



**THE STATE EDUCATION DEPARTMENT
UNIVERSITY OF THE STATE OF NEW YORK**
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Interim Commissioner



**NEW YORK STATE
DEPARTMENT OF HEALTH**
Richard F. Daines, M.D.
Commissioner

TO: District Superintendents of Schools
Superintendents of Public and Nonpublic Schools
Administrators of Charter Schools
School Principals
Directors of School-Based Health Clinics
Local Health Department Officials

FROM: Interim Commissioner Carole F. Huxley, NYS Education Department
Commissioner Richard F. Daines, M.D., NYS Department of Health

SUBJECT: 2009-2010 School (K-12) Guidance: Novel H1N1 Influenza (Flu) Virus

DATE: August 31, 2009

The New York State Education Department and the New York State Department of Health continue to collaborate on guidance for educational institutions in New York State (outside of New York City). We are writing to provide you with the latest guidance on ways schools can help to reduce the spread of the novel H1N1 influenza virus.

The guidance expands and modifies previous guidance and focuses on numerous non-pharmaceutical, community-based measures that should be useful in reducing disease transmission and associated illness during the outbreak of novel H1N1 flu virus. The guidance is based on the novel H1N1 influenza continuing to exhibit the same severity that was observed during the spring of 2009. If novel H1N1 influenza exhibits greater severity the State Department of Health and State Education Department may issue additional guidance recommending additional non-pharmaceutical interventions.

We continue to emphasize that the primary means to reduce spread of flu in schools is to focus on early identification of ill students and staff who should be excluded from school and all school-related activities when ill, and to encourage good hand hygiene and respiratory etiquette. The overall impact of novel H1N1 flu this fall is likely to be greater than in the spring. School closures and student dismissals may be warranted, depending on the disease burden and other conditions. Decisions related to measures taken in response to human infections with novel H1N1 flu virus remain at the discretion of the local board of education/superintendent in consultation with local health officials, taking into account the impact of school absenteeism and staffing shortages along with the identified health needs of the community.

Please find the New York State "2009 - 2010 School (K-12) Guidance: Novel H1N1 Influenza (Flu) Virus," our guidance pertaining to non-pharmaceutical, community-based measures aimed at reducing disease transmission and associated illness during this outbreak of novel H1N1 flu virus.

Preventing the spread of flu requires that everyone take personal responsibility to embrace the adoption of effective mitigation measures and to work collaboratively at the community level to implement them. Thank you for your continued cooperation in this matter.

Attachment:

NYSDOH Advisory, "2009 - 2010 School (K-12) Guidance: H1N1 Influenza (Flu) Infections"

Date: August 31, 2009

To: District Superintendents of Schools, Superintendents of Public and Nonpublic Schools, Administrators of Charter Schools, School Principals, Directors of School Based Health Clinics, Local Health Department Officials

From: New York State Department of Health, Division of Epidemiology

**2009 - 2010 School (K-12) Guidance:
NOVEL H1N1 INFLUENZA FLU VIRUS
Please distribute to all appropriate staff.**

Introduction

This document is an important update to the joint New York State Department of (NYSDOH) and New York State Education Department (NYSED) guidance distributed May 12, 2009 regarding the response to human infections with novel H1N1 flu virus in educational facilities outside of New York City.

The NYSDOH and the NYSED are providing this guidance to suggest ways for reducing exposure of students and staff to flu during the 2009-10 school year. The guidance expands and modifies previous guidance and focuses on numerous layered non-pharmaceutical, community-based measures that might be useful during this outbreak of novel H1N1 flu virus to reduce disease transmission and associated illness. This guidance is based on the severity of novel H1N1 influenza continuing to exhibit severity similar to that observed during the spring of 2009. If novel H1N1 influenza exhibits greater severity, NYSDOH and NYSED may issue additional guidance, which may recommend additional non-pharmaceutical interventions (NPIs).

The Centers for Disease Control and Prevention (CDC) issued updated interim guidance regarding schools (K–12), a technical report, and communication tool kit on August 7, 2009. Recommendations contained herein are consistent with the recommendations provided by the CDC.

This document is current as of 2:30 p.m., 08/31/2009 and is subject to change based on ongoing surveillance and continuous risk assessment. Additional guidance about NPIs may be issued if novel H1N1 influenza becomes more severe in comparison with the spring of 2009.

For guidance related to educational institutions in New York City, see the New York City Department of Health and Mental Hygiene (NYCDOHMH) website at <http://www.nyc.gov/html/doh/html/cd/cd-h1n1flu.shtml>.

Key Points and Changes from May 12, 2009 Update

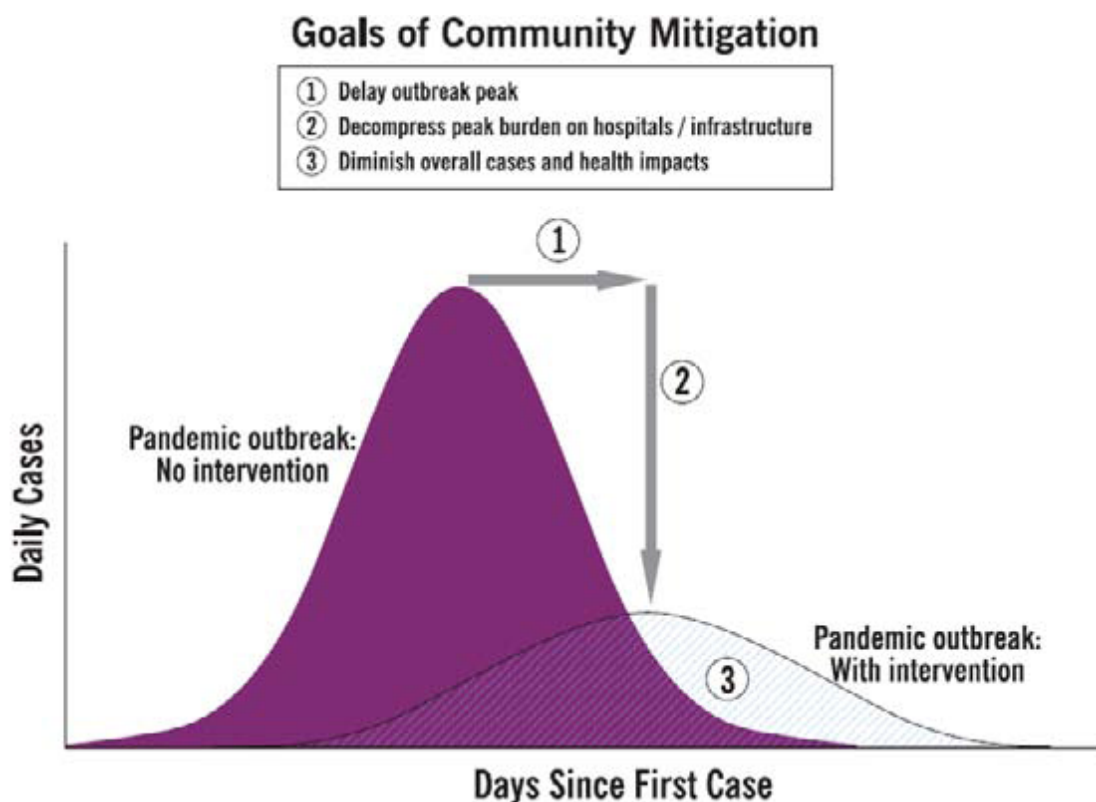
- The primary means to reduce the spread of flu in schools continues to focus on early identification of ill students and staff that should be excluded from school and all school-related activities when ill, and to encourage good hand hygiene and respiratory etiquette.
- The recommended exclusion period has changed for most situations. People with influenza-like illness (ILI) should stay home for at least 24 hours after they are free of fever (100° F [37.8° C]), or signs of a fever without the use of fever-reducing medicines. This is a change in exclusion guidance from May 12, 2009, which recommended that people with ILI stay home until at least 7 days after the onset of symptoms and fever-free for the past 24 hours. Longer exclusion periods may be appropriate in some situations.
- Decisions related to measures taken in response to novel H1N1 flu virus remain at the discretion of local education and health officials, taking into account the specific needs of the community and the impact of school absenteeism and staffing shortages.
- Schools are strongly urged to closely monitor ILI activity and work with their local health departments to report absenteeism and/or school dismissal on a daily basis.
- Reactive school dismissal is not recommended unless absenteeism of students or staff makes it impossible to maintain a normal functioning or safe environment.
- The selective dismissal of some schools with high numbers of high-risk students or staff may be considered.
- The CDC or NYSDOH may recommend pre-emptive school dismissals in the future, based on changes in virulence, severity, and impact.

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Goals

The goals of community mitigation measures are to slow the spread of the disease in a community to: 1) decrease exposure to both regular seasonal flu and H1N1 flu while minimizing disruption of day-to-day social, educational, and economic activities; 2) delay the peak of the disease in order to “buy time” for the production and distribution of a vaccine against this new virus; 3) reduce the total number of people who get sick, need hospitalization, or die from the

flu; and 4) reduce the “surge” or demand on healthcare systems resulting from those who are sick from the flu.



Background

Approximately 1.9 million students and 190,000 staff attend the more than 4,100 public and nonpublic schools (K-12) in New York State (outside of New York City). Schools play a critical role in protecting the health of their students, staff, and the community from contagious diseases such as H1N1 flu. Children are very susceptible to getting this new virus and schools may serve as an amplification point for spread of this new virus in a community.

The CDC estimates that by implementing these recommendations, schools and health officials can help protect approximately one-fifth of the nation’s population from flu. Schools serve communities in numerous other capacities beyond their basic charge of educating children. Therefore, communities have a responsibility to work together to balance the benefits of keeping students in school with the risks of illness among students and staff. The experience and information gained from regions that had significant outbreaks in spring 2009 demonstrated that the possible benefits of preemptively dismissing students from school (dismissing students before an outbreak becomes severe) are often outweighed by negative consequences. The decision to dismiss students should be made locally and should balance the goal of reducing the number of people who become seriously ill or die from the flu with the goal of minimizing educational and social disruption and safety risks to children associated with

school dismissal. Such a decision requires a strong collaborative partnership between the school administrator, the school district's medical director, and the county department of health.

While the impact of the novel H1N1 flu virus is being closely monitored, it is not possible to predict the exact situation in fall 2009. Based on the flu activity this summer in the southern hemisphere, it is likely that more communities may be affected, reflecting a wider transmission. If information indicates that the flu is causing more severe disease than during spring 2009, or if other situations develop that might require more aggressive mitigation measures, the CDC or NYSDOH may issue additional recommendations.

It is critical to keep in mind that even "routine" seasonal flu can be a severe disease. Each year in the United States, more than 200,000 people are hospitalized for flu-related complications; and about 36,000 people die from flu-related causes. Given this fact, unfortunately, as in every flu season, we need to be prepared for the possibility of additional cases including severe cases and even deaths. Preventing the spread of flu requires all of us – schools, families, businesses, and government – to cooperate and work together.

Illness Reporting and Monitoring

NYSDOH, NYSED, CDC, and local health officials will continue to monitor information and continually assess whether changes are needed in these or other novel H1N1 flu disease control measures, including monitoring disease spread and severity. CDC and the U.S. Department of Education, in collaboration with state and local health and education agencies and national nongovernmental organizations, have implemented a school dismissal monitoring system for the 2009-2010 school year. This monitoring system will generate a real-time, daily national summary data of the number of school dismissals and the number of impacted students and teachers.

The NYSDOH has developed its component of this system, which will provide state and local officials with data on school absenteeism and dismissal in the state, outside of New York City. This information will then be provided to the CDC. School health personnel are strongly encouraged to monitor for and report ILI and absenteeism as part of an overall effort to detect, report, and minimize the spread of flu. More information and guidance on this reporting system will follow. <https://commerce.health.state.ny.us/>

Recommended Interventions to Implement Now, Assuming Similar Conditions and Severity as in Spring 2009

The NYSDOH and the NYSED believe that early, broad and sustained community mitigation strategies are effective in reducing the impact of a moderate to severe pandemic. These community mitigation interventions are scalable and flexible so that local public health and education authorities can use these tools based on the local situation. A comprehensive, layered mitigation approach aims to reduce disease transmission and associated illness during a flu outbreak.

It is important to continuously promote and facilitate fundamental infection control measures in school settings, not only during a flu pandemic. Schools should be proactive, developing plans for monitoring illness among students and staff, keeping sick students and staff home, developing contingency plans to cover key staff positions when employees are home ill, and communicating with parents and staff on the importance of the exclusion recommendations. Plans should focus on protecting people at high risk for flu complications, such as those with chronic medical conditions (for example, asthma, which affects nearly one in ten school-aged youth).

All members of the school community – staff, parents and students, should take an active role in limiting the spread of infection. This will require increased vigilance among parents, caregivers, and school staff to identify students and staff with ILI, in particular looking for respiratory symptoms associated with fever.

Influenza-like illness is defined as a fever of (100° F [37.8° C]) and cough or sore throat. Parents and guardians should monitor their school-aged children, and faculty and staff should self-monitor every morning for fever, or signs of fever, and sore throat, or cough. Students/staff members should be alert for signs such as trouble breathing or not drinking enough fluids. They should also be alert for skin rashes or any signs that they are more uncomfortable than expected with the flu. Some people also experience a runny nose, congestion, vomiting, diarrhea, headache, fatigue, and muscle aches. At this time, the NYSDOH is closely monitoring ILI activity and associated school closures. We strongly urge school administrators to communicate regularly with local public health officials to obtain guidance about reporting of ILI in the school.

It is suggested that schools review policy implications for students with perfect attendance. Schools may also want to consider options to continue educating students who are home through instructional telephone calls, homework packets, internet-based lessons, and other distance-based learning approaches.

1. Stay home when sick

Students or staff with ILI should stay home for at least 24 hours after they are free of fever (100° F [37.8° C]), or signs of a fever without the use of fever-reducing medicines (e.g., ibuprofen, acetaminophen, etc.). They should stay home even if they are using antiviral drugs. Note: this is a change in the exclusion guidance from May 12, 2009, which recommended that people with ILI stay home until at least 7 days after the onset of symptoms and fever-free for the past 24 hours. **Ill students should not attend alternative childcare or congregate in settings outside of school such as extracurricular sports or clubs, libraries, or shopping malls.**

Decisions about lengthening the exclusion period should be made at the community level, in conjunction and consultation with local and state health officials. More stringent guidelines and longer periods of exclusion may be considered for individuals returning to a setting where high numbers of people at high risk may be exposed.

2. Separate ill students and staff

Sick students and staff should be excluded from school and all school-related activities. Students and staff who appear to have ILI or become ill during the school day should be isolated promptly in a room separate from others. If a separate room is not available, maintain at least a 6-foot distance between ill persons. Immediately report any illness to the school nurse or other designated school official. Dismiss ill individuals in accordance with district procedures.

If a student or staff person reports to the school nurse with ILI and cannot be isolated from others, it is recommended that a simple facemask (i.e. surgical mask) be provided to her/him to prevent possible transmission of the virus to others while waiting for transportation home. It is recommended that school nurses and staff who come into close contact with persons with ILI in isolation use appropriate personal protective equipment (e.g. surgical mask).

3. Hand hygiene and respiratory etiquette

Schools can help promote ways to reduce the spread of flu, including hand hygiene and respiratory etiquette.

Hand Hygiene:

Students and staff should practice good hand hygiene to help reduce the spread of flu. Hand hygiene includes traditional hand washing (with soap and warm water, lathering for a minimum of 20 seconds) or the use of alcohol-based hand sanitizers (60% alcohol or greater) when soap and water are not available and hands are not visibly dirty. If alcohol-based hand sanitizers are not allowed in the school, hand sanitizers that do not contain alcohol may also be useful for killing flu germs on hands.

Schools should provide adequate facilities for hand washing and promote proper hand washing before meals, after recess or physical education, and other times, as appropriate. NYS Education Department (NYSED) information on hand soaps, hand cleaners and hand sanitizers is available at

http://www.emsc.nysed.gov/facplan/GreenCleaning/Green_Cleaning_update_050207.html

Respiratory hygiene/cough etiquette:

The flu virus spreads from person to person in droplets produced by coughs and sneezes. Therefore, it is important that students and staff cover their mouths or noses with a tissue when coughing or sneezing and dispose of the tissue appropriately. If no tissue is available, using the inside of the elbow (or shirtsleeve) to cover the mouth or nose is preferable to using the hands. Always perform hand hygiene after handling dirty tissues or other soiled material.

4. Routine cleaning

The flu spreads easily. When people cough or sneeze, they spray droplets of flu virus through the air. These germs can be inhaled by someone else, or they can settle on surfaces where they get on people's hands. Special attention should be paid to cleaning spaces where many people have close contact. The spread of the virus can be reduced by ensuring that school facilities are cleaned regularly and effectively.

Environmental infection control should focus on regular cleaning for most surfaces. Target the use of disinfectants for surfaces that are touched frequently by hands. The routine application of disinfectants to housekeeping surfaces (e.g., floors, bookcases, tops of filing cabinets) is unnecessary. Use sanitizer wipes or cloths moistened with disinfectant to wipe electronic items (e.g., phones, computers, remote controls) that are touched often. Avoid the excessive use of disinfectant or sanitizer on electronic equipment.

Clean bathroom surfaces on a regular basis. Air sanitizer products have not been shown to disinfect airborne influenza virus or reduce disease transmission and are not recommended.

Good cleaning with soap or detergent in water will remove most microorganisms, as well as soil and organic matter that would otherwise reduce the effectiveness of subsequent disinfection. Where disinfectants are used, products should be registered with the U.S. Environmental Protection Agency (US EPA) and the New York State Department of Environmental Conservation (NYS DEC) and labeled as effective against influenza virus on clean, hard non-porous surfaces. Follow label instructions carefully when using disinfectants and cleaners.

- [US EPA and NYS DEC Products Registered for Influenza - Sorted Alphabetically by Product Name \(PDF, 187KB, 38pg.\)](#)
- [US EPA and NYS DEC Products Registered for Influenza - Sorted by EPA Registration Number \(PDF, 178KB, 38pg.\)](#)

If registered disinfectants are not available, a chlorine bleach solution may be used - add

about one tablespoon of bleach to a quart (4 cups) of water (smaller batches can be made from one teaspoon of bleach in a pint (2 cups) of water). Dispose of the used bleach solution when it becomes dirty or at least daily. Mix a fresh solution when repeating the cleaning process. Only mix bleach solutions in small batches.

Many surface disinfectants require the treated surface to remain wet for several minutes to be effective. Take note of any hazard advisories and indications for using personal protective items (such as household gloves). **Do not mix disinfectants and cleaners unless the labels indicate it is safe to do so. Combining certain products (such as chlorine bleach and ammonia cleaners) can result in serious injury or death.**

5. Early treatment for persons at high risk

It is important to continue to educate staff, parents and students on factors that may put students and staff at higher risk for complications of the novel H1N1 flu infection. People at high risk for complications from the flu who become sick with ILI should talk with their health care provider as soon as possible. Schools should encourage ill staff and parents of ill students at high risk of complications from the flu to seek early treatment. Consideration of early treatment with prescription antiviral medications, by a health care provider, is essential for people at high risk because such treatment may prevent hospitalization or death. Persons at high risk who have had close contact with people with ILI should contact their health care provider to discuss whether they may need to take prescription influenza antiviral medications.

The same age and risk groups who are at higher risk for seasonal flu complications should also be considered at higher risk for novel H1N1 flu infection complications. High-risk populations include:

- Children younger than 5 years old. (The risk for severe complications from seasonal flu is highest among children younger than 2 years old.)
- Adults 65 years of age and older.
- Persons with the following conditions:
 - Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus);
 - Immunosuppression, including that caused by medications or by HIV;
 - Pregnant women;
 - Persons younger than 19 years of age who are receiving long-term aspirin therapy;
 - Residents of nursing homes and other chronic-care facilities.

For more information on antiviral medications, see

http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/questions_and_answers.htm

6. Consideration of selective school dismissal

Selective school dismissals may be considered based on the population of an individual school, such as those serving medically fragile or pregnant students. Decisions to dismiss such schools should be made by the school administrator in conjunction with their medical director and the county department of health to better protect these high-risk students and staff. While there are few schools where all or most students are at high risk, schools should balance the risks of keeping the students in school with the social and educational disruption that school dismissal can cause. School officials should work closely and directly with their local and State public health officials when deciding to selectively dismiss a school. Selective school dismissals are not likely to have a significant effect on community-wide transmission.

Additional Responses if the Severity of Flu Increases

NYSDOH will continue to assess the severity of illness caused by 2009 H1N1 flu and disseminate the results of these ongoing assessments. If global or national risk assessments by the World Health Organization or CDC indicate an increased level of severity compared with the spring 2009 H1N1 flu outbreak, NYSDOH and NYSED, in collaboration with CDC, local health departments and school districts, will consider the need to recommend additional strategies. These may include recommending that local authorities consider additional non-pharmaceutical interventions such as school dismissals and limiting large gatherings.

The NYSDOH, in collaboration with CDC, will continue to monitor the spread and severity of influenza illness and assist local health and education agencies to implement measures to mitigate the spread of flu. NYSED and NYSDOH will continue to collaborate to disseminate new guidance, collaboratively monitor school dismissals and other related issues. State and local public health and education agencies will work together to decide which strategies to implement and when, collect and share data, and disseminate emerging guidance.

Schools should review and update their current all-hazard emergency or pandemic plans and procedures. This should include updating contact information and communicating with vendors who supply critical products or services to plan for continuation of those services throughout the flu season. Critical services may include food service and hygiene supplies. This planning is especially important since suppliers could also be affected by the flu outbreak.

Schools are encouraged to communicate with families and the school community about what they can do to decrease spreading influenza illness; and help families and communities understand the important roles they can play in reducing the spread of influenza and keeping schools open. Finally, students, staff, and their families must take personal responsibility for staying home when ill, practicing hand hygiene and respiratory etiquette, and planning for childcare in the event of a school dismissal.

Tools for Schools

The NYSDOH Novel H1N1 Flu Telephone Hotline: 1-800-808-1987
(New York City residents call 311)

The NYSDOH will provide updated guidance as additional information and CDC recommendations become available. Frequently updated information is posted on the NYSDOH website at http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/information_for_schools.htm

Frequently updated information is available on the CDC website at http://www.cdc.gov/h1n1flu/general_info.htm or www.flu.gov.

The New York State Education Department provides guidance, support, and direction to administrators, faculty, staff, and the school community. A compilation of all H1N1 information provided by NYSDOH and NYSED is posted at <http://usny.nysed.gov/swine-flu-info.html>

The New York Statewide School Health Service Center provides guidance and support to school health professionals. Frequently updated information is posted at <http://www.schoolhealthservices.org/>.

Links and contact information for your local (county) health department is available at <http://www.health.state.ny.us/nysdoh/lhu/map.htm>

A Pandemic Flu Action Kit for Schools in New York State is available at http://www.nyhealth.gov/diseases/communicable/influenza/pandemic/docs/pandemic_influenza_school_toolkit.pdf

English and Spanish educational materials are available at http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/educational_materials.htm and include:

- Influenza (H1N1 and Seasonal) Educational Materials Order Form
- Got the flu? Here's what to do: Ask for a mask! (poster)
 - Spanish – ¿Tiene la gripe? Sepa lo que debe hacer: pida una mascara (cartel)
- Keep Your Germs to Yourself! (pocket card)
 - Spanish – Quédese con sus microbios: No salga de su casa y evite el contacto directo con los demás (folleto)
- Stop! Do you have Fever? Cough? Trouble breathing? Please tell the staff immediately! (poster)

- Spanish – Alto - Aviso Importante Para Todos Los Pacientes Tiene Usted - Fiebre? Tos? Problemas? Para Respirar? (cartel)
- Visitors are welcome ... but the flu is NOT! (poster)
 - Spanish – Las visitas son bienvenidas ...La gripe NO! (cartel)
- Keep your Germs to Yourself! (poster)
 - Spanish – ¡Quédese con sus Microbios! (cartel)
- What to do? - When someone at home has the flu (brochure)
 - Spanish – ¿Qué se debe hacer? cuando alguien en la casa tiene gripe (folleto)
- Keep our School Healthy (poster)
 - Spanish – ¡De usted depende parar la gripe! (cartel)
- Keep our School Healthy (poster)
 - Spanish – Mantengamos la escuela sana (cartel)
- Keep Your Germs to Yourself - Stay Home and avoid close contact with others (poster)

Frequently Asked School and Flu-related Questions and Answers

- 1. Are schools required to close if any students or staff are diagnosed with H1N1?** Any decision on school dismissal or closure is made at the local level by school and health officials. Factors to consider include how school absenteeism and staffing shortages could affect school operations. School closure is generally not advised unless a large number of staff or students are absent and their absence interferes with the school's ability to function safely.
- 2. How long should students or staff diagnosed with flu stay out of school?** Students or staff with flu-like illness symptoms and a fever of 100° F (37.8° C) should stay home. They should not attend school or go into the community, except to seek medical care, until at least 24 hours after they are free of fever, or signs of a fever, without the use of fever-reducing medication. In some cases, local officials may determine that the exclusion period should be longer.
- 3. What if someone comes to school and then begins to show flu-like symptoms?** Students and staff who appear to have an flu-like illness when they come to school—or who become ill during the school day—should be isolated in a room separate from other people if possible, or kept a minimum of 6 feet away from others while wearing a surgical mask until then can be sent home in accordance with district procedures.
- 4. What is the best way to be sure individuals who have the flu do not go to school?** Parents and guardians should monitor their school-aged children and, every morning, staff should check themselves for flu-like symptoms. Ill persons should stay home.
- 5. If my child shows flu-like symptoms, should he or she still attend day care or other after-school activities?** Ill students should stay home. They should not attend alternative childcare, after-school activities, or other group activities.
- 6. When school administrators learn of students who have been infected with novel H1N1 flu, who should those administrators contact?** School administrators should communicate regularly with local public health officials to obtain up-to-date guidance about the reporting of influenza-like illnesses in the school.
- 7. What can school administrators do to control the spread of any influenza virus in their schools?** Schools can help reduce the spread of any flu - whether it is the novel H1N1 flu virus or seasonal flu - by promoting good hand hygiene and respiratory etiquette.
- 8. What should students and school staff do to follow “good hand hygiene” and “good respiratory etiquette”?** Students and staff should frequently wash their hands with soap and water, or if hand washing with soap and water is not possible, use an alcohol-based

hand sanitizer. If alcohol-based hand sanitizers are not allowed in the school, other hand sanitizers that do not contain alcohol may be useful for killing flu germs on hands. They should carefully cover their mouth or nose with a tissue when coughing or sneezing. (If a tissue is not available, they should cough or sneeze into their sleeves).

1)

Acronyms

CDC	Centers for Disease Control and Prevention
ILI	Influenza-Like Illness
LHD	Local Health Department
NPI	Non-pharmaceutical Intervention
NYCDOHMH	New York City Department of Health and Mental Hygiene
NYSDOH	New York State Department of Health
NYSED	New York State Education Department

Glossary

Chronic Medical Condition- a health related state that lasts for a long period of time (e.g. cancer, asthma)

Community Mitigation Intervention or Measure- a strategy for the implementation at the community level of interventions designed to slow or limit the transmission of a pandemic virus.

Environmental Infection Control - routine cleaning and disinfection strategies applied for the environmental management of influenza

Fever- the temporary increase in the body's temperature in response to some disease or illness.

Fever-Like Symptoms/Signs of a Fever- a child has a fever when their temperature is at or above one of these levels:

- 100.4 °F (38 °C) measured in the bottom (rectally)
- 99.5 °F(37.5 °C) measured in their mouth (orally)
- 99 °F (37.2 °C) measured under their arm (axillary)

An adult probably has a fever when their temperature is above 99 - 99.5 °F (37.2 - 37.5 °C), depending on what time of the day it is.

Influenza-Like Illness- an illness characterized by a documented fever =100°F (37.8°C) *and* cough and/or sore throat in the absence of another cause.

Non-Pharmaceutical Intervention- a strategy to prevent the spread of disease without the use of drugs or vaccines

Novel H1N1 Influenza- the new influenza virus that started circulating in the United States in April 2009. Most of the population does not have immunity to this virus. This virus is causing a

worldwide pandemic. It has been called “swine flu” because part of its genetic makeup originated in pigs.

Respiratory or Cough Etiquette- use of the following measures to contain respiratory secretions

- Covering the mouth/nose when coughing or sneezing;
- Using tissues to contain respiratory secretions and disposing them in the nearest waste receptacle after use

School Closure- for purposes of this document only, means closing the school and sending all students and staff home.

School Dismissal- for purposes of this document only, means students stay home and the school may stay open for staff.

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 get sick. This is based on information about the spread of severe flu in the region. This dismissal is most effective at decreasing flu spread and burden on the healthcare system when done early in relation to the amount of flu activity in the area.

Social Distancing- steps to reduce contact among people to decrease the risk of spreading communicable diseases. These measures include staying home when sick and school closures.