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SCHOOLS AND SWINE INFLUENZA A (H1N1)

FREQUENTLY ASKED QUESTIONS

MAY 1, 2009

These are some frequently asked questions about school closure policy and the novel swine influenza A (H1N1). They have been developed jointly by the Department of Health and Mental Hygiene and the Department of Education. In addition, CDC has released (May 1, 2009) updated guidance on School (K-12) Dismissal and Childcare Facilities, available at http://www.cdc.gov/h1n1flu/K12_dismissal.htm.

Q. Why are schools being closed?

A: There is evidence that closing a school can reduce the rate at which infectious diseases such as influenza spread through the community. Schools are particularly good places for disease transmission because many students work, eat, and play together, so a single infected person can quickly spread disease to many contacts.

Q. Are there some cases in which schools with cases of influenza might not be closed?

A. In some circumstances there may be information available that suggests a school does not need to be closed. This depends on knowing about the source of the influenza case, whether there is any evidence that transmission of the disease is already taking place in the school, and whether there is evidence of H1N1 influenza in the local community. In addition, CDC guidelines on closure have been evolving and will affect state and local policies.

Q. What is the difference between a suspected, probable, and confirmed case of H1N1 influenza?

A: A *suspected case* of H1N1 influenza is a person with acute febrile respiratory illness (fever greater than 100°F *plus* cough, sore throat, runny nose or nasal congestion), who also had close contact with a person with confirmed H1N1 influenza, traveled to a community known to have H1N1 influenza, or who lives in an area known to have H1N1 infection.

A *probable case* of H1N1 influenza infection is defined as a person with acute febrile respiratory illness with some early laboratory tests positive for influenza A, but has not had confirmatory testing.

A *confirmed case* of H1N1 influenza infection is defined as a person with an acute febrile respiratory illness with laboratory confirmed H1N1 influenza infection.

Q: Are symptoms for this new flu any different from more common flu viruses?

A: No. They include fever, fatigue, sore throat, cough, poor appetite, body aches and chills. Some people also have nausea, vomiting and diarrhea.

Q. How is the decision to close a school made?

A: When the Maryland Department of Health and Mental Hygiene learns that someone has *probable* or *confirmed* H1N1 influenza through laboratory testing, one of the considerations is where the person works or goes to school. If the person is either a student or a school staff person, the health department collects additional information about when the illness started, what the circumstances of school attendance or absence were, whether there are any additional cases of H1N1 influenza either in the school or in the local community, and what additional factors might affect the risk of infecting others in the school.

On a case by case basis, the health department, in consultation with the school system, makes a recommendation regarding the closure of a school to the superintendent of schools. The decision to close the school is then communicated to the principal.

Q. If someone in the school has been diagnosed with H1N1 influenza and the school is not closed, should they stay home?

A: The recommendations about school attendance for someone with **probable** or **confirmed** H1N1 influenza are based on how long they are considered contagious (capable of infecting others). In general, students or staff should not return until they are not contagious. Therefore, students or staff who are sick should be out a minimum of 7 days after the start of symptoms. If they continue to have symptoms after 7 days, they should be free of symptoms for 24 hours before returning to school. If a child has been diagnosed with H1N1 influenza, be sure to contact the school nurse so that the school is aware.

Q. How will I learn about school closures?

A: The school system will communicate decisions about school closures through its regular channels of communication.

Q. How long is someone with H1N1 influenza contagious to others?

A: This is not known for sure, but CDC guidance is that an infected person should be assumed to be contagious (capable of infecting others) from one day before symptoms start until they are symptom-free. In general, even if symptoms improve rapidly, someone with H1N1 influenza virus infection should be considered potentially contagious for up to 7 days after the start of symptoms. Someone who is ill longer than 7 days after symptoms start should be considered potentially contagious until symptoms have resolved. Children, especially younger children, might be contagious for longer periods.

Q: How long should school stay closed?

A: CDC has released new guidelines (May 1, 2009) for K-12 dismissal and childcare facilities (available at http://www.cdc.gov/h1n1flu/K12_dismissal.htm) which now recommends that if a school dismisses students or a childcare facility closes, schools and childcare facilities should dismiss students for a minimum of 14 days. The length of time is recommended because children are likely to be infectious for about 7 – 10 days after the onset of illness.

Public health officials are working closely with education officials in each case, looking at whether there are additional cases in the community and other epidemiologic trends, to ensure that school closures slow the spread of the disease.

Q. Is there any need for special school cleaning?

A: There is generally not a need for special school disinfection, beyond routine good housekeeping and washing of surfaces. As with any other infectious disease, it is good practice to keep surfaces clean. The virus can live on surfaces for up to a couple of hours, but will eventually die, especially if the surface is kept clean. However, the main way the virus is spread is by direct person-to-person contact or being close to someone who is coughing or sneezing.

Q. What should parents and schools do to reduce transmission of H1N1 influenza?

A: It is very important to teach children and emphasize the things that are known to reduce transmission of the H1N1 virus:

- Covering their nose and mouth with a tissue when they cough or sneeze. Throwing the tissue in the trash after you use it.
- Handwashing with soap and water, especially after they cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoiding contact between the hands and mouth, eyes, or nose. Germs spread this way.
- Minimizing close contact with people who are sick at home or in the community.

Q. Should family members of someone with H1N1 influenza attend school?

A: This depends on circumstances. In general, the guidance from the CDC and the U.S. Department of Education is that family members who have no symptoms should continue to attend school. If someone in the family has been diagnosed with *confirmed* H1N1 influenza, there is a risk of exposure, and family members should use recommended precautions to avoid unnecessary exposure, such as good cough and sneeze etiquette and frequent hand washing. They should also be sure to let others know if they are not feeling well.

As with school closures, the recommendations regarding school attendance for family members are evolving and will be closely monitored by the health department.

Q. Can I keep my child home from school if I am worried about the H1N1 influenza?

A: School attendance policies have not changed for schools that remain open, even with cases of H1N1 influenza in the community. As long as health officials and the school department have not closed the school or issued any other precautions, school operations and attendance are expected to go on as usual. If you have additional questions or concerns related to your child, you should contact your health care provider.

Q: What are parents supposed to do if their children's school or childcare facility is closed?

A: This challenge is recognized by public health and education officials. There is no specific advice or recommendation from the CDC or U.S. Department of Education about alternatives, and represents a continuing challenge for parents and employers. Employers are urged to work with their employees in these circumstances, and to recognize that employees may have extraordinary child care obligations for a period of time.