August 7, 2009

Dear Educators:

First, we want to thank teachers and administrators for their efforts to date in addressing the challenges created by the novel influenza H1N1 virus. The Virginia Department of Health (VDH) and the Virginia Department of Education (VDOE) are working closely together to lessen the burden of this disease as schools reopen this fall. We would like to update you on the latest information available and provide our current recommendations for schools.

VDH has confirmed novel influenza A H1N1 virus in all regions of Virginia. The virus continues to affect the young disproportionately, resulting in continued outbreaks in group settings involving children, such as camps and daycare. The current severity of illness resulting from this virus is similar to that of the seasonal flu strains. We anticipate that the virus will continue to circulate into the fall; however, it remains uncertain as to how widespread and how severe influenza illness will be during the fall and winter seasons.

There are a number of effective measures for you to consider taking now to help your schools lessen the impact of this disease on students and staff, as well as local communities. The Centers for Disease Control and Prevention (CDC) and VDH do not consider school closure an effective means of controlling influenza in either a school or a community, given the rapid pace of infection spread from person to person. School closure is unlikely to be recommended by the CDC unless absenteeism levels interfere with the school’s ability to function (i.e., not enough teachers) or the school is comprised of a large majority of individuals at high risk of flu complications. Based on the current severity of novel influenza A H1N1, the following steps should be considered. Please note that we will provide updated guidance should this virus cause increased severity of illness.

What schools can do:

- Update your emergency plans and ensure all your contact lists are up-to-date. If you do not have such a plan, we encourage you to develop one. To initiate or build upon an all-hazards plan, visit [http://www.ed.gov/emergencyplan](http://www.ed.gov/emergencyplan). See the VDOE’s *Pandemic Influenza Plan Guidelines for Virginia Public Schools* for detailed information about plan development at [http://www.doe.virginia.gov/VDOE/studentsrvcs/panflu.pdf](http://www.doe.virginia.gov/VDOE/studentsrvcs/panflu.pdf).
• Promote good hand hygiene and respiratory etiquette, including the teaching of proper hand washing techniques and providing opportunities and appropriate supplies for hand washing.

• Develop response and communications plans to ensure that students, faculty, or staff with flu-like symptoms (i.e., fever and either cough or sore throat) do not come to school.

• Encourage parents and guardians to monitor their school-aged children for symptoms of flu-like illness and encourage faculty and staff to also monitor themselves for symptoms. Current recommendations from the CDC are for all ill persons to remain out of school and work for at least 24 hours after resolution of fever without the use of fever-reducing medications. If a person (either student or staff) develops symptoms while at school, he or she should be isolated promptly in a separate room and sent home. Remind her or him that most people, including children, recover from flu quickly without treatment, but those with chronic underlying health conditions (pregnancy, asthma, diabetes, neuromotor or neuromuscular conditions such as cerebral palsy, immune compromise, and other diseases) or signs of severe illness should call a doctor about care to assure the early receipt of antiviral treatment if appropriate.

• Advise parents and guardians to develop contingency plans should their children become sick and need to stay home.

• Establish a baseline for attendance of students, faculty, and staff. Track attendance to identify changes and trends.

• Track flu-like illness in students, faculty and staff. If your school experiences sudden or sustained increases in the number of persons with flu-like illness, contact your local health department immediately to report this information.

• Plan for alternative mechanisms for delivery of education content, including virtual learning and leveraging community resources if appropriate and possible (see http://www.free.ed.gov/).

• Promote early vaccination of students and staff for seasonal flu to protect against flu illness from non-H1N1 strains.

• Stay informed. We encourage you to monitor the CDC Web site (http://www.cdc.gov/h1n1flu/) for the most current recommendations.
Meet with your local health department (see http://www.vdh.virginia.gov/lhd/) to assure that your planning efforts are integrated and that communication processes for responding to and monitoring outbreaks of illness are clarified. VDOE guidance suggests the formation of a community flu response committee to include businesses, local government representatives, and other community stakeholders as appropriate.

We face an uncertain situation. Nevertheless, there are measures that we can all take to protect ourselves, our families, and our communities’ health. Schools can serve as a focus for educational activities to promote ways to reduce the spread of influenza, including hand hygiene and cough etiquette, and staying home when you are sick.

In addition, schools may be potential sites for vaccine distribution. A novel H1N1 flu vaccine is being studied for possible use this fall. If approved, the novel H1N1 vaccine will not be available until after the school year begins later this fall. There are no plans at this time to require flu vaccine for school entry or attendance.

The CDC’s Advisory Committee on Immunization Practices has recommended that certain groups of the population receive the novel H1N1 vaccine when it first becomes available. Among them are pregnant women; people who live with or care for children younger than 6 months of age; healthcare and emergency services personnel; persons between the ages of 6 months and 24 years old; and those persons 25 through 64 years of age who are at higher risk for novel H1N1 complications because of chronic health disorders or compromised immune systems.

The Virginia Department of Education and Virginia Department of Health will work together to provide you with timely information as we begin the school year. Please contact your local health department (http://www.vdh.virginia.gov/lhd/) or call 1-877-ASK-VDH3 if you have any questions or concerns. You may also refer to the VDH and VDOE Web sites for resources and information, at http://www.vdh.virginia.gov/ and http://www.doe.virginia.gov/.

Sincerely,

Patricia I. Wright, Ed.D.  Karen Remley, MD, MBA, FAAP
Superintendent of Public Instruction  State Health Commissioner

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