

**THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE
CENTERS FOR DISEASE CONTROL AND PREVENTION ANNOUNCE NEW
GUIDANCE FOR COMMUNITIES ON SCHOOL CLOSURES AND THE H1N1
VIRUS**

ATLANTA – HHS Secretary Kathleen Sebelius and Acting CDC Director Rich Besser announced new CDC guidance on closure of schools and childcare facilities where there has been reported cases of the novel H1N1 flu virus.

The new guidance was developed in consultation with top scientists at the CDC and some of the top public health departments across the country.

Statement from Secretary Sebelius and Dr. Besser regarding the change in CDC’s school and childcare closure guidance.

Since the beginning of this outbreak, the CDC has been working to update, or in some cases, quickly develop interim guidelines to help healthcare providers, health departments and communities take effective action to prevent the spread of this novel H1N1 virus. In doing so, we acknowledged that our interim guidelines would be based on the data available at the time, be guided by science, and designed so that resources and efforts would be directed toward actions and activities that would make a difference in preventing spread of this virus. If new information or developments indicated a need to adjust our guidance, we indicated we would do so.

Today, we are announcing a change with respect to CDC’s interim guidance on closing schools and childcare facilities. The initial guidance CDC issued on May 1st recommended that affected communities with laboratory-confirmed cases of influenza A H1N1 consider adopting school dismissal and childcare closure measures, including closing for up to 14 days depending on the extent and severity of illness. At the onset of this outbreak of a previously unknown influenza virus, we believed it could be helpful to close affected schools while we learned more about the virus’s transmission and the severity of disease. Further, the U.S. national strategy for pandemic influenza suggested that ongoing community-wide closure of all schools and daycare centers should be considered in the event of a severe outbreak, especially if these measures could be implemented early.

As CDC’s daily press briefings have illustrated, much has been learned quickly about the virus’s severity and its spread. We now believe that the disease currently being caused by this novel flu virus is similar to that typically caused by seasonal influenza. Although many people will get sick and a small number, unfortunately, may become quite ill or even die, the available data do not indicate that this virus is causing unusually severe influenza at this time.

With the modified policy being issued today, CDC no longer recommends that communities with a laboratory-confirmed case of influenza A H1N1 consider adopting school dismissal or childcare closure measures. Rather, in line with policies being undertaken in Seattle, New York and Canada, CDC has modified its policy to recommend implementation of measures that focus on keeping all student, faculty and staff with symptoms of influenza out of schools and childcare facilities during their period of illness and recuperation, when they are potentially infectious to others.

More specifically, at this time, CDC recommends the primary means to reduce spread of influenza in schools focus on early identification of ill students and staff, staying home when ill, and good cough and hand hygiene etiquette. 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 appear to have an influenza-like illness at arrival or become ill during the school day should be isolated promptly in a room separate from other students and sent home.

It's important to note that schools that were closed based on previous interim CDC guidance related to this outbreak may reopen. That said, decisions about school closure are at the discretion of local authorities based on local considerations, including public concern and the impact of school absenteeism and staffing shortages.

We appreciate the efforts that communities, particularly school districts, have taken to protect students and staff from this influenza A H1N1 virus. Communities and schools are at the forefront of protecting people's health, and we are committed to providing them the flexibility they need to deal with local conditions, and the best possible guidance that reflects our most current understanding of the scientific and medical facts.

Finally, we should add that there are many individuals in our communities – the elderly, the very young, and individuals with suppressed immune systems – for whom influenza represents a potentially lethal threat. The 2009 influenza A H1N1 virus is likely to circulate widely in our communities; if not now then almost certainly in the fall. We all have a special responsibility during this time to protect ourselves and protect our neighbors and others in our community by behaving responsibly and doing whatever we can to minimize the spread of disease. A virus that may only cause sniffles and mild inconvenience in one person may put the next into the hospital.

We have more information on the 2009 H1N1 virus today than we did only one week ago, but much uncertainty remains. We should all be prepared for a potentially rocky influenza season this fall. The Administration and the CDC will continue to actively investigate this outbreak as it unfolds and protect the health of the American public.

Update on School (K – 12) and Childcare Facilities: Interim CDC Guidance in Response to Human Infections with the Novel Influenza A (H1N1) Virus

Revised May 4, 2009, 8:30PM EDT

Background

This document provides updated interim guidance for schools and childcare facilities regarding the prevention of the spread of novel influenza A (H1N1) virus.

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 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 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 novel H1N1 influenza outbreak.

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

Recommendations

- School closure 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.
- Schools that were closed based on previous interim CDC guidance related to this outbreak may reopen.
 - 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 school day should be isolated promptly in a room separate from other students and sent home.
 - 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 settings other than school.
 - School administrators 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.

Further guidance can be found in:

Questions and Answers About Novel H1N1 Flu at http://www.cdc.gov/h1n1flu/swineflu_you.htm

What to Do If You Get Flu-Like Symptoms at <http://www.cdc.gov/h1n1flu/sick.htm>

Interim Guidance for H1N1 Flu: Taking Care of a Sick Person in Your Home at http://www.cdc.gov/h1n1flu/guidance_homecare.htm

Analysis of Novel Influenza A (H1N1) and Implications for school dismissal policy, 4 May 2009

Purpose of policy decision analysis

A novel influenza A (H1N1) virus is circulating widely in the United States and Mexico and has been detected in 18 other countries. On May 1, the CDC issued guidance that recommended school dismissal when H1N1 infection was detected in a student. This was done out of an abundance of caution until more information about H1N1 disease in the U.S. could be evaluated. Community Mitigation planning as part of the response to a pandemic recommends school dismissals, together with other targeted layered community measures aimed at social distancing, be considered for a pandemic of high severity. School dismissals were estimated to slow transmission, reducing cases by 13-17% based on available data. The goal of slowing transmission was to reduce the peak demand on the health care system and delay cases in order to have more time for vaccine production. This analysis addresses the issue of school dismissal and whether our current knowledge is sufficient to warrant a change in this policy.

Virus transmissibility

The outbreak strain is spreading rapidly in the United States and globally and the incidence of infection is likely to be high. As of May 4, there are a total of 1014 reported cases (286 confirmed and 728 probable) from 44 states. CDC is aware of at least 50 clusters of disease associated with confirmed or probable cases under investigation in 22 states. As of May 4, WHO reports 18 countries (898 cases) have laboratory confirmed cases, and several have reported outbreaks. The number of countries with reported cases is increasing daily. However, no deaths have yet been reported outside of North America. Most initial cases seen outside of Mexico had traveled to Mexico, indicating that the virus's first widespread circulation in humans occurred in Mexico. The infection incidence in Mexico was likely very high, based on the number of persons infected throughout Mexico and limited data suggesting that >30% of the population in at least one community developed clinical illness. The virus may be transmitting initially in the U.S. among younger persons associated with school, university, and travel.

New York City has reported the largest school cluster to date. Six hundred fifty-nine students reported illness in response to a survey following the initial case detection. Of these, 29% reported illness in at least one household member. Two hundred ten staff members at the affected school also reported illness. No illness led to hospitalization. In response to this outbreak, New York City undertook active surveillance to determine whether severe H1N1 disease was presenting to area hospitals. While some cases of influenza were identified in hospitalized patients, all were due to seasonal flu strains.

Severity of disease

Over the past three days, we have learned much about disease severity. Sufficient information is available to rule out the probability that the novel influenza A (H1N1) virus has extremely high severity. The vast majority of infections detected in the United

States are self-limited respiratory illnesses that do not require medical care or hospitalization. Among confirmed or probable cases in the United States, 3.4% (35 of 1014) have required hospitalization, and one toddler died (case-fatality ratio 0.1%). However, this hospitalization rate is likely inflated due to less testing among milder cases. As the virus circulates further, additional deaths are expected; however, it is very unlikely that the current strain is capable of causing the higher case fatality rate associated with a pandemic severity index of 4 or 5, levels for which aggressive community mitigation is indicated.

Initial reports from Mexico focused on hospitalized patients and deaths related to influenza. Recent epidemiologic investigations are identifying much milder widespread influenza-like illness. This suggests that the initial reports of high severity diseases may have been the result of detection bias. As we learn more, the pattern of disease in Mexico and the United States may be quite similar. The outbreak appears to be tapering in Mexico in the communities where substantial disease has been reported.

Characteristics of the virus

Recent analysis of viral genetic data at CDC has revealed an absence of the known virulence markers associated with either the 1918 H1N1 pandemic influenza virus or the recently circulating strains of H5N1 avian influenza virus. Although there may be other important virulence markers not yet detected related to these viruses, the absence of these markers is reassuring and consistent with the clinical picture we are seeing. While this is reassuring, the ability of influenza viruses to mutate over time requires that we remain vigilant.

Expected progression of disease spread in North America

We expect that this virus is likely to spread across the United States, and given the relatively low proportion of people requiring hospitalizations, the next several weeks are unlikely to lead to severe morbidity that overwhelms the inpatient medical care system. Current surveillance systems are starting to show increases in the proportion of outpatient visits for influenza-like illness. We are seeing slight increases in the proportion of all deaths attributed to pneumonia and influenza; however, wide fluctuation in a single week's data can occur and may not be significant or sustained. We expect that the seasonality of influenza viruses may blunt transmission in the warmer months.

It is too soon to predict what we may see next fall; however, the risk of transmission is substantial. We will gain a better understanding of this as we observe the experience in the Southern Hemisphere, whose populations will soon be entering their flu season. The overall impact of the epidemic in the United States, as reflected by hospitalizations and death, could be considerable – particularly next fall and winter – because so many people are likely to be infected, and so few people appear to be immune.

Role of school dismissals in novel influenza virus transmission mitigation

School dismissal should be considered for pandemics of high severity to mitigate the community impact of a new virus. Because school-aged children are efficient spreaders, reducing spread among this population can theoretically slow the spread of a virus within

a community. Given what we now know about the severity of the current strain, the potential costs of school closure take on added weight in the analysis.

Conversations with many state and local public health leaders indicate that implementation of school closure is quite burdensome. Many children are being dropped at communal sites such as libraries and community centers. Many families have either single parents or both parents who work. Many workers lack sick leave and risk losing their jobs if they stay at home. The social safety net does not exist to ensure that children who receive school breakfast and lunch continue to do so. If school closure is warranted, efforts must be undertaken to allow this to be successful and to decrease congregation of children outside of the school setting.

Implications for policy with respect to school closures

Although the novel virus is highly transmissible, the potential reduction in transmission that might be afforded by major community mitigation interventions such as school dismissal is no longer warranted. We know much more about disease severity and transmission at this point. Over 1000 cases have been detected. Although there may be a delay in recognition of severe cases or deaths particularly among older populations where transmission may not yet be widespread, it is unlikely the severity of this strain is such that school dismissal will lead to substantial benefits. At the same time, hardships for families affected by school dismissals are evident in numerous communities.

Considerations related to spread of disease, severity, and time of year suggest that a continued policy of school closures is no longer appropriate.

The reasons are as follows: 1) disease is already widespread; 2) the proportion of clinical illness that is severe is relatively low, potentially approximating that seen in seasonal influenza; 3) school closure is disruptive and appears to be an excessive intervention given the severity of illness (this intervention was planned to be implemented with mortality rates in the 1% to 2% range; and 4) warm weather may bring relief.

Alternative interventions may be prudent in the place of school dismissals. These policies would encourage sick individuals to stay home, and focus on promoting hand and cough hygiene.

Recommendation: (See full guidance documented attached.)