

Guidance for Departments of Public Health on the management of Pandemic (H1N1) 2009 in an educational institution

2nd September 2009

Version 1.4

Introduction

Pandemic (H1N1) 2009 can spread rapidly in the educational setting. Children are susceptible to this virus, and educational institutions can be sites for rapid spread. These guidelines will need to be reviewed in the light of changing epidemiology or severity of disease.

It is unlikely that there will be a need for school closure due to Pandemic (H1N1) 2009 on public health grounds, except in exceptional circumstances.

Further information on the management of Pandemic (H1N1) 2009 within educational settings can be found in the following documents (the most updated versions are available at www.hpsc.ie):

- Guidance for crèches/preschool settings in preparing for and managing Pandemic (H1N1) 2009
- Guidance for primary and post-primary days schools in preparing for and managing Pandemic (H1N1) 2009
- Guidance for residential educational institutions in preparing for and managing Pandemic (H1N1) 2009
- Guidance for third level institutions in preparing for Pandemic (H1N1) 2009

Proposed recommendations for all educational institutions

1. At all times, educational institutions/schools/preschool facilities should encourage respiratory and hand hygiene. Students and staff should have information on the symptoms of influenza, how to report a possible case arising in the educational institution/school/preschool facility and on how to prevent spread. They should be referred to the appropriate guidance on the HPSC website (see above).
2. Any sick students or staff should stay at home for seven days from the onset of symptoms of Pandemic (H1N1) 2009.

Proposed recommendation for specific educational institutions

Crèche/Preschool Setting

1. Management of case:

Any child sick with ILI should be kept at home for 7 days from the onset of symptoms. The parent should call the HSE Flu Information Line Freephone 1800 94 11 00 or check www.swineflu.ie for advice on what to do next. The parent should contact the GP if they think the child has severe symptoms or if the child is in a high risk group for complications of Pandemic (H1N1) 2009, even if their symptoms are mild. Staff sick with ILI should do the same.

2. Management of crèche/preschool contacts:

Chemoprophylaxis for close contacts is not generally recommended. However, children and staff in a preschool setting should be advised to be vigilant for symptoms of flu like illness and follow steps outlined in 'Section 1 Management of case' if they become symptomatic.

3. Information:

If the Department of Public Health is contacted by a crèche/preschool with an isolated case or number of cases that are assessed by Public Health as not requiring further action, they may wish to provide the preschool with information on Pandemic (H1N1) 2009 and advise them to contact the Department of Public Health again in the event of a rapid increase in cases or unusual or worrying presentation of cases (eg very sick, ICU).

4. Management of outbreaks of Pandemic (H1N1) 2009/cluster of respiratory illness:

If there is an outbreak of Pandemic (H1N1) 2009/cluster of respiratory illness in the crèche/preschool the local Department of Public Health should assess the risk. There may be exceptional situations when closure is appropriate (See Appendix 1 and Appendix A to Appendix 1)

Primary School/Secondary School

1. Management of case:

Any child sick with ILI should be kept at home for 7 days from the onset of symptoms. The parent should call the HSE Flu Information Line Freephone 1800 94 11 00 or check www.swineflu.ie for advice on what to do next. The parent should contact the GP if they think the child has severe symptoms or if the child is in a high risk group for complications of Pandemic (H1N1) 2009, even if their symptoms are mild. Staff sick with ILI should do the same.

2. Management of contacts:

Day school contacts are not considered close contacts. Chemoprophylaxis is not generally recommended for contacts. However, children and staff in a school setting should be advised to be vigilant for symptoms of flu like illness and follow steps outlined in 'Section 1 Management of case' if they become symptomatic.

3. Information:

If the Department of Public Health is contacted by a school with an isolated case or number of cases that are assessed by Public Health as not requiring further action, they may wish to provide the school with information on Pandemic (H1N1) 2009 and advise them to contact the Department of Public Health again in the event of a rapid increase in cases or unusual or worrying presentation of cases (eg very sick, ICU).

4. Management of outbreaks of Pandemic (H1N1) 2009/cluster of respiratory illness:

If there is an outbreak of Pandemic (H1N1) 2009/cluster of respiratory illness in the school the local Department of Public Health should assess the risk. There may be exceptional situations when closure is appropriate (See Appendix 1 and Appendix A to Appendix 1).

Residential educational institutions (including boarding schools, secondary schools/ hostels, summer colleges, English language schools and childcare residential units).

1. Management of cases:

- a. Where possible the case of Pandemic (H1N1) 2009 should return home for isolation.
- b. Ensure appropriate isolation and infection control is in place for the care of cases of Pandemic (H1N1) 2009 if they are being accommodated by the residential educational institution as per 'Guidance for residential educational institutions in preparing for Pandemic (H1N1) 2009' (see www.hpsc.ie) . If isolation of cases is not a feasible option, arrangements must be put in place to send the student home (if in Ireland).
- c. Ensure the 'Guidance for caring for persons at home with Pandemic (H1N1) 2009' (see www.hpsc.ie) is being followed in caring for a case of Pandemic (H1N1) 2009 if the staff carer is not a health care worker.
- d. Ensure the 'Infection Prevention and Control Precautions for all Healthcare Facilities' (see www.hpsc.ie) is being followed if a school nurse is caring for a case of Pandemic (H1N1) 2009.

2. Management of contacts

Chemoprophylaxis for close contacts is not generally recommended. However, children and staff in a residential educational institution should be advised to be vigilant for symptoms of flu like illness and follow steps outlined in 'Section 1 Management of case' if they become symptomatic.

3. Information:

If the Department of Public Health is contacted by a school with an isolated case or number of cases that are assessed by Public Health as not requiring further action, they may wish to provide the school with information on Pandemic (H1N1) 2009 and advise them to contact the Department of

Public Health again in the event of a rapid increase in cases or unusual or worrying presentation of cases (eg very sick, ICU).

4. Management of outbreaks of Pandemic (H1N1) 2009/cluster of respiratory illness:

If there is an outbreak of Pandemic (H1N1) 2009/cluster of respiratory illness in the school the local Department of Public Health should assess the risk. There may be exceptional situations when closure is appropriate (See Appendix 1 and Appendix A to Appendix 1).

Appendix 1

Interim guidance on management of Pandemic (H1N1) 2009 outbreaks in schools (for first few school outbreaks)

2nd September 2009

Version 1.1

If there is an outbreak of Pandemic (H1N1) 2009/cluster of respiratory illness in a school the local Department of Public Health should assess the risk

1. Initial data collection
 - a. Type and size of school (number of pupils and teachers)
 - b. Numbers ill and nature of illness
 - c. Any special circumstances, residential, special school etc
 2. Notify outbreak on CIDR as per HPSC Standard Operating Procedure (see Appendix A to Appendix 1)
 3. If based on this information it is decided that there is a significant cluster (at least 5 cases) or that there are special circumstances (eg death of child or child seriously ill) requiring further investigation, consider need to investigate further/discuss with Assistant National Director and HPSC
 4. Investigations to be considered
 - a. Nose and throat swabs for Pandemic (H1N1) 2009 to be taken on a number of cases (between 2 and 5) to confirm diagnosis
 5. Communications
 - a. Ensure school is aware of outbreak, actions that they must put in place, and actions, if any, that Public Health will take
 - b. Consider appropriate communications (including with teachers and parents, school medical services, local GPs and media)
 6. School actions – check that school has infection control and communications plan in place
 - a. Ensure that school has communicated importance of children with flu-like illness being excluded from school for 7 days
 - b. Ensure hand hygiene and respiratory etiquette are encouraged and facilities are in place
 7. Review situation
 - a. Department of Public Health to ask the school to contact them if cases continue to increase.
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Appendix A to Appendix 1



Influenza-like Illness/Influenza/Influenza A (H1N1) Outbreak/Cluster Reporting Guidelines



for CIDR & Non-CIDR users

During this period of heightened awareness for Influenza A (H1N1), prompt notification of clusters/outbreaks of influenza-like illness (ILI) is essential.

Procedure for entering data on CIDR relating to clusters/outbreaks of Influenza-like illness, Influenza, and Influenza A (H1N1)

[There are parallels with reporting of outbreaks of norovirus where sometimes an outbreak of suspected norovirus may be notified, which subsequently is confirmed as being norovirus. In that instance, initially it may be reported on CIDR as an outbreak of acute infectious gastroenteritis (AIG) and is then reclassified as a norovirus outbreak]

Confirmed Outbreaks of Influenza A (H1N1)

Where at least one person among a cluster/outbreak of ILI is a confirmed case of Influenza A (H1N1), then the outbreak should be reported as an outbreak of Influenza A (H1N1).

Outbreak disease= Swine influenza A (H1N1)

Outbreak organism/pathogen=Influenza A (H1N1)

Outbreaks of Influenza A unsubtypeable

Where at least one person among a cluster/outbreak of ILI is a probable case of Influenza A (H1N1), i.e. Influenza A unsubtypeable, then the outbreak should be reported as an outbreak of Influenza A (H1N1).

Outbreak disease=Swine influenza A (H1N1)

Outbreak organism/pathogen=Influenza A unsubtypeable

Outbreaks of other strains of Influenza

Where at least one person among a cluster/outbreak of ILI is a confirmed case of another form of Influenza, the outbreak should be recorded as an outbreak of Influenza

Outbreak disease=Influenza

Outbreak organism/pathogen as appropriate

Outbreaks of Influenza-like illness

Where a cluster/outbreak of ILI is identified, it should be recorded as an outbreak of ILI as follows:

Outbreak disease/organism='Outbreak'

Outbreak organism/pathogen='Influenza-like illness'. [Note the *Organism/pathogen* field should state 'Influenza-like illness' ONLY [capital I for Influenza', all the rest lower case, single space between two words]

- In the event that any case that is part of the outbreak subsequently becomes a confirmed case of Influenza A (H1N1), the outbreak should be reclassified as an outbreak of Influenza A (H1N1) (i.e. *Outbreak disease*= Swine influenza A (H1N1) and *Outbreak organism/pathogen*=Influenza A (H1N1))
- In the event that any case that is part of the outbreak subsequently becomes a probable case of Influenza A (H1N1), the outbreak should be reclassified as an outbreak of Influenza A (H1N1) (i.e. *Outbreak disease*= Swine influenza A (H1N1) and *Outbreak organism/pathogen*=Influenza A unsubtypeable)
- In the event that any case that is part of the outbreak subsequently becomes a confirmed case of another form of Influenza, the outbreak should be reclassified as an outbreak of Influenza (i.e. *Outbreak disease*=Influenza and *Outbreak organism/pathogen* as appropriate)
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Recording data from the Influenza-like Illness/Influenza/Influenza A (H1N1) Outbreak Reporting Form onto CIDR

1. Select 'Outbreak' tab
 - Record data from section 1 in the 'Outbreak Identification' section.
 - Record data from sections 2, 3, 4, 5 & 16 in the 'Outbreak General' section.
 - Record data from sections 6a & 7-10 in the 'Outbreak Information' grid.
 - Record data from sections 6 b,c, & d, and 11-13 in section at the end of 'Outbreak Information' which contains specific questions relating to outbreaks of Influenza, Influenza A(H1N1) virus or Influenza-like illness
2. Select Factors/Actions tab
 - Record information from section 14
3. Select 'Laboratory' tab
 - Record data from section 15
 - Enter data opposite 'All Other Individuals Tested'.

Linking events

It is possible to create outbreaks on CIDR with or without events.

Where a cluster/outbreak of ILI or Influenza A (H1N1) includes a case which conforms to the case definition for Influenza A (H1N1), an event should be created for that case on CIDR, and the *Case classification* and *Overall interpreted lab result* updated as appropriate. The event should be linked to the cluster/outbreak on CIDR in the usual manner, and the *Outbreak disease* and *Outbreak organism/pathogen* fields reviewed.

Procedure for notifying clusters/outbreaks of Influenza-like illness, Influenza, and Influenza A (H1N1) for non-CIDR users

1. As with other outbreaks, the hardcopy outbreak form should be completed and faxed to HPSC
2. The outbreak team at HPSC will enter the outbreaks onto CIDR as described above.

Please Fax Forms to the Director of HPSC

Fax Number: 01-8561299