H1N1 and Rutgers University: Working to Reduce the Transmission

Proposal to the University to use hand sanitizers in public locations and incorporate state of the art doorknobs around campus

Tag Words: H1N1; RU; Transmission Reduction; Swine Flu; Influenza A Virus

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Summary

Rutgers University is a high risk group for the H1N1 virus, more commonly known as swine flu. Swine flu primarily affects those under 24 years of age, making the university community a viable home to the virus. Our group proposes the placement of hand sanitizers in public locations and the utilization of tap open doorknobs or doorknobs with antibacterial properties for use within the Rutgers community. The proposals were sent to university officials to bring to their attention the seriousness of the issue.
The Issue: H1N1 Virus

Introduction
A new strain of the Influenza A virus subtype H1N1, often shortened to just H1N1 or the nickname “swine-flu”, became a subject for concern during the summer of 2009. Made of various genetic sequences similar to other viral strands, this virus was declared by the World Health Organization to be a global pandemic. No previous vaccines or immunities provide protection from this new strain of flu and as a result it is more contagious than the normal seasonal flu (4). The first of vaccines was made available to the public recently with the most affected groups given higher priority. The groups most affected by H1N1 are people under 24 years of age, immuno-compromised people, and pregnant women (2, 3). People over 65, while unlikely to contract this particular strain, once ill can be greatly affected, therefore, they are also recommended to get the vaccination.

Because of the small amount of vaccine available compared to the population, other means of reducing contraction of 2009 H1N1 are necessary. Since the college population has a high traffic of one of the major risk groups, it is important that one or more methods of prevention are used. General information about keeping yourself protected is available on the main page of the Rutgers University website (1). In addition to having this information accessible to the university community, our proposal is to make lever-style door handles mandatory for all new buildings or dormitories on campus. These handles, which can be operated without making contact with a bare hand, can reduce the transfer of contagions as touching common surfaces before touching one’s face is a likely method of contraction. These handles are already in some building, so their addition in new building plans is a minor change that can greatly aide in disease prevention.

Another way to foster an informed community that we propose to enact is to distribute a survey at the university health centers when people receive their vaccination. From the survey, we can determine how strongly Rutgers is informed about H1N1. From here, we can address weaknesses of the college community and takes steps to correct them.

Origin: Although reports of a new virus reached the United States in March 2009, H1N1 actually first appeared in 2005 in Wisconsin (Garrett). A 17-year old boy had fallen ill after working with his brother-in-law, but he was able to recover. The never-before-seen virus was an assortment of different viruses, which four years later, the same virus resurfaced in La Gloria, Mexico and infected Édgar Enrique Hernández and other natives of this country. Mexico quickly reported the outbreak and within days, Mexico City was shut down to contain the virus. However, the flu soon spread to the United States where the first two cases of swine flu appeared in California (“Wikipedia”). There was no pig-to-human contact in these cases which suggests it was transmitted via human-to-human contact. It is still unclear where exactly this virus originated and how it came to be. What is known is that 6 gene segments possibly came from swine influenza H1N2 viruses that circulated the US from 1999 to 2001 and two segments emanated from swine influenza H1N1 that circulated in Europe from 1985 to 1988 (Zhang, and Chen 456-57).

Routes of Infections and Epidemiology
Earlier claims that the swine flu originated in Mexico are quickly proving to be incorrect. Instead, scientists now believe that the H1N1 most likely began in Asia and later traveled to
North America via human contact. Contrary to popular belief, swine influenza is in actuality an amalgam of several different influenzas, chiefly: avian, swine, and human.

Lethality of the virus primarily results from viral attack on the lungs alveoli, which results in respiratory distress. Nevertheless, unlike the 1918 Spanish Flu pandemic, the mortality of swine flu is relatively low. While nearly 800 American citizens die weekly from the common flu, swine flu has so far only claimed 522 America lives. In comparison to regular influenza, the rate of diagnosed H1N1 related mortality within The United States is currently less than 3%.

Mode of Infection
H1N1 is primarily spread through the transfer of airborne particles. Accordingly, the most prevalent way the virus can spread is through water particles ejected from coughs or sneezes. The novelty of the H1N1 virus implies that less people have an immune response to it. In effect, this makes the virus much more contagious than the regular flu. The best defense against infection first begins with an educated public base. The rate of contagiousness can be averted if the patient simply stays confined during the duration of the infection. Most symptoms of the flu disappear within 3-4 days and exposure after this time is considered safe.

For areas of high public contact such as universities and schools basic preventative measures should be employed. High touch surfaces should first be cleaned with ethanol routinely. Universities should provide ethanol based wipes for keyboards, doorknobs, and elevator buttons. Increasing the availability of ethanol based hand sanitizers to student and faculty may also have a similar effect. Alcohol based hand sanitizer that contains at least 60% of alcohol is suggested.

Those most susceptible to H1N1 are children and the elderly which present a relatively susceptible host for viral replication. This offers the virus an increased chance to both spread and mutate. In the case of younger children, vaccination is a viable option to stop viral transmission. In the event of infection, antiviral drugs have been proven to be effective in combating H1N1.

Preventative Measures
As flu season quickly approaches, there are a few things to keep in mind in order to keep you safe from getting the swine flu. According to the Mayo Clinic the best thing people can do in order to prevent being infected by is to get the vaccination and the optimal time frame in which to do so is in October or November. Getting your shot this time ensures that your body will develop the necessary antibodies in order to protect you during the peak flu season between December to March. In addition regular exercise will help boost your immune system and lastly, avoid large crowds during the flu season to reduce your chances of infections.

The State of NJ has set up a website to inform the public on the matter; there one will find information regarding where vaccinations are available and what to do in case you are ill with the flu. Other precautions taken are outlined at the Center for Disease Control’s website (CDC) and they have left it up to universities and colleges to decide whether or not they should close their institutions of higher learning in case of an outbreak. Additionally, according to Melodee Lasky, the executive director of Health Services at Rutgers, the nasal spray vaccine was made
available to the public on October 27, 2009. Also, in addition to the nasal spray, the Rutgers University has offered the injectable vaccine on November 24, 2009 and on December 2, 2009. There are two types of vaccines available to the public. The shot which is given in two injections, the second one being twenty-one days after the first or the nasal spray which release a small portion of the active strain into your immune system. The latter is not recommended for women who are pregnant, those with compromised immune systems, or the elderly. Those who suspect they are sick are advised to stay home and consult with their physician on a suitable course of action.

**The Service Project: Prevention**

The best way to combat this flu head on is through conscientious efforts of keeping one distant from the virus and you can do that in numerous ways such as through the use of washing your hands or utilizing hand sanitizers. In addition to cleanliness we will propose to the university to use either copper alloy doorknobs which are known to have innate antibacterial properties or to use doors that do not require the user to turn the knob but instead allows the user to just tap it open. The doorknob is the most commonly touched surface when one enters a room and one can come across numerous germs through simply touching the doorknob. Using specialized doorknobs we can minimize the amount of contact people will have with this common surface. Additionally our hand sanitizer efforts culminated in a free giveaway of the product during one of Rutgers’ swine flu vaccine clinic so students can practice keeping their hands clean and virus free. The doorknob proposal was sent to Henry Velez, the director of Business and Administration of Rutgers University Housing.
November 28, 2009

Henry Velez  
Director of Business and Administration Services  
Administrative Services Building III  
3 Rutgers Plaza  
New Brunswick, NJ 08901

Dear Mr. Velez,

The enclosed proposal acknowledges the growing problem of novel H1N1 and the need to implement more protections to safeguard students against it at Rutgers University.

The emergence of a new influenza virus has caused fear and many deaths around the United States and the rest of the world. Currently in the US, 26,315 have been hospitalized and 1,049 have died due to this flu. Pregnant women and young children are at high risk of contracting this illness. College students are also included into this high risk group due to their young age and close living arrangements with other students. Because Rutgers is large institution with a large student body, more protections are imperative.
At Rutgers, fliers and emails sent to students have recommended washing hands and surfaces frequently to prevent sickness. Although only one case has been reported at the university, there is still room for more safeguards which is why we propose using door handles instead of doorknobs or using copper doorknobs as a way to help prevent against H1N1. Doorknobs are one of many regularly touched surfaces that are inhabited with germs and viruses. By applying these changes, there will be a decrease risk in contracting swine flu or any other illnesses.

We hope after reading this proposal you realize that there is a need for more protections against H1N1 and the importance of using door handles and copper doorknobs. Thank you for your time and consideration. If you have any questions about our proposal you may contact us by these emails: giaramos@eden.rutgers.edu, suhughes@eden.rutgers.edu, and verayac@eden.rutgers.edu.

Sincerely,

Giana Ramos, Susannah Hughes, and Veraya Chuaypradit

H1N1 Prevention Proposal

**From Doorknob to Handle: Fighting H1N1 a Turn at a Time**

**Introduction:** "According to the International Scientific Forum on Home Hygiene (IFH), the hands are one of the most frequent transmission routes for many types of infections as they come into direct contact with known portals of entry for pathogens (mouth, nose, conjunctiva of the eyes)". This is the justification behind the use of hygiene and alcohol based sanitizers to prevent the spread of viral and bacterial matter. But it can also be used for the argument of reduction of places where hands are required to touch a common surface. If the hand is one of the most frequent transmission routes, rather than assuming that everyone is responsible and actively tries to reduce the spread of germs, an initiative can be taken to eliminate the need to touch one common surface.

To enter a room, every single person must use the doorknob if the door is not already propped open. Essentially, the doorknob is relatively small surface that is touched by many people in a given time frame. In a situation where propping a door open is not safe, such as in a dormitory or place of residences, another way of diminishing the need to touch the surface is necessary. A simple solution is to replace a normal doorknob with an easier to manipulate lever-style doorknob. The lever-style allows for people to use the door with the forearm or the elbow and therefore reduces the transmission of infectious materials to face. Another option is to use a
material that is germ resistant on its own, such as copper alloy doorknobs. The change in cost from one style of doorknob to the other is not astronomical and is a reasonably uncomplicated change to make to a building plan. While research has not been done on the reduction factor that the switch to lever-style doorknobs can provide, there are multiple sources that suggest that germs can survive for long periods of time on surfaces. A study discussed in the Washington Times observed where people showing early signs of illness touched surfaces over 18 hours and it was found that “commonly touched areas like refrigerator doors and handles were positive about 40 percent of the time for cold germs.” In a highly trafficked area by a high risk group for contracting H1N1, such as a college dormitory, the simple change of one doorknob to another that can reduce the transmission rate is a logical step to take in the prevention of illness amongst college students. –Susannah Hughes

Paradigm: In recent years, Rutgers University has faced a housing shortage which has been exacerbated by the increasing amount of students that are taking longer to pursue their degrees and the influx of new students attending the university. This current academic school year has forced university officials to book rooms for approximately 700-800 students in off-campus hotels located in near-by Somerset. In order to help alleviate the housing shortage at the university, the Board of Governors has recently approved a $272 million budge to build new dorms to be open in fall of 2011. The plan calls for the construction of two new housing units to be built on the Piscataway campus and will house approximately 2000 students. One of the finalized plans calls for two four-story residences that will accommodate 500 students in a suite-styled housing unit. Each suite will have two bathrooms and a shared bathroom intended for four students.

Current dormitory situations already places one in greater danger of coming down with the cold, flu or any other vector borne disease. According to reporter Emily Hartwig, people who have a cold, sore throat or allergies are in danger of aggravating symptoms in the dorms because of the dry air and dust accumulation. One-third of all men and one-fifth of all women do not wash their hands after using the toilet and germs will accumulate on frequently used surfaces such as door handles.

Of the $272 million budget that the university has allocated for the new dorms, we propose that the university spend only 0.0072% of that budget on copper alloy door knobs which are known to have an inherent antibacterial property that kills germs such as the flu virus. Not only that, but a study has shown that copper fittings rapidly killed bugs in hospital wards, where other infection control measures failed. During a ten-week trial in a medical ward, a set of taps, a lavatory seat, and a push plate on an entrance door were replaced with copper versions. Each surface was tested twice a day for bugs and the results were compared to the original versions. The copper items had up to 95% fewer bugs on their surface when they were tested.

Cost: The total cost for the door knobs is miniscule compared to the benefits that will come from it. The dormitory structures on Busch are estimated to have about sixty-three suites each, four door knobs per suite you are looking at an estimated total of five-hundred and four door knobs. Each doorknob cost $39.08, bringing your total cost of door knobs to around $19,700. That cost is nothing in the long run to healthcare facilities cost that are sure to amount to much more money. Currently, our school faces the threat of the H1N1 virus or more commonly known as the swine flu. In order to prevent the flu from gaining ground in the future, we must act now to help minimize the potential surfaces that the flu may be able to gather and grow. Doorknobs are the most commonly touched surface and through the purchase of the
copper alloy door knobs or turn free door handles we are helping to eradicate the virus through an easy method that does not need to be continuously monitored and tried. –Vera Chuaypradit

**Conclusion:** The advent of a new influenza has posed many problems for the country and has raised fear among the people. H1N1 has already claimed the lives of hundreds of United States citizens. There are certain groups that have a higher risk of contracting H1N1. College students make up part of this high risk group due to their young age and close living arrangements. Because swine flu poses as a possible danger to college students, such as those of Rutgers University, more precautions should be enacted to protect them. This includes installing door handles instead of doorknobs around the university starting with the new dorms being built on the Livingston campus. Research has shown that doorknobs are one of many key areas in which it is likely to find pathogens living on them. It has been found that the influenza virus can live up to 8 hours on surfaces after being deposited on them\(^1\). Although Rutgers has advised students to clean these surfaces via fliers, most students do not read them or heed their warnings. Using door handles allows students to open doors using their elbows when they do not wish to touch them in case of contamination. In addition, through the use of copper alloy doorknobs students will not have to fear of lingering germs on the doorknob surfaces. With nearly forty-thousand students attending Rutgers, transmission of the H1N1 virus amongst peers is high. By installing door handles or copper alloy door knobs, it will make Rutgers a much safer, virus free environment. –Giana Ramos

**References**

E-mail Correspondence with Rutgers University

From: Veraya Chuaypradit <verayac@eden.rutgers.edu>
Sent: Wednesday, December 09, 2009 11:14 AM
To: hxvelez@rci.rutgers.edu
Cc: fagan@rci.rutgers.edu; 'Giana Kris C. Ramos' <giaramos@eden.rutgers.edu>; 'Susannah E. Hughes' <suhughes@eden.rutgers.edu>
Subject: Rutgers University Doorknob Proposal

December 9, 2009

Dear Mr. Velez,

I wanted to do a follow up e-mail since I did not receive a response to the previous e-mail sent out to you. We are Rutgers University students working on a class project under Dr. Fagan and we are hoping to help safeguard our community with the implementation of using door handles instead of doorknobs or using copper doorknobs as a way to help prevent H1N1 and other infections.

Rutgers University is looking to erect new dormitory structures on Busch and Livingston campus respectively. We propose that during the construction, door handles or copper doorknobs be used in place of the current mechanism in order to hinder infection amongst the community. Doorknobs are one of the most common surfaces in which we touch on a day to day basis making it a breeding ground for viruses.

The enclosed proposal acknowledges the growing problem of novel H1N1 and the need to implement more protections to safeguard students against it at Rutgers University.

We hope after reading this proposal you realize that there is a need for more protections against H1N1 and the importance of using door handles and copper doorknobs. Thank you for your time and consideration. If you have any questions about our proposal you may contact us be these emails: giaramos@eden.rutgers.edu, suhughes@eden.rutgers.edu, and verayac@eden.rutgers.edu.

Sincerely,
Giana Ramos, Susannah Hughes, and Veraya Chuaypradit

From: Henry Velez
Sent: Wednesday, December 09, 2009 11:22 AM
To: Veraya Chuaypradit; hxvelez@rci.rutgers.edu
Thank you for submitting your proposal. I will review it in detail next week. I will also share it with the project Architects and see if your proposal is feasible. I respond back to you within a couple of weeks.

Handsantizer Proposal to Rutgers University

With flu season quickly approaching, Rutgers University must take new preventative measures in response to the novel H1N1 virus, nicknamed “swine flu”. It is imperative to remember the fundamentals of preventing viral infection: according to the CDC, the most effective way of preventing H1N1 is routine cleaning of highly accessed surfaces such as
keyboards, doorknobs, and elevators buttons\(^1\). Furthermore, students and university personnel should routinely clean hands after accessing leaving areas prone to viral replication. It is therefore essential to provide increased quantities of ethanol based hand sanitizers and other cleaning equipment to curtail infection. The CDC recommends that alcohol based hand sanitizer should contain at least 60% of alcohol and be easily accessible in high risk areas.

We propose that all computer labs should be provided with ethanol dispensers as well as increased quantities of ethanol wipes. Such dispensing equipment can be purchased in bulk, direct manufacturer prices from a retail (see below), for as little as 40 USD per unit. Once installed, dispensers can be regularly filled and maintained daily for fractions of a dollar. Such devices can be easily displayed will reduce viral traffic within keyboards and mice.

We also suggest Rutgers University provide individual hand sanitizers within university student centers at a reduced cost. This will enable the general student body and well as the faculty to prevent infection through personal measures. This will encourage personal hygienic measures and reduce infections on novel areas such as university buses and dining halls. Direct from the manufacturer, individualized hand sanitizers can be provided at as little as 40 USD per case. Such supplies can also be obtained from wholesale distributors (see below).

The preventative measures described are perhaps the most simple as well as most particle and economical to employ. The CDC recommends the encouragement and use of ethanol sanitization as one of the most effective methods in preventing new cases of H1N1\(^1\). As members of the student body, we suggest that Rutgers University vastly improve and distribute ethanol based hand sanitization for the 2010 flu season.


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References

1. http://emergency.rutgers.edu/h1n1.shtml
18. "CDC says no sign yet that swine flu is mutating" Associated Press, July 23, 2009
Dear Editor,

The nation has recently seen a resurgence in the prevalence of the H1N1 virus. There are fears that this second phase of the virus presents in a mutated form, leading to increased virulence and greater resistance to conventional antiviral drug therapies. Heightened public awareness and fear led to the government fast-tracking production of an anti-flu vaccination. Unfortunately, distributional logistics are failing to keep up with the rapid rate of infection this virus brings with it.

While initially there were worries about a vaccine supply shortage, the government now estimates there will be a large quantity of the vaccine left unused, and this surplus might have to be discarded. It’s worth looking at what might have brought about this dramatic change in quantity estimates. The argument to be made for wastefully excess vaccine supplies is that it is better to be left with more that fall short during a critical time. However, the reason we are now left with this surplus is not due to a high vaccine to population ratio. Slow distribution and low supplies of the vaccine, possibly coupled with public anxiety about the safety and efficacy of the vaccine has led to more people being infected by H1N1, and in turn developing natural antibodies against it. It’s almost as if nature is picking up our slack, although not quite in the way we hope. To be left with a surplus as a result of a greater percentage of people developing natural immunity as a result of being infected is not something we should be proud of; nor does it lend the slightest bit of support to the ‘more is better than less’ theorists.

Additionally, this virus is susceptible to mutation, and future strains might not be susceptible to the current vaccine. Therefore, our present surplus might be rendered useless if it is not effective against a future mutated strain of this virus. While there are plans to include the current vaccine in any future drug cocktails developed against H1N1, this is merely a precautionary measure. The majority of our supply surplus will go to waste. Fortunately for us, H1N1 has not proven to be a particularly deadly virus, and is usually fairly self limiting. However, it is truly scary to think about how prepared we would be to effectively and efficiently distribute a vaccine if we were hit with a disease that was not as timid as H1N1 currently is.

Sincerely,

Vera Chuaypradit

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Swine Flu Editorial: Tragic Killer or Mammoth Myth?

In early June 2009, a new illness emerged from deep within the Mexican countryside. The infection spread like wildfire hopping from one major city to the next and was quickly declared a Mexican national crisis. The hysteria quickly enveloping Mexico did not go unnoticed. The American press was eager to report on Mexico’s new viral outbreak, now deemed “The Swine Flu”, and broadcasted the story to a jittery American audience. At the height of
public attention, the glooming fear over swine flu resulted in the closing of the Fort Worth school system in Texas, resulting in quarantine of nearly 80,000 students. It would seem public demand, not infection rates resulted in such closings, in fact, Texas Governor Rick Perry school closing were due to “an overwhelming public outcry assisted by media hype”. As such, perhaps most startling about The Swine Flu pandemic is not the deaths nor the power of the virus. Instead, the biggest surprise is the cold hard facts: swine flu, in its entire existence in Mexico had claimed as little as 100 lives as of November, 2009. Ultimately, this bears the ultimate question: is swine flu just another hapless victim of media hype?

Many question why the swine flu could have generated about one hundred Mexican deaths but hardly resulted in any fatalities elsewhere. This answer is the Mexican infrastructure, not the nature of the virus. Ultimately, Mexicans who fell severely ill to swine flu represent the patients who arrived to medical professionals when advanced stages of advanced pneumonia had set, rendering anti-viral drugs ineffective. In fact, during an airing of NBC’s “Meet the Press”, Kathleen Sebelius of the United States Homeland Security Health Services and the director of The Center for Disease Control, Dr. Richard Besser, attributed the high rate of fatality in Mexico to poor availability of medical care.

Swine flu sensationalism is representative of a nation that chooses to live in the fearful, cold shadow of a post-9/11 world. It is unfortunate that the media resorts to sensationalism and instead neglects to inform the public about the true nature of the virus. Unfortunately, fact is often far less exciting than fiction. Swine flu is a representation of the ever mutating influenza strain of viruses. Unlike the common flu, the public has no natural defense against The Swine Flu known as the H1N1 viral strain. The consequence of this is that the flu is much more contagious, as the body lacks antibodies to combat and recognize the viral particle. However this does not mean the swine flu is as deadly as the regular strain. On the contrary, H1N1 infection results in about 2-3 days of fever and sickness, but is afterward easily recovered from. It is in actuality exceedingly rare to die from complications resulting from the swine flu. The people most at risk from H1N1 complications are, as always, the most vulnerable: the elderly and the infantile. The best measures to take to combat the disease are to promote rest and recovery during the infection period. Those ill should chose to stay home, instead of letting the illness spread.

The biggest threat swine flu poses is the direct result of the sensationalist behavior attached to it by the media. As a result of the massive, media generated hype, major cities are reporting that local hospitals and emergency rooms are tied up with paranoid men and women convinced that the worst is upon them. This not only distracts hospitals from real dilemmas but causes further difficulties as well. In fact, such an influx of new patients has resulted in the approval of antiviral drugs such as Tamiflu to treat H1N1. In the flu’s current stage, such drugs are not only unwarranted, but also potentially catastrophic. By exposing H1N1 to antiviral drugs earlier, we are also increasing the chances for genetic mutation to result in drug-resistant strains of the virus. Such strains would be unimaginably uncontrollable and result in a true pandemic that could rival the influenza outbreak witnessed in 1908.

In the current stage of the virus, control of H1N1 requires nothing more than basic common sense and application of simple sanitary procedures. Unfortunately, modern the American media is run on the fear generated by scaremongering. The best defense against any type of information that seems too good to be true is a fully functioning and equally incredulous brain.
Editorial:

As a student enrolled in Rutgers University, I am part of a large group of high-risk individuals for contracting the H1N1 virus. The risk is increased because of the large number of students that traffic the same buildings and classrooms. However, I feel like the large push of resources towards educating the student population about the H1N1 virus can be wasteful. Since the outbreaks in the US during the spring months this year, there has been a huge effort behind public education. To inform people of methods to prevent the spread of the virus, multiple mass emails have been sent, websites have been created, flyers have been posted and countless hours have been taken up planning and producing them all. And while there have been no cases of H1N1 so far on the New Brunswick campus, I cannot say that there has been a noticeable decrease in the normal flu or cold circulation.

A reason why I think that too much effort is put into prevention education is that most people are set in their habits, good or bad, and once the initial scare caused by the use of words like ‘pandemic’ have passed, those habits come back again. Sometimes it is just a subconscious tendency that is hard to break yourself from; every so often I catch myself touching my face not long after touching a common surface, like a handrail or a door handle. People quickly forget the risk they are in when it is no longer front page news.

Another reason to reduce the effort to inform is that some of the suggestions made do not integrate well into student life. For example, one of the methods of preventing the spread of any illness that is frequently cited on school websites and emails is to stay home if you feel sick. This may seem like common sense, but when missing a class can negatively affect your grade unless you get a doctor’s note, the likelihood of someone skipping a class for a suspected illness greatly decreases.

It seems like a knee-jerk response when a new important event or health scare comes into the news that we saturate ourselves with information. It may not be a popular opinion to reduce notifying people of information important to keeping healthy, but I argue that the saturation is what needs to be looked into. There is a point when addition effort makes no different, or worse, makes people sick of hearing about it. Honestly, who reads every mass email from the University or checks every link to the websites with pertinent facts and statistics? It is this excess of time and work that I feel should be put to better use. Instead of finding ways to tell people what they have been told many times over, find new methods of prevention or new ways to make the areas where people congregate safer. The H1N1 virus is still something that we should take precautions against and injection vaccines will be made available for the Rutgers community soon, but the information is out there for people who are interested; the information does not need to be forced upon deaf ears.

Lack of Flu Protections
By Giana Ramos

With the advent of a new influenza virus, greater protection is needed especially for college students due to their young age and close living arrangements to other students. With exams, part-time jobs, papers, and extracurricular activities, catching the flu is the last thing a college students needs. Getting sick is costly to them. It means missing exams and having to find time in an already busy schedule to retake it, missing class and falling behind, and it may also means losing money when an employee cannot make it to work. This all adds more
pressure on a student which he or she does not need. Rutgers University has claimed to have developed tactics to help protect students from becoming sick, however, more can be done. As of now, the school has relied on students to take it upon themselves to protect themselves. Many fliers can be found around campus, especially in the bathrooms, which advertise thorough washing of hands, frequent cleaning of doorknobs and counters, and blowing one’s nose with a tissue in order to prevent infections. However, there are problems with using fliers as a way of education. First of all, most do not even bother reading these fliers. Second, the average person will not wash their hands after every time they use the bathroom or clean frequently- touched surfaces every day. As a result, it becomes very likely that germs are getting passed around.

There needs to be protections set that are aware of students’ lack time and lack of motivation. For example, hand sanitizer dispensers should be installed in bathrooms or the dining halls. It allows for quick hand cleaning and a student can get right back to class or studying. Doorknobs are one of many likely places that are teeming with germs. There are hundreds of doors at Rutgers which are constantly being opened by students which means that H1N1 and bacteria can easily be passed around. Replacing doorknobs with door handles is one answer to this problem. At least with handles, a person can open the door with his elbow without touching a possibly germ infested handle. There are also certain materials that can self-sterilize. Copper or anything made with copper alloy have been found to hinder the growth of bacteria and viruses on them.

There are many safeguards Rutgers can establish that protects students against illness. Not only is it Rutgers’s duty to provide students with an education, but also to implement a safe learning environment.