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**Updated Guidance on School and Child Care Facility Closures  
in Massachusetts Related to Swine-Origin Influenza A H1N1**

*Updated: May 3, 2009*

Consistent with national guidance from CDC, previous Massachusetts Department of Public Health (MDPH) guidance recommended considering the temporary closure of schools if there were a confirmed diagnosis of swine-origin influenza A H1N1. At the onset of this outbreak of a previously unknown influenza virus, we believed it prudent to consider closing affected schools while we learned more about the characteristics of this new disease and the strategy for community measures to prevent illness. We appreciate the collaboration of parents, students and school officials during this early stage of the outbreak.

However, based on our ongoing communication with the CDC, MDPH is revising its recommendations for school or child care closure. **Rather than closing individual schools based on the diagnosis of cases of swine-origin influenza A H1N1 in students or staff, MDPH recommends a policy focused on keeping all students with symptoms of influenza out of school during their period of illness and recuperation, when they are potentially infectious to others.** This change in policy is an enhanced version of the approach that we recommend during our yearly influenza season.

- Epidemiological information from our case investigations and surveillance system suggests that this new strain has already spread more widely in our community and will continue, at least for a time, to be transmitted from person to person, including children.
- Available information from local health care providers, emergency departments and hospitals, as well as information from other states, suggests that the severity of illness from the swine-origin influenza A H1N1 virus is not greater than the typical seasonal influenza that circulates in our community every year. We will continue to be monitoring carefully in case the severity of illness changes.

School closure makes less sense at this point in the outbreak given what we are observing about disease transmission and the severity of illness currently associated with this swine-origin influenza A H1N1 virus. As the illness becomes more common in the community, individualized school closure based on reports of diagnosed cases is less effective, in addition to being impractical, as a control measure. Closing the schools where cases happen to be diagnosed while leaving most schools with undiagnosed cases open does not make sense as an

ongoing influenza control strategy in our community. School closures create disruption for student learning and hardships for working parents.

Because CDC guidance on school closure decisions has been evolving rapidly, we encourage local school districts to contact their local boards of health and MDPH prior to making a decision regarding school closure to be sure they have the most up to date information regarding swine-origin influenza A H1N1 in the state and their community.

### **New Recommendations to Decrease Swine-Origin Influenza A H1N1 in Massachusetts Schools and Child Care Settings**

- Each morning, all parents/caregivers should assess all family members and especially all school-age children for symptoms of influenza (fever plus cough, sore throat or runny nose) or other symptoms, such as vomiting or diarrhea that might be influenza.
- Each morning all school staff should assess themselves for symptoms of influenza.
- **Students or staff with influenza-like illness (fever plus cough, sore throat or runny nose) should stay home and not attend school.** All sick students and staff should stay out of school for at least 7 days even if their symptoms resolve sooner. Students and faculty who are still sick at 7 days should continue to stay home from school until at least 24 hours after they have completely recovered.
- If a child or adult is ill with other symptoms, they should stay home at least one day to observe how the illness develops and until completely well for 24 hours.
- Schools should consider screening students and staff for visible signs of possible influenza illness upon arrival at school.
- Students and staff who appear ill at arrival or become ill at school should be promptly isolated and sent home.
- **School nurses and student health centers should report higher than normal absenteeism to your local health department or to the MDPH at 617-983-6800.**
- Persons who are ill should stay home and not go into the community unless they need medical care. Ill students should not attend alternative child care.
- As is our practice with seasonal influenza, schools officials may consider closing, in consultation with their local board of health and MDPH, if larger numbers of students or faculty become ill and school functioning becomes disrupted.

### **Decisions Regarding School Closure**

*School officials are encouraged to discuss their situation with their local board of health and MDPH prior to making this determination. If a decision to close is made, in consultation with the local board of health and MDPH, the following should be considered:*

- **Response to school closures:** If a school or a childcare facility closes, they should also cancel all school or childcare-related gatherings and encourage parents and students to avoid congregating outside of the school.
- **Duration of closing:** The duration of closings for school and childcare facilities should be for a time period to be determined based on ongoing epidemiological findings in their geographic area. *School authorities and childcare facilities should consult with their local boards of health and MDPH for guidance on reopening.*
- **Preparedness Planning:** Schools and childcare facilities should begin to prepare for the possibility of school 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.

We are still in the early stages of this outbreak and the situation may change. MDPH will continue to monitor information both locally and nationally and continually assess whether changes are needed in these swine-origin influenza A H1N1 disease control measures.

We are placing a priority on continuing to monitor disease severity and are focusing our testing and public health investigation resources on the more serious cases. We need to remember that even “routine” seasonal influenza can be a severe disease. Each year in the United States more than 200,000 people are hospitalized for flu-related complications; and about 36,000 people die from flu-related causes.

**For the most up-to-date information:**

U.S. CDC Swine Influenza Website: <http://www.cdc.gov/swineflu/>

Taking care of a sick person at home: [http://www.cdc.gov/swineflu/guidance\\_homecare.htm](http://www.cdc.gov/swineflu/guidance_homecare.htm)

Infection control and treatment guidance:  
<http://www.cdc.gov/flu/swine/recommendations.htm>

Massachusetts DPH swine influenza page as well as links to CDC:  
[www.mass.gov/dph/swineflu](http://www.mass.gov/dph/swineflu)