

Pennsylvania Department of Health

Guidance for School (K-12) Responses to Influenza during the 2009-2010 School Year¹

The Pennsylvania Department of Health is providing updated guidance to schools throughout the Commonwealth to help decrease the spread of flu among students and school staff during the 2009-2010 school year. This document builds upon school guidance issued last spring and is compatible with recently issued guidance from the U.S. Centers for Disease Control and Prevention. It provides a series of recommendations that schools can use to prevent and limit the spread of influenza. The recommendations should be adapted to fit local conditions and circumstances, since no two educational settings are the same. The general preventive measures in this document are designed to reduce the risk of introduction or spread of influenza in a school and are recommended for all schools. If influenza does occur in a school, the appropriate course of action should be tailored to the unique needs and circumstances of that school and the population it serves. Decisions should be made with active consultation between school officials and local and/or state public health authorities. All schools are encouraged to establish in advance clear lines of communication and points of contact with their local or state public health agencies to assure the best management of problems should they occur.

The guidance in this document is appropriate for influenza with similar characteristics and disease severity seen in last spring's wave of pandemic influenza and over the summer in Pennsylvania. If disease severity increases, PADOH will issue updated recommendations for prevention and control in school settings. Since the scientific information regarding pandemic influenza A/H1N1 is continuously evolving, current recommendations may need to be revised as more information becomes available.

BACKGROUND

Since pandemic influenza A H1N1 was first identified in April 2009, school age children have posed a particular concern. More than half of all confirmed cases in Pennsylvania have occurred in persons between 5-19 years of age. During the first wave of pandemic influenza, schools were disproportionately impacted, serving as settings for disease introduction and spread. As a result, schools throughout the Commonwealth experienced disruption of day-to-day activities, and in some instances had to close to control disease. It is expected that in the coming school year, disease incidence will continue to be high in children. Therefore, all educational facilities should (1) take preventive measures to minimize the risk of introduction of influenza and its subsequent spread and (2) develop plans for response if and when influenza is identified in a member of the school community. PADOH continues to support a graduated response to findings of influenza in a school that accomplishes the goal of minimizing the health risk while allowing vital educational activities to continue to take place.

Information from the World Health Organization (WHO) shows that in the southern hemisphere, where the winter influenza season has been occurring over the last several months, most influenza is due to the pandemic influenza A H1N1 strain and the disease severity is similar to that seen in the United States last spring. Data from the United States, including Pennsylvania, over the summer shows the same pattern. In children, illness due to the new flu virus was typical of illness seen for seasonal

¹ Adapted from CDC Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses to Influenza during the 2009-2010 School Year

influenza. Therefore, this guidance focuses on appropriate prevention and control measures for the type of illness expected to be seen this fall and winter.

Decisions regarding appropriate actions to take in response to the introduction of influenza into a school should be tailored to the circumstances of that setting. *The least disruptive measures should be employed to control the spread of disease.* This means that in general, school dismissal will not be necessary, especially when less disruptive measures described below can be effectively and properly implemented. In making decisions about an appropriate response, schools should consider the affected age group (elementary versus secondary), the likelihood that ill students or staff were infectious when present at the school, the ability to implement prompt identity and exclusion of ill children, and compliance with exclusion recommendations by parents and guardians. School absenteeism rates and patterns are a critical element of sound decision-making. *Every school should closely monitor school absenteeism.* Decisions regarding what measures to take when influenza appears are best made by school officials in consultation with local and state health officials. The goal should be to minimize social disruption and safety risks to children. Based on the experience and knowledge gained in jurisdictions that had large outbreaks in spring 2009, the potential benefits of preemptively dismissing students from school are often outweighed by negative consequences, including students being left home alone, health workers missing shifts when they must stay home with their children, students missing meals, and interruption of students' education. Therefore, school dismissal is considered to be only an option when other measures to control the spread of disease have been unsuccessful.

Basic foundations of infection control in school settings should always be promoted and facilitated, not only during an influenza pandemic. *During flu season, schools should be particularly vigilant about keeping sick students and staff home.* Schools should be proactive, develop contingency plans to cover key positions (for example, school nurses) when staff are home ill, and regularly remind parents and staff of the exclusion recommendations. Plans should focus on protecting people at high risk for influenza complications as these groups are frequently found in schools. For example, asthma alone affects nearly one in ten school-aged youth.

Successfully addressing influenza in schools requires effective communication with parents, guardians and staff. Every school should have well established lines of communication to these groups, as well as the general community. Experience in the spring of 2009 suggested that schools that had frequent communications with critical stakeholders were able to minimize disruption of educational activities without diminishing the health and safety of the school population.

IDENTIFICATION

Symptoms of influenza-like illness (ILI) that suggest possible pandemic influenza A/H1N1 include fever (measured temperature of >100°F) and either cough or sore throat. Illness may be accompanied by other symptoms including headache, tiredness, runny or stuffy nose, body aches, diarrhea, and vomiting. Like seasonal flu, illness from H1N1 can vary from mild to severe. There is no way to distinguish influenza due to the pandemic strain from that caused by seasonal flu, and illness may look similar to that caused by other respiratory infections. This is why it is important to be in communication with local and/or state public health authorities and with health care providers.

High-risk populations

Some students and staff are at higher risk for complications of influenza. These individuals should be pre-identified. High-risk populations include:

- o Children <5 years old
- o Adults ≥65 years
- o Persons with: Chronic lung disease (including asthma); cardiovascular disease (except high blood pressure); kidney, liver, or blood disorders (including sickle cell disease), nervous system, muscular, or metabolic disorders (including diabetes); or a suppressed immune system (due to medications, HIV, cancer, or organ transplant)
- o Pregnant women
- o Persons <19 years who are receiving long-term aspirin therapy

Recommended school responses for the 2009-2010 school year

1. **Stay home when sick:**

Students and staff members with influenza-like illness (ILI) should not come to school. In general, individuals with ILI should stay home for at least 24 hours after they no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. This recommendation should be adhered to whether or not the sick individual received treatment with antiviral drugs. Since the usual duration of fever is 2-4 days, this will allow most individuals to return after a period of 3-5 days of exclusion.

Schools should have in place procedures to promptly identify children who become ill while at school. Schools should also evaluate students who return to school after influenza illness to make sure they are no longer ill with fever and are well enough to attend class. Successfully controlling school outbreaks, especially with the shorter duration of exclusion, is highly dependent on successfully identifying and excluding ill students and staff and not allowing ill persons to return too early.

In some circumstances, it may be appropriate to extend the duration of the exclusion period. Such decisions should be made in conjunction with your local and state health department. More stringent and longer periods of exclusion – for example, until complete resolution of symptoms – may be considered for people returning to settings where high numbers of high-risk people may be exposed or in settings where the ability to adhere to a lesser exclusion period has been unsuccessful.

Sick individuals should stay at home until the end of the exclusion period, to the extent possible, except when necessary to seek required medical care. Sick individuals should avoid contact with others. Keeping people with a fever at home may reduce the number of people who get infected since elevated temperature is associated with increased shedding of influenza virus. CDC/ PADOH recommend this exclusion period whether or not antiviral medications are used.

2. **Separate ill students and staff:**

Sick students and staff should always be required to stay home. **Students and staff who appear to have an influenza-like illness on arrival at school or who become ill during the day should be promptly separated from other students and staff and sent home as soon as possible.**

Schools should regularly update contact information for parents so that they can be contacted more easily if they need to pick up their ill child.

Recognizing that space is often in short supply, early planning on the location for a sick room is essential. This room should not be one commonly used for other purposes for example, the lunchroom during non-meal times or the nurses' room where care for other medical issues may be taking place. Nor should it be a space through which others regularly pass. It is not necessary for this room to have a separate air supply (HVAC) system. Ill persons should be placed in well ventilated areas and placed in areas where at least 6 feet of distance can be maintained between the ill person and others.

A limited number of staff should be designated to care for ill persons until they can be sent home. When possible, these should be people with limited interactions with other students and staff and therefore decreased risk of spreading influenza. These persons should not be at increased risk of influenza complications (for example, pregnant women – see categories above) and they should be familiar with infection control recommendations to prevent spread of influenza. When possible and if the sick person can tolerate it, he or she should wear a surgical mask when near other persons.

School nurses, and other staff who act in this capacity, are likely to come into close contact with students and staff with influenza-like illness. **Staff members that provide care for persons with influenza-like illness should use appropriate personal protective equipment, such as a mask.**

3. **Hand hygiene:**

Influenza can spread through contaminated hands or objects that become contaminated with influenza viruses. **Students and staff should be encouraged to wash their hands often with soap and water, especially after coughing or sneezing.** Alcohol-based hand cleaners are also effective at killing flu, but may not be allowed in all schools. If soap and water are not available, and alcohol-based products are not allowed in the school, other hand sanitizers that do not contain alcohol may be useful. However, there is less evidence on their effectiveness compared to that on hand washing and alcohol-based sanitizers.

Schools should provide the time needed for all students and staff to wash their hands whenever necessary, especially after coughing or sneezing into hands, before eating, and after using the restroom. Soap, paper towels and sanitizers are critical for proper hand hygiene and should be readily available in all schools. If it is necessary to provide supervision to students as they wash hands in rest rooms, schools should consider timing and staffing in their planning. Schools also should educate families, students and staff about the importance of good hand hygiene and proper methods for cleaning hands.

4. **Respiratory etiquette:**

Influenza viruses are thought to spread mainly from person to person when an ill individual coughs or sneezes. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and deposited on the mouth or nose or are inhaled by people nearby. **Students and staff members should be educated on the importance of covering their nose and mouth with a tissue when coughing or sneezing and throwing the tissue in the trash after use.** Wash hands promptly after coughing or sneezing. If a tissue is not immediately available, coughing or sneezing into one's arm or sleeve (not into one's hand) is recommended. To encourage respiratory etiquette, tissues should be readily available to

students and staff and they should be educated about the importance of respiratory etiquette, including keeping hands away from the face.

5. **Routine cleaning:**

Schools should regularly clean all areas and items that are more likely to have frequent hand contact (for example, keyboards or desks) and also clean these areas immediately when visibly soiled. Use the cleaning agents that are usually used in these areas. Additional or special environmental control measures are not necessary.

Schools should ensure that custodial staff and others (such as classroom teachers) who use cleaners or disinfectants read and understand all instruction labels and understand safe and appropriate use. School staff should regularly clean all areas that students and staff touch often with the cleaners they typically use. Special cleaning with bleach and other non-detergent-based cleaners is not necessary.

6. **Early treatment of high-risk students and staff:**

Persons at high risk for influenza complications who become ill with influenza-like illness should speak with their health care provider as soon as possible for appropriate treatment recommendations. Early treatment with antiviral medications is very important for people at high risk because it can reduce the risk of complications, including the need for hospitalization.

Schools should encourage ill staff and parents of ill students at higher risk of complications from influenza to seek early treatment.

High-risk students and staff who have had close contact with others who are sick with an influenza-like illness should contact their health care provider to discuss whether they may need to take influenza antiviral medications. In general, antiviral prophylaxis is not recommended for persons who are not at high risk of complications of influenza. Widespread use of antiviral prophylaxis is not considered an appropriate response to influenza in the typical school setting.

People on antiviral treatment may still shed influenza viruses and therefore may still transmit the virus to others. These influenza viruses may develop resistance to antiviral medications. To lessen the chance of spreading influenza viruses that are resistant to antiviral medications, adherence to good respiratory etiquette and hand hygiene is as important for people taking antiviral medications as it is for others.

7. **Consideration of selective school dismissal:**

Selective school dismissals may be considered based on the population and circumstances of an individual school. Although there are not many schools where all or most students are at high risk (for example, a school for medically fragile children or for pregnant students) in some instances this may be the appropriate response. The decision to selectively dismiss a school should be made only in consultation with local and/or state public health authorities and should balance the risks of keeping the students in school with the social disruption that school dismissal can cause. Selective school dismissals are not likely to have a significant effect on community-wide transmission: Instead, this strategy aims to protect students and staff at high risk of severe illness and death.

8. **Absenteeism monitoring**

_____ Every school should closely monitor the patterns of school absenteeism. School absenteeism should be monitored on a daily basis and efforts should be made to determine if student or staff member absence is due to illness. Any increase in school absenteeism due to illness should be promptly reported to local and/or state public health authorities for an appropriate response. Promptly recognizing an outbreak of influenza is one of the best ways to assure the least disruptive measures can be implemented to limit the spread of disease.

ADDITIONAL INFORMATION

- **CDC Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses to Influenza during the 2009-2010 School Year** <http://www.cdc.gov/h1n1flu/schools/schoolguidance.htm>
- **PADOH Public Web Site, H1N1 Flu (Swine Flu)**
<http://www.dsf.health.state.pa.us/health/cwp/view.asp?q=252990>
- **County Health Departments:**
<http://webserver.health.state.pa.us/health/comm/comm.asp?COUNTY=all>

Flu Symptom Checklist for School Staff

Yes No Does the student or staff member have a sore throat or a bad cough?

Yes No Does the student or staff member have a fever of 100 degrees or more?

Here's how to tell if a student or staff member has a fever using a thermometer:

- Put the thermometer under the student's or staff member's tongue. Have the student or staff member close her/his lips around the thermometer. If the student is young, stay with the student while the thermometer is in the mouth. You can hold it in place.
- If you are using a digital thermometer, follow manufacturer instructions. Use prone covers when taking the temperature to any student or staff.
- It takes about one minute to check a temperature by mouth. A digital thermometer beeps when it is ready to read. The student's or staff member's temperature shows on the thermometer like this:

[100.2 °F] One hundred point two

[102 °F] One hundred and two

If you are unable to take the student's or staff member's temperature, you can look for these signs of fever:

- The student's or staff member's face may be red. Skin may be hot to touch or moist.

If a student or staff member has a fever AND you answered "yes" to the other question above (she/he has a sore throat or cough), the student or staff member might have the flu.