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**CDPH Guidance for School (K-12) Responses to Influenza
During the 2009-2010 School Year
August 24, 2009**

Introduction

On August 7, 2009, the Centers for Disease Control and Prevention (CDC) issued *Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses to Influenza during the 2009-2010 School Year*. This guidance was designed to decrease exposure to regular seasonal influenza and 2009 H1N1 influenza while limiting the disruption of day-to-day activities and the vital learning that goes on in schools, and provides a menu of tools that school and health officials can choose from based on conditions in their area. In the CDC guidance, “schools” refers to both public and private institutions providing grades K-12 education to children and adolescents in group settings and applies to the school in its entirety, even if they provide services for younger or older students. This guidance does not address child care settings and institutions of higher education. The complete guidance, technical report and communications toolkit can be found at <http://www.cdc.gov/h1n1flu/schools/>.

The California Department of Public Health (CDPH) endorses the recommendations in CDC’s *Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses to Influenza during the 2009-2010 School Year*, and encourages local health departments and school systems to implement these measures. The decision to implement these recommendations and dismiss students should be made locally and should balance specific public health benefits weighed against social and economic costs of the interventions. CDPH will be collaborating with the California Department of Education, local health departments, and other partners on implementation strategies for the CDC recommendations.

Objective and Scope

The CDPH guidance concurs with the recommended responses under conditions with similar severity as in spring 2009. CDPH will issue additional guidance for school responses during times of increased influenza severity as epidemiology, conditions, or federal guidance changes.

This guidance document provides specific interventions for pandemic (H1N1) 2009 influenza and augments CDPH’s *Guidance for Student Dismissals during an Influenza Pandemic* released May 23, 2008.

Highlights

This guidance is adapted directly from the CDC school guidance with additional information added on California specific resources.

CDPH Recommended Responses Under Conditions with Similar Severity as in Spring 2009

- ***Stay home when sick***

CDPH recommends that individuals with influenza-like illness remain at home until at least 24 hours after they are free of fever (100° F [37.8° C] or greater), or signs of a fever, without the use of fever-reducing medications.

This recommendation is based on epidemiologic data about the overall risk of severe illness and death and attempts to balance the risks of severe illness from influenza and the potential benefits of decreasing transmission through the exclusion of ill persons with the goal of minimizing social disruption. Decisions about extending the exclusion period should be made at the community level, in conjunction with local and state health officials. More stringent guidelines and longer periods of exclusion – for example, until complete resolution of symptoms – may be considered for people returning to settings where large numbers of high-risk people may be exposed.

Epidemiologic data collected during spring 2009 found that most people with 2009 H1N1 influenza who were not hospitalized had a fever that lasted 2 to 4 days; this would require an exclusion period of 3 to 5 days in most cases. Those with more severe illness are likely to have fever for longer periods of time. Although fever is a component of the case definition of influenza-like illness, the epidemiologic data collected during spring 2009 found that a minority of patients infected with 2009 H1N1 influenza with respiratory symptoms did not have a fever.

Sick individuals should stay at home until the end of the exclusion period, unless they need 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. CDPH recommends this exclusion period whether or not antiviral medications are used. People on antiviral treatment may shed influenza viruses that are resistant to antiviral medications.

Many people with influenza illness will continue shedding influenza virus for more than 24 hours after their fevers go away, but at lower levels than during their fever. Therefore, when people who have had influenza-like illness return to school they should continue to practice good respiratory etiquette and hand hygiene and avoid close contact with people they know to be at increased risk of influenza-related complications. Because some people may shed influenza virus before they feel ill, and because some people with influenza will not have a fever, it is important that all people cover their cough and wash their hands often.

For additional information on hand hygiene and hand sanitizers, please visit the CDC website at <http://www.cdc.gov/features/handhygiene/>.

Fever-reducing medications, for example, medications containing acetaminophen or ibuprofen, are appropriate for use in individuals with influenza-like illness. Aspirin (acetylsalicylic acid) should not be given to children or teenagers who have influenza; this can cause a rare but serious illness called Reye's syndrome. The determination of readiness to return to school should be made when at least 24 hours have passed since the ill person's temperature first remained normal without the use of these medications.

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For more information on caring for sick persons in the home, go to:

<http://www.cdph.ca.gov/HealthInfo/discond/Documents/Takingcareofasickperson.pdf>.

- **Separate ill students and staff**

Sick students and staff should always be required to stay home. **CDPH recommends that students and staff who appear to have an influenza-like illness at arrival or become ill during the day be promptly separated from other students and staff and sent home.**

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. 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) 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. **CDPH recommends that staff who provide care for persons with known, probable or suspected influenza or influenza-like illness use appropriate personal protective equipment.**

For information about facemask and respiratory use, visit the CDPH website at http://www.cdph.ca.gov/HealthInfo/discond/Documents/CDPH_Swine_Flu_Interim_Mask_Respirator_Guidance.pdf or the CDC website at <http://www.cdc.gov/h1n1flu/masks.htm>.

- **Hand hygiene**

Influenza may spread via contaminated hands or inanimate objects that become contaminated with influenza viruses. **CDPH recommends that students and staff 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 influenza viruses. The use of alcohol-based hand sanitizers (gels, foams, or wipes) containing at least 60% alcohol should be promoted in California schools because:

- Alcohol-based hand sanitizers are very effective germicides against many viruses (including influenza) and bacteria (including methicillin-resistant and susceptible *Staphylococcus aureus* (MRSA/MSSA).
- Pandemic (H1N1) 2009 influenza is still causing frequent infections in California. Approximately half of these infections occur in children under the age of 18 years and transmission is common in settings where children gather. With California schools resuming classes, transmission of influenza will put both students and the community at risk, unless high rates of vaccination can be achieved when vaccine

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becomes available.

- Access to soap and water for handwashing in schools might be limited, while alcohol-based hand sanitizers can be made easily available in every classroom.
- Studies have shown that the use of alcohol-based hand sanitizers can decrease rates of illness and absenteeism among students and has the potential to reduce teacher absenteeism, school operating costs, healthcare costs and parental absenteeism. It is possible that effective use of alcohol-based hand sanitizers might reduce the need for student dismissals.

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 than to that on hand washing and alcohol-based sanitizers.

Alcohol-based hand sanitizers can be used safely in the classroom with a few simple precautions. The use of these products by students is recommended if:

- Students are taught about the importance of hand hygiene practices in the control of communicable disease.
- In elementary school classrooms, alcohol-based hand sanitizers are used under the direction of a teacher or other school employee.
- In secondary schools, alcohol-based hand sanitizers are available in wall dispensers that are readily visible to a teacher, convenient for use by students, and able to be secured after school hours.
- Students may use alcohol-based hand sanitizers periodically during each school day, in addition to hand washing with soap and water, after coughing or sneezing, toileting and before eating. This may be implemented by having students use the product each time they enter and leave the classroom.
- There is a procedure in place to monitor the occurrence of allergic reactions; if a student appears to develop an allergic reaction to an alcohol-based hand sanitizer, advise the student to discontinue using the product and instead wash hands with soap and water, and notify the school nurse and parent of the possible allergic reaction.
- All alcohol-based hand sanitizer products are kept away from contact with the eyes, mouth, and nose.
- Alcohol-based hand sanitizers are kept away from any type of open flame or where sparks could be generated; smokers should not light a cigarette until their hands are completely dry after use of an alcohol-based hand sanitizer.

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 schools. If it is necessary to provide supervision to students as they wash hands in rest rooms, schools should consider timing and staffing as they plan for the fall. Schools also should educate families, students and staff about the importance of good hand hygiene and proper methods for cleaning hands.

For additional information on hand hygiene and hand sanitizers, please visit the CDC website at <http://www.cdc.gov/features/handhygiene/>.

- **Respiratory etiquette**

Influenza viruses are thought to spread in large part from person to person in respiratory droplets of coughs and 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. **CDPH recommends covering the 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, students and staff should have access to tissues and must be educated about the importance of respiratory etiquette, including keeping hands away from the face. Visit the CDC website for more information on respiratory etiquette at <http://www.cdc.gov/flu/protect/covercough.htm>.

- **Routine cleaning**

The American Academy of Pediatrics provides guidance for school cleaning and sanitizing which is appropriate for influenza. **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. Some localities have laws and regulations mandating that specific cleaning products be used in schools. School officials should contact their local health department or department of environmental protection for additional guidance. 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. Instructional materials and training should be provided in languages other than English as locally appropriate. CDPH does not believe any additional disinfection of environmental surfaces beyond the recommended routine cleaning is required.

The EPA provides a list of EPA-registered products effective against influenza at <http://www.epa.gov/oppad001/influenza-disinfectants.html>.

For additional information, see the American Academy of Pediatrics' *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide, 2nd Edition* (2009) for guidance on cleaning and sanitizing in schools.

- **Early treatment for high-risk students and staff**

People at high risk for influenza complications who become ill with influenza-like illness should speak with their health care provider as soon as possible. Early treatment with antiviral medications is very important for people at high risk because it can prevent hospitalizations and deaths. **CDPH recommends that schools 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 that require a prescription in the U.S.

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 reduce 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

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antiviral medications as it is for others.

For a Summary of CDPH Interim Guidance on Antiviral Recommendations for Pandemic (H1N1) 2009 Virus Infection, visit
http://www.cdph.ca.gov/HealthInfo/discond/Documents/CDPH_H1N1_HealthAlert072209.pdf.

For information on antiviral medications, see the CDC Interim Guidance on Antiviral Recommendations for Patients with Novel Influenza A (H1N1) Virus Infection and Their Close Contacts at <http://www.cdc.gov/h1n1flu/recommendations.htm>.

- **Selective school dismissals**

Selective school dismissals may be considered based on the population 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) a community might decide to dismiss such a school to better protect these high-risk children.

The decision to selectively dismiss a school should be made locally and should balance the risks of keeping the students in school with the social disruption that school dismissal can cause. School officials should work closely and directly with their local and state public health officials when deciding whether or not to selectively dismiss a school or schools. 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.

Summary

This guidance addresses CDPH- and CDC-recommended school (K-12) responses under influenza conditions with similar severity as in spring 2009. CDPH will issue additional guidance for school responses during times of increased influenza severity as epidemiology, conditions, or federal guidance changes.