

# CHESPROCOTT HEALTH DISTRICT

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Thomas J. Wegrzyn, M.P.H., Director of Health



May 26, 2009

James Agostine, Superintendent  
Region 16 Schools  
Prospect, CT

Re: CDC Interim Guidance for Schools Regarding the spread of the novel influenza H1N1 virus

The following guidelines are from the CDC Web site and are guidelines that should be followed when considering appropriate actions to take in elementary school settings. Individual cases of H1N1 either suspected or confirmed, as noted, are not considered an appropriate basis for school dismissals or closures.

Evidence of clusters of influenza like illness (ILI) or unusually high absentee rates of students or staff should be the basis for such consideration when it interferes with the ability of the school to function.

We should be advised if clusters of ILI or excessive absenteeism begins to occur, and we will consult with you on any action to be taken.

Sincerely,

Thomas J. Wegrzyn, M.P.H.  
Director of Health

Attachment(s) – (1)

# From CDC Web Page May 22, 2009

## Background

This document provides updated interim guidance for schools and child care programs regarding the prevention of the spread of novel influenza A (H1N1) virus. For the purpose of this guidance, “child care programs” will be used to refer to both licensed and unlicensed child care programs providing family home or center-based child care. “Schools” will refer to both public and private institutions providing grade K-12 education to children and adolescents in group settings. Although child care programs and schools share common characteristics, there are differences between the two and some specific recommendations for child care programs are given in this guidance.

Initial cases of novel influenza A (H1N1) in the United States included school-aged students and were associated with travel to Mexico and school-based outbreaks. Early information from Mexico indicated that many previously healthy young adults were hospitalized with rapidly progressive pneumonia, frequently resulting in respiratory failure requiring mechanical ventilation and death.

Based on this initial information, CDC recommended consideration of school and child care program closure as an option to lessen the risk of infection with this novel influenza virus in order to protect students, staff, parents and other caregivers from a potentially severe disease as well as limit spread into the community.

New information on disease severity and the extent of community spread led to a revision of the school and child care program closure guidance. The large number of confirmed or probable cases of novel influenza A (H1N1) reported from almost states, with numerous disease clusters, indicates spread within communities that makes individual school and child care program closure less effective as a control measure. Most U.S. cases have not been severe and are comparable in severity to seasonal influenza. CDC and local and state health officials will continue to closely monitor the severity and spread of this novel H1N1 influenza outbreak.

At this time, CDC recommends the primary means to reduce spread of influenza in schools and child care programs focus on early identification of ill students and staff, staying home when ill, and good cough and hand hygiene etiquette. Decisions about school and child care program closure should be at the discretion of local authorities based on local considerations, including public concern and the impact of school or child care program absenteeism and staffing shortages.

## Interim Recommendations: K-12 Schools

- K-12 Schools - School dismissal is not advised for a suspected or confirmed case of novel influenza A (H1N1) and, in general, is not advised unless there is a magnitude of faculty or student absenteeism that interferes with the school’s ability to function.

- Students, faculty or staff with influenza-like illness (fever with a cough or sore throat) should stay home and not attend school or go into the community except to seek medical care for at least 7 days even if symptoms resolve sooner.
- Students, faculty and staff who are still sick 7 days after they become ill should continue to stay home from school until at least 24 hours after symptoms have resolved.
- Students, faculty and staff who appear to have an influenza-like illness at arrival or become ill during the day should be isolated promptly in a room separate from other students and sent home.
- Aspirin or aspirin-containing products should not be administered to any confirmed or suspected ill case of novel H1N1 influenza virus infection aged 18 years old and younger due to the risk of Reye syndrome. Refer to pediatric medical management for guidance regarding use of any medications, especially those containing aspirin.  
(<http://www.cdc.gov/h1n1flu/clinicians/>)
- Parents and guardians should monitor their school-aged children, and faculty and staff should self-monitor every morning for symptoms of influenza-like illness.
- Ill students should not attend alternative child care or congregate in other neighborhood and community settings outside of school.
- School administrator's should communicate regularly with local public health officials to obtain guidance about reporting of influenza-like illnesses in the school
- Schools can help serve as a focus for educational activities aimed at promoting ways to reduce the spread of influenza, including hand hygiene and cough etiquette.

Students, faculty and staff should stringently follow sanitary measures to reduce the spread of influenza, including covering their nose and mouth with a tissue when coughing or sneezing (or coughing or sneezing into their sleeve if a tissue isn't available), frequently washing hands with soap and water, or using hand sanitizer if hand washing with soap and water is not possible.