an MIT student did something that three decades of snowstorms haven't been able to do: He shut down Harvard."

Well, not quite, but his travels did have serious consequences for the [Harvard School of Dental Medicine](#) (HSDM) and the Harvard Longwood Medical Area campus. The traveler had friends at HSDM, and as authorities soon found out, those friends were feeling sick. They had been to a party the previous Friday night, a party held in a dormitory, a dormitory that housed third-year dental and medical students, students

who had just interacted with patients at HSDM's clinic. As Barbara Ferrer of the [Boston Public Health Commission](#) (BPHC) told the *Boston Globe* in May, "I'm thinking, could we have gotten a more complicated first case in Boston?"

Fortunately both Harvard and the public health folks in Boston were well prepared to handle the emergency. Within hours of identifying the first sick student as having a probable case of H1N1 flu, Harvard closed its dental clinic; students, faculty, and staff were informed of the situation by BPHC; and everyone was interviewed to determine how and where the virus might have spread.

HSDM's Dean, Dr. Bruce Donoff, received news that the virus had landed on their doorstep as he himself stepped off a train from New York City. In words that convey the calm response that prevailed in the face of urgency, he says "a rather hectic weekend" ensued. Harvard administrators soon concluded that given the extensive interaction among dental, medical, and public health students at its Longwood campus, all three schools should suspend classes and students should stay out of clinical environments until further notice. Then there was the difficult task of sending letters to patients who might have been exposed. This fell exclusively to the School of Dental Medicine, the only health professions school at Harvard that sees patients on campus.

"That was not so easy to do," Bruce confided, "but when our patients returned, most of them told us how much they appreciated our handling of the situation."

Meanwhile, a mere two miles to the east, a similar drama was unfolding at Boston University. A resident in the postdoctoral orthodontics program had also been diagnosed with probable H1N1 flu. Of greatest concern, she had treated a dozen patients at the university's [Henry M. Goldman School of Dental Medicine](#) (BUGSDM) while she was contagious and had contact with 12 other dental residents. Two of them were also reporting ILI symptoms.

Like their colleagues across town, BU's administrators sprung into action. In consultation with BPHC, BUGSDM closed its postdoctoral patient treatment center in orthodontics (where the infected resident had been treating patients), sent its other orthodontics residents home to see if further cases would develop, and began contacting patients by phone and email.

"I'm very pleased to say the impact was minimal," Dr. Jeff Hutter, BUGSDM Dean, told me. "We didn't close the school down, only the postdoctoral orthodontics patient treatment center. There was some loss of clinical income, but it was short-term. Learning continued during this period, and that was important because students were nearing graduation."

The toll at Harvard was more significant. Bruce Donoff estimates \$200,000 in lost clinic revenue, and many more students felt the impact of the events, but all in all, both schools emerged from the crisis surprisingly quickly. A week after the flu was identified, the sick students had recovered, no new cases had emerged, and classes and clinics resumed as before.

I asked Bruce and Jeff what lessons they would share with other deans, and interestingly enough their answers were nearly identical. Both expressed satisfaction that the response plans executed in May were appropriate and effective, garnering the approval of the Department of Public Health. The only thing they plan to do differently should H1N1 strike their campuses again is to rely on self-isolation rather than closing schools and clinics or suspending classes.

"We didn't know what we were dealing with when the virus first struck," Jeff told me, "but now that we are familiar with its typical trajectory, we believe self-isolation is the best course, and we have instructed faculty to accommodate student absences with opportunities to retake exams and the like."

Above all, the two deans stressed the central role communications played in the smooth handling of events on their campuses. "The media coverage was extremely accurate," Bruce told me. "It's a testimonial to the most important decision we made—to have one single person from the university health service speak for our institution."

Jeff Hutter concurs with this view. At BU, Student Health Services also took the lead in putting the word out both internally, to faculty, staff, and students, and externally, to the media.

What does the future hold for these and other academic institutions? I suspect most of our campuses will be visited by the flu in the months ahead. It may be ugly for a few weeks, especially in the northern latitudes where these outbreaks tend to flourish, but most of us will weather the presence of H1N1 without serious complications.

In the meantime, ADEA stands ready to help its member institutions prepare for the worst. We have an [H1N1 flu page](#) on our website with guidance documents from the CDC, the U.S. Department of Education, and the Public Health Agency of Canada. It

also contains a link to the American College Health Association, which plans to welcome new institutions as participants in its survey in January 2010. If you have experiences or sample policies to share, please post them to our [H1N1 discussion board](#).

As you may remember, it was because of member concern for the safety and future well-being of colleagues, students, residents, fellows, and friends whose lives were affected by Hurricane Katrina that ADEA created ADEAassist and the Disaster Relief Fund. I recently spoke with Dr. Sandra Andrieu, Associate Dean for Academic Affairs at the Louisiana State University Health Sciences Center (LSUHSC) School of Dentistry, who reminded me of the difference ADEA made for her institution in those trying times.

"ADEA was invaluable in the aftermath of Hurricane Katrina," Sandra told me. "Without the tangible and intangible support of ADEA, our recovery would have been far slower and more difficult. Not only did ADEA help us financially, senior staff were in constant contact and served as the conduit allowing other dental schools, dental corporations, and various professional organizations to assist our faculty, our students, and our school."

Let's hope that H1N1 wreaks less devastation than Katrina did. In the meantime, I urge everyone to minimize the impact of influenza on campus by reiterating the importance of strict adherence to simple hygiene practices and by promoting immunization. Both BU and Harvard have vaccinated their students and staff for seasonal flu and stand ready to repeat the process when H1N1 vaccine becomes available.

"We're working on the assumption that it will come again," Bruce Donoff told me, "and will likely be worse."



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