



**THE STATE EDUCATION DEPARTMENT
UNIVERSITY OF THE STATE OF NEW YORK**
Richard P. Mills
President of The University and
Commissioner of Education



**NEW YORK STATE
DEPARTMENT OF HEALTH**
Richard F. Daines, M.D.
Commissioner

May 12, 2009

TO: District Superintendents of Schools
Superintendents of Public and Nonpublic Schools
Administrators of Charter Schools
School Principals
Other Educators and Childcare Providers
College and University Presidents
Local Health Department Officials

FROM:

Richard P. Mills
Commissioner
NYS Education Department

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NYS Department of Health

SUBJECT: Update: Response to H1N1 (swine flu) outbreak in educational and childcare facilities

The New York State Education Department and the New York State Department of Health continue to collaborate in our guidance to educational and childcare facilities in New York State (outside of New York City). We are writing to update you with the latest information and guidance on responding to human infections of the H1N1 (swine flu) virus.

We continue to emphasize that decisions related to measures taken in response to human infections with H1N1 (swine flu) virus remain at the discretion of local education and health officials, taking into account the specific needs of the community, including public concern and the impact of school absenteeism and staffing shortages.

At this point, all of the schools in New York State (outside of New York City) that had previously closed have now re-opened.

Please find "Educational and Childcare Facilities: Update #2," our detailed guidance pertaining to non-pharmaceutical, community based measures aimed at reducing disease transmission and associated illness during this outbreak of H1N1 (swine flu) virus.

Thank you for your continued cooperation in this matter.

Attachments:
NYSDOH Advisory, "EDUCATIONAL AND CHILDCARE FACILITIES: UPDATE #2"



STATE OF NEW YORK DEPARTMENT OF HEALTH

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Commissioner

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Executive Deputy Commissioner

May 12, 2009

To: Private and Public Childcare Facilities, Pre-K Programs, Elementary, Secondary and Post Secondary Educational Institutions, OCFS Facilities, OMRDD Clinics, School Based Health Centers, Local Health Departments

From: New York State Department of Health, Division of Epidemiology

EDUCATIONAL AND CHILDCARE FACILITIES: UPDATE #2
H1N1 (SWINE FLU) INFECTIONS
Please distribute to all appropriate staff.

Introduction

This document is an important update to the joint NYS Departments of Health and Education guidance distributed May 1, 2009 regarding the response to human infections with H1N1 (swine flu) virus in educational and childcare facilities outside of New York City.

The New York State Department of Health is providing this information to further address the evolving situation related to the spread of the H1N1 (swine flu) virus being investigated by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO).

CDC has issued updated interim guidance regarding Schools (K–12) and Childcare Facilities; Colleges, Universities, and Post-secondary Educational Institutions; and Public Gatherings.

The guidance focuses on several non-pharmaceutical, community based measures that might be useful during this outbreak of H1N1 (swine flu) virus aimed at reducing disease transmission and associated illness. This document is current as of 6:00 p.m. May 11, 2009 and is subject to change based on ongoing surveillance and continuous risk assessment.

Summary of Changes from May 1, 2009 Update

- Previous guidance on dismissal of students from school and childcare facility closures associated illness during the 2009 H1N1 (swine flu) virus outbreak has been revised.
 - The impact of school absenteeism and staffing shortages is emphasized as a key consideration in the decision to close schools or childcare facilities.
- Early identification of ill students and staff that should stay home when ill, and to encourage good cough and hand hygiene etiquette are recommended as the primary means of reducing spread of H1N1 (swine flu).
- Provides guidance regarding identification and monitoring of ill students, faculty and staff, including dismissing or isolating persons who are ill with the flu.

- Includes a *Flu Symptom Checklist for Families* that may be distributed to parents, guardians or other caregivers.
- Advises that schools closely monitor influenza-like illness activity and strongly urges schools to work with their local health departments to obtain epidemiological and clinical information about any ill student(s) and contacts. Includes a flow diagram, *Illness Surveillance in School Settings and Childcare Facilities*.
- Updates the description of the group of people at high risk for H1N1 (swine flu) infection complications.
- Includes guidance specific for universities during the outbreak of H1N1 (swine flu) virus regarding suggested means to reduce the spread of influenza.
- Suggests that decisions regarding large gatherings be made locally in consultation with the local health department.
- Provides an updated *Frequently Asked School and Flu-related Questions and Answers*.

For guidance related to educational institutions in New York City, see the New York City Department of Health and Mental Hygiene (NYCDOHMH) website at:

<http://www.nyc.gov/html/doh/html/home/home.shtml>

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1. Background

CDC is working with the World Health Organization (WHO), state, city and local officials to conduct an ongoing investigation of a nationwide outbreak of human cases of H1N1 (swine flu) infection. This is a novel influenza A virus that has not been identified in people before, and human-to-human transmission of the virus appears to be ongoing. Unlike the experience in Mexico, the United States is observing a less severe clinical spectrum of disease with infection by the identical virus strain. Getting better information to explain these differences is a high priority for the ongoing investigation.

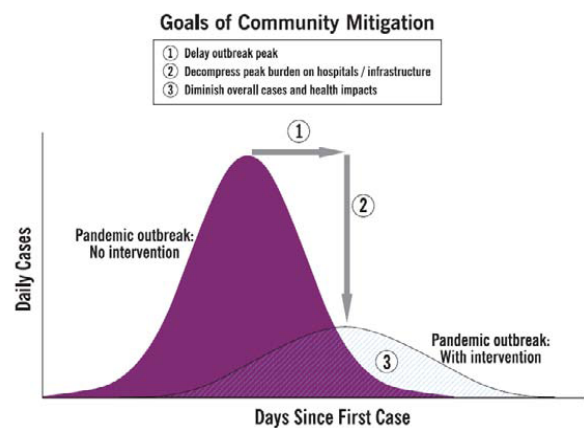
A pandemic influenza virus may cause several waves of disease with different levels of illness and death. Insufficient data to determine severity presents a challenge in terms of assessing the threat posed by this H1N1 (swine flu) virus.

Guidance on community mitigation relies on knowledge of the Pandemic Severity Index (PSI) to characterize the severity of a pandemic and identify the recommendations for specific interventions that communities may use for a given level of severity, and suggests when these measures should start and how long they should remain in use.

We strongly believe that early, broad and sustained community mitigation strategies are effective in reducing the impact of a moderate to severe pandemic. These community mitigation interventions are scalable and flexible so that local public health and education authorities can use these tools based on the local situation. A comprehensive, layered mitigation approach aims to reduce disease transmission and associated illness and death during an outbreak in the United States. The effectiveness of partial implementation sporadically in a jurisdiction is unknown.

The goals of these strategies are to slow the spread of the disease in a community to:

- 1) delay the peak of the disease in order to “buy time” for the production and distribution of a vaccine against this new virus,
- 2) decrease the number of people who get sick from this virus in a given community, thus reducing the “surge” on healthcare systems, and
- 3) reduce the total number of people who get sick or die.



2. Schools (K-12) and Childcare Facilities

Definition: Childcare facilities are centers and sites that provide care to any number of children in a nonresidential setting and include large family childcare homes that provide care for seven or more children in the home of the provider.

Schools play a critical role in protecting the health of their students, staff, and the community from contagious diseases such as H1N1 flu (swine flu). Children are very susceptible to getting this new virus and schools may serve as an amplification point for spread of this new virus in a community.

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

Based on this initial information, CDC recommended consideration of school 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.

Consistent with the national guidance from CDC, and in collaboration with local school and health officials, several schools and districts in New York State with cases of H1N1 (swine flu) temporarily dismissed their students.

We appreciate the collaboration of parents, students, and school and health officials during this early stage of the outbreak. The closures may have helped to decrease spread of infection in the schools and have provided valuable time for us to gather information about this H1N1 (swine flu) virus strain in our community.

New information on disease severity and the extent of community spread warrant revision of the school closure guidance. 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 H1N1 (swine flu) outbreak.

At this time, the primary means to reduce spread of influenza in schools is to focus on early identification of ill students and staff that should stay home when ill, and to encourage good cough and hand hygiene etiquette.

All members of the school community – staff, parents and students, must take an active role in limiting the spread of infection. This will require increased vigilance among parents, caregivers, and school staff to identify students and staff with influenza-like illness, in particular looking for respiratory symptoms associated with fever.

Considerations:

- Automatic school closure in response to a suspected or confirmed case of H1N1 (swine flu) is not advised unless there is a magnitude of faculty or student absenteeism that interferes with the school's ability to function. Schools closed based on previous interim CDC guidance related to this outbreak may reopen.

We continue to emphasize that decisions related to measures taken in response to human infections with H1N1 (swine flu) virus remain at the discretion of local education and health officials, taking into account the specific needs of the community, including public concern and the impact of school absenteeism and staffing shortages.

- Parents and guardians should monitor their school-aged children, and faculty and staff should self-monitor every morning for fever and other symptoms of influenza-like illness, which include runny nose, congestion, sore throat, and cough. Some people also experience vomiting, diarrhea, headache, fatigue and muscle aches.

See the attached, *Flu Symptom Checklist for Families*, which may be distributed to parents, guardians or other caregivers.

- Students, faculty or staff with influenza-like illness 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. Ill students should not attend alternative childcare or congregate in settings outside of school. 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. Note that influenza may result in a residual cough. If seven days have passed, the student is fever free, and otherwise feels well for at least 24 hours, reentry into school is permitted.
- Students, faculty and staff should be observed at arrival. Those who appear to have an influenza-like illness or become ill during the school day should be isolated promptly in a room separate from other students and sent home. If a separate room is not available, at least 6 feet should be maintained between students. Any illness should be reported to the school nurse or other designated school official immediately. Anyone ill should be dismissed in accordance with district procedures.

If a student, faculty or staff person reports to the school nurse with flu-like symptoms and cannot be isolated from others, s/he should be provided with a simple facemask (i.e. surgical mask) to prevent possible transmission of the virus to others while waiting for transportation home.

- School administrators should communicate regularly with local public health officials to obtain guidance about reporting of influenza-like illnesses in the school.

At this time, we would like to closely monitor influenza-like illness activity in schools. Please see the attached flow diagram, *Illness Surveillance in School Settings and Childcare Facilities*. We strongly urge schools to work with their local health departments to obtain epidemiological and clinical information about any ill student(s) and contacts.

- 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. See the list of educational materials in section 9 below.
- 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. Schools must provide adequate hand washing facilities and should promote their proper use.

3. High Risk Populations

There are insufficient data available at this point to determine who is at higher risk for complications of the H1N1 (swine flu) infection. At this time, the same age and risk groups who are at higher risk for seasonal influenza complications should also be considered at higher risk for H1N1 (swine flu) infection complications. High-risk populations include:

- Children <5 years old (the risk for severe complications from seasonal influenza is highest among children <2)
- Adults ≥ 65 years
- Persons with the following conditions:
 - Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus)
 - Immunosuppression, including that caused by medications or by HIV
- Pregnant women
- Persons <19 years who are receiving long-term aspirin therapy
- Residents of nursing homes and other chronic-care facilities

4. Colleges, Universities, and Post-Secondary Educational Institutions

Colleges, universities, and residential institutions present unique challenges because many aspects of student life and activity encompass factors that are common to both the child school environment (e.g., classroom/dormitory density, childcare facilities on site) and the adult sphere (e.g., commuting longer distances for university attendance and participating in activities and behaviors associated with an older student population).

This section provides interim guidance specific for post-secondary institutions during the outbreak of H1N1 (swine flu) virus on suggested means to reduce the spread of influenza in universities and their communities. These recommendations are based on the recognition of sustained human-to-human transmission of this new virus, spread across much of the United States, and information that suggests most cases of illness from this virus are similar in severity to seasonal influenza. However, recommendations may be revised as more information becomes available.

Considerations:

- CDC is not currently recommending that colleges, universities, or post-secondary educational institutions cancel or dismiss classes or other large gatherings.
- If confirmed cases of H1N1 (swine flu) virus infection or a large number of cases of influenza-like illness (i.e. fever with either cough or sore throat) occur among students, faculty, or staff or in the community, university officials should consult with state and local health officials regarding an appropriate response.
- Because the spread of H1N1 (swine flu) within a health professions school may pose special concerns, administrators are strongly encouraged to contact their state and local public health authorities if they suspect that cases of influenza-like illness are present on their campuses.

- Students, faculty or staff who live either on or off campus and who have influenza-like illness should self-isolate (i.e., stay away from others) in their dorm room or home for 7 days after the onset of illness or at least 24 hours after symptoms have resolved, whichever is longer.
- Persons with influenza-like illness are asked to contact their health care provider or institution's health services to report illness by telephone or other remote means before presenting for care. This will allow health care staff to make advance provisions to limit these individuals' exposure to other patients in the waiting area. Institutions should assure that all students, faculty and staff receive messages about what they should do if they become ill with influenza-like illness, including reporting influenza-like illness to the institution's health services.
- Colleges, universities, and post-secondary educational institutions should have a supply of facemasks available to give to students who report to the infirmary with flulike symptoms to wear while they are waiting to be seen. People with H1N1 (swine flu) infection should be considered contagious as long as they are symptomatic and for 7 days following illness onset.
- If persons with influenza-like illness must leave their home or dorm room, (for example, to seek medical care or other necessities) they should cover their nose and mouth when coughing or sneezing and wear a facemask if available.
- Roommates, household members, or those caring for an ill person should follow guidance developed for caring for sick persons at home (see section 9).

Colleges, universities, and post-secondary educational institutions should consider the following in preparation for possible outbreaks of H1N1 flu (swine flu):

- Establishing a relationship with their local health departments
- Keeping informed regarding the evolving situation through regular visits to the NYSDOH and SED websites:
<http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/>
<http://usny.nysed.gov/swine-flu-info.html>
- Developing educational messages in a variety of formats regarding the illness and how to reduce the spread of influenza.
- Alternative educational delivery such as distance learning, web-based learning, or other ways to increase social distancing.
- Planning for assistance for students with influenza-like illness, including provision for meals, medications, and other care.
- Developing contingency plans for how to reduce exposure of non-ill students to ill students.

For more information, refer to the Pandemic Influenza Preparedness Packet for Colleges and Universities at:

http://www.nyhealth.gov/diseases/communicable/influenza/pandemic/docs/pandemic_influenza_college_toolkit.pdf

5. Large Gatherings

A large gathering refers to an assembly or grouping of many people in one place. Such gatherings can include commencement exercises and graduation activities, church services, sporting events, concerts, social and cultural celebrations, weddings, conferences, and other similar activities attended by relatively large groups of people. This guidance does not attempt to define such events in terms of numbers of people in attendance; rather, the focus is on community situations in which crowding is likely to occur. In addition, this guidance does not distinguish between public gatherings held indoors and those held outdoors, because differences in the transmission patterns of the virus in these two settings are not known.

In crowded settings, social distancing (that is, measures that increase the physical space between people and reduce their frequency of close contact) is difficult to maintain. Moreover, at public gathering events that are celebratory in nature (such as weddings, graduation ceremonies), participants frequently have social personal contact (like handshaking and hugging). As a result, there may be increased risk for spread of the virus among attendees of such events and subsequent spread of illness in the community or in communities to where attendees return.

Decisions regarding large gatherings in the context of the H1N1 (swine flu) virus outbreak will be made locally in consultation with the local health department and should be made based on local influenza activity, evolving information about severity of illness from this virus, and identification of high risk groups, and other local considerations.

Given the current information on disease severity and spread, the following considerations are intended to reduce the spread of influenza infection in communities.

Considerations:

- CDC is not currently recommending the cancellation of large gatherings.
- Persons with influenza-like illness (ILI) (i.e., fever with either cough or sore throat) should be advised to stay home for 7 days after the onset of illness or at least 24 hours after symptoms have resolved, whichever is longer.
- Persons who are at high risk of complications from H1N1 (swine flu) infection (as defined in section 3) should consider their risk of exposure to novel influenza if they attend public gatherings in communities where influenza is circulating. In communities with several reported cases of H1N1 (swine flu) virus infection, persons who are at risk of complications from influenza should consider staying away from public gatherings.
- All persons should be reminded to use appropriate respiratory and hand hygiene precautions.
- Based on currently available information, for non-healthcare settings where frequent exposures to persons with H1N1 (swine flu) are unlikely, masks and respirators are not recommended.

Large public gatherings offer a good opportunity for officials and event organizers to deliver key educational messages about measures attendees can take to help protect themselves and their family members from H1N1 (swine flu) infection.

Event organizers should consider communicating to attendees about the need to remain home if ill and to use good hygiene practices while at the event. Such information may be communicated through a variety of means such as letters, newspaper notices, public service announcements, Web site postings, and text messages (see section 9).

Additional Measures:

Other measures can be used by event organizers to help reduce the risk for H1N1 (swine flu) infection. The feasibility of their use may vary depending on the type and setting of the event.

- Make widely available at the event hand washing facilities with soap and running water, hand sanitizer, and tissues.
- Provide on-site medical assessment and care for persons with ILI.
- Provide alternative options and venues for participation (e.g., remote Web-based viewing sites) and simultaneously reduce crowding.

6. Other Community Mitigation Strategies

- Promotion of communitywide infection control measures including respiratory hygiene/cough etiquette, hand hygiene.
 - Respiratory hygiene/cough etiquette includes covering the mouth/nose when sneezing or coughing with a tissue and disposing of the tissue appropriately. If no tissue is available, using the inside of the elbow to cover the nose/mouth is preferable to using the hands.
 - Hand hygiene includes traditional hand washing (with soap and warm water, lathering for a minimum of 20 seconds) or the use of alcohol based hand sanitizers (60% alcohol or greater) when soap and water are not available and hands are not visibly dirty.
 - State Education Department information on hand soaps/hand cleaners and hand sanitizers is available at:
http://www.emsc.nysed.gov/facplan/GreenCleaning/Green_Cleaning_update_050207.html
- Isolation – As described in section 2, individuals with influenza-like illness 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. Individuals still sick 7 days after they become ill should continue to stay home from school until at least 24 hours after symptoms have resolved. Note that influenza may result in a residual cough. If seven days have passed, the student is fever free, and otherwise feels well for at least 24 hours, reentry into school is permitted.
- Infection Control - Persons in home isolation and their household members should continue to follow infection control guidelines. When the ill person is within 6 feet of others at home, the ill person should wear a simple face (surgical) mask if one is available and the ill person is able to tolerate wearing it (see section 9 for guidance on taking care of a sick person in your home).

7. Cleaning and Disinfection

- Environmental infection control should focus on regular cleaning for most surfaces and only target use of disinfection for surfaces touched frequently by hand. Environmental infection control actions are supplemental to increased emphasis on proper hand hygiene and cough etiquette as described above. Routine application of disinfectants to housekeeping surfaces (e.g., floors, bookcases, tops of filing cabinets) is unnecessary. Air sanitizer products have not been shown to disinfect airborne influenza virus or reduce disease transmission and, therefore, are not recommended.
- Good cleaning with soap or detergent in water will remove most microorganisms, as well as soil and organic matter that would otherwise reduce the effectiveness of subsequent disinfection. Schools should follow environmentally-sensitive cleaning guidance available from the NYS Office of General Services Green Cleaning Program web site: <https://greencleaning.ny.gov/entry.asp>
- Clean bathroom surfaces on a regular basis. Where disinfectants are used, the products should be registered with USEPA and NYS DEC and labeled as effective against influenza virus on clean, hard non-porous surfaces. For a list of NYSDEC registered products go to: http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/information_for_schools.htm
- Follow label instructions carefully when using disinfectants and cleaners. Many surface disinfectants require the treated surface to remain wet for several minutes to be effective. Take note of any hazard advisories and indications for using personal protective items (such as household gloves). Do not mix disinfectants and cleaners unless the labels indicate it is safe to do so. Combining certain products (such as chlorine bleach and ammonia cleaners) can be harmful, resulting in serious injury or death.

8. Clinical and Pharmaceutical Considerations

- Exposure to a confirmed or probable H1N1 (swine flu) case or to a geographic area where cases have been identified is not an indication for hospital or emergency room referral.
- Patients who report mild illness AND who have no underlying medical conditions that place them at higher risk of complications from influenza need not be seen in the office. These patients can be screened by phone, given symptomatic treatment recommendations, and instructed to contact their physician for any signs of worsening severity of illness.
- There are adequate stores of antiviral medications to treat all seriously ill patients.
- Clinical symptoms and presentation of this H1N1 (swine flu) infection may be similar to other respiratory illnesses.
- As a vaccine against this novel strain is developed, antiviral recommendations are likely to change.
- Currently, there are insufficient laboratory testing resources to perform confirmatory testing on all patients with symptoms of influenza.

9. Additional Materials

The NYSDOH will provide updated guidance as additional information and CDC recommendations become available. Updated information is frequently posted on the NYSDOH website at: http://www.nyhealth.gov/diseases/communicable/influenza/seasonal/swine_flu/

Links and contact information for your local (county) health department is available at: <http://www.health.state.ny.us/nysdoh/lhu/map.htm>

A Pandemic Flu Action Kit for Schools in New York State is available at: http://www.nyhealth.gov/diseases/communicable/influenza/pandemic/docs/pandemic_influenza_school_toolkit.pdf

English and Spanish educational materials are available at: http://www.nyhealth.gov/diseases/communicable/influenza/seasonal/swine_flu/educational_materials.htm

- Help Your Family In an Emergency or Disease Outbreak (brochure)
- Keep Your Germs to Yourself! (brochure and poster)
- What to do? - When someone at home has the flu (brochure)
- Keep our School Healthy (poster)
- Keep Your Germs to Yourself - Stay Home and avoid close contact with others (poster)
- Healthy Habits (respiratory hygiene and hand washing guidance) (pocket card)
- Stopping the flu is up to you (poster)
- Got the flu? Here's what to do: Ask for a Mask (poster)

The New York State Department of Health is also maintaining a telephone hotline: 1-800-808-1987 (New York City residents call 311)

Updated information is frequently posted on the CDC website at: http://www.cdc.gov/h1n1flu/general_info.htm.

Several additional CDC guidance documents can be found at <http://www.cdc.gov/h1n1flu/guidance/>.

- Interim Guidance for Taking Care of a Sick Person in Your Home: http://www.cdc.gov/h1n1flu/guidance_homecare.htm
- Interim Recommendations for Facemask and Respirator Use: <http://www.cdc.gov/h1n1flu/masks.htm>
- What to Do If You Get Flu-Like Symptoms: <http://www.cdc.gov/h1n1flu/sick.htm>

Public health will continue to monitor information and continually assess whether changes are needed in these or other H1N1 (swine flu) disease control measures. We are placing a priority on continuing to monitor disease severity and are focusing our testing and public health investigation resources on the more serious cases. We need to remember that even “routine” seasonal influenza can be a severe disease. Each year in the United States, more than 200,000 people are hospitalized for flu-related complications; and about 36,000 people die from flu-related causes. Given this fact, unfortunately, as in every influenza season, we need to be prepared for the possibility of additional cases including severe cases and even deaths. Preventing the spread of influenza requires all of us – schools, families, businesses, and government – to cooperate and work together.

Frequently Asked School and Flu-related Questions and Answers

- 1) **We know of students from the school who are sick – should the school close?**
Whether a school should be closed because of a flu outbreak is a decision local school and health officials should make based on public concern and how school absenteeism and staffing shortages could effect school operations. School closure is not advised unless a large number of faculty or students are absent and their absence interferes with the school’s ability to function.
- 2) **What about schools that closed under CDC guidance?**
Schools that closed based on previous CDC guidance may reopen.
- 3) **How long should students or staff diagnosed with flu stay out of school?**
Students, faculty or staff with influenza-like illness (fever with a cough or sore throat) should stay home. They should not attend school or go into the community for seven days after onset of symptoms, even if the symptoms resolve sooner, except to seek medical care.
- 4) **If someone is still sick even after the seven-day period has passed, how much longer should he or she stay home from school?**
Students, faculty and staff who are still sick seven days after they become ill, should continue to stay home from school until at least 24 hours after symptoms have resolved.
- 5) **What if someone comes to school and then begins to show flu-like symptoms?**
Students, faculty and staff who appear to have an influenza-like illness when they come to school—or who become ill during the school day—should be isolated in a room separate from other people and then sent home in accordance with district procedures .
- 6) **What is the best way to be sure individuals who have the flu do not go to school?**
Parents and guardians should monitor their school-aged children and, every morning, faculty and staff should check themselves for flu-like symptoms. Ill persons should stay home.
- 7) **If my child shows flu-like symptoms, should he or she still attend day care or other after-school activities?**
Ill students should stay home. They should not attend alternative childcare, after-school activities, or other group activities.
- 8) **When school administrators learn of students who have been infected with H1N1 (swine flu), whom should those administrators contact?**
School administrators should communicate regularly with local public health officials to obtain up-to-date guidance about reporting of influenza-like illnesses in the school.
- 9) **What can school administrators do to control the spread of any influenza virus in their schools?**
Schools can help reduce the spread of any influenza - whether it is the H1N1 (swine flu) virus or seasonal flu - by promoting good hand washing hygiene and good cough etiquette.
- 10) **What should students and school staff do to follow “good hand washing hygiene” and “good cough etiquette”?**
Students, faculty and staff should carefully cover their nose and mouth with a tissue when coughing or sneezing. (If a tissue is not available, they should cough or sneeze into their sleeves). They should frequently wash their hands with soap and water, or if hand washing with soap and water is not possible, use an alcohol-based hand sanitizer.

Flu Symptom Checklist for Families

- ☐ Yes ☐ No Does your child have a sore throat, bad cough, or runny nose?
- ☐ Yes ☐ No Does your child have body aches or chills?
- ☐ Yes ☐ No Does your child have vomiting or diarrhea?
- ☐ Yes ☐ No Does your child have a fever of 100 degrees or more?

Here's how to tell using a thermometer:

- Wash the thermometer with soap and warm water before using. Do not let your child drink anything for 15 minutes, then take the temperature.
- Put the thermometer under your child's tongue. Have your child close his lips around the thermometer and stay with your child while the thermometer is in your child's mouth. You can hold it in place.
- It takes about one minute to check a temperature by mouth. A digital thermometer beeps when it is ready to read. Your child'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 your child's temperature, you can look for these signs of fever:

- Your child's face may be red. Skin may be hot to touch or moist.
- Your child may be fussy and have a headache.

If your child has a fever AND you answered "yes" to one of the other questions above, your child might have the flu. Your child should stay home from school until you are able to consult with your health care provider.

Children with the flu should stay home for at least 7 days even if they feel better sooner. Children still sick after 7 days should continue to stay home from school until at least 24 hours after their fever and other symptoms are gone. Children may have a lingering cough. If seven days have passed, the student is fever free, and otherwise feels well for at least 24 hours, reentry into school is permitted.

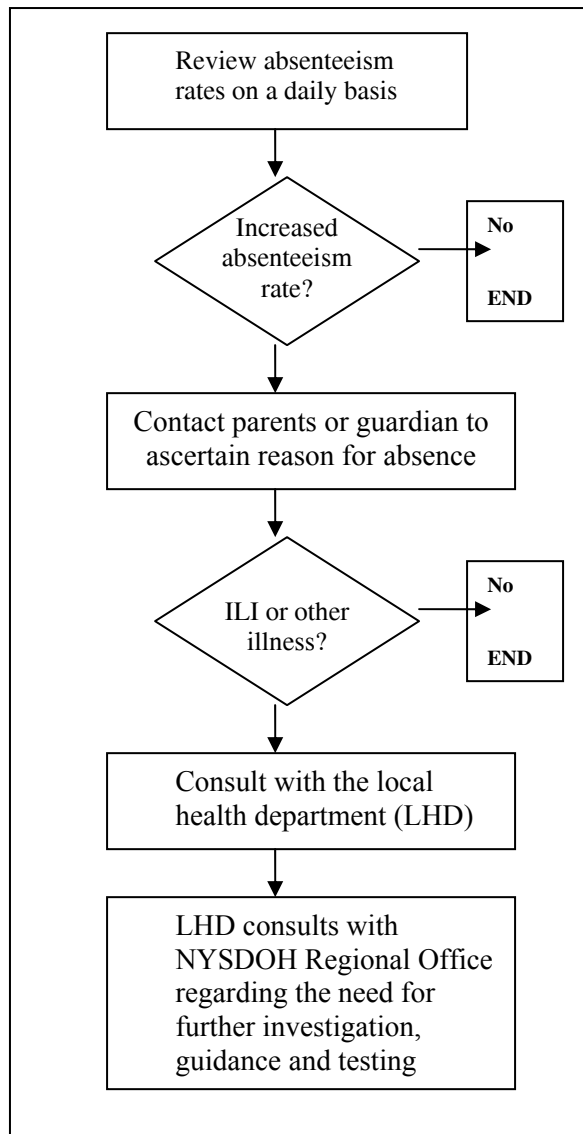
When should my child see a doctor?

Otherwise healthy children with mild illness usually do not usually need to be seen. CALL your health care provider if your child is more ill than usual. Be alert for signs that your child is having trouble breathing or is not drinking enough fluids. Be alert for skin rashes or any signs that your child is more uncomfortable than you would expect with the flu.

Illness Surveillance in School Settings and Childcare Facilities

School health personnel are encouraged to monitor for influenza-like illness as part of an overall effort to detect, report, and minimize the spread of influenza and other diseases. Schools with existing surveillance systems should continue to interact with their local health department. Schools who do not have an established surveillance plan should consider the surveillance protocol below.

Activity



Comments

-Compare to rate for last year (ideally past several years) for same period.

-Sudden or unusual increases in absenteeism rates should be promptly explored by school personnel.

-Rates of 10% or more, a steadily increasing rate over several days, or a sudden spike from one day to the next should prompt discussion with the LHD.

-Public Health Law requires that the school report any outbreak as well as select reportable diseases to the LHD. Local/state health departments have the authority to investigate outbreaks and select diseases.

Acronyms

CDC	Centers for Disease Control
LHD	Local Health Department
NYCDOHMH	New York City Department of Health and Mental Hygiene
NYSDOH	New York State Department of Health
NYSED	New York State Education Department
PSI	Pandemic Severity Index
WHO	World Health Organization