

## **CONFERENCE CALL**

**Flu School Closing Guidance  
U.S. Department of Education  
Moderator: Bill Modzeleski  
May 5, 2009  
3 pm ET**

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. After the presentation there will be a question-and-answer session. To ask a question at that time, you may press star then 1 and record your name at the prompt.

This conference is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the meeting over to Mr. Jim Bradshaw. Go ahead sir. You may begin.

Jim Bradshaw: Thank you very much, Sharon. Good afternoon everyone, thank you for joining us and thank you for standing by. At this time I would like to turn it over to the Director of the Safe and Drug-Free Schools program here at the U.S. Department of Education in Washington, Mr. Bill Modzeleski. Bill.

Bill Modzeleski: Thank you Jim. I am Bill Modzeleski of the Department of Education's Office of Safe and Drug-Free Schools. And behalf of all of us here at the Department of Education I want to welcome all of you to the third conference call being hosted by the Department of Education on the issue of the 2009 H1N1 flu.

Our first two conference calls we focused on providing our audience with a general overview of the flu and responding to a series of questions that the audience had on the flu. We have placed a transcript of these sessions -- including answers to your questions -- on our web page [www.ed.gov](http://www.ed.gov).

Today we are honored to have two - I should say honored, not only honored but welcome back one of our guests from last week who are going to talk on new guidance which was issued this afternoon by Centers for Disease Control on school closings.

So without any further ado, I want to introduce Dr. Marty Cetron, who is the Director of the Global Mitigation and Quarantine at Centers for Disease Control, and Dr. (Francisco Avarov), who is with the Quarantine and Border Health Services. Dr. (Avarov) and Dr. Cetron it's all yours.

Marty Cetron: Thanks a lot Bill. It's an honor to have an opportunity to talk to the folks out there. As many of you know, at 1:30 this afternoon Secretary of Health Sebelius and the CDC Director Rich Besser announced changes to the school closure guidance that we were putting up.

And to get - by the way, this guidance is posted online along with other information that we think will be helpful to you if you go to [CDC.gov](http://CDC.gov). And you'll be able to find this quickly -- including a press statement as well that's useful and other information.

The purpose of this call is to familiarize you with that guidance with the goal of trying to encourage the reopening of the schools and shifting, sort of, strategies. And it's based on learning additional information since Friday and Saturday when we announced the schools' dismissal policies.

Basically with the increase in the number of cases across much of the United States and what we're learning in terms of -- at least initially -- the severity of those cases in school-age children and young adults, we feel that at this time in order to offset the significant unintended and disruptive consequences of school closures that the information warrants reopening some of those schools but placing a huge emphasis in responsibility on parents, teachers, faculty, and students themselves to monitor their own health and to exclude themselves from school if they develop any signs and symptoms compatible with the influenza-like illness in lieu of closing the entire school.

Again, this is a decision - we have always known that school closures and school dismissals as a tool in our toolbox for battling a pandemic come at some cost. And the issue is weighing the costs and the benefits with regard to the health and safety of our children as well as the need for our children to be in school and have a learning environment and be secure in that environment.

And as you know, at the very beginning of this pandemic, there was much uncertainty. The first cases that were coming and being imported into the United States were associated with travel to Mexico, especially returned - students returning from spring break and were associated with school-based outbreaks in K-12 as well as universities and colleges.

And the only information that we had at the time on severity was coming from the reports that were available from Mexico of severe disease in young healthy adults that were being hospitalized and rapidly progressing to respiratory failure.

What we have learned additionally since four days - and four days for you may not seem like a time, but four days here has felt like a couple of weeks in

terms of round-the-clock work in studying these outbreaks. And the information we're getting from our colleagues at state and local public health has given us reason to believe that among the thousand plus cases that we are reporting today, most of these cases have been less severe, more in line -- although we can't say with any certainty -- but more in line with the kind of severity we are seeing around seasonal influenza, albeit with high transmission rates.

And given that experience here, we feel that the sort of cost-benefit ratio is - it favors us reopening schools and removing the school closure guidance but putting a heavy emphasis on dismissing and keeping sick kids out of school, monitoring them very closely, and using the schools as a place to emphasize the learning and educational opportunities for kids to know how to protect themselves from spreading influenza germs.

So, I think what I'll do is go over the guidance, the recommendations, specifically bullet by bullet. You can find these in writing, but just as a point for people to be able to ask questions let me just itemize them individually.

So the first point is that school closure is not advised for a suspected or confirmed case of the novel influenza H1N1. And it, in general, is not advised unless there is a magnitude of faculty or student absenteeism that interferes with the school's ability to function. I think this is consistent with what schools do in general with regard to seasonal influenza.

At schools that were closed based on the previous interim guidance related to this outbreak, may in fact reopen. And the large gathering events that were associated with those could once again resume.

Students, faculty, or staff with influenza-like illness -- and this is fever and a cough or sore throat -- should stay home and not attend school or go into the community except to seek medical care for at least seven days even if their symptoms resolve sooner -- so a seven-day minimum dismissal period.

And students, faculty, and staff who are still sick at seven days after they become ill should continue to stay home until at least 24 hours after their symptoms have resolved.

Students, faculty, and staff who appear to have influenza-like illness at arrival or become ill during the school day should be isolated promptly in a room separate from other students and sent home.

Parents and guardians should monitor their school-age children. And faculty and staff should do the same and self-monitor every morning for symptoms of influenza-like illness and if they have them should not go to school.

Ill students should not attend alternative child care or congregate in other settings other than the schools. We don't want to move this transmission into other environments.

School administrators should communicate regularly with their local public health officials to obtain up-to-date guidance about the reporting of influenza-like illness or absenteeism in their schools. Many states are still wanting to hear about these events. And your public health - the public health practitioners at a state and local level will inform you of their approach to surveillance in the school environment.

Schools can help and serve as a focus for educational activities aimed at promoting ways to reduce the spread of influenza including hand hygiene and cough etiquette.

And finally, students, faculty, and staff should stringently follow the sanitary measures to reduce the spread of influenza including covering their nose and mouth with a tissue when coughing or sneezing, or coughing or sneezing into their sleeve, frequently washing their hands with soap and water, or using hand sanitizer if hand washing with soap and water is not possible.

These are the basis of the guidelines. And in the document we also point to other documents on the CDC web site regarding general infection control and practices and other educational information. Bill I'd like to stop there and take questions if folks are - have any questions about this specific guidance.

Coordinator: Thank you.

Bill Modzeleski: Thank you very much. And let's see whether we can go to questions.

Coordinator: Thank you. We will now begin the question-and-answer session. To ask a question you may press star then 1 and record your name at the prompt - your name - your name at the prompt please. That's star 1 on your touchtone phone. To withdraw your request, you may press star 2. One moment please while we wait for the first question.

Man: Marty, Dr. Cetron, while we're waiting the first question to come in, let me throw out the first one. And that is, as you know, today there are well over 600 schools in the country that are closed. Is it the recommendation of the Centers for Disease Control for those schools to open up as quickly as possible?

Marty Cetron: In fact, yes, the intent of this guidance is to try to reopen those schools that are closed that were closed under previous guidance. I think we have to be very cautious. We are not saying that this epidemic is over or all clear or the virus is not still spreading. In fact, it is still spreading in the community. What we are seeing is the shift in the strategic approach.

With the information that we are now gaining in the U.S. in terms of our experience of severity suggest that the relative, you know, costs and benefits of the school dismissal and closure policy favor this individualized measures and exclusion rather than wholesale closures.

But, yes, we are encouraging those schools that have been closed under previous guidance to be able to reopen and sick kids still stay home.

Coordinator: We do have a question from (Robert Yatfleck). Your line is open sir. And he is with (Ann Arandell County Public Schools). Go ahead.

Robert Yatfleck: Yes, our question is, with staff and students coming back from Mexico, how does this apply to their return to the school?

Marty Cetron: I think the guidance is pretty clear. If people are sick, regardless of whether they are returning from Mexico or anywhere else, with these compatible illnesses they should not return to school until they are well a minimum of seven days or 24 hours after their symptoms resolve -- whichever is longer.

And we are seeing with enough spread of this virus that the travel linked to Mexico as a source of the virus is becoming less useful. In the beginning of this epidemic, most of the original cases were associated with travel exposures. But now that this virus is spreading more extensively in the

communities, that is no longer a reliable indicator of whether somebody's infected with this strain of influenza virus or not.

Bill Modzeleski: Marty this is Bill again. I mean just as a follow-up to that question, what - just to push it a little bit more - what you were saying here is that if somebody's coming back into school that's been to Mexico for a week, only if they are demonstrating or manifesting influenza-like symptoms should we basically send them home. Is that correct?

Marty Cetron: That is correct.

Coordinator: Our next question comes from Douglas White with the Department - Wisconsin Department of Public Instruction. Go ahead sir, your line is open.

Douglas White: Good afternoon. Is - from a public health perspective, is there a certain level of student absenteeism warrants closing the school?

Marty Cetron: I think that that is something that should be taken in consultation with your local public health authorities. And we recognize that every situation in local epidemic may be experienced in a different way. And I would suggest that those discussions - if you have high school absenteeism associated with influenza-like illness, that your local or state public health authorities need to know about that. And they could advise you individually.

In reality, when schools close based on - from a health perspective for influenza based on absenteeism rates, it often means that the virus has already spread extensively in that student population. So if - you know, if you wait for 20% absenteeism due to influenza in a school, there is often widespread circulation in the school community. And that's the challenge, of course, between finding that sweet spot.

But what we're saying is I think our focus and emphasis now needs to be on excluding sick kids from school as a way to protect that environment and putting a lot of diligence and responsibility on the individuals, their parents, the teachers and staff in schools, to make sure and monitor that sick kids don't come.

Coordinator: Once again if you have a question, please press star 1 on your touchtone phone. That's star 1 on your touchtone phone. Our next question comes from Matt Taylor from Montana Safe Schools Center. Go ahead sir, your line is open.

Matt Taylor: Hi. First of all, thanks for all of these calls. They are very informative. My question is, is there any new guidance about when students should be - or when parents should be taking their children to the doctor's for a test?

Marty Cetron: That's an excellent question. And I think that, too, is going to be in some ways guided. There is new guidance up on our web site regarding testing. And in some cases the testing is being reserved for cases of severe disease for prompt initiation of antiviral treatment. And in some cases, the states are using their testing resources to focus on identifying movement of the strain geographically in a community that hasn't had confirmed disease before.

So this, too, is an issue that - we have now moved a lot of the diagnostic testing reagents and tools and kits out to the state level. And decisions regarding testing are going to be made more locally and at the state laboratory. But in general we see a transition in the surveillance and testing strategy. As the number of cases gets very, very high, a more selective use of the specific testing, you know, particularly identifying severe disease and identifying new areas for the virus's movement.

The bottom line is if a kid is sick enough that they are having difficulty breathing; they are coughing in ways that they can't stop; that they are feeling severely ill, very high refractory fevers; they should be calling their doctor to get advice regarding treatment. And the testing decisions are not going to be so much hinged on getting treatment.

So people that are severely ill need to be promptly treated whether or not they do a confirmatory laboratory test for this strain.

Matt Taylor: Thank you very much.

Coordinator: Once again, if you have a question, please press star 1 on your touchtone phone and record your name at the prompt. Our next question comes from Stephen Waddell from Birdville Independent School District. Go ahead sir, your line is open.

Stephen Waddell your line is open. Please check your mute button.

Stephen Waddell: Yes, thank you. I'm calling about the recommendation to stay home seven days after they become ill even if symptoms have resolved. Is that something that you see? Are you going to re-evaluate that or do you think that you are going - this is going to stay the recommendation while this pandemic is out there? As we - our policy says they can return 24 hours after the symptoms have been resolved.

Marty Cetron: Well, we understand that. And, of course, all of our guidance is interim. And we are monitoring this strain, the severity of the situation closely on an hourly and daily basis. So I don't want to say that we won't change anything. What I have learned most about these things are things are rapidly in flux. And but I

do think that the purpose for the seven days exclusion guidance is based on the fact that influenza viruses tend to be shed for a period of seven days.

And the concern is that even if somebody starts to feel well, they could still be shedding virus and spreading virus to other folks. So that's the basis of that. And I don't see that shortening in the near future.

Bill Modzeleski: Marty in the guidelines there is a - one of the recommendations in the students, faculty, and staff will appear to have an influenza-like illness at arrival or become ill during the school day should be isolated promptly in a room separate from other students and sent home.

Oftentimes when the schools isolate a student, it has to be in a room with another adult. You can't keep a student by themselves. So what precautions should adults take when they are isolated in a room with a potential for somebody having H1N1.

Marty Cetron: That's an excellent question. I think the intent - and we recognize that it's not always feasible or reasonable to leave a student unsupervised depending on age. But putting a mask on the sick individual -- a simple surgical mask on a sick individual -- if they can tolerate it without interfering with their comfort level for breathing is probably the best thing that one can do.

And then, of course, the vigorous hand hygiene and other protective - respiratory protective measures make some good sense as well.

Coordinator: Once again if you have a question, please press star 1 on your touchtone phone. That's star 1 on your touchtone phone.

Bill Modzeleski: Marty as we're - while we're waiting for a question and this - I think that we may be - well, we have another one coming in, but we don't have a whole lot more of them. I think that part of that is because the guidance is pretty clear. One other question that has come in is that we have seen a couple variations of this guidance. Do you anticipate that this will change again in the near future?

Marty Cetron: Like I said, I have learned in this job over 17 years at CDC and dealing with outbreaks that to be humble about what we think we know and when we know it and to acknowledge the uncertainty in the evolution of various viruses. So if we learn new information that gives us pause, you know, we will revisit. And that's why the guidance is interim.

We do feel like, you know, we are monitoring it closely and this situation holds. But I can't promise you that it won't change.

Bill Modzeleski: Thank you. I think we have another call coming in from the Archdiocese of Washington, DC.

Coordinator: Patricia Weitzel-O'Neill go ahead. Your line is open.

Patricia Weitzel-O'Neill: Thank you for the call, just a quick question. Do the local jurisdictions have the authority to make their own decision which, in fact, might differ with the recommendations that are coming from the CDC?

Marty Cetron: Yeah, that's an excellent question. And in truth school closure decisions do reside at the local and state level, so in some - and they are highly variable whether it's at the state or county or local jurisdiction. And in fact that's where the authorities lie. And what we encourage, in fact, is that that judgment of the local authorities about making these decisions.

We are trying to provide national guidance, but we recognize that this epidemic both in time and place moves differently across the country. And so I would encourage that decision making to be a joined-at-the-hip discussion and conversation, that telephones should be exchanged between the authorities that make school disclosure decisions and the public health people in those jurisdictions to understand their best thinking.

Patricia Weitzel-O'Neill: Thank you. That is what we have done. And we appreciate that.  
Thank you.

Bill Modzeleski: Marty one other one is that, you know, there is provision in here for students who are sick to stay out of school for at least seven days or until the symptoms resolve -- I should say or even if the symptoms resolve earlier. Are you recommending that those students come back to school with a doctor's note or is that also a local decision?

Marty Cetron: You know, that too is a local decision. But we are not explicitly requiring a - the doctor's note or a health certificate as a prerequisite for entering the school. That's not part of the federal guidance at this point.

Bill Modzeleski: Thank you. I think there is a call coming in from North Carolina.

Coordinator: June - or it would be (Zach Moore). Go ahead sir, your line is open.

Zach Moore: Yes, thank you. Is there any guidance regarding siblings of sick children and their ability to continue to attend school?

Marty Cetron: Can you repeat the question -- sick children or siblings of sick children?

Zach Moore: Siblings of sick children?

Marty Cetron: Right. So I think it's very important that if there is illness in the household that there - like any other, there is really strict monitoring of the other family members. And at the first sign of illness -- the earliest sign of illness in a sibling -- even anything that could be compatible that they exclude themselves from school, but not a healthy sibling per se.

Bill Modzeleski: Well, I want to thank everybody out there for tuning in and asking some questions. Those of you who belong to associations, those of you who are in districts, I really encourage you to announce the web site, the CDC, [www.cdc.gov](http://www.cdc.gov) and to let the rest of the members of your association or schools within your district know about the guidance.

Also, if you have any questions you can send them to us at the Department of Education at [flu@ed.gov](mailto:flu@ed.gov). On behalf of the Department of Education, I want to thank Dr. Marty Cetron from the Centers for Disease Control and all of you out there for tuning in and hope that you have a wonderful day. Thank you very much.

Marty Cetron: Thank you Bill.

Bill Modzeleski: Thank you Marty.

Coordinator: This concludes today's conference. You may now disconnect. Thank you for your participation.

Man: Great.

Man: Thank you.

Man: Great.

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