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DHEC Health Advisory

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Interim Guidance for Nonresidential K-12 School Responses to Influenza during the 2009-2010 School Year

This guidance is subject to change as additional epidemiological and clinical data become available.

Updates and changes from previous SC DHEC guidance entitled "Interim Guidance for Schools (K -12) in Response to Human Infections with the Novel Influenza A (H1N1) Virus" issued May 14, 2009 include:

- Prevention section revised to include Prevention Action Steps for Schools that are noted in the CDC's document entitled, "Preparing for the Flu (Including 2009 H1N1 Flu): A Communication Toolkit for Schools (Grades K - 12)."
- Surveillance process revised.
- Exclusion period for influenza and influenza-like illnesses changed to reflect current CDC guidance.
- School dismissal and closure guidance updated to reflect current CDC guidance.



C. Earl Hunter, Commissioner

Promoting and protecting the health of the public and the environment

DHEC Health Advisory August 21, 2009

Interim Guidance for Nonresidential K-12 School Responses to Influenza during the 2009-2010 School Year

The SC Department of Health and Environmental Control (DHEC) continues to collaborate with experts nationwide and around the state to monitor for evidence of influenza infections including the Novel H1N1 Influenza and to identify best practice strategies for protecting our citizens. Our goal is to prevent widespread transmission of the flu throughout communities.

We support the guidance released on August 7, 2009 by the Centers for Disease Control and Prevention (CDC) aimed at decreasing the spread of flu among students, school faculty and staff. The documents released by the CDC for schools are noted below and are available on-line at <http://www.cdc.gov/h1n1flu/schools/>.

- CDC Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses to Influenza during the 2009-2010 School Year
- Technical Report for State and Local Public Health Officials and School Administrators on CDC Guidance for School (K-12) Responses to Influenza during the 2009-2010 School Year
- Preparing for the Flu (Including 2009 H1N1 Flu): A Communication Toolkit for Schools (K-12)

In this document we have used the CDC guidance to:

- 1) provide recommendations for prevention, surveillance, exclusion and dismissal or closure guidance based on South Carolina's current influenza severity level (similar severity as in spring 2009),
- 2) update our guidance for influenza-like illness surveillance in school settings,
- 3) revise the school exclusion guidance for SC's schools, and
- 4) provide an overview of the process that schools should use when deciding on school dismissal and or closure.

Guidance for childcare programs is expected from the CDC and a separate state-level document for childcare programs will be developed at that time.

This guidance is subject to change as additional epidemiological and clinical data become available.

Prevention Action Steps for Schools

(CDC, August 7, 2009: *Actions Steps for Schools to Prevent the Spread of Flu* available on-line at <http://www.cdc.gov/h1n1flu/schools/toolkit/actionsteps.htm>)

- **Educate and encourage students and staff to cover their mouths and noses** with tissues when they cough or sneeze. Also, provide them with easy access to tissues and running water and soap or alcohol-based hand cleaners. Remind them to cover coughs or sneezes using their elbows instead of their hands when tissues are not available.
- **Remind teachers, staff, and students to practice good hand hygiene** and provide the time and supplies for them to wash their hands as often as necessary.
- **Send sick students, teachers, and staff home** and advise them and their families that sick people should stay at home until at least 24 hours after they no longer have a fever or signs of a fever (without the use of fever-reducing medicine). For the purposes of exclusion for ILI, "fever free" means a temperature below 100° F.
- **Clean surfaces and items** that are more likely to have frequent hand contact such as desks, door knobs, keyboards, or pens, with cleaning agents that are usually used in these areas.
- **Move students, teachers, and staff to a separate room** if they become sick at school until they can be sent home. Limit the number of staff who take care of the sick person and provide a surgical mask to wear if the sick person can tolerate it.
- **Have Personal Protective Equipment (PPE) such as masks** available and ensure the equipment is worn by school nurses and other staff caring for sick people at school. For the purposes of this document, masks are disposable facemasks cleared by the U.S. Food and Drug Administration (FDA) for use as medical devices. This includes facemasks labeled as surgical, dental, medical procedure, isolation, or laser masks.
- **Encourage early medical evaluation for sick students and staff** at higher risk of complications from flu. People at high risk of flu complications who get sick will benefit from early treatment with antiviral medicines. Children under the age of 5 years, pregnant women, people of any age with chronic medical conditions (such as pulmonary disease [including asthma], diabetes, neuromuscular disorders or heart disease) and people age 65 years and older are more likely to get complications from the flu.
- **Stay in regular communication with local public health officials.**

School Surveillance

(The surveillance guidance below follows SC DHEC's authority under Sections 44-1-110, 44-1-140, and 44-29-10 of the SC Code of Laws and Section 61-20 of the SC Code of Regulations.)

- School administrators, faculty and staff, students and parents/guardians should be made aware of the signs and symptoms of influenza and influenza-like illnesses (ILI).
 - Signs and Symptoms of Influenza: Fever, cough, sore throat, runny or stuffy nose, body aches and fatigue.
 - Signs and Symptoms of ILI: A temperature of 100 degrees Fahrenheit and a cough or sore throat for which there is no other known cause.
- Parents and guardians should monitor their school-aged children, and faculty and staff should self-monitor every morning for symptoms of ILI (temperature 100° F AND a cough or sore throat for which there is no other known cause).
- Parents/guardians should be advised to keep students with ILI home and notify the school of the child's symptoms. Faculty and staff who are ill with ILI should stay home and notify the school.
- All students who become ill during the school day should be referred to the school nurse or the designated person within the facility.
- Track ILI according to the guidance included in Appendices A, B, C and D. SC DHEC is developing a web-based reporting system to help facilitate reporting. Schools will be notified when this system is available. Until the web-based reporting system is available, the paper-based system described in Appendices A, B, C and D should be used.
- Schools experiencing a significant increase in the number of students or employees absent or being sent home for ILI should immediately contact the Disease Response and Surveillance Coordinator within their Regional Public Health Office by phone (Appendix D).

School Exclusion

(The exclusion guidance below represents an official request from DHEC under Sections 44-1-110, 44-1-140, and 44-29-10 of the SC Code of Laws and Section 61-20 of the SC Code of Regulations.)

- Students, faculty or staff with ILI should stay home and not attend school, or go into the community except to seek health care for at least 24 hours after they no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. An ill person has *signs of a fever* if he or she feels warmer than usual to the touch, has a flushed appearance, or is sweating or shivering.

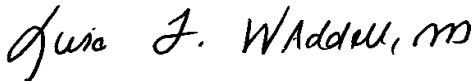
- Students and employees who appear to have ILI on arrival or who become ill with ILI during the day should be isolated promptly in a room separate from other students and sent home.
- Students, faculty and staff who have severe symptoms should be referred for immediate medical evaluation. Severe symptoms of ILI include high fever, trouble breathing, cyanosis (bluish or grayish lips or skin color), dehydration (dry mouth, decreased urine, decreased tears), decreased alertness, confusion, stiff neck, and/or seizure. Depending upon the student's condition emergency interventions may be necessary.
- Students with ILI should not ride the bus home.
- Parents should not allow ill students who are excluded from school to congregate with friends, participate in other school or community activities or attend a different child care setting.
- These exclusion criteria also apply to school-located before- and after-school programs.

School Dismissal or Closure

- School administrators, faculty, and staff should understand differences between school dismissals and school closures.
 - **School Dismissal:** Schools stay open for faculty and staff only; students stay home. Keeping school facilities open allows teachers to develop and deliver lessons and materials and other staff to provide important services. There are three types of school dismissals.
 - **Selective dismissal** is used when all or most students in the school are at higher risk for complications once infected with flu. For example, a school for medically fragile children or for pregnant students may decide to close based on the local situation while other schools in the community may remain open.
 - **Reactive dismissal** is used when many students and staff are sick and are not attending school, or many students and staff are arriving at school sick and are being sent home.
 - **Preemptive dismissal** is used early during a flu response in a community to decrease the spread of the flu before many students and staff become sick. This is most likely to occur when there is spread of **severe flu** in a region.
 - **School Closure:** Schools are not open; students as well as all faculty and staff stay home.
- Decisions regarding dismissal or closure of a school will be made at the community level. School officials should work closely with DHEC Regional Public Health Directors to make decisions regarding whether school dismissal or closure is warranted.

- School closure is not advised for a single or small number of suspected or confirmed cases of influenza (including Novel H1N1 Influenza) 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.
- If a school is dismissed or closed, school administrators should let the CDC, the U.S. Department of Education, SC DHEC and the SCDE know by submitting a report at www.cdc.gov/FluSchoolDismissal.
- If a school is dismissed or closed, all school-related mass gatherings should be canceled or postponed in order to decrease the spread of flu among students, their families and staff. This includes sporting events, school dances, performances, rallies, commencement ceremonies, and other events that bring large groups of people into close contact with one another.

Approved by:



DHEC Deputy Commissioner for
Health Services

August 21, 2009 / 4:00 p.m.

Date / Time

Guidelines for Reporting Influenza-Like Illnesses

The guidance below is subject to change as additional epidemiological and clinical data are available.

The following instructions should be followed for reporting cases of influenza or ILI until SC DHEC's web-based survey is available. The target date for the web-based surveillance system to be operational is October 1, 2009.

All schools must comply with the SC Department of Health and Environmental Control's guidelines for surveillance and screening of students, faculty and staff for influenza-like illnesses (ILI). Cooperation is critical to the state's efforts to reduce student, faculty and school staff absences by decreasing the spread of flu among students, faculty and staff.

Defining characteristics of ILI are:

- temperature greater than or equal to 100° F **and**
- at least one of the following – sore throat or cough for which there is no other known cause.

Students, faculty and staff who report that they have the flu should be counted as having an influenza-like illness regardless of whether they had the qualifying symptoms of ILI. Although fever is a component of the case definition of ILI, the epidemiologic data collected during spring 2009 found that a minority of patients infected with Novel H1N1 Influenza with respiratory symptoms did not have a fever.

Procedural Guidance for Reporting ILI

Public School Reporting

❖ School Level Reporting

1. All students being sent home for any illness should be seen in the school health office to avoid missing students in the surveillance count.
2. Each school's principal should identify a person to coordinate surveillance for ILI among students and staff.
3. Parents/guardians, students and employees should be advised to notify the school when absent due to symptoms consistent with ILI.
4. The person designated by the principal to coordinate surveillance for ILI should work with the staff person responsible for student attendance, the staff person who monitors employee attendance and the school nurse or person assigned to the school health office to gather information needed for completing the Influenza-Like Illness Report Form (ILI Report Form) (Appendix B).
5. The staff person who monitors student attendance should note on a tracking form (Appendix C) those students whose parents/guardians have provided an absence reason that is consistent with influenza. Key words to look or listen for include:

- flu
 - fever and cough
 - fever and sore throat
6. There may be instances when the reason for a student's absence is unclear. The parent or guardian may simply state that the student is ill. At this time the school is not required to call the parent to determine the student's symptoms. However, if there is an unusual number of absences, calling parents/guardians may be warranted. The Disease Response and Surveillance Coordinator within the DHEC Regional Public Health Office will assist with determining when follow up with parents/guardians is recommended.
 7. The staff person monitoring employee attendance should follow steps 5 and 6 above with regards to absences of school employees. Also see Appendix B.
 8. The school nurse or the school employee assigned to monitor the school health office should track the number of students sent home with ILI (Appendix C).
 9. All students and employees with symptoms of ILI must be sent home.
 10. The tracking sheet (Appendix C) that includes names of students and employees should be maintained by the person who completed the tracking sheet in a confidential file and shared only with those who have a need for knowledge of the information.
 11. An ILI Report Form should be submitted to the school district's ILI surveillance coordinator at the end of each school day. The Form must be submitted even if there were no students or staff known to be affected by ILI. Forms may be submitted electronically or by fax, whichever, the school district deems is most efficient.
 12. Schools experiencing a significant increase in the number of students or employees absent or being sent home for ILI must immediately contact the Disease Response and Surveillance Coordinator within their Regional Public Health Office by phone.

Note: For the purpose of continuity of operations planning, school districts may find it helpful to include district office buildings where there are no students in the reporting process. Knowledge of departmental absences will provide the school district with knowledge regarding whether certain services can continue (for example, if there are excessive absences in a district's Finance Department certain essential services may be negatively impacted.)

❖ District Level Reporting

1. The school district's superintendent should identify a person to coordinate the reporting process and summarize information from the ILI Report Forms completed by individual schools.
2. The district level coordinator should:

- Review each school's ILI Report Form from the previous day by 12:00 p.m. each day.
- Assure that contact has been made with the Disease Response and Surveillance Coordinator within the Regional Public Health Office if significant increases in the number of students or personnel affected by ILI are noted.

Private School Reporting

Private schools should follow the guidelines outlined above for school level reporting. Instead of submitting reports to a district coordinator reports should be maintained at the school. Reports may be maintained in an electronic or hard copy format.

	<h2 style="margin: 0;">Influenza-Like Illness Report Form</h2> <p style="margin: 0;">(Form Revised August 13, 2009)</p>
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The purpose of this form is to provide a standard reporting method for influenza-like illnesses.

- **Public schools** should submit this form to the school district's designated coordinator at the end of each school day.
- **Private schools** should maintain a copy of the form at the school.

Name:		Role:			
<i>(Person completing report)</i>					
School:	_____				
Phone:	_____	Fax:	_____		
Year = 2009 Note: Use this form until SC DHEC's web-based surveillance reporting system is available.		Enter date for each column. For example 8/10			
		MON	TUE	WED	THU
Number of students sent home today with ILI					
Number of students known to be absent today with ILI					
Total number of students absent today (regardless of reason)					
Total number of students enrolled in this school					
Number of employees sent home today with ILI					
Number of employees absent today with ILI					
Total number of employees absent today (regardless of reason)					
Total number of employees who work at this school/location					
Thank You!					

Influenza-Like Illness (ILI) Tracking Form for _____

(Form Revised 8/10/09)

(date)

Names included on this form represent the following types of absences due to ILI (check all that apply):

- Students Absent with ILI **(SA)** Students Sent Home with ILI **(SSH)** Employees Absent with ILI **(EA)** Employees Sent Home with ILI **(ESH)**


Instructions: Please track influenza-like illnesses daily on this form. Symptoms include temperature greater than or equal to 100° F and cough or sore throat for which there is no other known cause. Insert the student's or employee's name and grade level affiliation. Check the symptoms that apply. For students, also enter the homeroom teacher's name. If you are responsible for tracking more than one type of absence and would like to use one form daily to track the absences you may enter the code in parenthesis following the absence type under the "Other Symptoms or Notations" column. For example to indicate that a student was absent with ILI you would enter the students information on the form and in the Other Symptoms or Notations column you would enter SA.

#	Name	Grade	Homeroom Teacher	Fever	Cough	Sore Throat	Other Symptoms or Notations
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

DHEC Contact Information for Reportable Diseases and Reporting Requirements

Reporting of outbreaks/clusters of cases of influenza is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2009 List of Reportable Conditions available at: <http://www.scdhec.gov/administration/library/CR-009025.pdf>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2009		
Mail or call reports to the Epidemiology Office in each Public Health Region.		
<p><u>Region 1</u> Anderson, Oconee 220 McGee Road Anderson, SC 29625 Phone: (864) 260-4358 Fax: (864) 260-5623 Nights / Weekends: 1-866-298-4442</p> <p>Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda 1736 S. Main Street Greenwood, SC 29646 Phone: 1-888-218-5475 Fax: (864) 942-3690 Nights / Weekends: 1-800-420-1915</p> <p><u>Region 2</u> Greenville, Pickens PO Box 2507 200 University Ridge Greenville, SC 29602-2507 Phone: (864) 282-4139 Fax: (864) 282-4373 Nights / Weekends: 1-800-993-1186</p> <p>Cherokee, Spartanburg, Union PO Box 4217 151 E. Wood Street Spartanburg, SC 29305-4217 Phone: (864) 596-2227, x- 210 Fax: (864) 596-3443 Nights / Weekends: 1-800-993-1186</p> <p><u>Region 3</u> Chester, Lancaster, York PO Box 817 1833 Pageland Highway Lancaster, SC 29720 Phone: (803) 286-9948 Fax: (803) 286-5418 Nights / Weekends: 1-866-867-3886</p>	<p><u>Region 3 (continued)</u> Fairfield, Lexington, Newberry, Richland 2000 Hampton Street Columbia, SC 29204 Phone: (803) 576-2749 Fax: (803) 576-2993 Nights / Weekends: 1-888-554-9915</p> <p><u>Region 4</u> Clarendon, Kershaw, Lee, Sumter PO Box 1628 105 North Magnolia Street Sumter, SC 29150 Phone: (803) 773-5511 Fax: (803) 775-9941 Nights/Weekends: 1-877-831-4647</p> <p>Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion 145 E. Cheves Street Florence, SC 29506 Phone: (843) 661-4830 Fax: (843) 661-4859 Nights / Weekends: (843) 660-8145</p> <p><u>Region 5</u> Bamberg, Calhoun, Orangeburg PO Box 1126 1550 Carolina Avenue Orangeburg, SC 29116 Phone: (803) 533-7199 Fax: (803) 533-7134 Nights / Weekends: (803) 954-8513</p> <p>Aiken, Allendale, Barnwell 1680 Richland Avenue, W. Suite 40 Aiken, SC 29801 Phone: (803) 642-1618 Fax: (803) 643-8386 Nights / Weekends: (803) 827-8668 or 1-800-614-1519</p>	<p><u>Region 6</u> Georgetown, Horry, Williamsburg 1931 Industrial Park Road Conway, SC 29526-5482 Phone: (843) 915-8804 Fax: (843) 365-0085 Nights / Weekends: (843) 381-6710</p> <p><u>Region 7</u> Berkeley, Charleston, Dorchester 4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Phone: (843) 953-0060 Fax: (843) 953-0051 Nights / Weekends: (843) 219-8470</p> <p><u>Region 8</u> Beaufort, Colleton, Hampton, Jasper 219 S. Lemacks Street Walterboro, SC 29488 Phone: (843) 525-7603, x-108 Fax: (843) 549-6845 Nights / Weekends: 1-800-614-4698</p> <p><u>DHEC Bureau of Disease Control</u> Division of Acute Disease Epidemiology 1751 Calhoun Street Box 101106 Columbia, SC 29211 Phone: (803) 898-0861 Fax: (803) 898-0897 Nights / Weekends: 1-888-847-0902</p> <div style="text-align: center;">  <p>PROMOTE PROTECT PROSPER South Carolina Department of Health and Environmental Control</p> <p>www.scdhec.gov</p> </div>

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.