

# **Pandemic (H1N1) 2009 INFLUENZA Virus (pH1N1)**

## **Guidance for Elementary and Secondary Schools**

Board Chairs and Directors of Education  
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# Current Status

- What we DO know:
  - Most illness has been mild, with low rates of hospitalizations and deaths (1.6/1,000,000 population)
  - Severe disease causing hospitalization occurs most frequently in children and young adults
  - Risk factors for severe outcomes also include pregnancy and chronic medical conditions, such as lung disease
  - Health system busy but coping
- What we DON'T know:
  - Will disease severity of successive waves of illness be more, less, or the same as observed to date?
  - What will be the impact of seasonal flu vaccine on the likelihood of pH1N1 vulnerability?
  - Level of increased demand on the health system (primary care, hospitals, home care, etc.)

# Planning Parameters for the Fall

- A busy flu season:
  - Influenza virus mix and relative weights (pH1N1, sH1N1, influenza B, H3N2)
  - Influenza virus changes - pH1N1 and H3N2
  - Changing public attitudes and behaviours: disease risk, vaccines and antiviral medications and non-pharmaceutical interventions
- A busy health system:
  - Lab testing capacity will be reduced due to increasing demands
  - Increased demand for antivirals, personal protective equipment and infection control supplies
  - Potential for capacity constraints in acute care, long-term care, community care and public health sector

# Guidelines for the Prevention and Management of pH1N1 in Elementary and Secondary Schools

- Prepared by Ministry of Health and Long-Term Care, in consultation with Ontario Agency of Health Protection & Promotion, Ministry of Education and Ministry of Labour
- Objective is to ensure information is available and consistently applied across Ontario
- Released through a phased approach
  - ✓ Phase 1 (Released) - General guidance, i.e., hand hygiene, stay home when sick, what to do when staff and students become ill at school
  - ➡ Phase 2 – Additional information on school cleaning and closures, as needed
  - ➡ Phase 3 – Vaccination strategy and emerging issues

# Influenza-like Illness

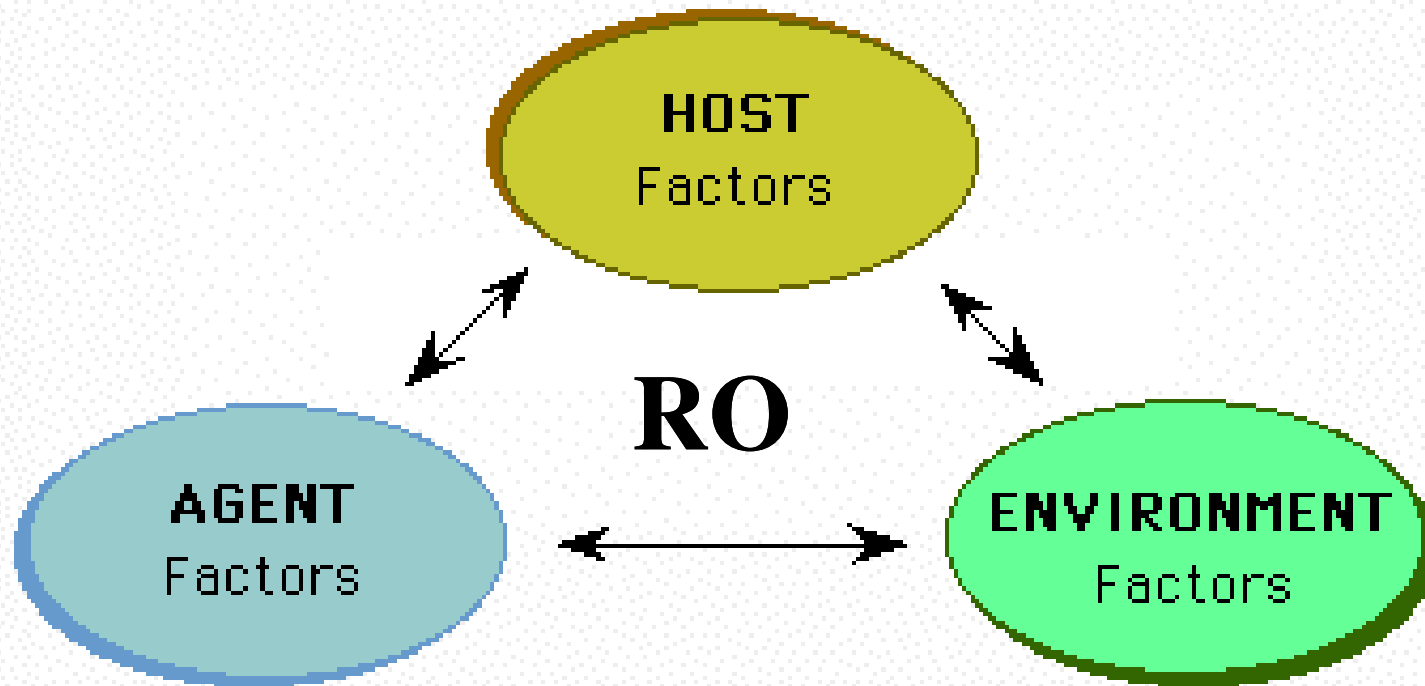
- To date, infection with pH1N1 has resulted in influenza-like illness (ILI) similar to seasonal influenza
  - ➔ Cases have been mild and self-limiting and most have recovered quickly
- A large number of cases have been in healthy young adults between the ages of 5 and 24 years

## Definition

*Influenza-like illness (ILI) is the acute onset of respiratory symptoms with fever and cough and one or more of the following symptoms: sore throat, muscle aches, joint pain, or weakness. **In children under 5, gastrointestinal symptoms may also be present and fever may not be prominent.***

# Epidemiology: The Science of Public Health

## The Epidemiologic Triad



# Infection Prevention and Control

- Infection prevention and control practices are paramount in helping to prevent or reduce the spread of influenza
- Best achieved by using a comprehensive approach called 'hierarchy of controls'
- Approach includes:
  - Physical layout/Supplies
  - Screening
  - Infection prevention and control measures (i.e., hand hygiene, cough/sneeze etiquette)
  - Environmental cleaning (rethinking current practice, focus on high touch/high traffic areas)
  - Communication (i.e., stay home if sick)

# Physical Layout/Supplies

- First and most effective line of defense
- Adapting physical environments can reduce the spread of influenza
- Achieved through ensuring that:
  - Hand washing stations have running water and an adequate supply of soap and paper towels or hand dryers
  - Alcohol-based hand rub (ABHR) is placed where hand washing facilities are not available
  - Designated area where ill students can be isolated from other students
  - The need for students to share supplies in classrooms is reduced

# Screening

- Active screening of staff and students before they enter the school is not recommended at this time; current recommendation is for passive screening
- Staff and students should be familiar with ILI symptoms and monitor themselves for on a regular basis
- Staff and students should report their ILI symptoms to school officials as soon as possible

# Hand Hygiene and Cough/Sneeze Etiquette

- Hand hygiene (soap and water, alcohol-based hand rub- ABHR) and covering coughs and sneezes are the most important means of preventing the spread of influenza
- Hand washing facilities should be easily accessible, if hand washing facilities are not available, ABHR (60-90%) should be used
  - ➔ Note: Students must use ABHR under supervision
- Staff and students should be encouraged to practice hand hygiene and cough/sneeze etiquette frequently
  - ➔ Posting of signage (i.e., illustrating proper techniques) and use of education materials (e.g., Bug Out! Get the Facts on Germs)
  - ➔ Reinforcement of hand hygiene during specific activities (i.e., before eating lunch/snacks, after sneezing/coughing, etc.)
  - ➔ Reinforcement of respiratory etiquette (i.e., cough into sleeve or cover their mouth and nose with a tissue when coughing or sneezing)

# Managing ILI in Students and Staff

- Exclusion from school of anyone ill with ILI symptoms
- Students who become ill while at school should be separated from other children until they can be picked up
- Students and staff should remain at home until they no longer have a fever and feeling better
- Considerations for pregnant women and individuals with pre-existing chronic disease:
  - Likelihood of contracting virus is no different from general public
  - However, may suffer complications from pH1N1 and should see their health care provider as soon as possible
  - Quebec decision in part driven by unique component of occupational health and safety legislation, re: reassignment of pregnant workers

# Consideration for School Closures

- Given the current epidemiology of pH1N1 (mild and self-limiting), school closures are not recommended at present
  - ➔ Closures are extremely socially and economically disruptive
- Decision to close schools should be discussed in collaboration with the local public health unit and school board
  - ➔ Closure should mitigate the impact of pH1N1 on the entire population
  - ➔ Decision should be based on health and safety considerations (i.e., high staff absenteeism)
  - ➔ Decision should also take into account potential societal disruption ie. assessment of the risks and benefits
- Triggers to close may include:
  - ➔ Severity of pH1N1
  - ➔ Virulence of pH1N1
  - ➔ Timing and extent of recommendation for school closures (i.e., at the beginning of a wave)

# Communications

- Important that staff and parents receive frequent communications on pH1N1 (e.g., when the virus is in the community)
- Information should include:
  - Symptoms of ILI
  - Recommended Infection prevention and control practices
  - What to do if staff or students become ill
- Communication (frequency, tone) should correspond to level of risk
  - Factual and evidence-based
  - Local public health units can assist

# Linking with Local Public Health

- Linkage with local public health is encouraged in the following areas:
  - To obtain the latest information on pH1N1
  - Guidance on infection prevention and control best practices
  - Advice on how to manage students and staff with ILI
  - Outbreak declaration
    - School absenteeism rates that exceed 10%
  - Direction on timely outbreak response measures
  - Decisions on school closures

## Next Steps

- On-going collaboration between school boards, Ministry of Education and Ministry of Health and Long-Term Care
- Refinement of guidelines for elementary and secondary schools as needed
- Document continues to be available on MOHLTC H1N1 website:

[http://www.health.gov.on.ca/english/public/updates/archives/hu\\_09/swine\\_flu.html](http://www.health.gov.on.ca/english/public/updates/archives/hu_09/swine_flu.html)