

K-12 Schools Frequently Asked Questions (This FAQ is not Intended for Schools or Programs for Medically Fragile Students or Pregnant Teens)

What is influenza?

Influenza, or the flu, is a contagious respiratory illness caused by a virus. Symptoms of influenza generally include fever, cough, sore throat, chills, muscle aches, headache, fatigue, stuffy nose, and in some cases diarrhea and vomiting. Young children may be cranky, less playful, or not feed well. Infants with influenza may have fever and lethargy without cough or respiratory symptoms.

What is influenza-like illness (ILI)?

Influenza-like illness is defined as fever equal to or greater than 100 F, and cough or sore throat. ILI is used because it may be difficult to know what virus a person has without extensive testing. Because not everyone is thoroughly tested and because rapid flu tests are not always accurate, people with ILI should assume they have influenza unless diagnosed with another disease by their doctor.

Who is at high risk for influenza complications?

People at high risk for complications from influenza (including seasonal and novel H1N1 influenza) are children under 5 years of age (especially those under age 2), people with underlying medical conditions (such as heart, lung or kidney disease, asthma, diabetes, neurological or neuromuscular disorders, or a suppressed immune system as in HIV/AIDS), pregnant women, and people over age 65.

What can I do to prevent transmission of influenza?

Influenza is primarily spread from person to person through coughing and sneezing. The Minnesota Department of Health recommends vaccination against seasonal influenza and

novel H1N1 influenza as the best method to protect people against influenza virus. Vaccine is discussed below. Good hand hygiene, cough etiquette and staying home when you are sick are critically important as well.

Clean your hands at every opportunity, especially after coughing or sneezing. Use soap and water and wash hands for at least 20 seconds. If soap and water are not readily available and hands are not visibly dirty use an alcohol-based hand rub to clean hands. Alcohol-based hand rubs are not effective when hands are visibly dirty.

Cover your cough and sneeze with either a tissue or your sleeve. Dispose of used tissue immediately in the trash and clean hands afterwards.

Good hand hygiene and covering coughs and sneezes can help prevent not only influenza, but other viral and bacterial illnesses as well.

Do I need to use antibacterial soap?

No. There is no need to use special antibacterial soap; regular soap is effective. Antibacterial-containing products have not been proven to prevent the spread of infection better than plain soap.

What can schools do to prevent transmission of influenza and other infectious diseases?

Schools can promote hand hygiene among students and staff. Assure that liquid soap and paper towels, as well as time for hand washing are available. More tips and materials to encourage hand washing can be found at: <http://www.health.state.mn.us/handhygiene/materials.html>



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Routinely clean and disinfect commonly used areas and frequently touched surfaces, regardless of occurrence of influenza cases. Many bacteria and viruses can live on surfaces, such as those that cause colds and stomach illness. Cleaning/disinfection should be performed using EPA-registered products and according to manufacturer instructions.

<http://www.health.state.mn.us/handhygiene/schools/cleandis.html>

When cleaning and disinfecting make sure you follow package instructions for contact time and dilution.

How can you recognize a fever or signs of a fever?

Use a thermometer if it is available. If you are not able to measure a temperature with a thermometer, a sick person might have a fever if he or she feels warm, has a flushed appearance, or is sweating or shivering.

When someone has influenza when should they see a health care provider?

Individuals at high risk for complications from influenza should contact their doctor immediately if they develop symptoms. If antiviral medications are needed, they are most effective within two days after symptoms begin.

If your child has any of the following emergency warning signs they should receive urgent medical attention. These signs include: worsening of a pre-existing medical condition, influenza-related pneumonia, fast breathing, trouble breathing, fever above 104 F (101 F for a child) that cannot be reduced, bluish skin or lip color, not drinking enough fluids, not urinating, no tears when crying or other signs of dehydration, severe or persistent vomiting, not waking up or interacting, inability to move an arm or leg or being so irritable as to not wanting to be held, pain or pressure in the chest or stomach, sudden dizziness, confusion, and flu-like symptoms that improve but return with fever and worse cough. Contact your healthcare provider immediately if you observe these signs.

What should a school do if symptoms develop after a student or staff member arrives?

Students and staff with ILI should be separated from healthy individuals and sent home. If possible, a designated room should be made available for students who are sick. Staff supervising this room should not be at high risk of complications from influenza. If it is not possible to designate a room, allow for a 6 feet distance between the ill person and others. Surgical masks may be worn if available by either the ill student/staff or the health staff.

How long should students and staff with ILI be excluded?

Students and staff with influenza-like illness should remain at home until at least 24 hours after fever is gone without the use of fever-reducing medications. During the time students and staff are excluded from school, they should stay home except to seek medical care. Students and staff should not attend or participate in school-based activities (e.g., sports) during this time.

Should schools require a note from health care providers to allow students and staff who have been ill to return to the program?

No. Health care facilities may be very busy during the influenza season making it hard for them to provide notes.

Should schools notify parents and staff if they identify ILI cases?

Yes. Although schools may choose to notify sooner, MDH recommends that schools should notify parents and staff of ILI cases once they have either 3 children with ILI in one classroom for elementary schools or five percent of the total school enrollment is ill with ILI in the school. Template notices can be found at: <http://www.health.state.mn.us/divs/idepc/diseases/fl/school/prepare.html#notice> .

Are there additional steps parents should take to prevent the spread of influenza in schools?

Yes. Parents should evaluate their child before sending them to school in the morning. Screening forms for parents can be found at:

<http://www.health.state.mn.us/divs/idepc/diseases/flu/school/prepare.html>. If your child has a fever (100 degrees F or greater) and a cough or sore throat they should stay home from school and other activities for 24 hours after their fever is gone without fever-reducing medication. Parents should notify the school of their child's absence and inform the school that their child has ILI.

What type of care should students and staff with ILI receive?

Most healthy people who do not have underlying chronic conditions can manage their illness at home. Tips for caring for a person with flu symptoms at home can be found at:

http://www.cdc.gov/h1n1flu/guidance_homecare.htm

<http://www.health.state.mn.us/divs/idepc/diseases/flu/h1n1/basics/care>

If someone is a high risk for complications from influenza (see above) or if they have warning signs of severe disease they should contact their healthcare provider immediately. Do not give children or teenagers aspirin or aspirin-containing products if they have influenza since this may cause a rare but serious disease called Reye's Syndrome that can result in brain injury or death.

Should a school dismiss classes when they have cases of ILI?

At this time MDH does not recommend school dismissal because students and staff are ill with ILI. A school may choose to dismiss if they have excessive absenteeism among students or staff, students are not following the exclusion policy, or other factors that make it difficult for the school to maintain normal functioning. If schools dismiss for this reason, school related gatherings and activities should also be cancelled or postponed and the school should report the dismissal to www.cdc.gov/FluSchoolDismissal or email FluSchoolDismissal@cdc.gov.

Are people taking antivirals able to come back to school sooner?

No. They should stay out for 24 hours after their fever is gone without use of fever-reducing medication. People on antiviral treatment may still shed influenza virus and viruses that have become resistant to antiviral medications.

When can a student or staff who has ILI but has tested negative for influenza at their doctor's office come back to school?

Students or staff who have ILI but have a negative influenza test should follow the same exclusion period as everyone else. They should not return to school until their fever is gone for 24 hours without fever-reducing medication. This is because there is a low accuracy of the rapid flu tests with novel H1N1 influenza.

Who should be vaccinated against influenza?

MDH recommends that all children over 6 months of age through young adults up to 24 years old vaccinated against novel H1N1 and seasonal influenza. Initial target groups for novel H1N1 influenza vaccine include; children and young adults (6 months to 24 years old), caregivers of children less than 6 months old, pregnant women, and anyone who has a chronic underlying condition that places them at high risk for complications from influenza. In addition, all people (including parents) who live with or care for children less than 6 months old should be vaccinated against both seasonal and H1N1 influenza. Influenza vaccine is not approved for children less than 6 months of age. It is expected that eventually there will be enough novel H1N1 vaccine for anyone who wants to be vaccinated.

What steps should students and staff who are at high risk for complications from influenza take?

People at high risk for influenza complications (see above) should talk to their physician about a plan for the influenza season and they should also be vaccinated against novel H1N1 and seasonal influenza. If symptoms of influenza develop or if they are exposed to someone with influenza-like illness, they should promptly contact their health care provider. Early

treatment with antiviral medications is very important to prevent serious disease and is most effective if started within 48 hours of symptom onset.

If an individual has experienced symptoms of influenza should they still be vaccinated?

Yes. It is difficult to differentiate between illness due to seasonal influenza, novel H1N1 influenza, or other viral diseases. Even if someone has a positive rapid test in their health care provider's office for influenza or has had ILI they should be vaccinated against both seasonal and H1N1 influenza when it becomes available.

Can individuals receive seasonal and H1N1 vaccine at the same time?

There are separate vaccinations for seasonal influenza and for novel H1N1 influenza. Individuals can receive both the seasonal and H1N1 vaccine at the same time either as two shots given at separate sites on the body, or as one flu shot with one flu nasal spray. Two nasal spray vaccines cannot be given at the same time.

How many doses of H1N1 vaccine will be needed?

Children 6 months through 9 years of age will need 2 doses of H1N1 vaccine, given about 4 weeks apart. Children who are 10 years and older only need 1 dose of H1N1 influenza vaccine.

Will a person test positive for flu after receiving the vaccine?

If tested for the flu after receiving the live attenuated influenza nasal spray vaccine (LAIV), a person could test positive on a rapid influenza diagnostic test.

Do clinics reserve the second dose of vaccine?

It is not necessary because vaccine availability is expected to increase over time. By the time a person needs a second dose, it should be available.

Are there side effects from the H1N1 vaccine?

The types and frequencies of side effects from the 2009 H1N1 vaccine will likely be similar to those experienced following seasonal influenza vaccine which are mild, localized reactions.

Do influenza vaccines contain adjuvants?

No. None of the 2009 H1N1 and seasonal influenza vaccines that will be available contain an adjuvant. An adjuvant is an additive that helps the body respond better to the vaccine.

Does the H1N1 influenza vaccine contain preservatives?

The 2009 H1N1 influenza vaccine is being manufactured in several formulations that include both preservative containing and preservative free. Thimerosal is a mercury-based preservative that is used in some influenza vaccines to keep them free from contamination. Any vaccine that comes in a multi-dose vial contains a preservative; vaccine that comes in single doses will not contain a preservative.

If novel H1N1 influenza begins causing more severe disease, could recommendations for schools change?

Yes. Recommendations may change and schools should plan in advance.

Recommendations may include:

- Extended exclusion period. If disease severity were to increase, recommendations may include extending the time when people with ILI are excluded from school. For example, a period of 7 days after onset of symptoms may be used for all students and staff.
- Increase social distance within a school. Some options include rotating teachers between classrooms while keeping the same group of students in one classroom, canceling classes that bring students together from multiple classrooms, holding classes outdoors, postponing class trips, discouraging use of school buses and public transit, dividing classes into smaller groups, moving desks farther apart, and moving classes to larger spaces.
- Preemptive school dismissal. This would mean that all schools would be recommended to dismiss classes for a

period of time. Preemptive dismissal would only occur if global or national risk assessments indicated increased severity from the spring 2009 H1N1 influenza outbreak.

- Request that children living with people who have ILI stay home for 5 days from the day the first household member got sick.

Recommendations for schools or programs for medically fragile or pregnant teens can be found at:

<http://www.health.state.mn.us/divs/idepc/diseases/flu/school/mfpt.html>