New Jersey Department of Health and Senior Services (NJDHSS)
School Surveillance Recommendations
A Guide for Local Health Departments
November 6, 2009

This document serves as a supplement to school surveillance guidelines that were distributed on November 2, 2009, and is intended to help local health departments deal with influenza-related issues occurring in schools.

NJDHSS and the New Jersey Department of Education (NJDOE) worked jointly to provide guidance to schools regarding how to deal with potential influenza illnesses which may occur among students and staff this fall. In the document that was disseminated on November 2, 2009, schools are encouraged to become familiar with their local health department and to proactively provide information to students, staff and parents about the school's influenza response plans and/or activities. The document also advises schools or designated district offices to inform their respective local health departments when a certain percentage of the student population reports to the school nurse/medical office with influenza-like illness (ILI) on any given day. Schools that might question when they should reach out to their local health departments, are encouraged to use the percentage that is appropriate for their populations size (please refer to the previously issued guidance) as a "trigger" for reaching out to local public health officials. NJDHSS and NJDOE recognize that these percentages may need to be revisited as the 2009 H1N1 pandemic evolves.

Local health departments should encourage schools that particpate in once-per-week absenteeism reporting via the Communicable Disease Reporting and Surveillance System (CDRSS) to continue to do so. NJDHSS recommends that every county enroll 1 school per 100,000 population or a minimum of 4 schools per county. NJDHSS will monitor these data to assess statewide absenteeism trends. Solely relying on absenteeism data for surveillance can be problematic because student absences can occur for various reasons and many schools are not equipped to qualify the reason for an absence. Local health departments may choose to perform additional surveillance activities within schools outside the two mechanisms described herein, resources permitting.

NJDHSS and NJDOE are asking schools to implement this reporting so that local health departments might become aware when substantial influenza-like illness might be affecting a school and promptly determine when enhanced infection control or social distancing measures might need to be implemented. Again, the percentage "thresholds" that appear in the previously issued school surveillance guidance document are intended to help those schools that are uncertain about when they should reach out to local health officials regarding an ILI "situation." (NOTE: These thresholds are not meant to supplant already existing and well-functioning reporting protocols that might have already been established between a school and its respective local health department). Since individual cases of influenza are likely to occur prior to reaching the percentage thresholds that appear in the previously issued guidance, local health departments should reach out to schools prior to illness occurrence and remind them about the following prevention measures:

- Ensure schools are familiar with basic infection control precautions:
    - Respiratory etiquette.
    - Appropriate hand washing.
    - Keeping sick students home.
    - Sending sick staff and students home.
    - Excluding sick staff and students with ILI (until 24 hours after fever resolves).
    - Performing routine environmental cleaning. Areas and items that are visibly soiled should be cleaned immediately, and all areas should be regularly cleaned, with a focus on items that are more likely to have frequent contact with the hands, mouths, and bodily fluids of young children (e.g., toys, play areas). See "References" section (below) for additional guidance materials.
    - Ensuring proper handling/disposal of used tissues.
- Ensure schools are aware of recommended school exclusion policies for sick children and staff.
- Ensure schools know where they can obtain additional information regarding influenza (see "References" section).
- Work with schools to identify individuals within the school at high risk for influenza complications, including
    - Individuals with chronic conditions,
    - Pregnant women, and
    - Children <5 years old.

If a school contacts the local health department and reports they have reached or exceeded their reporting percentage for ILI, the local health department, at a minimum, should conduct the following activities:

1. Conduct an assessment of the situation occuring at the school. Collect the following information: signs, symptoms, grade and class information of those reporting to the nurse's/medical office, absenteeism data for the 7 days prior to the report; predominant reason for call out, number of students/staff ill, total census students/staff, high-risk staff/students (e.g., those who are pregnant, with special needs, or have chronic underlying medical conditions) and actions already taken by the school (e.g., providing a hand washing in-service, sending a parental letter).
2. Consider, at a minimum, monitoring school nurse/medical office visits and absenteeism information on a daily basis. This surveillance should be continued until the nurse visits and absenteeism return back to baseline.
3. School personnel should be instructed that symptomatic students/staff should:
    - Be isolated from well individuals,
    - Wear a surgical mask if tolerated and feasible,
    - Be sent home as soon as possible, and
    - Be advised that they may return 24 hours after resolution of fever (without the use of fever-reducing medications).
4. Recommend that school medical staff wear personal protective equipment when interacting with symptomatic individuals when feasible.
5. Recommend that schools encourage high-risk close contacts of cases of ILI to contact their healthcare provider for possible prophylaxis. Students who are at high risk of influenza

complications but who have not had contact with ILI cases should self-monitor (or their parents/guardians should monitor, as appropriate) for symptoms and seek medical care promptly if symptomatic.

6. School closures are not recommended unless student/staff absences impede the educational process. Schools should consult their district offices and local health departments if they are considering closure.
7. Additional action such as parental letters and hand washing in-services should be used at the discretion of the local health department.
8. Report the number of schools in your jurisdiction who have met the reporting criteria to the LINCS epidemiologist in your jurisdiction each week. Schools should remain on your weekly report to the LINCS epidemiologist until you determine that the school has returned to appropriate baseline levels. LINCS epidemiologist will report once per week to NJDHSS the number of schools reporting at or above their reporting threshold and the total number of schools in the county. The percentage of schools that reach or exceed the ILI reporting threshold will be calculated. At this time, a decision has been made not to display county-level data publically.

NOTE: The above recommendations are based on the assumption that the H1N1 virus circulating this fall will continue to cause mild illness. If H1N1 illnesses become more severe, school surveillance, exclusions and closure recommendations will likely change. Some of these recommendations might include extending the exclusion period of students to 7 days, increasing social distancing measures in schools, and encouraging well students with ill household members to stay home for five days from the day the first household member got sick. NJDHSS and NJDOE will work together to ensure new recommendations are drafted and distributed, if necessary.

<u>Daycare/child care centers</u>

Daycare and childcare centers are highly varied and differ significantly from school settings. For this reason, NJDHSS is not recommending the above guidance (i.e., certain percentage of total population reporting ILI) be implemented in childcare centers. These centers should follow current NJAC 8:57 regulations for reporting outbreak or suspected outbreaks of illness. In addition to reminding daycare centers of reporting obligations, local health departments should reach out to childcare centers in their jurisdiction to discuss the same preemptive preventive measures discussed above for schools. Local health departments are encouraged to become familiar with and utilize their county child care coordinators (see website in "Resources" section) to distribute guidance to daycare facilities within their jurisdiction. In addition to the above recommendations, local health departments should encourage early treatment of children and staff at high risk for influenza-related complications. Local health departments might consider selective early childhood program closures if influenza transmission is high. The goal of these closures would be to decrease the spread of influenza among children less than 5 years of age who are considered at high risk for influenza-related complications. The decision to selectively close should be made locally, in partnership with public health officials, and should balance the risks of keeping the children in early childhood programs with the social and economic disruption that can result from closing these programs.

Resources

CDC recommendations for schools and childcare centers

http://www.cdc.gov/h1n1flu/childcare/guidance.htm
http://www.cdc.gov/h1n1flu/schools/schoolguidance.htm

List of public and private schools

http://www.state.nj.us/education/directory/index.shtml

List of child care centers

http://www.state.nj.us/dcf/divisions/licensing/CCClist.pdf

List of County Child Care Coordinators

http://www.njaccrra.org/documents/healthConsultants/NJ%20CCHC%20one%20page.pdf