Novel H1N1 Influenza:  
Fact Sheet for Schools

Novel H1N1 (referred to as “swine flu” early on) is a new influenza virus causing illness in people. This new virus was first detected in people in the United States in April 2009. This virus is spreading from person to person, probably in much the same way that regular seasonal influenza viruses spread. Most U.S. cases have not been severe and are comparable in severity to seasonal influenza. New information on disease severity and the extent of community spread indicates individual school closure is not a necessary control measure. The Alabama Department of Public Health (ADPH), in conjunction with the Centers for Disease Control and Prevention (CDC), will continue to closely monitor the severity and spread of this novel H1N1 influenza outbreak and will revise recommendations as more information becomes available. To ensure the most recent guidance for novel H1N1 influenza in the school setting is being viewed, visit http://www.cdc.gov/h1n1flu/schools or http://adph.org/H1N1Flu. At this time, CDC recommends the primary means to reduce spread of influenza in schools focuses on early identification of ill students and staff, staying home when ill, and good cough and hand hygiene etiquette.

The symptoms of novel H1N1 influenza virus are similar to the symptoms of seasonal flu and include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with novel H1N1 influenza virus have also reported diarrhea and vomiting. Common high-risk groups for novel H1N1 influenza include: children younger than 5 years old; children and adolescents (younger than 18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection; pregnant women; adults and children who have asthma, other chronic lung, heart, liver, hematologic (blood), neurologic, neuromuscular, or metabolic disorders such as diabetes; and adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV). Unlike seasonal influenza, people > 65 do not appear to be at increased risk of novel H1N1 infection. Like seasonal influenza infections, most cases of novel H1N1 influenza resolve within 3-5 days, although some cases may be ill for a week or longer. People infected with the novel H1N1 are likely to have similar patterns of infectiousness as with seasonal flu. Since elevated temperature is associated with increased shedding of all influenza viruses, keeping people with a fever at home may reduce the number of people who get infected. CDC recommends people with influenza-like illness remain at home until at least 24 hours after they are free of fever, or signs of a fever, without the use of fever-reducing medications. Examples of appropriate fever-reducing medications for school-aged children are acetaminophen (e.g., Tylenol) and ibuprofen (e.g., Advil, Motrin). Aspirin (acetylsalicylic acid) should not be given to children or teenagers who have influenza; this can cause a rare but serious illness called Reye’s syndrome.

Students and staff should stringently follow 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 if a tissue isn’t available), frequently washing hands with soap and water, or using hand sanitizer if hand washing with soap and water is not possible. Special care should be implemented to minimize sick persons from spreading illness to others, especially to people at increased risk of severe illness from influenza. As the new school year begins, please help prevent the spread of influenza in your school system by ensuring the following guidelines are practiced.

Guidelines to Prevent the Spread of Influenza (including Novel H1N1 influenza) in the School Setting:

- Cover nose and mouth with a tissue when coughing or sneezing. Dispose of tissue in the trash after use.
- Wash hands often with soap and water, especially after coughing or sneezing. Alcohol-based hand cleaners are also effective. Ensure availability of adequate soap and hot water.
- Avoid touching eyes, nose and mouth. Germs spread this way.
- Isolate sick students until arrangements to have them picked up are fulfilled. If a student is sick and sharing a common space with other students or faculty in your school, supply as facemask (if available and tolerable) to help prevent spreading the virus to others.
- CDC recommends people with influenza-like illness remain at home until at least 24 hours after they are free of fever, or signs of a fever, without the use of fever-reducing medication (e.g., Tylenol or Motrin). Most students will be able to return to school within 3 to 5 days.

Warning Signs in School-aged Children Requiring Urgent Medical Attention:

- Fast or troubled breathing
- Bluish or gray skin color
- Severe or persistent vomiting
- Not waking up or interacting
- Not drinking enough fluids (dehydration)
- Being so irritable that the child does not want to be touched or comforted
- Flu-like symptoms improve but then return with fever and worse cough

ADPH, 8/2009