

Change in CDC's School and Childcare Closure Guidance

Since the beginning of this outbreak, the CDC has been working to update, or in some cases, quickly develop interim guidelines to help healthcare providers, health departments and communities take effective action to prevent the spread of this novel H1N1 virus. Our interim guidelines are guided by science, based on available data, and designed so that resources and efforts are directed toward actions and activities that make a difference in preventing spread of this virus.

Today, we are announcing a change with respect to CDC's interim guidance on closing schools and childcare facilities. The initial guidance CDC issued on May 1st recommended that affected communities with laboratory-confirmed cases of influenza A H1N1 consider adopting school dismissal and childcare closure measures, including closing for up to 14 days depending on the extent and severity of illness. At the onset of this outbreak of a previously unknown influenza virus, we believed it would be helpful to close affected schools while we learned more about the virus's transmission and the severity of disease. Further, the U.S. national strategy for pandemic influenza suggested that ongoing community-wide closure of all schools and daycare centers should be considered in the event of a *severe outbreak*, especially if these measures could be implemented early.

As CDC's daily press briefings have illustrated, much has been learned quickly about the virus's severity and its spread. We have learned that in many communities, the virus is widely circulating. When influenza becomes common in a community, it is unlikely that actions such as closing schools or daycare facilities are effective when it comes to slowing or stopping the spread of influenza viruses. Instead, such measures bring significant cost—such as interrupting student learning—without a significant public health benefit. In addition, we have learned that

the disease currently being caused by this novel flu virus appears to be similar with that typically caused by seasonal influenza. Although many people may get sick, the available data do not indicate we are facing an unusually severe influenza virus.

With the modified policy being issued today, CDC no longer recommends that communities with a laboratory-confirmed case of influenza A H1N1 consider adopting school dismissal or childcare closure measures. Rather, in line with policies being undertaken in Seattle, New York and Canada, CDC has modified its policy to recommend implementation of measures that focus on keeping all students, faculty and staff with symptoms of influenza out of schools and childcare facilities during their period of illness and recuperation, when they are potentially infectious to others.

More specifically, at this time, CDC recommends the primary means to reduce spread of influenza in schools focus on early identification of ill students and staff, staying home when ill, and good cough and hand hygiene etiquette. It is imperative that schools and parents reiterate this message. Students, faculty or staff with influenza-like illness (fever with 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 7 days even if symptoms resolve sooner. Students, faculty and staff who 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 then sent home.

It's important to note that schools that were closed based on previous interim CDC guidance related to this outbreak may reopen. That said, decisions about school closure should be at the discretion of local authorities based on special circumstances and local

considerations, including public concern and the impact of school absenteeism and staffing shortages.

Some have asked whether the World Health Organization might raise the pandemic phase alert from 5 to 6 and how that might affect our school closure and other community mitigation recommendations. As we have stated previously, it is important to note that the WHO pandemic phase designation is based on geographic spread of the influenza virus, not on the severity of the illness. In the event that sustained transmission is found in another part of the world, it is not unlikely that WHO would raise the level to 6. Furthermore, from the beginning, we have assumed an aggressive public health approach to this outbreak. For those reasons, should a phase 6 alert designation be made, it would not affect our guidance on school closure in particular or raise our concerns on the virus more generally.

We appreciate the efforts that communities, particularly school districts, have taken to protect students and staff from this influenza A H1N1 virus. Communities and schools are at the forefront of protecting people's health, and we are committed to providing them the flexibility they need to deal with local conditions, and the best possible guidance that reflects our most current understanding of the scientific and medical facts.