

SCHOOL PREVENTION MEASURES

- Ensure all your contact lists are up-to-date. If you do not have such a plan, we encourage you to develop one. To initiate or build upon an all hazards plan, visit www.ed.gov/emergencyplan.
- Promote good hand hygiene and respiratory etiquette, including the teaching of proper hand washing techniques and providing opportunities and appropriate supplies for hand hygiene.
- Develop response and communications plans to ensure that students, faculty or staff with flu-like symptoms (i.e., fever and either cough or sore throat) do not come to school.
- Encourage parents and guardians to monitor their school-aged children for symptoms of flu-like illness and to encourage faculty and staff to monitor themselves for symptoms.
- Current recommendations from the CDC are for all ill persons to remain out of school and work for at least 24 hours after resolution of fever *without* the use of fever-reducing medications. Parents and guardians should not give anti-fever medications to children prior to the school day in order to suppress fever. If a person (either student or staff) develops symptoms while at school, he or she should be isolated promptly in a separate room and sent home. Most people, including children, recover from flu quickly without treatment, but those with chronic underlying health conditions (pregnancy, asthma, diabetes, neuromotor or neuromuscular conditions, such as cerebral palsy, immune compromise, and other diseases) or signs of severe illness should promptly receive antiviral treatment if appropriate.
- Advise parents and guardians to develop contingency plans should their children become sick and need to stay home.
- Establish a baseline for attendance of students, faculty and staff. Track attendance to identify changes and trends.
- Track flu-like illness in students, faculty and staff. If your school experiences sudden or sustained increases in the number of persons with flu-like illness, contact your local health department to report this

information.

- Plan for alternative mechanisms for delivery of education content, including virtual learning and leveraging community resources if appropriate and possible (check out www.free.ed.gov/).
- Promote early vaccination of students and staff for seasonal flu to protect against flu illness from non-H1N1 strains.
- Stay informed. We encourage you to monitor www.ready.illinois.gov and www.flu.gov Web sites for the most current recommendations and influenza information.
- Ensure that your planning efforts are integrated with local public health authorities (www.idph.state.il.us/local/alpha.htm) and that communication processes for responding to and monitoring outbreaks of illness are clarified.

As noted above, schools can serve as a focus for educational activities to promote ways to reduce the spread of influenza, including hand hygiene and cough etiquette, and staying home when you are sick.

The CDC's Advisory Committee on Immunization Practices has recommended that certain groups of the population receive the novel H1N1 vaccine when it first becomes available. Among them are persons between the ages of 6 months and 24 years of age; pregnant women; people who live with or care for children younger than 6 months of age; health care and emergency services personnel; and those persons 25 through 64 years of age, who are at higher risk for novel H1N1 complications because of chronic health disorders or compromised immune systems.

ISBE and IDPH will continue to work together to provide you with timely information throughout the school year. We thank teachers and administrators for their efforts in addressing the challenges created by the novel influenza H1N1 virus.

Summary of CDC Guidance on for School Administrators for School (K-12) Responses to Influenza during the 2009-2010 School Year

1. Recommendations for outbreak similar to spring 2009

Hand Hygiene/Respiratory etiquette

- First and foremost, the new guidelines emphasize the importance of promoting basic foundations of preventing flu: getting vaccinated, frequent hand washing with soap and water when possible, covering noses and mouths with a tissue when coughing or sneezing and staying home when sick.
 - CDC recommends that all children aged 6 months of age up to their 19th birthday get a seasonal flu vaccine.
 - CDC recommends that all children from 6 months of age through 24 years of age receive the 2009 H1N1 flu vaccine when it becomes available.
 - Alcohol-based hand sanitizers can be used if soap and water are not available.
 - In places where alcohol-based sanitizers are not allowed, other sanitizers can be substituted but may not work as well.
 - If tissues are not available, coughing or sneezing into the arm or sleeve is recommended.
 - Schools should provide time for students to wash their hands whenever necessary and make tissues readily available to students and staff.

Exclusion period

- Those with flu-like illness should stay home for at least 24 hours after they no longer have a fever, without use of fever-reducing medicines and regardless of whether or not they are using antiviral drugs.
- Data from the spring 2009 H1N1 outbreak showed that most people had fevers for two to four days, which would require an isolation period of three to five days.
 - People with more severe illness are likely to have a fever for longer.
 - About 90 percent of cases transmitted within a household occurred within five days of the first case.
- Those who are sick should stay in the home during this period, except to seek necessary medical care and should avoid contact with others.

Routine cleaning

- People can sometimes get flu if they touch droplets left on hard surfaces and objects by those who are ill and then touch their eyes, nose or mouth.

- Studies have shown that influenza virus can survive on environmental surfaces and can infect a person for up to two to eight hours after being deposited on the surface.
- School staff should routinely clean areas that students and staff touch often with the cleaners they typically use. Special cleaning with bleach and other special cleaners is not necessary.
- Environmental cleaning should not be the primary focus of influenza prevention activities.

Separate ill students and staff

- Students and staff who appear to have flu-like illness should be sent to a room separate from other students until they can be sent home. CDC also recommends they wear a surgical mask if possible.
- Space is often a challenge in schools, so it's essential that schools begin to identify this area now. It should not be an area that's used for other purposes, like a lunchroom.
- Schools should limit the number of staff who care for ill students before they can be sent home.
- Those caring for students should wear protective gear, such as a mask.

Consider selectively dismissing students and staff

- Schools that serve pregnant students or medically fragile students may consider dismissing schools if they cannot protect students from flu with classes in session.
- Decisions should be based on the severity of disease in the community and should be made in collaboration with local and state public health officials.

Recommendations for outbreaks of INCREASED SEVERITY

- If the influenza viruses circulating during the 2009-10 school year cause higher rates of severe illness, hospitalizations and deaths, communities should consider adding interventions, such as permitting high-risk students (those who are pregnant or have chronic medical conditions) to stay home and dismissing school.
- Except for school dismissals, these strategies have not been scientifically proven. But we want school and health officials to have tools in their toolbox that they can use if it seems like the right measure for their community and the circumstances.
- Decisions about what measures to implement should be made jointly by school and local health officials.

Extended exclusion period

- Under this scenario, people with flu-like illness should stay home for at least seven days, even if they have no more symptoms. People who are still sick after

seven days should stay home for at least 24 hours after all their symptoms are gone.

- People give off seasonal flu virus for five to seven days and this period may be longer for 2009 H1N1 flu, especially in younger children and those with compromised immune systems.

Let high-risk students and staff members stay home

- Those at high risk of flu complications and their families may want to talk to their doctor about staying home from school when a lot of flu is circulating in the community.
- Schools should plan now for ways to continue educating students who stay home, through instructional phone calls, homework packets, Internet lessons, and other approaches.
- Schools also must develop contingency plans to fill important positions like school nurses if regular staff members are ill or home with ill family members.
- Schools should identify health care workers in the community who would be willing to volunteer at the school.
- It will be important for those people who stay home to also avoid other places where they might catch the flu, like large public gatherings.

Active screening

- Parents should check their children each morning for illness and should keep children home if they have a fever.
- Medications that decrease fevers, such as acetaminophen, don't prevent the spread of flu virus, so it's important to stay home when sick with flu.
- Schools should also check students and staff for fever and other symptoms of flu when they get to school in the morning, separate those who are ill, and send them home as soon as possible.

Keep siblings home

- Students who have an ill family member should stay home for five days from the day that their family member got sick. This is the time period that they're most likely to get sick themselves.

Increase distance at schools

- By keeping the same children together throughout the day, schools can help reduce spread of the flu.
- We encourage schools to try innovative ways of separating students. These can be something as simple as moving desks farther apart to more drastic changes,

such as rotating teachers between classrooms with the same students, and canceling classes that bring together children from different classrooms.

School dismissals

- School officials should balance the risks of flu in their community with the disruption dismissals will cause in both education and the wider community.
- Decisions should be made locally and can include dismissing when absenteeism is excessive, and proactively closing schools to decrease the spread of flu.
- While the consequences of dismissing students from schools outweigh the likely benefits in most circumstances, CDC may, at some point, recommend preemptive or early school dismissals based on changes in disease severity.
- Schools should remain open to teachers and staff so they can continue to provide education and other critical services (such as school lunches).
- Schools that dismiss students should do so for at least five to seven calendar days and should reassess whether or not to resume classes.
- Based on the reason for dismissing school (in reaction to outbreaks vs. preemptively), the amount of time schools are dismissed may be longer.
- Parents should start thinking now about how they might handle a school dismissal, as these decisions may be made very quickly.

School Dismissal Monitoring Questions and Answers

July 30, 2009

1. Why was the system proposed?

During the spring 2009 H1N1 outbreak, the U.S. Department of Education (ED) and the U.S. Centers for Disease Control and Prevention (CDC) received numerous requests for information about the overall number of school dismissals nationwide and the number of students and teachers impacted and recognized the importance of having a mechanism in place to collect this information to gauge the impact of the outbreak. No system existed to monitor school dismissals. ED and CDC expect similar requests, if more flu-related dismissals occur during the 2009-2010 school year.

2. Why is it important to monitor school dismissals at the federal level?

To fully understand how schools are responding to CDC guidance (regardless of whether the guidance is to keep schools open or closed) and for overall situational awareness, it is important for CDC, ED, and other federal agencies to have real time summary information on school dismissals nationwide. Further, it is not clear all 50 states could put their own real time, highly accurate system in place prior to school starting as early as August 3 and sustain it daily for the entire school year.

3. What is a school dismissal?

A school dismissal will be defined as any instance of a public or private school with any of grades K-12 that dismissed all students (but not staff) for one or more days and any instance when an entire school building with any of grades K-12 was completely closed to all students and staff in response to a confirmed or suspected case(s) of novel influenza A (H1N1) infection; an unusually high number of student or teacher absences due to influenza-like illness (ILI) that interfered with the school's ability to function; community or administrative interest in cleaning and sanitizing school facilities regardless of the presence of a confirmed or suspected case of novel influenza A (H1N1) infection or ILI among students and staff; or any other aspect of a community's response to the novel influenza A (H1N1) virus.

4. How will school dismissals be monitored?

Two data sources will be used: (1) daily, systematic searches of media reports, and (2) direct reports from schools and school districts.

The daily searches for media reports will be conducted and analyzed at CDC. All media reports will be confirmed. Most confirmations will occur by reviewing school and school district Web sites or by contacting state health and education agencies. Only if no other option is available will schools or school districts be contacted.

Direct reports from schools and school districts will be handled in two ways. States with a school dismissal monitoring system already in place at the start of their 2009-10 school year, can provide a list of dismissed schools to CDC. Requirements for the state-based systems are that they can generate and report to CDC by 10 a.m. (local time) daily highly accurate, real-time data on school dismissals for both public and private schools grades K-12.

If a state does not have a school dismissal monitoring system, then schools and school districts will be encouraged to use a common electronic reporting form to report school dismissals to CDC and state agencies. This form requires only the name and ZIP Code of the school or school district, the date they first dismiss students, and the projected date they plan to re-open. Electronic submission of the form via the Web or e-mail will go simultaneously to the state and CDC. CDC requests that one e-mail address per state is provided for this purpose.

5. How will schools, school districts, and local public health agencies report directly to CDC and state agencies?

A common reporting form has been created that requires only the name and ZIP Code of the school or school district, the date they first dismiss students, and the projected date they plan to re-open. School districts and local public health agencies may complete this form via the Web at www.cdc.gov/FluSchoolDismissal, by e-mail at FluSchoolDismissal@cdc.gov, or fax to 770-488-6156. All Web and e-mail submissions will be sent simultaneously to CDC and a designated state agency. All faxed submissions to CDC will be e-mailed as a PDF file to a designated state agency.

6. Will CDC confirm media reports of school dismissals?

Yes. All media reports will be confirmed. Most confirmations will occur by reviewing school and school district Web sites or by contacting state health and education agencies. Only if no other option is available will schools or school districts be contacted directly.

7. What information will CDC and ED release?

CDC and ED will release around 3 p.m. (eastern time zone) each day a summary of the total number of schools dismissed nationwide, the total number of students and teachers impacted, and a list of states in which school dismissals have occurred. Even though school dismissal data are not sensitive and do not require the same protections provided for other types of public health and education data, CDC and ED will not release the number of dismissed schools, students or teachers per state, or the names of dismissed schools or school districts. Requests for this information will be directed to the state public health and education agencies. CDC is discussing with its partners how best to share the list of school dismissals with state agencies and local public health agencies.

8. How will CDC determine the number of impacted students and teachers?

The National Center for Education Statistics (NCES) Common Core of Data and the NCES Private School Universe Survey provide a database of all public and private schools with any of grades K-12 in the U.S and is an authoritative source on the characteristics of schools and school districts nationwide. This database will be the source of information on the number of impacted students and teachers.

9. How will local public health agencies be encouraged to report school dismissals?

The National Association of County and City Health Officials (NACCHO) will communicate the value of school dismissal monitoring, promote use of the common reporting form by local health departments and encourage local health departments to collaborate with local education agencies in their communities prior to and during school dismissals. CDC is discussing with each state how best to share information about school dismissals with local public health agencies.

10. How will local education agencies be encouraged to report school dismissals?

Many national education organizations will help communicate the value of school dismissal monitoring, promote the use of the common reporting form by local education agencies, post a link to the reporting form on their Web site, and encourage local education agencies to collaborate with local health agencies in their communities prior to and during school dismissals. In addition, ED and CDC will support use of the common school dismissal monitoring reporting form in novel H1N1 virus communications.

11. How will CDC and ED use the data on school dismissals?

CDC, the U.S. Department of Health and Human Services, and ED will use the summary data to fully understand how schools are responding to CDC guidance (regardless of whether the guidance is to keep schools open or closed) and for overall situational awareness. CDC and ED will not ask individual schools or school districts to respond to any additional requests for information or to participate in any surveys or research as a result of reporting a school dismissal.

12. Is it possible for CDC and state agencies to receive direct reports of a school dismissal from more than one source in a community?

Yes. Since all communities are different, CDC has purposely built redundancy into the monitoring system to provide multiple opportunities for reporting in a timely way that works for each community.

13. How long will this school dismissal monitoring system be in place?

CDC and ED hope that this school dismissal monitoring system will only be needed for the 2009-10 school year.