

THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION ANNOUNCE NEW GUIDANCE FOR COMMUNITIES ON SCHOOL CLOSURES AND THE H1N1 VIRUS

ATLANTA – HHS Secretary Kathleen Sebelius and Acting CDC Director Rich Besser announced new CDC guidance on closure of schools and childcare facilities where there has been reported cases of the novel H1N1 flu virus.

The new guidance was developed in consultation with top scientists at the CDC and some of the top public health departments across the country.

Statement from Secretary Sebelius and Dr. Besser regarding the 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. In doing so, we acknowledged that our interim guidelines would be based on the data available at the time, be guided by science, and designed so that resources and efforts would be directed toward actions and activities that would make a difference in preventing spread of this virus. If new information or developments indicated a need to adjust our guidance, we indicated we would do so.

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 could 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 now believe that the disease currently being caused by this novel flu virus is similar to that typically caused by seasonal influenza. Although many people will get sick and a small number, unfortunately, may become quite ill or even die, the available data do not indicate that this virus is causing unusually severe influenza at this time.

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 student, 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. 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 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 are at the discretion of local authorities based on local considerations, including public concern and the impact of school absenteeism and staffing shortages.

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.

Finally, we should add that there are many individuals in our communities – the elderly, the very young, and individuals with suppressed immune systems – for whom influenza represents a potentially lethal threat. The 2009 influenza A H1N1 virus is likely to circulate widely in our communities; if not now then almost certainly in the fall. We all have a special responsibility during this time to protect ourselves and protect our neighbors and others in our community by behaving responsibly and doing whatever we can to minimize the spread of disease. A virus that may only cause sniffles and mild inconvenience in one person may put the next into the hospital.

We have more information on the 2009 H1N1 virus today than we did only one week ago, but much uncertainty remains. We should all be prepared for a potentially rocky influenza season this fall. The Administration and the CDC will continue to actively investigate this outbreak as it unfolds and protect the health of the American public.