



## Update on School (K – 12) Dismissal and Childcare Facilities: Interim CDC Guidance in Response to Human Infections with the 2009 Influenza A H1N1 Virus

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**These recommendations are based on current information and are subject to change based on ongoing surveillance and continuous risk assessment.**

### Background

Based on new information on circulation of a new influenza A (H1N1) virus among people in the US and Mexico first detected in April, 2009, this document provides updated interim planning guidance for State, territorial, tribal, and local communities. This guidance includes recommendations on school dismissal for K – 12 schools and closure of childcare programs and facilities ([#\\_ftn1](#)) and updates previously issued guidance on community mitigation interventions for this disease (April 28, 2009, <http://www.cdc.gov/swineflu/mitigation.htm> ([h1n1/mitigation.html](#))). School dismissal and childcare closures are an important part of a comprehensive, layered mitigation approach aimed at reducing disease transmission and associated morbidity and mortality during the 2009 H1N1 virus outbreak in the US.

The goals of these strategies are to slow the spread of the disease in a community to 1) delay the peak of the disease in order to “buy time” for the production and distribution of a vaccine against this new virus, 2) decrease the number of people who get sick from this virus in a given community, thus reducing the “surge” on healthcare systems, and 3) reduce the total number of people who get sick or die.

It is prudent for communities to act based on available information to protect their citizens. These community mitigation interventions are scalable and flexible so that local public health authorities, working with their partners in a given State or community can use these tools based on the local situation. As public health officials in the United States learn more about this emerging virus, CDC will be reviewing these findings on a daily basis and updated guidance will be issued in conjunction with our State, local, tribal and territorial partners.

Schools play a critical role in protecting the health of their students, staff, and the community from contagious diseases such as H1N1 influenza. Children are very susceptible to getting this new virus and schools may serve as amplification point for spread of this new virus in a community. The reason for closing schools during this H1N1 outbreak is to try to reduce the spread of the virus. However, little information is available on what the effectiveness of a school closure might be in preventing further community spread of this new virus. In addition, the risk of severe illness from this virus is not yet clear.

The authority for decisions regarding school dismissal and childcare closure may vary and resides in different sectors of State and local government including School Superintendents, Mayors, Governors, emergency management officials, and public health officials.

### Recommendations When 2009 H1N1 Virus is Confirmed in a School, School District, or Community

CDC recommends that affected communities with laboratory-confirmed cases of influenza A (H1N1) virus infection consider activating school dismissal and childcare closure interventions according to the guidelines below. “Affected communities” may include a U.S. State or proximate epidemiological region (e.g., a metropolitan area that spans more than one State’s boundary). These guidelines address a flexible and scalable approach that States and local jurisdictions can use based on the situation in their communities (e.g. number of cases, severity of illness, affected groups).

#### Recommend Scalable and Incremental School Dismissal and Childcare Facility Closure in Affected Communities:

School districts **must** work closely and directly with their local and State public health officials to make sound decisions and implement strategies in a coordinated manner keeping in mind:

1. Decisions to dismiss students and close childcare facilities and subsequent implementation of those measures should be made based on the extent and severity of illness;
2. That local authorities decide whether or not to dismiss schools or close childcare facilities; and;
3. That authority for decision-making may reside in multiple sectors of State and local government; these entities must be well coordinated.

### Interim Recommendations

- Sick people (students, faculty and staff) should stay home unless they need to seek medical care and stay away from schools regardless of whether schools and childcare facilities are operating normally or have dismissed students or closed, respectively.
- Dismissal of students in a school and closure of childcare facilities should be considered in schools with one or more laboratory-confirmed or non-subtypable influenza A case among students, faculty or staff in order to decrease the spread of illness in the community.
- Dismissal of students from schools and closure of childcare facilities should be considered for a school district or part of a school district (e.g., a feeder school network or a geographic area) if more than 1 school in that district has confirmed or non-subtypable influenza A cases among their students, faculty or staff. This would include pre-emptively dismissing students from schools in that district, including schools without current laboratory-confirmed cases.
- Neighboring school districts to those that dismiss students should also consider pre-emptively dismissing students from schools without current laboratory-confirmed cases. Issues to consider include geographic proximity and extent of mixing of student populations across district lines.
- If a school dismisses students or a childcare facility closes, school or childcare related gatherings should also be cancelled. Parents and students should be encouraged to avoid congregating in large numbers outside of the school setting.

If a school dismisses students or a childcare facility closes, schools and childcare facilities should dismiss students for a minimum of 14 days. Schools, in consultation with local and State public health officials, should evaluate daily the need for possible extension of the dismissal/closure based on local influenza surveillance information, and the occurrence of new infections and severity of illness in the community from this virus. This length of time is recommended because children are likely to be infectious for about 7 – 10 days after the onset of illness

To reiterate an important point, decisions regarding school dismissal within these communities are being left to the appropriate authorities but **must** involve consultation with local and State public health officials, taking into account the extent and severity of H1N1 disease in the community. Schools (K – 12) and childcare facilities should also consult with their local or State health departments for guidance on re-opening schools. When schools re-open, keep commonly touched surfaces such as stairway railings, elevator buttons and door handles clean by wiping them down with detergent-based cleaners or EPA registered disinfectants that are usually used in the school setting. These products should be used according to directions on the product label. Additional, extensive cleaning of schools by wiping down floors and walls prior to reopening is not necessary as it is unknown whether this would be helpful in decrease the spread of influenza.

If students are dismissed from schools, they should be encouraged not to re-congregate outside of school in large numbers. If childcare facilities close and there is a need for childcare, families could plan to work together with two to three other families to supervise and provide care (using the same caregivers each day) for a small and consistent group of infants and young children while their parents are at work (studies suggest that childcare group size of five or fewer children may be associated with fewer respiratory infections).

Schools and childcare facilities in unaffected areas should begin to prepare for the possibility of school dismissal or childcare facility closure. This includes asking teachers, parents and officials in charge of critical school-associated programs (such as meal services) to make contingency plans. Parents should plan for caring for children who may be dismissed from schools, as these decisions may be made very quickly based on emerging disease in the community.

For more information see: <http://www.cdc.gov/h1n1/> (<http://www.cdc.gov/swineflu/>)

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