

Nevada Guidance on School and Childcare Facility Closure In Response to Human Infections with 2009 Influenza A (H1N1) Virus

Last updated May 3, 2009 8:00 AM PST

Update on Status of the H1N1 Virus Outbreak

As of May 3, 2009, Nevada has one confirmed case and 8 probable cases of the new H1N1 strain. The U.S. case number is 226 with one death. The H1N1 disease observed in the U.S. so far has not been the severe, fatal flu that might come from a new strain. In fact, illness with the new strain is very similar to the seasonal flu. Although the situation will continue to be monitored very closely, state and local health officers of the governmental public health agencies in Nevada have agreed that there is no reason at this time to respond differently to the outbreak of the new strain than for seasonal flu. The Nevada State Health Division has in collaboration with health and education authorities developed a process to make decisions on school and childcare facility closings on a case by case basis. Upon notification of a new confirmed or probable case in a school or childcare facility a meeting will be called of the Joint Health and Education Authorities Influenza Oversight Committee to make the decision on school closure or other remediation efforts.

The following recommendations are based on current information and are subject to change based on ongoing surveillance and continuous risk assessment.

Background

The one confirmed case of H1N1 influenza in Nevada was detected in a childcare facility. Inevitably, additional cases of H1N1 influenza will likely be confirmed in a Nevada school or another childcare facility. When this happens, a decision must be made about facility closure, both at the school/childcare facility of the infected child and possibly other schools/childcare facilities in the area. A confirmed or probable case in a student will not automatically merit a recommendation to close schools. Closing a school or childcare facility is a step not to be taken lightly and all implications of this action must be considered before a decision is made. This is especially true because potential benefits from the strategy of school closure to control an influenza outbreak are unproven. Furthermore, based on evidence in recent reports, it appears the H1N1 virus is similar to seasonal influenza viruses for which school closures are not routinely recommended.

This document provides guidance for Nevada on school and childcare facility closure. The most recent Centers for Disease Control and Prevention (CDC) guidance document provides for considerable flexibility in making decisions about school closures, recognizing that the local authorities are responsible for making these decisions and that those decisions should be based on the extent and severity of the illness in the community.

Recommendations when H1N1 is Confirmed or Probable

Upon notification of a confirmed or probable case the Joint Health and Education Authorities Influenza Oversight Committee will make the decision on school closure or other remediation efforts. The Committee will consist of the State Health Officer, the State Superintendent of Public Instruction, the local health officer and the local school superintendent or private school/childcare facility operator.

Evaluation Criteria

The Committee will consider the following criteria, including but not limited to:

- Severity of illness based on national surveillance and CDC recommendations
- Timing of the illness onset and when the student was in school
- Infectivity of the H1N1 virus based on national surveillance
- Extent of transmission including number, timing and location of cases
- Transportation issues related to exposure of children on school buses
- Social or economic issues
- Risks of re-congregation if schools were closed
- Availability and feasibility of other community mitigation measures

Non-School Closure Mitigation Measures

In place of school closure, local school districts will identify and implement other appropriate mitigation measures in consultation with state and local health authorities, including but not limited to:

- Increased disease surveillance by the school nurse or other responsible person, ensuring that ill children do not attend school
- Increased hand washing, providing hand sanitizers (if possible), and other interventions normally used during seasonal influenza
- Increased communication with children, parents and school staff about disease prevention, including reminders to have children and school staff stay home if they are ill
- Siblings, other family members and close contacts who present to school or report signs or symptoms compatible with influenza-like illness will not be allowed to attend school until they recover from their illness or they return with a signed release from a health care provider

Length of School Closure

Current CDC guidelines that suggest that schools be closed for a period of up to 14 days are under review and likely to be changed. If a school is closed, the Committee will establish the length of the school closure based on the latest CDC guidelines and the specific circumstances of each case.

References

Centers for Disease Control and Prevention. Update on School (K – 12) Dismissal and Childcare Facilities: Interim CDC Guidance in Response to Human Infections with the 2009 Influenza A H1N1 Virus. May 1, 2009, 6:35 AM ET. Available at http://www.cdc.gov/h1n1flu/K12_dismissal.htm

State Health Division Bi-Lingual H1N1 Flu Hotline: 866.767.5038

www.cdc.gov/swineflu
www.health.nv.gov