



To: District Superintendents
Superintendents of Public Schools
Administrators of Public, Charter and Nonpublic Schools
School Nurses, School District Medical Directors

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Subject: 2017-2018 Influenza Season

Due to increased influenza activity this season, the New York State Department of Health (NYSDOH) has requested assistance from the New York State Education Department (NYSED) with public health education. State Health Commissioner Dr. Howard Zucker has stated, "We need to make sure all New Yorkers understand how to protect themselves and their families and communities from this epidemic. From getting the flu shot to hand washing to covering your mouth when you cough." Therefore, the NYSED has developed this joint guidance with the NYSDOH, requesting that school administrators disseminate this guidance to their school district's medical director, professional health care personnel (school nurses), school staff, and students, families and communities as appropriate. "By working closely with our health partners at the NYSDOH to issue this guidance and conduct a school-based webinar held on February 15, 2018, we are providing schools with the proper tools to help reduce the spread of seasonal influenza among students and staff in our schools," says State Education Commissioner Elia.

Background

According to the NYSDOH, influenza activity has been geographically widespread in the State for ten consecutive weeks. As of February 10, 2018, approximately 70,000 cases of laboratory confirmed influenza have been reported this influenza season in the State, with 14,000 of these individuals having been hospitalized. The number of confirmed cases and hospitalized individuals are the highest records in the State since reporting became mandatory in 2004. Among children ages 5-17, 16,288 cases of laboratory confirmed influenza and 598 hospitalizations have been reported. Five influenza associated pediatric deaths have also occurred.

Influenza viruses are thought to spread mainly from person to person through coughs and sneezes of infected people. Less often, a person also might get the flu by touching a surface or object that has influenza virus on it and then touching their own mouth, eyes, or nose.

Many respiratory infections spread from person to person and cause symptoms similar to those of influenza. Therefore, the information can also help reduce the spread of other viruses and bacteria that cause illness.

Early Identification

Early identification is critical to controlling the spread of the flu. The symptoms of flu can include:

- Fever (although not everyone with flu has a fever)
- Cough
- Sore throat
- Runny or stuffy nose
- Body aches
- Headache
- Chills
- Tiredness
- Sometimes diarrhea and vomiting

Emergency warning signs in children that indicate medical care is needed right away include:

- Fast breathing or trouble breathing
- Bluish skin color
- Not drinking enough fluids
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms that improve but then return with fever and worse cough
- Fever with rash

Emergency warning signs in adults that indicate medical care is needed right away include:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms that improve but then return with fever and worse cough

People at High Risk for Complications

Most people who get the flu will have mild illness, will not need medical care or antiviral drugs, and will recover in less than two weeks. Some people, however, are more likely to get flu complications that can result in hospitalization and sometimes death, and they are:

- Children younger than 5, but especially children younger than 2 years old
- Adults 65 years of age and older
- Pregnant women (and women up to two weeks postpartum)
- Residents of nursing homes and other long-term care facilities
- American Indians and Alaska Natives

- People who have medical conditions including:
 - Asthma
 - Neurological and neurodevelopmental conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury).
 - Chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
 - Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
 - Blood disorders (such as sickle cell disease)
 - Endocrine disorders (such as diabetes mellitus)
 - Kidney disorders
 - Liver disorders
 - Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
 - Weakened immune system due to disease or medication (such as people with HIV or AIDS, or cancer, or those on chronic steroids)
 - People younger than 19 years of age who are receiving long-term aspirin therapy
 - People with extreme obesity (body mass index of 40 or more)

Everyday Preventive Actions That Students, Staff and Parents Can Take To Stop the Spread of Influenza and Other Germs

Influenza Vaccine

Students, parents and staff should be encouraged to get the flu vaccine if they haven't already been vaccinated this season. All persons aged six months and older are recommended to receive the flu vaccine each year unless they have a contraindication to flu vaccine. It is especially important that persons at high risk of complications receive the flu vaccine. Close contacts of persons at high risk of complications should also get the flu vaccine to protect their loved ones. Individuals looking for influenza vaccine should call their primary care provider and/or search for locations near them that offer flu vaccine at <https://vaccinefinder.org/>.

Handwashing

Students and staff should practice proper handwashing to help reduce the spread of influenza and other germs. Schools should provide adequate facilities and supplies for hand washing, which should be performed before, during, and after preparing food; before eating food; before and after caring for someone who is sick; before and after treating a cut or wound; after using the toilet; after changing diapers or cleaning up a child who has used the toilet; after blowing your nose, coughing, or sneezing; after recess or physical education; and after touching garbage.

Hands should be washed with soap and water for 20 seconds, dried with a paper towel, which should also be used to turn off the faucet. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer containing at least 60% alcohol may be used.

The District Director of School Health Services (commonly referred to as the medical director) may approve and permit the use of alcohol-based hand sanitizers for use in district facilities

without individual physician orders- as alcohol-based hand sanitizers are considered over-the-counter drugs by the United States Food and Drug Administration. Student use of alcohol-based hand sanitizers should always be supervised by adults. Parents/guardians can inform the school that they do not want their child to use alcohol-based hand sanitizers by sending a written notice to the school. Please see the [NYSED May 2009 Memo: Updated Information Regarding Alcohol-Based Hand Sanitizers](#).

Information on hand soaps, hand cleaners and hand sanitizers are available in the [NYSED 2007 Memo- Green Cleaning Product Update](#)

Respiratory Etiquette

Proper respiratory etiquette is another way students and staff can help stop the spread of influenza and other germs. Individuals should cover coughs and sneezes with a tissue or their bent arm. If they use a tissue, they should put the used tissue in a trash can and wash their hands. Schools should provide adequate supplies that are within easy reach, including tissues and no-touch trash cans.

Facility Cleaning

When there are increased rates of illness in students and staff, schools should review cleaning procedures to reduce the spread of illness. To begin with, schools will need to provide adequate supplies, such as general Environmental Protection Agency (EPA) registered cleaning products, gloves, disinfecting wipes, and no-touch trash cans.

Flu viruses are relatively fragile, so standard practices, such as cleaning with soap and water, can help remove and kill them. Studies have shown that the flu virus can live and potentially infect a person for only two to eight hours after being deposited on a surface. Therefore, special sanitizing processes beyond routine cleaning, including closing schools to clean every surface in the building, are not necessary or recommended to slow the spread of flu, even during a flu outbreak. Therefore, general cleaning products normally used are sufficient. Additional disinfection beyond routine cleaning is not recommended.

Routinely clean schools as normal with special attention to surfaces and objects that are touched often, such as: desks and countertops; doorknobs, faucet handles & other handles; and computer keyboards, hands-on learning items, and phones.

If choosing to use disinfectants, be certain they are EPA registered and use them according to the manufacturer's instructions.¹ Immediately clean surfaces and objects that are visibly soiled. If surfaces or objects are soiled with body fluids or blood, use gloves and other standard precautions to avoid coming into contact with the fluid. Remove the spill, and then clean and disinfect the surface.

Always follow label directions on cleaning products and disinfectants. Wash surfaces with a general household cleaner to remove germs. Rinse with water and follow with an EPA-registered disinfectant to kill germs. Read the label to make sure it states that EPA has approved

¹ If registered disinfectants are not available, a chlorine bleach solution may be used - add one tablespoon of bleach to a quart (4 cups) of water, or smaller batches can be made from one teaspoon of bleach in pint (2 cups) of water. Dispose of the used bleach solution daily or when it becomes dirty. Mix a fresh bleach solution in small batches when repeating the cleaning process.

the product for effectiveness against influenza A virus.

If a surface is not visibly dirty, you can clean it with an EPA-registered product that both cleans (removes germs) and disinfects (kills germs) instead. Be sure to read the label directions carefully, as there may be a separate procedure for using the product as a cleaner or as a disinfectant. Disinfection usually requires the product to remain on the surface for a certain period of time (e.g., letting it stand for 3 to 5 minutes). Use disinfecting wipes on electronic items that are touched often, such as phones and computers. Pay close attention to the directions for using disinfecting wipes. It may be necessary to use more than one wipe to keep the surface wet for the stated length of contact time. Make sure that the electronics can withstand the use of liquids for cleaning and disinfecting.

Please see the [NYSED Office of Facilities Planning](#) for more information.

Review of School Infection Control Practices and Policies

It is important to continuously promote and facilitate fundamental infection control measures in school settings. Schools should be proactive in developing and updating school district and building level infection control practices, protocols, and plans for monitoring illness among students and staff in collaboration with the district director of school health services and school nurses.

Managing Illness in School

Any student or staff reporting or exhibiting symptoms of influenza should stay home until at least 24 hours after they no longer have fever or signs of a fever without use of a fever-reducing medicine. Individuals with influenza-like symptoms who are at high risk of severe illness should ask their health care professional if they should be examined. Those who have emergency warning signs should get immediate medical care.

Students and staff who are ill should be excluded from school and all school-related activities in accordance with district policy and procedures. If ill persons are unable to leave school immediately, then they will need to be separated from others. This is accomplished by placing the ill person in a room separate from others, including not having others pass through the room, to prevent transmission. Students will require supervision while in a separate location. Persons supervising students with influenza like illness should not include anyone at high risk for severe complications from influenza, as described above.

Monitoring & Communication

School administration and school health professionals such as medical directors and school nurses should be monitoring influenza activity in their local area. NYSDOH collects, compiles, and analyzes information on influenza activity year round in New York State (NYS) and produces a weekly report during the influenza season (October through the following May), which is available at [NYSDOH Influenza Activity, Surveillance and Reports](#).

School health professionals who identify an unusual increase in influenza or other communicable disease should contact their local health department. Contact information of all local health departments in the State is available at [NYS County Health Department Contact Information](#)

Schools are encouraged to communicate with staff, families and the school community about what they can do to decrease spreading influenza illness. This communication can help families

and communities understand the important roles they can play in reducing the spread of influenza and keeping schools open. Such communication includes influenza mitigation strategies taken by the school and prevention strategies that the school and community can undertake such as vaccines, everyday preventive actions that help stop the spread of influenza and staying home when ill.

Student and Staff Absenteeism

Decisions regarding possible school closures should be made in the first instance by school and district officials in consultation with the school district's medical director, and nursing staff. Since selective school closures are not likely to have a significant effect on influenza transmission rates, closure is not generally advised unless high absentee rates of staff and students interferes with the school's ability to safely function. Selective school dismissals may be considered based on the population of an individual school, such as those serving medically fragile or pregnant students.

Future Planning

NYSDOH, NYSED, and local health officials will continue to monitor national, state and local influenza surveillance information and assess whether changes to these recommendations, which are specific to the 2017-2018 influenza season, are needed. For questions on school health services contact the NYSED's Office of Student Support Services at 518-486-6090 or studentsupportservices@nysed.gov.

Additional Resources

[NYSDOH- What You Should Know About the Flu](#)

[Health Map Vaccine Finder](#) identifies locations where vaccines can be found at locations in New York State

[NYSDOH: Influenza Activity, Surveillance and Reports](#)

[NYSDOH- Free Flu Educational Materials and Posters](#)

[New York State Center for School Health](#)

[CDC- Guidance for School Administrators to Help Reduce the Spread of Seasonal Influenza in K-12 Schools](#)

[CDC- How to Clean and Disinfect Schools to Help Slow the Spread of Flu](#)