



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health

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Fall 2010 Influenza Guidance for Schools

As the 2010 - 2011 school year begins, the Massachusetts Department of Public Health (DPH) is providing updated guidance for schools concerning influenza and influenza-like illness (ILI). As in most flu seasons, several strains of influenza may be circulating in the fall and winter, including the H1N1 pandemic strain. The main update to this guidance since last school year concerns the vaccination of all students and staff to prevent influenza. **Influenza vaccination is now recommended for everyone 6 months of age or older.**

Guidance is provided to schools in five areas:

1. Influenza Vaccination
2. Control and Surveillance Measures for All Schools
3. Prevention and Education
4. Planning for the Flu Season
5. Decisions about School Closure

1. Influenza Vaccination

Influenza vaccination is now recommended for everyone 6 months of age or older. This season's influenza vaccine protects against the pandemic H1N1 strain of influenza and two other strains of influenza virus. Most school-aged children and all adults will only need one dose (shot or inhaled nasal mist) of flu vaccine this year. Certain younger children under 9 years of age will need two doses of the vaccine¹.

Schools should work closely with local boards of health, community vaccinators, parents, and healthcare providers to ensure that students are vaccinated. School located flu vaccination programs were very effective last year and were held in almost every city and town in Massachusetts. This is a very important way to keep students healthy and in school. DPH recommends that schools using state-supplied flu vaccine schedule their clinics for October and November to ensure that an adequate supply of the vaccine is available.

2. Control and Surveillance Measures for All Schools

The following recommendations are designed to help prevent the spread of ILI in schools and should be followed all the time, not only during a flu outbreak. Remind staff, parents and students of these policies before flu season starts.

- **Promptly isolate and send home all students or staff who become sick at school with influenza-like illness.** Influenza-like illness is defined as fever of 100.4 degrees or more plus cough and/or sore throat. Students and staff with flu-like illness should be sent to a separate room, if possible, until they can be sent home. The ill individuals should wear surgical masks, if possible, and those caring for them should wear masks too.
- **All sick students and staff should stay home for at least 24 hours after they no longer have a fever.** This fever-free period *must* be without the use of fever-reducing

medicines, like Motrin (ibuprofen) or Tylenol (acetaminophen) and even if the students or staff are taking antiviral medicines. Many people can expect to stay home for about 4 days: about 3 days with fever and one more day with no fever and no fever reducing medicines.

- **Make sure that sick students, teachers and staff stay home.** Inform parents that they should assess children for symptoms of influenza before sending them to school. In addition to fever and cough or sore throat, influenza-like illness in children may also include symptoms such as vomiting or diarrhea. Distribute the *Flu Symptom Checklist* to staff and families and ask that parents use it if they are unsure if their child is well enough to go to school. Keeping people with a fever at home will reduce the spread of flu.
 - Negative rapid influenza test results may **not** be used to shorten the exclusion period. If these tests are positive in patients with signs and symptoms of influenza, the likelihood that the patient has influenza is very high. However, a negative test result can occur even when someone does have influenza (a “false negative”).
 - A health care provider’s note recommending a child with ILI return to school does **not** supersede the public health exclusion guidance.
 - Otherwise healthy students and staff experiencing mild ILI do **not** need to seek medical care since this would place a difficult burden on the health care system. Therefore, if a child is out with ILI and has stayed home according to the guidelines above, they do **not** need a note from their doctor or to have had a flu test in order to return to school.
- **Encourage early medical evaluation of high-risk students and staff** who have conditions that put them at increased risk of complications from the flu (heart disease, asthma, diabetes, pregnancy, weakened immune systems, and certain muscle and nerve disorders that can lead to breathing or swallowing problems). Try to identify these individuals now, so they can be promptly referred if they become ill.
- **Monitor absenteeism in students and staff.** School nurses and student health centers should report higher than normal absenteeism or clusters due to influenza-like-illness to your local health department and to the DPH Immunization Program at 617-983-6800. An epidemiologist is available to provide further guidance on surveillance and outbreak control.

3. Prevention and Education

Schools can be a place where flu spreads, and students can easily spread flu to their families. The primary steps for prevention and decreasing transmission of flu cases are listed below:

- Make sure all school aged children are vaccinated against flu.
- Emphasize and remind students and staff about the importance of proper hand washing and cough etiquette in preventing the spread of diseases. Provide the time and supplies for students and staff to wash their hands when needed. Place hand sanitizer in each classroom to facilitate regular hand hygiene. Place boxes of tissues in each room.
- Ask teachers or school nurses to demonstrate and teach proper hand washing and cough etiquette in each class, and to explain why it’s important. Educational materials, posters, etc., are available on the DPH website, www.mass.gov/flu. Send hand washing or other

flu control educational materials home to parents and ask for their assistance in reinforcing these messages with their children.

- Remind students not to share eating utensils, cups or water bottles. This is especially important for students on sports teams who may be accustomed to this.
- Clean surfaces and items that are more likely to have frequent hand contact (“high touch surfaces”) with your normal cleaning agents according to your routine schedule. Once respiratory secretions containing the virus dry out, the virus is no longer effectively infectious. Reassure parents and staff that there is no need for special disinfection efforts and that the main focus should be on hand washing and cough and respiratory etiquette.

4. Planning for the Flu Season

- Identify a contact person at your local board of health and establish contact before flu season starts to update your flu plans.
- Try to set up a separate room for care of sick students or staff until they can go home.
- Purchase personal protective equipment such as surgical masks for nurses and other staff providing care for sick people and train staff about basic infection control.
- Update student and staff contact information as well as emergency contact lists.
- Develop a plan to cover key positions, such as the school nurse, when staff stay home when they are sick.
- Review school policies, such as attendance awards and grading policies, to avoid any incentives for students or staff to go to school when sick.

5. Decisions about School Closing

In order to limit the spread of influenza, DPH has recommended a policy focused on keeping all students and staff with symptoms of influenza out of school and related school activities during their period of illness and recuperation, when they are infectious to others. The goal is to keep schools open and functioning as usual.

DPH recognizes that, on a case-by-case basis, some schools may need to consider the closure of a facility if the extent of influenza-like illness has impaired the school’s ability to perform its educational functions, or it is a facility where most of the students are pregnant or medically fragile. **School officials should discuss their situation with their local board of health and/or DPH prior to making this determination. DPH epidemiology staff can be reached at 617-983-6800.** Schools should prepare for the possibility of school closure before facing this decision. This includes asking teachers, parents, and officials in charge of critical school-associated programs (such as meal services) to make contingency plans.

Factors to consider in school closure decisions:

1. Absenteeism that is substantially higher than expected for the facility at the time of year
2. Confirmation that the absenteeism is due to influenza-like-illness
3. Indication that the already high absenteeism is rising rather than falling
4. Inability to function due to high absenteeism among students and/or staff

If a decision to close a facility is made in consultation with the local board of health and/or DPH, the following should also be considered:

- Cancellation of all school-related gatherings, and discouraging parents and students from congregating outside of the school.
- Duration of closing: The duration of closings for school and childcare facilities should be for 5-7 days.
- Steps to take after reopening: Keep in mind that flu will likely still be circulating, and there will be the potential for more cases when your facility re-opens. Be prepared to institute all of the necessary surveillance and control measures at that time. Discuss re-opening plans with a DPH epidemiologist at 617-983-6800.

Additional Information and Resources

For the most up-to-date information concerning influenza, please check the DPH flu web site at www.mass.gov/flu.

¹Dosing recommendations for children younger than 9 years of age:

- Children younger than 9 years of age who have had at least 2 doses of seasonal flu vaccine in their lifetime and at least one dose of pandemic H1N1 vaccine also only need only one dose of vaccine this season.
- All other children younger than nine years, including those with an uncertain flu vaccine history, should received 2 doses of seasonal flu vaccine, at least 4 weeks apart.
- Infants under 6 months of age should not receive flu vaccine.
- More guidance on determining the appropriate number of doses is available at www.mass.gov/flu.