



**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 1, 2009

TO: District Superintendents of Schools
Superintendents of Public and Nonpublic Schools
Administrators of Charter Schools
Principals
Other Educators

FROM: Richard P. Mills
Commissioner
NYS Education Department

Richard F. Daines, M.D.
Commissioner
NYS Department of Health

SUBJECT: H1N1 (Swine) Flu

The New York State Education Department and New York State Department of Health are working in close collaboration to provide guidance regarding school dismissal, and day care center closure for New York State (out side of New York City).

The attachment to this memo will serve to guide local health departments, schools, school districts, day care centers, and institutions of higher education as they address the swine flu outbreak in regard to school dismissal and day care center closure related to confirmed, suspected or probable cases of H1N1 flu. In addition, it will serve to update our joint communication dated April 27, 2009. As you know, several school districts have now closed their schools as a result of confirmed and suspected cases of the H1N1 flu.

Included with this memo is a guidance document, produced by the State Health Department. This document provides answers to frequently asked questions and guidance for school dismissal and day care center closure, including duration. It is important to remember, though, that decisions regarding dismissal of students and duration of dismissal are local ones to be made by school and district officials in consultation with the school medical director, nursing staff, and local health department officials.

This an evolving situation and recommendations may change as more information becomes available. Because future school dismissals are possible school officials should plan for this possibility. School officials are further advised to inform district residents that they should prepare for the possibility of such dismissals. Communication is critical and school officials should be in regular contact with parents and the community through the district's website, email, letters, and the local media.

Thank you for your cooperation in this matter. We will be in touch again as warranted.

Attachments:
DOH Memo, "Educational Institutions: Update #1"

Richard F. Daines, M.D.
Commissioner

Wendy E. Saunders
Executive Deputy Commissioner

May 1, 2009

To: Childcare Facilities, including Pre-K programs, Private and Public Elementary, Secondary and Post Secondary Educational Institutions, Local Health Departments

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

EDUCATIONAL AND CHILDCARE FACILITIES: UPDATE #1
NOVEL INFLUENZA A (H1N1) VIRUS INFECTION
Please distribute immediately to all appropriate staff.

Introduction

The New York State Department of Health is providing this information regarding the evolving situation related to the spread of a novel influenza A (H1N1) virus being investigated by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO).

This document provides interim guidance for educational institutions outside of New York City that focuses on several nonpharmaceutical measures that might be useful during this outbreak of swine influenza A (H1N1) virus aimed at reducing disease transmission and associated illness and death. 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>

This interim information is based on available information as of 3 pm Friday, May 1st and will likely change as additional information becomes available.

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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 a new influenza A H1N1 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 may be 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 novel influenza A virus.

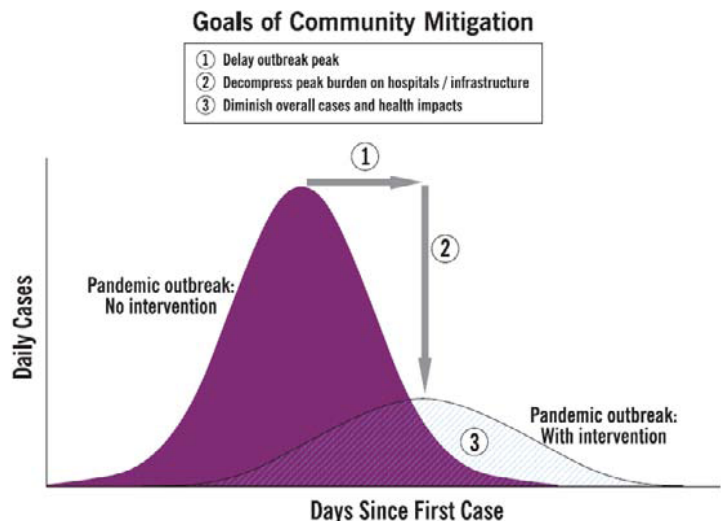
Guidance on community mitigation relies on knowledge of the Pandemic Severity Index (PSI) to characterize the severity of a pandemic and identify the recommendations for specific interventions that communities may use for a given level of severity, and suggests when these measures should be started and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

We believe strongly that early, broad and sustained community mitigation strategies are effective in reducing the impact of a moderate to severe pandemic. The effectiveness of partial implementation sporadically in a jurisdiction is unknown.

Dismissal of students from school and childcare closures are an important part of a comprehensive, layered mitigation approach aimed at reducing disease transmission and associated illness and death during the 2009 H1N1 virus outbreak in the United States.

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.



CDC recommends that affected communities with at least one laboratory-confirmed case of swine influenza A (H1N1) virus infection consider activating community mitigation interventions for affected communities. 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.

Schools play a critical role in protecting the health of their students, staff, and the community from contagious diseases such as H1N1 influenza. Children are very susceptible to getting this new virus and schools may serve as amplification point for spread of this new virus in a community. The reason for closing schools during this H1N1 outbreak is to try to reduce the spread of the virus.

2. Dismissal of Students/Childcare Facility Closures

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

Decisions regarding dismissal of students/facility closure will be on a case by case basis as determined by local school and health officials, taking into account the local epidemic characterizations in the community.

If a school or childcare facility learns of a confirmed, probable, or suspected case of H1N1 influenza in their facility they should consult with their local health department for guidance regarding dismissal of students/facility closure.

The following factors should be considered in making this decision:

- Examination of the epidemiological and clinical information about the ill student(s) and any contacts
- Did the ill student(s) attend school during their contagious period?
- Are the potentially exposed student(s) and faculty still within the incubation period for developing flu? (i.e. within 7 days of last exposure to an ill person).
- Is the student body comprised of a large number of children with special health care needs or other populations at higher-risk for flu complications (defined below)?
- Is the school or facility experiencing high or rising absentee rates among students and/or faculty (such as 20% or greater)
- Is the school or facility experiencing high or rising rates of absenteeism due to influenza-like illness among students and/or faculty
- The ability to implement and comply with respiratory etiquette and hand hygiene infection control precautions in the particular setting.

If the school dismisses students or a childcare facility closes, all school or childcare related gatherings (ex. athletic or social events) should also be cancelled.

School administrators should also follow any State Education Department guidelines regarding reporting information on potential or actual closings so that information can be tracked statewide.

Dismissal of students from schools and closure of childcare facilities should be considered for a school district or part of a school district (e.g., a feeder school network or a geographic area) if more than one school in that district has confirmed or non-subtypable influenza A cases among their students, faculty or staff. This might include pre-emptively dismissing students from schools in that district, including schools without current laboratory-confirmed cases.

Neighboring school districts to those that dismiss students should also consider pre-emptively dismissing students from schools without current laboratory-confirmed cases. Issues to consider include geographic proximity and extent of mixing of student populations across district lines.

Parents and students must be advised to limit re-congregating outside of the school/facility. Although the available evidence currently does not permit the specification of a “safe” group size, activities that recreate the typical density and numbers of children in school classrooms are clearly to be avoided. Gatherings of children that are comparable to family-size units may be acceptable. Group sizes should be held to a minimum (5 or fewer children) and mixing between such groups should be minimized (e.g., children should not move from group to group or have extended social contacts outside the designated group).

Duration/Re-opening

If the decision is made to dismiss students/close a facility, the duration should probably be for a minimum of 14 days. This length of time is recommended because children may be infectious for about 7 – 10 days after the onset of illness.

To maximize the benefits of interrupting the disease transmission cycle, and to prevent “intervention fatigue,” it is important to avoid an on-again, off-again strategy (closing and re-opening repeatedly).

The re-opening date must be determined in conjunction with the local health department based on low levels of community illness as indicated by local surveillance systems (contact your local health department for information):

- Emergency department chief complaint syndromic surveillance.
- Anti-influenza medication monitoring systems.
- Deaths and hospitalizations due to acute febrile respiratory illness.
- Number of confirmed, probable or suspect cases known in the community.
- In addition, schools and daycare facilities may choose to survey faculty, close friends and class mates of ill cases to determine if any are ill with respiratory symptoms

Ill persons should not return to school for 7 days after the onset of illness or until symptoms resolve, whichever is longer (10 days for children less than five years of age). There is no need to exclude non-ill siblings or other household contacts of the ill person but increased awareness of symptom onset is necessary.

Once the school or daycare facility is opened, students, faculty and staff should self monitor for fever and any symptoms of H1N1 infection, which include runny nose, congestion, sore throat,

cough. Some people also experience vomiting, diarrhea, headache, fatigue and muscle aches. Any illness should be reported to the school nurse or other designated school official immediately. Anyone ill should be dismissed.

Post-Secondary Institutions and Residential Schools

Colleges, universities, and other residential schools 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) and the adult sphere (e.g., commuting longer distances for university attendance and participating in activities and behaviors associated with an older student population). Questions remain with regard to the optimal strategy for managing this population without additional information regarding this outbreak.

Many parents may want their children who are attending college or university to return home from school should a case be identified on campus. The administration staff should prepare to manage or assist large numbers of students departing school and returning home within a short time span. Where possible, policies should be explored that are aligned with the travel of large numbers of students to reunite with family and the significant motivations behind this behavior. In addition, planning should be considered for those students who may be unable to return home during a pandemic.

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

3. High Risk Populations

There are insufficient data available at this point to determine who is at higher risk for complications of the H1N1 influenza 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 infection complications. Conditions that increase the risk of complications of seasonal influenza infection include:

- Chronic pulmonary, cardiovascular, renal, hepatic, hematological, or metabolic disorders (including diabetes mellitus)
- Immunosuppression
- HIV-infected persons
- Compromised respiratory function, including conditions which increase the risk for aspiration
- Pregnancy
- Persons aged ≥ 50 years (especially those > 65 years)
- Residence (regardless of age) in a nursing home or other long-term care institution
- Children < 5 years (especially those ≤ 2 years)

4. 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.
- Isolation - Persons who develop influenza-like-illness (ILI) (fever with either cough or sore throat) are encouraged to stay home for 7 days after the onset of illness or until symptoms resolve, whichever is longer (10 days for children less than five years of age).
- 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 face mask if one is available and the ill person is able to tolerate wearing it.
- Other large gatherings in the community may not need to be cancelled at this time. However, persons with underlying medical conditions who are at high risk for complications of influenza may wish to consider avoiding large gatherings.

5. 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 are, therefore, 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 Office of General Services web site:
<http://www.ogs.state.ny.us/bldgadmin/environmental/default.html>
- Clean bathroom surfaces on a regular basis. Where disinfectants are used, disinfectant 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.nyhealth.gov/diseases/communicable/influenza/seasonal/swine_flu/
- 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.

6. Clinical Considerations

- Exposure to a confirmed or probable H1N1 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.
- Prophylactic medication supply limitations are a likely inevitability that will require a focused approach to post exposure prophylaxis for both health care workers (HCW) and high-risk individuals.
- Clinical symptoms and presentation of this H1N1 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.

7. 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/

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 handwashing guidance) (pocket card)
- Stopping the flu is up to you (poster)

NYS green cleaning guidelines for schools: <https://greencleaning.ny.gov/entry.asp>

State Education Department information on hand soaps/hand cleaners and hand sanitizers: http://www.emsc.nysed.gov/facplan/GreenCleaning/Green_Cleaning_update_050207.html

**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/>. Currently posted guidance documents include:

- Taking Care of a Sick Person in Your Home Apr 25, 2009
- Nonpharmaceutical Community Mitigation Apr 26, 2009
- Facemask and Respirator Use in Community Settings Where Transmission Has Been Detected Apr 27, 2009

Frequently Asked Questions: Educational Institutions

1. Recently I have had a flu shot to protect against the seasonal flu. Will it protect me from the H1N1 Influenza (Swine Flu)?

Probably not, however, this year's seasonal flu is still circulating and the vaccine will protect you against these flu viruses.

2. What is the incubation period for the H1N1 flu?

The estimated incubation period is unknown for certain. It is most likely 1-4 days and could range from 1-7 days.

3. Should we be tracking absenteeism due to flu-like symptoms?

Yes, it will be important to know as soon as possible whether and where the virus is spreading throughout the state. Symptoms of H1N1 infection include: fever (over 100 degrees F.), runny nose, congestion, sore throat, cough. Some additional symptoms may be experienced with H1N1 flu, including muscle pain, fatigue, and sometimes vomiting or diarrhea.

4. Can we require students, faculty and staff to wear masks? If so, what are the associated protocols?

If a student, faculty or staff person reports to the school nurse with flu-like symptoms, s/he should be provided with a mask to prevent possible transmission of the virus to others while waiting for clinical evaluation or transportation home. The benefit of wearing masks by well persons in public settings has not been established. Nevertheless, persons may choose to wear a mask as part of an individual protection strategy that includes respiratory hygiene/cough etiquette, hand hygiene, and social distancing.

5. How can we and should we, track and identify students who traveled to Mexico? What do we do with the people who have traveled to highly affected areas, but who have no symptoms?

It is important to survey for symptoms of influenza-like illness in the school community regardless of travel history. It is not necessary to track individuals who have recently travelled to Mexico or any area affected with H1N1 influenza.

6. Does DOH have a stance on students traveling to Mexico?

At this time, CDC recommends that U.S. travelers avoid all nonessential travel to Mexico. Changes to this recommendation will be posted at <http://www.cdc.gov/travel/>. Please check this site frequently for updates.

7. Should the school exclude a student if there is an ill family member?

At this time there are no recommendations for exclusion of a healthy student or faculty member.

8. When can an ill student return to school?

If the student is a suspected, probable, or confirmed H1N1 case, then s/he should not return to school for 7 days after illness onset or until symptoms resolve, whichever is longer. These

guidelines will be re-evaluated as more information becomes available. A longer duration (10 days) is recommended for young children (less than 5 years of age).

9. Will sporting events be affected? When, how and who decides if a sporting event should be cancelled? How will school events (proms, socials, after-school activities) be affected?

Decisions about cancelling sporting events and other school events will be local decisions, made cooperatively by both the sponsoring institution and the local health department. However, if the school has closed, then all school activities should be cancelled. Ill persons should limit contact with others and not attend large social gathering. Local authorities may advise persons who are at high risk of complications from flu to consider not attending the event, based on their assessment of the situation, even if they do not recommend cancellation of the event.

10. School bus rides are a major gathering place for kids to be in close proximity, what precautions should be made?

Unless the student is ill, there are no special precautions for riding on a school bus or public transportation.

11. Is there special guidance for residential schools and colleges/universities?

Residential schools and colleges/universities should have a supply of face masks 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 flu infection should be considered contagious as long as they are symptomatic and for 7 days following illness onset. Children, especially young children, may be infectious much longer.

Close contacts of sick students, such as roommates, should self-monitor for symptoms and minimize contact in the community to the extent possible during their incubation period. 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

12. How will decisions for school dismissal/closures be made?

School dismissals related to H1N1 flu are a local decision that should be made by school officials in consultation with local health departments on a case by case basis. Such decisions should be considered when a confirmed or suspected case with epidemiological links to a known case occurs in a student of the school. There are many other factors that local officials should consider in making their decision including the number of cases in the surrounding community, number of absences of school students and faculty, and the number of faculty and students that may be at increased risk for flu complications.

13. What sort of cleaning should schools be doing because of the H1N1 flu outbreak?

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 are, therefore, 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 Office of General Services web site:

<http://www.ogs.state.ny.us/bldgadmin/environmental/default.html>

Clean bathroom surfaces on a regular basis. Where disinfectants are used, disinfectant 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.nyhealth.gov/diseases/communicable/influenza/seasonal/swine_flu/

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.

14. Are there guidelines for hand sanitizing gels, lotions or wipes?

Alcohol-based hand sanitizers (ABHSs) are not cleaning products. When considering the use of ABHSs, school officials should remember that these products are not a substitute for proper hand washing (soap, warm water, and friction for 20-30 seconds). Proper hand washing will remove 99% or more of harmful microorganisms from hands. Also, washing will remove soils and contaminants that are often found in soil, such as lead.

However, ABHSs can be effective for reducing the numbers of harmful microorganisms on hands and are an acceptable alternative in the absence of traditional soap and water hand washing facilities.

The decision to use alcohol-based hand sanitizers lies with each school and is not affected by the green cleaning guidelines for schools. Alcohol-based hand sanitizers are considered over-the-counter (OTC) drugs by the US Food and Drug Administration (FDA), and, as with any drug, their use can have benefits as well as possible adverse effects. Skin dryness or irritation can be mitigated by selecting a product that contains an emollient or moisturizing lotion or cream can be provided. Respiratory irritation can occur if alcohol-based hand sanitizers are used where room ventilation is poor.

15. Are there guidelines for antimicrobial hand soaps and hand cleaners?

As part of the green cleaning guidelines for schools, New York State adopted a standard for hand cleaners and hand soaps that was jointly developed by Green Seal and Environmental Choice (GS-41/CCD-104) and completed in June 2006. The standard states that hand cleaner/hand soap products must "make no antibacterial, disinfecting, antiseptic or sanitizing product claims."

Studies show that proper hand washing with soap and water reduces the levels of harmful micrororganisms on hands by at least 99%. Evidence suggests that hand soaps or cleaners containing antimicrobial ingredients do not provide additional benefit beyond what is obtained by washing with plain soap and water unless used for at least 30 seconds of continuous hand washing. This is unlikely to be achieved in schools.