

## Influenza and NCESD School District Preparations

Phone Conference

August 20, 2009

Dr. Rich McBride, NCESD superintendent welcomed participants and introduced NCESD School Nurse Corps Administrator Mona Miles Koehler and Mike Lynch, Safe and Civil Schools Managing Director. Rich also welcomed participating public health officials from Chelan/Douglas, Grant and Okanogan counties.

A district roll call was taken so public health officials will know who participated, including: Brewster, Cashmere, Ephrata, Lake Chelan, Mansfield, Nespelem, Oroville, Quincy, Warden, Waterville, and Wilson Creek.

Mona emphasized that a key element in prevention and illness response is connection with Local Health Jurisdiction (LHJ) agencies, which is another name for our local health districts. Mona invited representatives from the three participating LHJs to share their contact information:

County	Contact Person	Location	Health Officer Name
Okanogan	Paul Waterstrat, Director Phone: 509-422-7156 pwaterstrat@co.okanogan.gov	Okanogan County Public Health PO Box 231 Okanogan WA 98840 Office located next to US Forest Service in Okanogan (town)	Dr. John McCarthy Contact thru Paul
Chelan-Douglas	Barry Kling, Administrator Chelan-Douglas Health District Office: 509-886-6480 barry.kling@cdhd.wa.gov	Chelan-Douglas Health District 200 Valley Mall Parkway East Wenatchee	Dr. Frank Collins Contact thru Barry
Grant	Peggy Grigg, Director of Personal Health Services/Administrator 509-754-6060, ext 26 pgrigg@granthealth.org	Grant County Health District PO Box 37 Ephrata, WA 98823 Ephrata office at Courthouse Moses Lake Office on Ivy Street, near School District Office	Dr. Alexander Brezny Contact thru Peggy

### Comments:

Paul Waterstrat extended an invitation for the opportunity to talk with constituents and school board members.

Bev Neher, representing Barry Kling, also encouraged communication between districts, ESD and Chelan-Douglas. She also reminded participants the Health District serves both Chelan and Douglas counties.

Peggy Grigg indicated she had sent an invitation to Grant County school districts indicating her availability to meet with Health District Officials as needed.

### Definitions and Language

Influenza in medical language describes a respiratory illness and in common language has been used to describe various illness including those with "stomach" or intestinal symptoms.

The influenza virus which developed and began to result in illness at the end of the northern hemisphere seasonal flu season last spring had not been previously identified. The “Swine Flu” became “H1N1” which is also known as new or novel Influenza A.

## **Comparing Seasonal and Pandemic Flu**

### **Seasonal Flu:**

Strains of flu virus causing respiratory illness typically (fever, cough, sore throat, body aches, headache, chills, fatigue) affect humans in the northern hemisphere perhaps as early as October and lasting into April-May. The actual flu virus strains or variants are usually known to health care scientists. Generally seasonal flu virus causes mild illness treatable at home. Every year, some people develop complications, need medical care and some fatalities occur.

H1N1 flu occurred late in our flu season and has continued to be present to this date in our communities and in the US infecting greater numbers of people than usual. Symptoms are similar to seasonal flu with fever, cough, sore throat, body aches, headache, chills and fatigue. Roughly 1/3 of people with H1N1 have described vomiting and diarrhea as symptoms and this is not typically seen in seasonal influenza.

### **Pandemic Flu:**

The description of “Pandemic Flu” refers to the distribution of a flu virus in human populations. Typically the virus causing “pandemic” designation is a virus to which many people have not previously been exposed and have limited or no immunity or resistance. The World Health Organization (WHO) considers the current H1N1 “Pandemic” because there is human-human transmission with sustained community levels of illness in 2 or more countries in 2 or more regions of the world.

The “Pandemic” designation does not consider severity of the illness, only distribution. WHO categorizes current H1N1 flu as “pandemic” and of moderate severity –

- Most people have mild – moderate illness recovering at home or with limited health care system contact. Some people have complications and some fatalities have occurred. Health care systems are able to cope with incidences and severity of illness caused by H1N1 virus.

World health authorities are concerned about the H1N1 virus because:

- It is a new or novel virus that stayed at higher than normal levels of presence in the northern hemisphere long after the usual “seasonal” flu season.
- Flu virus frequently mutate and any H1N1 mutation may cause more serious illness (historically occurred with pandemics like 1918).
- H1N1 disproportionately affects the younger, healthier population in both incidence and severity. In WA 5-17 year old children/adolescents had twice the incidence of H1N1 confirmed illness. Half of WA hospitalizations confirmed as H1N1 were in the 5-17 year age group. Many were healthy children when they got the H1N1 virus. The picture in Washington State is the same for the US and internationally. Currently between 70 and 90% of flu illness in world is attributed to H1N1.

Flu viruses are not easy to predict and though the public health resources are closely monitoring, the recommendations presented change quickly and fairly consistently.

### **Prevention and Preparation in Schools:**

First – the efforts in schools need to draw on the expertise of various employees – a TEAM effort is required for effective planning and response. The team might include administration, school nurses, facilities/maintenance staff; nutrition staff and even transportation staff AND the community – LHJ, local health care providers and especially parents.

EVERYONE needs to understand and practice recommendations for illness prevention in general including:

1. Good hand hygiene or hand washing
2. Respiratory etiquette – cover your cough, use Kleenex tissues and dispose of immediately and follow with good hand hygiene.
3. Stay home if ill and if someone becomes ill during school, separate ill students and staff from well.
4. Routine cleaning of commonly used surfaces (door knobs, keyboards, desks, phones, etc.)
5. Consider vaccination against influenza – check with individual health care provider for guidance.
6. If illness in the community increases, the importance of social distancing becomes critical – so in schools, how does one limit contact among students and staff and still provide for education? Good suggestions are found in guidance for schools from the Center for Disease Control. (see resources)

It is important to start discussions early with staff and public. All staff need to role model illness prevention and encourage students in good health promotion practice. For those who present during school with influenza-like illness, it is important to separate sick students or staff from well. It is recommended to keep a distance of 6 feet or wear a mask (surgical mask) for those providing care. This is adequate for “isolation.”

State and local level discussions are occurring around absenteeism and tracking at the very least number of absences of both students and staff. As always, the LHJ need to be notified if absenteeism is 10% or greater than the population of school and staff. Washington State Department of Health and WSIPC are discussing avenues for electronic reporting of student absentee data from schools using WESPaC absentee recording.

Discussions are also underway about tracking the reason for the absence, especially symptoms suggestive of influenza like illness. Systems may need development for schools to track the reason for absence and voice messages may need to be adapted for gathering this information.

Vaccination is a crucial piece of public health prevention strategy for H1N1 and seasonal flu. Our local LHJs are already making contact with schools to offer seasonal flu vaccine clinics or are encouraging schools to cooperate with local HCP to provide for vaccination clinics. The H1N1 vaccine will likely not be available until November and children are a target for vaccination efforts. However final decisions about who and when is yet to be determined. Coordination and collaboration between LHJ and schools in planning and execution of vaccination clinics is important. School nurses often play a key role; however again, the team effort is critical to manage limited human resources in schools.

Schools might consider developing a “Facilities Agreement” if school facilities may be used as sites for mass community vaccination or if during widespread illness, schools are used as a site for evaluation of ill people. Agencies with whom agreements might be negotiated include LHJ, Red Cross, hospitals or others appropriate to your communities.

### **Staff:**

Pregnant women are at greater risk of illness and complications. Schools are encouraged to define and share with staff guidelines for what constitutes “sick” when talking about staying home if sick. Our culture tends to practice “being tough” and coming to work when ill. This is not appropriate with H1N1 illness. As schools plan for response to illness there are implications for Continuity of Operations (COOP) for both educational and school business operations. How can school continue critical services with staff gone? What are resources for cross-training and substitutes?

### **Community:**

Communication is the key – preparing parents for the practice of sending children who are sick home and not accepting children to school if ill; informing parents of symptoms of influenza like illness.

Public Information Officer (PIO) – districts need to designate a person for media and public messaging for consistency of information. Schools can help parents understand that school-based practices are consistent with recommendations of local, state and federal health care authorities.

## School Dismissal vs. Closure:

LHJs are eager to cooperate with schools and acknowledge the importance of continued education for children. However, closure or dismissal may be state or federal directive if widespread serious illness outbreaks occur.

Recent federal guidelines talk about “dismissal” instead of “closure.”

Closure – students and staff sent home

Dismissal – students home; staff continues to have access to school for COOP (education, business, nutrition, transportation).

Selective dismissal targets schools with high populations of those at risk – like an alternative school with a high number of pregnant students.

Reactive dismissal refers to a situation with wide-spread illness in school populations (students and staff).

Pre-emptive dismissal: wide-spread regional illness and done for protection of school population from illness.

Length of time: anticipate minimum of 5-7 days. Last spring in midst of illness, duration of closure varied.

Lots of questions about dismissal and/or closure: costs; making up for days lost; providing education to those without computer access (can't go to library); providing nutrition for students dependent on school meals, etc. Guidelines make some suggestions and look to OSPI and the Department of Health for answers in the near future.

## Resources:

There is a planned DOH-OSPI K20 video conference, Monday, August 31, starting at 3 pm. NCESD will host and school districts can contact OSPI Health Services if you want to host a K-20 site at your district.

Use reputable resources: Centers for Disease Control recently released 3 pieces of guidance for schools.

Good and comprehensive website is: [www.flu.gov](http://www.flu.gov)

OSPI Health Services Website

Washington Dept. of Health website

WA “School Pan Flu Preparedness Resource Manual” and a Quick Guide version developed by School Safety Center of OSPI. Copies are available at OSPI.

Questions from conference call participants:

- ***How many cases have been identified in WA State?*** 145 people were hospitalized between May 2009 and mid-August 2009 and fortunately only 12 have died. Numbers of people infected with H1N1 are not available in Washington State because H1N1 illness confirmation testing has significantly decreased, and only those who are hospitalized are tested.
- ***Will the School Nurse Corps put out a sample letter that can be sent out to parents in order to be on the same page?*** Yes, sample letters were developed last spring and will be shared with nurses and parents. The resource list sent to NCESD schools with the summary of this phone call highlights sources for examples of letters. **Note: See links below for sample letters to parents.**
- ***Flu shots ~ if staff members receive the regular flu shot does it help prevent H1N1?*** The regular flu shot is not designed to prevent H1N1. However, since it is a new virus, a vaccine is being developed.

- ***Do all flu viruses mutate?*** Yes, all flu viruses mutate; but, because H1N1 is new and we don't fully understand what it could do, it is considered as having the potential to be a serious pandemic as has happened historically.
- Paul Waterstrat, Okanogan Public Health, shared his insight about virus mutation, in which the mutated virus will sometimes incorporate genomes from swine or avian flu viruses. He indicated the concern of schools in Okanogan County and their desire to see how the work will be done without overloading school nurses. Okanogan Public Health is conservative about closing schools and will want to meet with Okanogan school district staff and other agencies to work out procedures.
- ***Could the information also be sent to principals?*** Their superintendent and nurse are there only part-time.
- Aaron Chavez from Brewster reported their Board is updating their infectious diseases policy to make sure they are all on the same page.

### **H1N1 Vaccination:**

Bev Neher from the Chelan/Douglas Health District reported that, from what she understands at this point in time, the H1N1 flu virus immunization that will be offered will be a novel flu vaccine. It differs from the one-dose seasonal flu vaccine in that the H1N1 consists of two doses, approximately three to four weeks apart.

### **Closure**

Mona thanked everybody for joining the conference and invited districts to keep NCESD informed about ways to assist districts in influenza related issues and concerns. Rich thanked school officials and public health districts for coordination of efforts and their intentions of putting out a consistent message. It provides better safety for children and helpful regional support. Mona reported notes from today's meeting will be sent out promptly along with a list of resources.

## Novel Influenza A H1N1 Information Resources August 20, 2009

Centers for Disease Control (CDC) Guidance specifically for K-12 Schools:

### **Guidance for State and Local Health Officials and School Administrators for School Responses to Flu during 2009-2010 School Year**

*This document provides guidance to help decrease the spread of flu among students and school staff. It expands upon earlier school guidance documents by providing a menu of tools that school and health officials can choose from based on conditions in their area. It also recommends actions to take and strategies to use if CDC finds that the flu starts causing more severe disease.*

- Guidance: <http://www.flu.gov/plan/school/schoolguidance.html>

### **Technical Report for State and Local Health Officials and School Administrators on CDC Guidance for School Responses to Flu during 2009-2010 School Year**

*This document provides details for the guidance described in the above document.*

- Technical Report: <http://www.flu.gov/plan/school/k12techreport.html>

## **Preparing for Flu: A Communication Toolkit for Schools (K-12)**

*Provides question and answer section; Fact sheets for schools and teachers; fact sheets to inform parents and sample content for letters or email to parents providing information for current influenza situation and for more severe illness if occurs.*

- Communication Toolkit: <http://www.flu.gov/plan/school/toolkit.html>

<http://www.flu.gov/>

*Guidelines for individuals, schools, business; updated information; links to reputable national and international sites.*

<http://www.cdc.gov/h1n1flu/>

*Similar to [www.flu.gov](http://www.flu.gov) – links and current situation information; guidance for schools, businesses, individuals.*

<http://www.k12.wa.us/HealthServices/>

*Basic information and links to other reputable state and national websites. Information present about school closures/dismissals.*

<http://www.doh.wa.gov/swineflu/>

*Link to information about cleaning and disinfecting; general H1N1 information and caring for ill persons. Fact sheets in various languages; FAQs; current Washington State influenza statistics. Also information about seasonal flu.*

<http://www.ed.gov/policy/elsec/quid/secletter/090611.html>

*Joint letter from Departments of Health and Human Services and Education to schools and school districts regarding H1N1 Influenza Preparations.*

<http://www.k12.wa.us/SafetyCenter/Planning/PanFluPreparedness.aspx>

*"School Pan Flu Preparedness Resource Manual" developed by OSPI School Safety Center, Contents: Legal guidance; Continuity of Operations Plans; Model Policy and Procedure; Human Resources; Communications (includes sample language for press, community, parents); Planning and Mitigation; Response Resources; Alternative Learning; Recovery Resources and General Resources. Written March 2009.*

<http://www.epa.gov/oppad001/influenza-disinfectants.html>

*links to following Lengthy product list for hard surface cleaning/disinfecting against Influenza A.*

<http://www.epa.gov/oppad001/influenza-a-product-list.pdf>

<http://www.redcross.org/pandemicflu>

*general information, checklists and "tips" about influenza.*

[http://www.cchealth.org/topics/swine\\_flu/](http://www.cchealth.org/topics/swine_flu/)

*Contra Costa County (California) Health Dept. website with good information and sample parent letters in English and Spanish.*